

**Temporary Assistance and Food Stamps Employment Plan  
January 1, 2010 – December 31, 2011**

**Section 1 Assurances/Signature**

As a condition of the receipt of federal and State funds the Broome County Department of Social Services submits this Temporary Assistance and Food Stamp Employment Plan (Plan) to the New York State Office of Temporary and Disability Assistance. The Plan outlines the administration of employment services for Temporary Assistance (TA) and Food Stamps (FS) applicants and recipients for the period January 1, 2010 through December 31, 2011. As Commissioner of Broome County Department of Social Services, I hereby affirm that employment services programs will be administered in accordance with all applicable federal and State policies, laws, regulations and provisions of this Plan.

  
\_\_\_\_\_, Social Services Commissioner

Date 1/05/10

**Section 2 Administration**

**Section 2.1 Administrative Structure**

This agency's organizational chart is attached. It identifies the units and staff within the agency that are involved in the operation of the district's employment program.

Following is a description of the office(s) in and/or outside of the Department of Social Services that are involved in the operation of the district's employment program. The responsibilities of each office are described below.

The Welfare-to-Work Unit within the Assistance Programs Division administers the WTW program. The Welfare-to-Work Unit located at the main office, administers WTW programs for TANF and Safety Net unemployable cases and a satellite office in the Workforce New York "One Stop Center" administers WTW programs for TANF and Safety Net employable cases.

The TANF and SN employable case WTW Unit is co-located with the Daycare Unit, the Broome County Office of Employment and Training and various NYS Department of Labor staff.

The total number of employees of the local Department of Social Services is 384.

**Section 2.2 TA and FSET Provider Agencies**

Table 1 lists the local contracts or agreements with agencies to provide employment services to TA and FS clients. These activities and services may include, but are not necessarily limited to, employability determinations, development of assessments and employment plans, conciliation and grievance

activities, provision of work activities such as job readiness training, education and job skills training, monitoring and support for compliance with treatment plans for exempt individuals with the potential for restoration to self-sufficiency, job development, job placement and retention services, and other employment related activities.

Each contract listed in Table 1 contains an assurance that the activities are not otherwise available from that provider on a non-reimbursable basis and, if not a performance-based contract, a statement regarding use of a cost allocation methodology that satisfies Generally Accepted Accounting Principles, as well as the requirements of U.S. Office of Management and Budget Circulars A-122 for nonprofit organizations, A-21 for educational institutions, or A-87 for State and local governments.

Table 2 includes agencies/providers that offer services to participants and to which the district expects to refer participants but which have no direct financial agreement with the district (e.g., Bridge, OTDA Educational Resources providers, OTDA Wage Subsidy providers).

**TABLE 1 - Contracts Associated with TA and FS Employment Programs and Services**

Provider	Total Contract Cost (per yr.)	Funding Source(s)	Categories of Clients Served	Programs, Services or Activities Provided
ACCORD	Not to exceed \$40,000	SN & TANF	SN, SNF, TANF	Conciliation Services
Broome County Mental Health	Not to exceed \$200,000	FFFS	SNF, TANF	Substance Abuse assessment, evaluation, monitoring
Binghamton City School Dist.	Not to exceed \$30,000	TANF	SNF, TANF	TABE testing, alternative HS, GED, ESL, Work Experience
Star Group, Inc.	\$48,025	FFFS	SNF, TANF	Short term work experience placement and monitoring
Star Group, Inc.	Not to exceed \$200,000 as Billed per case	TANF	SNF, TANF	Employability/Disability review – monitor medical cases, assist with SSI application process
Industrial Medicine Associates (IMA)	Not to exceed \$20,000	TANF & SN	SN, SNF, TANF	Physical Exams, drug testing for work experience or employment
Star Group, Inc.	\$47,500	SN	SN	Case management, monitoring and job development
Cornell Cooperative Extension (CCE)	\$69,403	SN & TANF	SN, SNF, TANF	Nutrition Education
Office of Employment and Training (OET)	\$237,548	SN & TANF	SN, SNF, TANF	Subsidized employment and training OTDA Green Jobs Grant
Sheltered Workshop Inc. (SWS)	\$230,954	TANF	<del>TANF, SNF</del>	Subsidized employment and training OTDA Transitional Jobs Grant

Office of Employment and Training (OET)	\$396,199	TANF & SN	TANF, SN, SNE	Summer youth employment program
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**Total**            **\$1,519,629**

**TABLE 2 – Other Service Providers**

<b>Provider</b>	<b>Funding Source(s) (if known)</b>	<b>Categories of Clients Served</b>	<b>Programs, Services or Activities Provided</b>
Broome Transit	DOT and CST	TANF, SNF	Determine eligibility for bus passes, develop transportation plan, evaluate county bus routes/make recommendations for modifications of routes. Serve TANF up to 200% fpl
Family Enrichment Network	OTDA & DOL Wheels to Work grant	TANF, SNF	Assist and secure with low cost vehicles, vehicle loans, driver education training, vehicle insurance, maintenance instruction

Section 2.3 OTDA Jobs Staff Agreement

**OTDA Jobs Program Services – Target Groups**

(“X” signifies those that apply in this district)

<b>Services</b>		<b>Target Groups</b>	
Assessment/Employment Plan	<u>  x  </u>	Applicants	<u>  x  </u>
Supervised Job Search	<u>  x  </u>	TANF (inc. SNF)	<u>  x  </u>
Job Readiness Training	<u>  x  </u>	SNA non-MOE Singles	<u>  x  </u>
Job Club	<u>  x  </u>	Food Stamps	<u>      </u>
Job Placement Services	<u>  x  </u>	200% of Poverty	<u>      </u>
Grant Diversion	<u>      </u>		
Job Development (employer field visits)	<u>  x  </u>		

**Other Services Requested**

Described below are additional services/duties which will be requested of Jobs staff (e.g., WTWCMS data entry, case conferencing, WOTC pre-certifications, job fairs)

Assist in completion of assessment to facilitate job placement and development

**OTDA Jobs Program Staffing and Location**

**Please list staff location address and indicate # of staff at that location.**

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1. 36-42 Main St. Binghamton, NY	1
2. 171 Front St. Binghamton, NY	3
3.	

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**District Staff Contact for OTDA Jobs Program (Name & Phone Number)**

Marge Hergel, Sr. Employment Coordinator 607-778-2542

**Section 3 Engagement and Work Preparation**

**Section 3.1 Federal “Engaged in Work” Requirement (Reference 18 NYCRR 385.2 (f))**

For purposes of satisfying the federal requirement which states that parents or caretakers must be engaged in work as soon the district determines they are ready, but no later than within 24 months of receiving federally funded assistance, the district’s definition of “Engaged in Work” is:

Compliance with assessment, employment planning, and all activities included in the individual’s Employment/Self-Sufficiency plan including any need to attend treatment/rehabilitation programs, or any of the work activities listed in Section 3.4. Also included is pursuit of other forms of income such as SSI and SSD.

Section 3.2 Orientation (Reference 18 NYCRR 385.5)

Check one of the following:

- ] The district provides orientation in accordance with Dept. Reg. 385.5 and no additional information is provided at orientation.
- ] In addition to the requirements outlined in Section 385.5 of the regulations, the district's orientation provides the following.

TANF

- An overview of the financial benefits of paid employment including work supports
- The individuals' responsibility to be working towards self-sufficiency, details about how additional activities may be assigned to those who are working part-time
- Transitional Services including TBA, FS, WERC, Medicaid
- Notification of core and non-core activities
- Childcare referral including FEN presentation
- Workforce NY workshops/Job Fairs/Employer visits – services available to them at Workforce NY One Stop
- Star Group (subcontractor) overview of employability/disability review services
- VITA tax return services
- Information on child care in lieu of TA
- Information on Head Start program

Safety Net (in addition to all above with the exception of child care referral/information)

- Disability review coordinator services
- Transitional Services to include WERC (non-custodial parent)
- Services available to work limited

Described below is the manner in which the district completes the required orientation (e.g., done in a group setting or individually or a combination of both).

All non-exempt applicants for Temporary Assistance participate in group orientation. Individuals who cannot attend group orientation are given an individual appointment.

Exempt or potentially exempt applicants are given individual appointments.

At recertification, whether it is group or individual, the recipient is re-advised of employment expectation or requirements. The recipient is informed of all elements of NYCRR 385.5

Section 3.3 Assessment and Employment Planning

Temporary Assistance Assessment (Reference 18 NYCRR 385.6 and 385.7)

a. Check one of the following:

Amendment      Effective Date \_\_\_\_\_

] The district conducts assessments in accordance with 18 NYCRR 385.6(a) and 385.7(a) with no additional requirements.

] In addition to the requirements outlined in 18 NYCRR 385.6(a) and 385.7(a), the district's assessment also includes the following elements:

b. A copy of the assessment tool used by the district is attached. Additional assessment tool(s) used by the district is (are):

- Test of Adult Education Locator Test
- A variety of assessment tools including but not limited to interest inventories, barrier identification, NY Wired, Career Zone

c. Describe the local district procedure for the completion of an employment assessment:

Applicants and/or recipients complete the employment assessment at individual or group appointments. The Caseworker uses these client completed assessments as a basis for the interview with the client at an individual appointment. The interview and final assessment is based on more detailed information as a result of the interview and observations of the client.

d. The qualifications of the employees administering the assessment tool(s) are at minimum: (Refer to requirements listed in 18 NYCRR 385.6(c) and 385.7(c))

- Caseworkers in the WTW Unit must have a bachelor's degree
- Contributors to assessment information will be staff from OTDA JOBS PROGRAM, local school districts, BOCES or other education providers, Mental Health (CDSU) CASAC's, OET and DOL employment counselors

e. The district administrative unit or contractor responsible for conducting assessments is:

The DSS WTW Unit and the subcontractor, Star Group, Inc.

f. Applicants in households with dependent children are required to participate:

Yes       No

Applicants in households without dependent children are required to participate:

Yes       No

### Food Stamps Assessment

Districts have the authority to require a food stamp work registrant to participate in an assessment.

- a. The district  does  does not require work registrants to participate in an employment assessment. The food stamp program does not require an assessment prior to an activity assignment.
- b. If assessment is required, the assessment includes the following elements:
- Education and basic skills level, prior work experience/skills.

Temporary Assistance Employment Plans (Reference 18 NYCRR 385.6(b) and 385.7(b))

- a. A copy of the district's employment plan is attached and:
- The district completes employment plans in accordance with 18 NYCRR 385.6(b) and 385.7(b) and no additional information is contained in the plan.
- In addition to the requirements outlined in 18 NYCRR 385.6(b) and 385.7(b), the employment plan includes:
- Education testing and evaluation as warranted
  - May be required to report to either NYSDOL or OTDA JOBS staff.
- b. The district administrative unit or contractor that develops employment plans is (list only if different from those performing assessments):
- c. The qualifications of the employees developing employment plans are (list only if different from the requirements for those performing assessments):

Section 3.4 Participation Rates and Work Activities (Reference 18 NYCRR 385.8 and 385.9)

- a. Described below is how the district plans to meet federal and State Temporary Assistance participation rate requirements. Included is the typical time period it takes for nonexempt individuals to be engaged in activities for both newly opened cases and individuals whose status changes from exempt to nonexempt. Information regarding engaging exempt individuals is entered in Section 3.6

Non-exempt TANF and SNF with children under 6 are required to participate at a minimum 20 hours per week. Non-exempt TANF and SNF with children over 6 are required to participate at a minimum 30 hours per week. Non-exempt SN individuals are required to participate at a minimum 35 hours per week.

SN are engaged in Job Club and Job Search 7-10 days after case opening

TANF and SNF applicants are engaged in Job Readiness Training (JRT) within 7-10 days of orientation. All meet with OTDA JOBS PROGRAM staff for potential job placement and enrollment in supervised job search immediately following JRT.

Rate requirements will be met by prompt engagement in work activities with intensive case management and monitoring.

- b. The allowable work activities that are available in the social services district are listed and defined as follows. An "X" in the appropriate column indicates the activity is available for individuals receiving Family Assistance (FA), Safety Net Assistance for households with children (SNF), Safety Net Assistance for households without children (SNA), and/or Food Stamp (FS) benefits. Please note: At a minimum, districts are required to make available job search as an FSET activity to food stamp applicants and recipients.

If a column is blank it indicates that the activity is not available for that household/case type.

FA	SNF	SNA	FS	Activity	Definition
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Unsubsidized Employment	Full time or part time employment in the public or private sector that is not subsidized by TANF or any other public program (excluding employer tax credits). Unsubsidized employment includes self employment and/or paid internships.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Subsidized Private Sector Employment	Employment in the private sector for which the employer receives a subsidy from TANF or other public funds (excluding tax credits) to offset some or all of the wages and costs of employing and training a recipient in accordance with New York State Social Services Law 336-e. Subsidized private sector employment will include positions subsidized through grant diversion/TEAP, supported employment programs, and paid college work study programs at private institutions. Individuals participating in subsidized private sector employment are paid wages and receive the same benefits as unsubsidized employees who perform similar work. An employment situation will be subsidized for up to the full amount of wages/benefits provided to the program participant and will be subsidized for the length of time as determined appropriate by the State or social services district.

FA	SNF	SNA	FS	Activity	Definition
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Subsidized Public Sector Employment	<p>Employment in the public sector for which the employer receives a subsidy from TANF or other public funds (excluding tax credits) to offset some or all of the wages and costs of employing and training a recipient. Subsidized public sector employment will include positions subsidized through grant diversion/TEAP, supported employment programs, and paid college work study programs at public institutions. Individuals participating in subsidized public sector employment, and work study unless otherwise permitted under a federal work study program, are paid wages and receive the same benefits as unsubsidized employees who perform similar work. An employment situation will be subsidized for up to the full amount of wages/benefits provided to the program participant and will be subsidized for the length of time as determined appropriate by the State or social services district.</p>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work Experience	<p>Unpaid work performed at a public or not-for-profit organization to enable participants who cannot find unsubsidized employment to improve his or her employability. Work experience provides participants with an opportunity to acquire the general skills, training, knowledge and work habits necessary to obtain and retain employment. Participation in work experience includes training required for the participant to complete the work experience assignment. For example, an individual who is expected to provide clerical support in a government agency may be provided training to develop or refine filing and data entry skills as needed to perform the tasks required as part of the work activity assignment.</p> <p>In addition to those components noted above, work experience will include unpaid internships that are part of any non-graduate student's education curriculum. (Note: Paid internships are to be reported as employment.)</p>

FA	SNF	SNA	FS	Activity	Definition
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-the-Job Training (OJT)	<p>Training in a public or private sector employment setting during which the participant receives work-essential paid training while he or she is engaged in productive work that provides the knowledge and skills essential to attain full and adequate performance of the job.</p> <p>OJT will be unsubsidized (for which the employer does not receive a subsidy) or subsidized using TANF funds or other funds to offset the cost of the training provided to the participant. A subsidized OJT will be subsidized for up to the full cost of providing such training and wages/benefits provided to the program participant. Positions will be subsidized for the length of time determined appropriate by the State or social services district. OJT is distinct from subsidized employment due to the fact that the individual must participate in workplace training to attain full and adequate job performance and the subsidy provided is intended to offset the cost of such training.</p>

FA	SNF	SNA	FS	Activity	Definition
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Community Service	<p>A structured program in which participants perform work for the direct benefit of the community under the auspices of public or nonprofit organizations. Community service placements must be projects that serve a useful community purpose in fields such as health, social services, environmental protection, education, urban and rural redevelopment, welfare, public recreation, public facilities, public safety, and childcare. Community Service programs are designed to improve the employability of participants not otherwise able to obtain unsubsidized employment. Participation in community service may include training that is directly required for the participant to complete the community service assignment. For example, an individual who is expected to provide clerical support to a food pantry may be provided training to develop or refine filing and data entry skills.</p> <p>Community service assignments will primarily be voluntary in nature including participation in VISTA, Americorps, and unpaid volunteer activities at a school, Head Start programs, religious or faith-based institutions, community organizations or a nonprofit or public agency but will also include such mandated participation when court ordered. Participation in activities to support these organizations is deemed to provide a service to the community. In those instances where the participation could meet the federal definition of work experience or community service and the district or program provider would like to have another recipient provide childcare for the community service individual, such hours of work may be reported as participation in community service.</p>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Job Search	<p>The act of seeking or obtaining employment or preparing to seek or obtain employment and will include looking for suitable job openings in a group or individual setting, making contact with potential employers, learning appropriate workplace expectations and behaviors in preparation for submitting job applications and interviewing, preparing to or applying for and/or interviewing for jobs and related activities.</p>

FA	SNF	SNA	FS	Activity	Definition
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Job Readiness Training Activities	<p>Participation in programs that include seeking and preparing for work. JRT includes two types of activities: (1) traditional activities of resume preparation, training in interviewing skills, and instruction in workplace expectations, training in effective job seeking, including life skills training; and (2) activities that improve an individual's employability, such as substance abuse treatment, mental health treatment, or rehabilitation activities in which a qualified medical or mental health professional has certified that such treatment is necessary.</p> <p>Traditional JRT activities will include: resume preparation, training in interview skills, instruction in workplace expectations, training in effective job seeking, life skills essential to workplace success, time management, goal setting, budgeting, basic math and literacy skills, household management, interpersonal skills, decision making skills, anger management, parenting skills when it has been determined that such training could help reduce unplanned work leave or apprehension toward entering employment.</p> <p>For TANF and SNA MOE families, JRT also includes substance abuse and other treatment and rehabilitative services that are required for individuals who are unable to work or individuals whose employability and employment retention requires such services. Such services, which should be reported on WTCMS as such, will be deemed within WRTS participation rate logic to be JRT for recipients of TANF and SNA MOE but will be deemed to be Community Service for recipients of SNA non-MOE, include:</p> <ul style="list-style-type: none"> <li>• Physical health treatment and rehabilitation services including attending necessary physical therapy, and doctor appointments. Such treatment will include medical, behavioral and other treatment necessary for individuals suffering from substance abuse (current and former users) with such required treatment ranging from detoxification services to after care/abstinence maintenance.</li> <li>• Mental health services including therapy, counseling, and other services to address mental or emotional disorders that can interfere with an individual's daily life functions, ability to work, looking for work or the ability to retain employment.</li> </ul>

FA	SNF	SNA	FS	Activity	Definition
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vocational Education	Vocational education is defined as an organized educational program that directly relates to the preparation of individuals for current or emerging occupations that require training other than a baccalaureate or advanced degree. Vocational education does not generally include basic or remedial education or ESL but may include work focused general education and language instruction that is a regular or integral part of a vocational education program. Social services districts are responsible for ensuring that any such remedial education or ESL is a regular part of the program for participants with similar skill sets as the TANF/SNA MOE client, is determined necessary by the program provider, and is limited in hours to less than one half of program participation. Vocational education programs include the completion of activities that provide individuals the knowledge and skills to perform a specific trade, occupation or vocation. Vocational education must be provided by an education or training organization.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Job Skills Training	Training or education in job skills to improve a participant's employability, to ensure clients have the basic skills competencies required by employers to support job entry and/or to advance or adapt to the changing demands of the workplace. Where identified as needed such training may include the development of basic workplace skills including professional workplace behaviors and decision making skills. Job skills training may include customized or technical training designed to provide participants with additional workplace skills, post secondary education courses leading to a bachelor's or other advanced degree or other training included under the definition of vocational education training. Job skills training may include literacy instruction, English language instruction or other basic education for an individual who has already obtained a high school diploma or equivalency when determined from a client's assessment that such instruction is needed to improve the participant's employability.

FA	SNF	SNA	FS	Activity	Definition
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Education Training	Education directly related to employment for a recipient who has not received a high school diploma or equivalency must be related to a specific occupation, job or job offer or otherwise determined based on a client assessment as necessary to improve the participant's employability to support job entry, retention or advancement. Education directly related to employment may include courses designed to provide the knowledge and skills for general or specific occupations or work settings to ensure clients have the basic skills competencies required by employers and may also include adult basic education, English as a Second Language (ESL) instruction and education leading to a GED or HS equivalency diploma as determined as necessary to improve the participant's job opportunities in potential occupations. Where identified as needed such training may include the development of basic workplace skills including professional workplace behaviors and decision making skills.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Secondary School	Regular attendance in accordance with the requirements of the secondary school or a course of study at a secondary school or other State accredited institution leading to a general equivalence diploma (GED), in the case of a recipient who has not completed secondary school or received a certificate of general equivalence. Secondary school participation may include general adult basic education or ESL if it is linked to attending secondary school or leading to a GED as determined necessary by the educational institution. Secondary School or GED programs that routinely include ESL, career training, alternative school, tutoring, dropout prevention, teen pregnancy or parenting programs as a requirement of program participation as determined by the educational institution will also be permitted.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provision of Childcare for Individual Participating in Community Service	Providing unpaid childcare to enable another Temporary Assistance (TANF/SNA MOE funded) recipient to participate in a community service program.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Any work activity that does not meet the criteria of any of the above countable activities constitutes participation that is not countable toward federal and state participation rates.

Local District Job Search Procedures:

The district assigns Temporary Assistance applicants to Job Search.         Yes         No

If yes, please describe the local district procedure for TA Applicant Job Search, including the required number of job search contacts and hours per week assigned. Also include a description of how often applicants are generally required to report job search outcomes and if activities other than job search are routinely expected of TA applicants during the application period.

Applicants:

- May be required to participate in supervised job search through individual appointments weekly with OTDA JOBS PROGRAM staff or BCDSS staff by participating in active job search, submitting weekly job logs and attending workshops or Job Clubs.

The district assigns TA recipients to Job Search.         Yes         No

If yes, please describe the local district procedures for TA Job Search, including the required number of job search contacts and hours per week assigned. Also include a description of how often recipients are generally required to report job search outcomes.

Same as above for applicants.

SN recipients:

- May meet individually or in a group with OTDA JOBS PROGRAM staff/BCDSS staff weekly
- Attend 4 hour Job Club
- 35 hours of job search
- Weekly job log submitted

Section 3.5 Job Development

Yes         No The district conducts or receives job development activities to expand job opportunities for TA and FS clients, either directly or by contract or agreement.

If yes, the district participates in job development activities in the following manner:

- District staff contact employers to solicit jobs for Temporary Assistance participants. Below is the description of how this is done, including number of staff, frequency of contacts, etc:

Broome County Social Services employs one job developer who serves as a member of the Business Services Team in conjunction with DOL. Potential and current employers are contacted by email, telephone and in person on an as needed basis. Employers are contacted through job fairs and individual employer visits in the One Stop. On the Job Training contracts (OJT) and tax incentives are offered.

- District contracts or has an agreement with another agency to contact employers and solicit jobs for Temporary Assistance participants. Below is the description of how this is done, including number of staff, frequency of contacts.

Star Group, Inc. provides one staff person under the SNAP grant for job development for SN work limited.

- OTDA Jobs Program staff are charged with job development as indicated in Section

2.3. Additional information, if any, is described below:

Section 3.6 Training Approval & Activity Enrollment Policy (Reference 18 NYCRR 385.9)

- a. Describe how the district identifies appropriate education program providers for program services of Adult Basic Education, GED preparation, and English Language Instruction, that are available to clients whose assessment indicates such services would be an appropriate work activity assignment:

Services listed are only provided through Binghamton City School District and BOCES.

- b. Describe how the district identifies appropriate education program providers of Vocational Education and Job Skills Training programs that are available to clients whose assessment indicates such services would be an appropriate work activity assignment:

BCDSS works in conjunction with the local WIA to refer clients to training facilities that are approved for WIA funding.

- c. Describe the process for making education activities available to nonexempt recipients who have not attained a basic literacy level and/or have not attained a high school diploma:

Based on information as a result of the assessment and through observation by the Caseworker or disclosure from the client the want or need for ABE, GED or ESL is ascertained. The client is encouraged to engage in these activities and informed of available resources for ABE, GED and ESL in the community. These classes are incorporated into the employment plan. Every non-exempt client is given the TABE locator test at orientation to determine basic literacy. All clients without a high school diploma are encouraged to participate in ABE and GED.

- d. Describe the district's process and policy for determining whether participation in educational activities is approved for individuals who have not attained a high school diploma who are interested in participating in an educational activity:

Based on information as a result of the assessment and through observation by the Caseworker or disclosure from the client the want or need for ABE, GED or ESL is ascertained. The client is encouraged to engage in these activities and informed of available resources for ABE, GED and ESL in the community. These classes are incorporated into the employment plan. Every non-exempt client is given the TABE locator test at orientation to determine basic literacy. All clients without a high school diploma are encouraged to participate in ABE and GED.

- e. Describe what steps the district will take to increase or maintain high levels of engagement by participants in vocational education and job skills training programs. Such steps may include increased use of such contracted services through local training providers, including WIA funded services, or use of OTDA funded Bridge or Educational Resources training programs. Districts should consider additional blending of activities such as work experience or employment with job skills training in fields that would improve participants' ability to obtain employment or increase wages or hours of employment.

Broome County will enroll participants:

- Green Jobs Program and the Transitional Jobs Program
- IC3 and Microsoft certification
- BOCES
- Broome Community College
- On line training through NY Wired
- Ridley Lowell
- Elmira Business Institute

Employment opportunities with local agencies that offer Certified Nurse Assistant, Home Health Aide and Personal Care Aide training will continue to be developed.

- f. Education and training providers are evaluated by the following standards:

Broome County will evaluate their educational/training providers by their ability to:

- a. Cooperate in the implementation of the Broome County policy with regard to enrollment of Temporary Assistance (TA) recipients
- b. Notify the Department's designated staff upon the application for admission of any recipient
- c. Provide WTW staff with all available and relevant information upon which to determine individual approval
- d. Demonstrate relevancy and effectiveness of training
- e. Request approval for enrollment of TA clientele for each program offered to such individuals using a form approved by Broome County Department of Social Services (BCDSS)

- f. Consent to a pre-arranged monitoring schedule and provide the WTW staff with necessary information to evaluate continuing support and approval of programs and enrollments on a timely basis
- g. Submit monthly attendance report and quarterly reports for all approved programs on a timely basis

g. The district procedure for advising participants of approved training providers is:

Information is given during the assessment process/employment plan development or upon request.

h. Describe the district's process and policy for determining whether or not a participant is approved/assigned to participate in job skills or vocational education activities:

TANF and SN recipient's enrollment in education or training programs must be approved by the Department's designated staff. The criteria upon which decisions to approve or disapprove shall be consistently applied to each person's circumstances. Program approval will be dependent upon the extent to which the combined classroom activities, allowable study time and other structured activities total required participation mandates.

Those factors to be included are:

**Current Abilities:** The individual's ability to reasonably compete for existing jobs, which would reduce or eliminate dependency, without training/education. The current labor market will be considered, work history and skill level in trades or occupations will also be evaluated.

**Training Record:** The amount and type of prior training the individual has had will be evaluated in conjunction with his/her performance. Past training is an indicator of:

- a) whether the individual will seriously pursue future training opportunities and
- b) whether there has been sufficient prior training to qualify the individual for existing local job opportunities

Training may not be re-approved after termination without good cause. BCDSS WTW Unit shall be responsible for determining good cause and re-approvals.

**Educational Level:** The individual must possess the prerequisite skills for participation in the program or receive approval to obtain such necessary skills through remedial education as part of the overall plan for self-support. For post-secondary education the individual must have a high school diploma or high school equivalency diploma prior to enrollment and \*reading and math scores of 10.9 based on TABE results. (\* special consideration will be made for individuals with IEP diplomas)

**Aptitude:** The individual's aptitude and ability to benefit from the program as determined in a consistent and reasonable manner, through an evaluation of past work/training performance, counseling and testing.

Enrollment Level: Approval will be dependent upon full time enrollment governed by the vocation training institution. For post secondary institutions, full time shall be governed by a capacity participation. Individuals who are not participating full time or to capacity will not be eligible for continued approval. The department will be responsible for evaluating extenuating circumstances that prohibit full time enrollment, and will make decisions regarding ongoing approval based on such circumstances.

Academic Progress: Continued approval will be based upon academic performance. The department will adhere to the institution's policy of standards for academic progress. For post-secondary education, academic performance and progress will be evaluated on a semester-to-semester basis.

Assessment: For receipt of supportive services while in vocational training, an assessment must be completed prior to the beginning of the training period. For post-secondary institutions, a semester constitutes a training period.

Self-Initiated Training: Individuals who are self-initiated may not be entitled to supportive services during their current training period (i.e. semester). Self-initiated individuals in post-secondary education may be reviewed for receipt of supported services in subsequent semesters. Standards for evaluation will be based upon current abilities, program participation and satisfactory performance. Additional standards for approval will be consistent with agency-initiated training. For self-initiated training. Other than post-secondary, assessment for supportive services will be considered on a case-by-case basis.

- i. The district procedure for notifying participants of approval for training or enrollment in a work activity is:

Through a detailed letter that clearly outlines requirements that a student must meet in order to remain in their approved course of training.

Students who have not been approved also receive a letter that details the justification for the decision not to approve training. Information in regards to a Fair Hearing request is also included.

- j. In accordance with 18 NYCRR 385.9 (b), regardless of whether the college program is approved for the participant as an employment work activity, the district will approve as a work activity a work-study, internship, externship or other work placement that is part of a non-graduate student's curriculum unless one or more of the following conditions applies as check below:

It has been determined that the student voluntarily quit a job or reduced earnings to qualify for initial or increased Public Assistance.

A job or on-the-job training position that is comparable to the work-study, internship,

externship or other work placement cannot reasonably be expected to exist in the private, public or not-for-profit sector.

The student is not maintaining a cumulative C average (or the equivalent). The district may disregard this provision if the student documents an undue hardship.

- The institution or student fails to monitor and report information regarding the student's attendance and performance as required.
- The student fails to progress toward the completion of a course of study without good cause, as determined by the district.
- The student has previously enrolled in a work-study, internship, or other work placement and failed to complete the work placement without good cause as determined by the district.
- Additional reasons as stated below:

- k. In order to verify continued exempt status, the local district will monitor the high school attendance of 16-18 year old students in the following manner:

At six (6) month assessment DSS staff will obtain information and verify attendance.

- l. The district's procedure for ensuring that an individual's health related limitations are accommodated when assigning the individual to a work activity is:

Utilizing medical documentation listing limitations from a certified health practitioner in determining work activity assignment and provide information regarding limitations in writing with activity provider supervisor.

Assignments will be consistent with the individual's mental and/or physical limitations.

### Section 3.7 Work Verification

Consistent with New York State's approved Work Verification Plan (WVP), and in accordance with the requirements established by the United States Department of Health and Human Services, districts must develop a quality assurance plan to ensure that the data reported, from which their work participation rates are derived, are accurate. The plan must include the district's procedure for monitoring reported scheduled and actual attendance in paid employment and unpaid work activities and the controls in place to ensure that reported exemption statuses resulting in federal exclusions from the work participation rate calculation are accurately made, work eligible individuals are correctly identified, hours of attendance reported are accurate and documented, data entry is accurate and that the district and its providers adhere to the approved work activity definitions and the determination of countable excused absences and holiday reporting within federal limits.

Each district must describe how it will conduct periodic self audits to determine that system entries are consistent with documentation in case files. The district must also explain how it will choose the sample size, select sample cases and establish the review period (no less frequently than semi-annually). The plan must indicate the district will maintain documentation on all pertinent findings produced through its self audit process and that case records for all reviewed cases will be available for State and other auditors in their review of the local work verification system for the standard 6 year period associated with such reviews.

After each self audit is completed, the district must submit a summary of findings for State review including specific information on each of the errors identified. In addition, when

monitoring reveals substantial problems, the district must describe the corrective action it will take.

The Quality Assurance plan must explain how staff will:

- Ensure that documentation of wages and actual hours of employment is verified and accurately projected/reported and present in the case file, is actual and is projected correctly;
- Ensure that the documentation for actual hours, supervision/attendance, excused absences, and holidays in other activities is present in the case file;
- Assess whether participation in the work activities reported for work eligible individuals meets the approved federal definition for the activity;
- Assess that the data entered into either WTWCM, NYCWAY or other automated system used for reporting work activities is accurate, including actual hours, excused absences and holidays; and is based on documentation in the case record; and
- Ensure that documentation necessary to determine an individual to be exempt due to being the caretaker of a disabled household member (Employability Code 38 or 48) is present in the case file and that individuals meet the exempt status based on the required documentation.

Please describe the process the district will use to review district worker collected documentation and data entry of the above listed elements (include a description of how a case sample for review will be selected, sample size and frequency of reviews): Monthly A&QI reports are run from COGNOS for Codes 31 and 38; paid work activities and unpaid work activities. 2 code 31's, 2 code 38's, 4 paid work activities and 4 unpaid work activities are reviewed each month and submitted semi-annually.

### **Broome County Quality Assurance Plan**

Broome County will submit Work Verification reports on a semi-annual basis.

Broome County will perform a random sample of 24 cases for paid work activities. Both the temporary assistance and employment case files will be reviewed. Hours of employment will be verified through receipt of pay stubs, employer verification forms, and direct phone contact with the employer documented in case notes. The review will ensure the hours of employment on the ABEL budget are consistent with the hours reported on WTWCMS and documentation is in the file to support hours reported on WTWCMS and that the scheduled hours on WTWCMS is consistent with the documentation.

Broome County will perform a random sample of 24 cases for participation in unpaid work activities. The employment case files will be reviewed. Actual hours of attendance will be documented by attendance sheets showing actual hours of attendance, any excused absences during the month, any unexcused absences during the month, and holiday time. The review will ensure the actual hours of attendance reported on the monthly attendance sheets has been correctly reported on WTWCMS, excused absences and holiday time are documented in the case

file and correctly reported on WTWCMS in accordance with federal limitations, and that documentation of actual hours of attendance is accurate and matches the hours of participation reported on WTWCMS by district or provider staff.

Broome County will perform a random sample of 12 cases in which a case member is reported as an employability code 38-needed in the home fulltime to care for a disabled household member. The temporary assistance case file will be reviewed to ensure there is presence of medical documentation to support the exception and that the documentation has a timeframe for the exemption and that the individual is the appropriate caretaker.

Broome County will perform a random sample of 12 cases per quarter in which a case member is reported as an employability code 31-caretaker of a child under the age of 12 months. The temporary assistance case file will be reviewed to ensure there is a birth certificate, foot print documentation or documentation from a hospital present to verify the child under the age of one.

The district will assess and verify the participation in the work activities meets the State approved definition for the activity. Broome County will maintain the supporting documentation for participation in paid and unpaid work activities and make it readily available for review by A&QI auditors upon request. In addition, documentation related to the caretaker of a child less than 12 months of age or caretaker of a disabled household member exemption/exclusions will also be retained and made available upon request.

We will ensure that a summary report will be prepared following each review period and forwarded to [Kathy.Nagi@otda.state.ny.us](mailto:Kathy.Nagi@otda.state.ny.us) and [Kim Roblin @ Kimberely.Roblin@otda.state.ny.us](mailto:Kim.Roblin@Kimberely.Roblin@otda.state.ny.us) . We will ensure appropriate action is taken to correct all errors noted. Any trends or multiple errors will be addressed through an educational training for all WTW ,TA and provider staff involved.

The sample is drawn from the monthly A&QI report from COGNOS 8. The semi-annual total for review is divided by 6 and reviewed monthly.

Please describe the process the district will use to review provider collected documentation and data entry of the above listed elements (include a description of how a case sample for review will be selected, sample size and frequency of reviews):

All provider documentation is forwarded to DSS staff for cms entry and scanning. As staff time permits, field visits to providers that do direct CMS data entry of actual hours in activities will made to ensure attendance is being entered appropriately.

### Section 3.8 Requirements for Exempt Temporary Assistance Participants (Reference 18 NYCRR 385.2 (e))

An exempt individual who has the potential to be restored to self-sufficiency through rehabilitation may be required to accept medical care to assist the individual in recovering from a mental or physical impairment, accept referral to and enrollment in a program of vocational rehabilitation, training, and/or other essential rehabilitation, and provide requested evidence that he/she is participating in the assigned program.

- a. Following is the district's procedure for determining if a disabled individual has the potential to be restored to self-sufficiency. This determination is different from the determination of the individual's disability exemption as covered in Section 6 of this plan. Included here is who (e.g., physician, employment worker, Temporary Assistance worker, local review team, etc.) makes or assists in this determination that an individual can restore or improve employability through treatment or other rehabilitative activities. Also included is the source and type of information used to make the determination (e.g., information from individual's physician, district contracted provider, specialist evaluation obtained as result of district referral, etc.):

TANF and SNA MOE cases are referred to an independent review team (Star Group Inc.), who makes a determination on the extent of the disability through independent medical evaluations and functional capacity testing and direct contact with the physicians. Star Group staff includes two nurses who work closely with physicians and specialists' offices.

SN cases are referred to the Department's Medical Services Unit for independent medical evaluations and functional capacity tests as warranted.

The Department issues the appropriate (LDSS 4005 or LDSS 4005A – Notification of Temporary Assistance Work Requirements) upon receipt and review of medical evaluations.

The independent review team (Star Group Inc) case manages individuals in conjunction with WTW case workers.

- b. Following is the district's procedure for developing a treatment plan and for referring the participant to appropriate treatment, etc.:

Upon completion of medical evaluations and functional capacity testing, plans are developed by the independent review team and the Medical Services Unit in coordination with the WTW staff.

Referrals for treatment to the appropriate providers will be generated through this coordinated effort.

- c. Following is the district's procedure for tracking the participant's compliance with the treatment plan. Include elements such as monthly confirmation of attendance at rehabilitation or other factors to judge participation and progress.

The Department has established a process with treatment providers to verify attendance for compliance through telephone contact, written attendance and progress reports. The Department contracts with Broome County Mental Health Chemical Dependency Services Unit (CDSU) to monitor and track attendance and progress reports with provider agencies for substance abuse, The Star Group monitors attendance and tracks progress for medical and psychiatric disabilities. Attendance is monitored on a monthly basis.

### Section 3.9 Strategies/Procedures for Increasing Program Attendance

Describe district policies and/or procedures in place to reduce the amount of time participants fail to participate in work activities, including absences that are with good cause:

- Stronger emphasis on the importance and necessity of good attendance at orientation and during individual meetings with clients
- Specify benefits of full participation – job references
- Monthly case management with clients – check for and address barriers
- Individual home visits to reiterate the importance and necessity of full participation

Section 3.10 Strategies/Procedures for Engaging Sanctioned Temporary Assistance Participants

District has no specific strategies to engage sanctioned participants.

District attempts to engage sanctioned participants as soon as they are sanctioned using the following strategies:

District attempts to engage sanctioned participants when the durational period of the sanction is completed using the following strategies:

BCDSS uses Intensive Case Management Services grant funds to engaged sanctioned individuals. Cases are called in for eligibility review, benefits of compliance are explained, opportunity is allowed for full compliance. Home visits may be conducted, intensive case management and supportive services are incorporated for those that choose to comply.

District attempts to engage sanctioned participants during different times in the sanction period using the following strategies:

Section 3.11 Diversion Strategies:

District has no specific diversion strategies.

District's diversion strategies are described below:

OTDA JOBS Staff registers TANF individuals and provides job leads during the application process. The Child Care in Lieu of Public Assistance option is offered. To the extent Federal, State and Local resources are available, BCDSS will provide a one time diversion payment for services outlined in Appendix III.

Section 4 Support Services (Reference 18 NYCRR 385.4)

#### Section 4.1 For Temporary Assistance Applicants and Recipients in Work Activities

- a. The social services district will provide childcare in accordance with the childcare section of the district's Child and Family County Services Plan. The district will also provide to participants the following expenses which the district deems necessary for the individual to participate in orientation, assessment, employment planning, work activities and activities to restore self sufficiency:

All supportive services listed on Appendix III

- b. The district will use the following approach to assist those participants who need transportation to and from a work activity site, including any applicable mileage reimbursement rate, and the method used by the district to arrive at that reimbursement rate:

Daily and/or monthly bus passes are offered first. If public transportation is not available, Broome County will reimburse recipients with their own vehicles the county established mileage reimbursement rate of \$.55/mile (adjusted at the discretion of the county) or the actual cost – whichever is cheaper.

- c. The district will use the following approach for those individuals who reside in an area where public transportation is not available. OTDA policy establishes a distance not to exceed 2 miles as the maximum distance that the district can require a participant to walk to a work activity assignment. Please identify the maximum distance the participant would be expected to walk, if applicable:

The maximum distance the participant is expected to walk is one (1) mile.

- d. The district will provide the following services to assist individuals at risk of needing public assistance to improve their opportunities for employment or to maintain their employment:

To the extent Federal, State and Local resources are available, BCDSS will provide a one time diversion payment for services outlined in Appendix III.

- e. Following is a description of how the district accommodates the needs of non-English speaking participants in accessing employment activities and services (or see below):

The Department subscribes to the Language Line interpreter services to arrange interpreting services in order to access employment activities.

[ ] The district does not generally find the need to provide services to individuals who do not speak English (never or rarely have occasion to serve such individuals).

#### Section 4.2 Transitional Support Services

The district will provide the following supports and strategies to support job retention:

OJT and TEAP contracts, job development and job coaching with the JOBS staff and caseworker will provide early intervention to identify any problems on the job.

The district will provide the following support services, for up to 90 days after case closing, to individuals whose Temporary Assistance cases have closed due to employment:

To the extent Federal, State and Local resources are available, BCDSS will provide supportive services deemed necessary and reasonable to assist employed Temporary Assistance recipients improve their self sufficiency opportunities. This will be accomplished by referral for separate determination of eligibility for transitional medical/childcare services and supportive services as outlined in Appendix III.

#### Section 4.3 Extended Support Services

As long as funding is available (through FFFS, etc.), the district will provide the following supportive services for individuals who are eligible under the TANF Services 200% of poverty eligibility guidelines.

We provide extended supportive services to only TANF eligible recipients.

#### Section 4.4 Support Services for Food Stamp Employment & Training (FSET) Participants: (Reference 18 NYCRR 385.4(b))

The district provides necessary childcare in accordance with the childcare section of the Child and Family County Services Plan.

a. Following is the district's policy for providing transportation services for FSET participants:

The Department will provide public transportation through the issuance of bus passes/tokens or reimburse mileage incurred for private transportation for individuals participating in FSET. Transportation will be issued based on Appendix III.

b. The district will provide the following support services in addition to transportation:

The Department will issue supportive services to assist FSET participants to secure or retain employment based on Appendix III.

#### Section 5 Temporary Assistance Conciliation and Dispute Resolution Procedures; Food Stamp "Good Cause" Determination Procedures (Reference 18 NYCRR 385.11 and 385.12)

##### Section 5.1 Conciliation

The district's conciliation process is in accordance with 18 NYCRR 385.11(a). Conciliations are conducted (check all that apply.):

- in person
- by phone
- by mail, etc
- other as described below:

Amendment      Effective Date \_\_\_\_\_

- 1) The Department will send a written "Conciliation Notification" to the applicant/recipient which describes the process by which they may dispute a work assignment or explain their reason(s) for failing to comply.
- 2) The applicant/recipient will be instructed as above to contact "ACCORD" – the Department's designated neutral third party – to schedule a conciliation hearing. This hearing must be held within thirty (30) days of the clients' dispute.
- 3) TANF clients have ten (10) days to call for a conciliation hearing with "ACCORD". Safety Net have seven (7) days to call for a conciliation hearing.
- 4) If the applicant/recipient fails to contact "ACCORD" within the time period designate in #3 above, or the Department determines at the conciliation hearing that failure to comply with the work assignment was willful, a ten (10) day written notice to deny/discontinue benefits and right to a Fair hearing will be sent.

The good cause/willfulness determination is made by:

- client's employment worker
- a supervisor
- separate entity (please describe below)
- other (please describe below)

During the conciliation meeting, the employment worker reviews the reasons provided by the individual along with other evidence it has about the non-compliance, and makes a determination of whether the non-compliance was without good cause. If the individual does not respond to the conciliation notice within the prescribed time limit, the worker makes a determination of good cause without the individuals' input. If the district determines that the failure to comply was without good cause it sends the individual a ten day notice of intent to discontinue the Public Assistance grant (for a single person case) or reduce the grant pro rata (in a multiple person case).

### Section 5.2 Sanction

The district's procedure for determining compliance for those individuals who wish to end their employment sanction (18 NYCRR 385.11(b), 385.12) is:

The Employment Caseworker determined the individual is in compliance with the work activity.

Although exceptions may be made on a case by case basis, the standard criteria for any client to demonstrate compliance prior to ending a durational sanction is a minimum of 5 days in a work activity.

### Section 5.3 Dispute Resolution

The district's procedure for individuals who wish to dispute their work activity assignments, including individuals who dispute the district's response to their request for health-related accommodations is conducted in accordance with 18 NYCRR 385.11(b).

The grievance is mediated by:

- an agreement with an independent entity

Amendment Effective Date \_\_\_\_\_

- supervisory staff who are trained in mediation and who have no direct responsibility for the individual's case
- designated supervisory staff who have no direct responsibility for the individual's case but who are not trained in mediation

Section 5.4 Food Stamps Good Cause Determination

The district's procedure for determining if good cause exists for applicants and recipients who fail to comply with Food Stamp Program employment requirements is in accordance with 18 NYCRR 1300.12(c) 385.12(c) and is conducted:

- conciliation is offered in the same manner as described in Section 5.1 of this plan;
- by the Employment worker using available information, including that provided by the participant, if any, to determine if there was a good cause reason.
- Other (described below)

**Section 6 Disability Determinations** (Reference 18 NYCRR 385.2(d))

The district's process for determining an individual's disabilities and/or work limitations is in accordance with 18 NYCRR 385.2(d). Check all that apply:

- District participates in the OTDA managed contract for independent medical evaluations
- District contracts directly with a physician to provide independent medical evaluations
- District accepts physician's statement provided by participant
- District accepts physician's statement provided by participant but refers for an independent evaluation when deemed necessary
- Other process, described below

Case review of past work history, medical documentation, social history, compliance, etc.

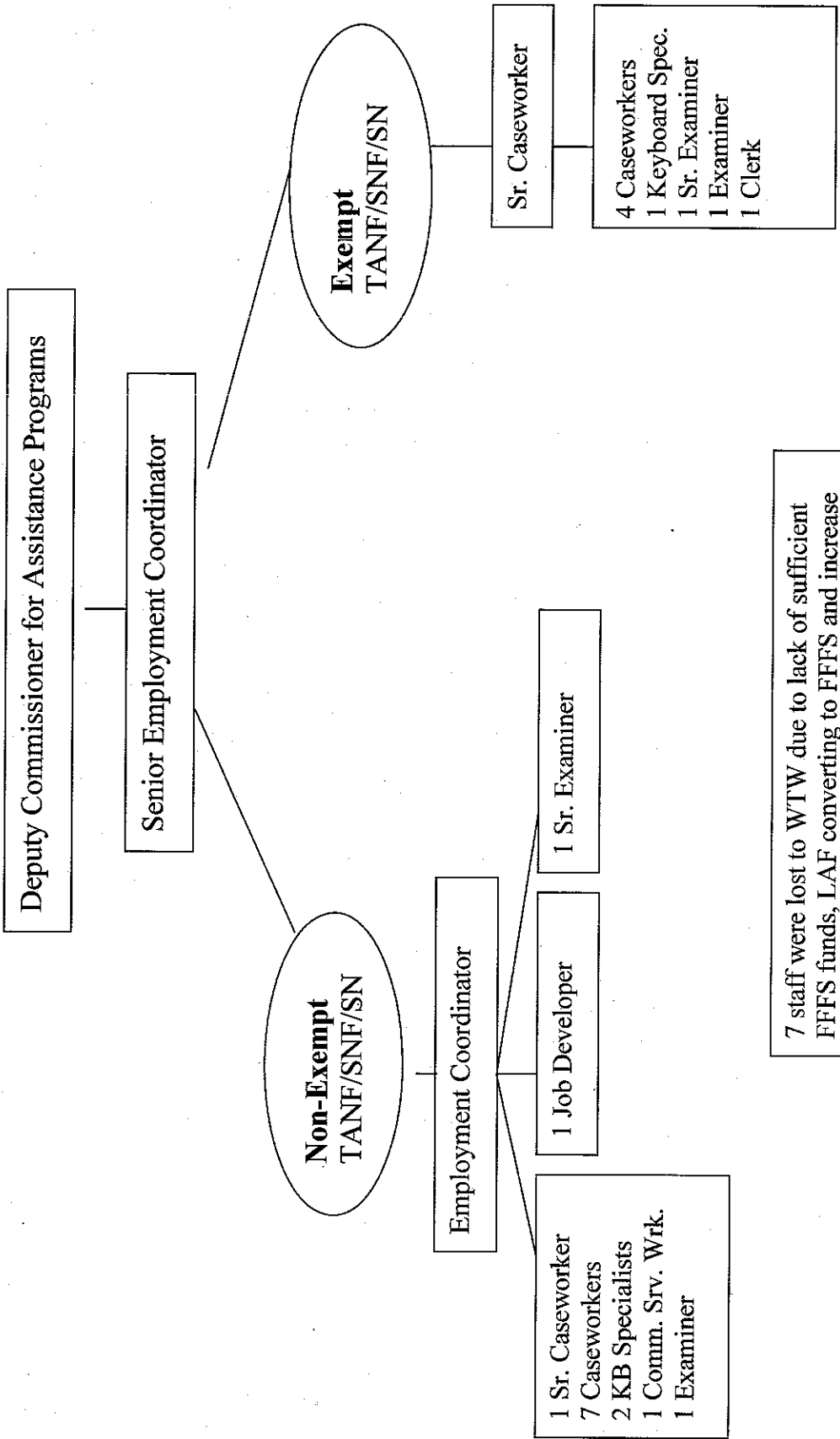
The local process for reviewing the medical documentation to determine if the individual is exempt, nonexempt, or work limited is as follows:

- District directs the contracted physician or individual's physician to determine status
- District review team reviews and determines status (described below)
- Specialized disability/medical staff or unit reviews and determines status (described below)
- Other, described below:

The subcontracted Star Group staff review collected/submitted medical documentation, consult with physicians' offices and determine employability status for all TANF and SNA MOE recipients claiming a medical/psychiatric disability. The Star Group staff assigned to this project by the have experience as registered nurses or case managers for the mentally/developmentally disabled population. They may also make referrals for Functional Capacity Exams, Mental Health evaluations, or any other follow up necessary to make a solid determination of

employability. The goal is always to move the recipient to self-sufficiency, by returning them to employability or assisting them in obtaining Social Security benefits.

WELFARE TO WORK DIVISION ORGANIZATION CHART



7 staff were lost to WTW due to lack of sufficient FFFS funds, LAF converting to FFFS and increase in the Child Welfare threshold.



**Welfare To Work**  
**2010-2011 Employment Plan**  
**Supportive Services Desk Guide**

Supportive services may be issued dependent upon the following conditions:

1. The services are necessary
2. The services are not available through other resources
3. State and Federal funds must be available

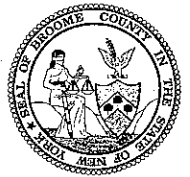
Appendix III

**Welfare To Work**      **Dollar Limit**      **Basis For Determining Need**

Welfare To Work	Dollar Limit	Basis For Determining Need
Day Care for Children	Market Rate	In WTW Activity
Child Day Care Registration Fees	\$75 Maximum per child	To enroll child of WTW participant or employed recipient in day care.
Clothing	Up to \$150	Uniforms, footwear, etc., payable for WTW activity or entry to employment not to be given more than twice/year.
Transportation	\$.55 cents per mile (or actual)	Payable at the rate of public transportation costs or the mileage reimbursement rate used by the local district. Includes the cost of transporting children of WTW participant to/from child day care.
Meal Allowance	\$60	S/T orientation for Transitional Jobs grant participation.
Professional Budget Management Counseling	\$100 one-time issue	Demonstrated pattern of money management.
Licenses and Other Work-Related Fees	\$200	License and other fees necessary for participation in WTW training to accept/retain employment.
Job-Related Safety Equipment	\$200 per period of eligibility	Protective gloves, boots, headgear, etc. needed to accept/maintain employment.

Tools and Equipment	\$500 one time issuance	Tools and equipment necessary for WTW training or to accept/retain employment. Includes costs for equipment needed to become home day care provider.
Automobile Repairs	\$700 per period of eligibility	If least costly to provide transportation payment for necessary repairs up to lesser of \$700 or the retail value of the vehicle.
Automobile Insurance	\$1,000 per period of eligibility	If least costly way to provide transportation payment for legally necessary insurance for recipient's/participant's vehicle. Payment continues only as long as necessary—duration of WTW activity or up to 90 days after entry to employment.
Tuition	\$1,700 per 12 month period	Vocation education approved guideline utilized.
General Work Supplies at agency discretion	\$100	2 times per year/client Items needed to attend work/work activity including but not limited to personal hygiene product; general needs as haircut, trac phone.
Drivers Ed Instruction License/Permit (Driving)	Not to exceed \$900	As needed to expand job search/employment opportunities.
Background Checks	\$75	Security Clearance as requested by employers or work sites to insure appropriateness of placement.
Drug Testing	\$50	Through IMA for Employment Clearance.

**Broome County Department of Social Services – Welfare-to-Work Unit  
Workforce New York  
Arthur R. Johnson, Commissioner, L.C.S.W.  
Barbara J. Fiala, Broome County Executive**



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**BROOME COUNTY EMPLOYMENT ASSESSMENT**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

How many months/years have you been receiving Temporary Assistance since 12/96? \_\_\_\_\_

Have you been on assistance in another state since 12/96?  Yes  No State \_\_\_\_\_

**PLEASE COMPLETE ALL SECTIONS**

**EDUCATION**

Do you have your High School Diploma?  Yes  No

Last Grade attended in High School: \_\_\_\_\_

Name of School: \_\_\_\_\_

If you did not complete high school, why did you leave?  
\_\_\_\_\_

Do you have a copy of your HS Diploma?  Yes  No

Were you in special education program?  Yes  No Do you have a Learning Disability?  Yes  No

Describe Learning Disability/Special Ed \_\_\_\_\_

Your GED?  Yes  No

Did you ever attend GED classes?  Yes  No

Where? \_\_\_\_\_

When and how long? \_\_\_\_\_

Do you have a copy of your GED?  Yes  No

**TRAINING PROGRAMS**

Have you attended any special training programs?  Yes  No

What did you study? \_\_\_\_\_ Where? \_\_\_\_\_

How long did you attend? \_\_\_\_\_ Did you complete training?  Yes  No

Completion Date \_\_\_\_\_ Certificate name \_\_\_\_\_

If you are currently in training, please state where \_\_\_\_\_

When will you complete training? \_\_\_\_\_

**LEARNING DISABILITITES AND SPECIAL EDUCATION**

Do you have a Learning Disability? Yes No Is so, what is the disability? \_\_\_\_\_

Were you in Special Ed Classes? Yes No

**COLLEGE**

Have you ever attended college? Yes No Area of Study: \_\_\_\_\_

Name of colleges' attended \_\_\_\_\_

Did you graduate? Yes No Degree Earned \_\_\_\_\_

If you have **not graduated** with a degree, how many credits have you earned? \_\_\_\_\_

What degree were you working towards? \_\_\_\_\_

Are you **currently a college student**? Yes No Where? \_\_\_\_\_

When did you start college? \_\_\_\_\_ When will you graduate? \_\_\_\_\_

Do you have any student loans? \_\_\_Yes \_\_\_No Are any in default? \_\_\_Yes \_\_\_No

**If you are eligible for student loans you are required to pay them back.**

**FOR TEENS ONLY Please answer the following questions**

**Note: If you are 16 - 19 years old, you are required to be in school in order to continue to receive Temporary Assistance benefits.**

Are you currently a full time high school student? Yes No

Name of School \_\_\_\_\_ Hours/Week \_\_\_\_\_

Name of last school attended \_\_\_\_\_

When will you graduate? \_\_\_\_\_

**CURRENT/ RECENT EMPLOYMENT**

ARE YOU PRESENTLY EMPLOYED? Yes No If Yes, Where? \_\_\_\_\_

Start Date \_\_\_\_\_ Hours/**week** \_\_\_\_\_ Amount **per hour** \_\_\_\_\_

IF YOU ARE **NOT** EMPLOYED NOW, Where was your last job? \_\_\_\_\_

What was the reason for leaving your last job? \_\_\_\_\_

Why aren't you working now? \_\_\_\_\_

## EMPLOYMENT HISTORY

### SKILLS CHECKLIST

	Check All That Apply	
<input checked="" type="checkbox"/> Assembly	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Delivering Goods
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Cashier	<input type="checkbox"/> Child Care
<input type="checkbox"/> Construction	<input type="checkbox"/> Cooking	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Drafting/Drawing	<input type="checkbox"/> Electrical Repair	<input type="checkbox"/> Equipment Operator
<input type="checkbox"/> Food Service/Fast Food	<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Health care
<input type="checkbox"/> House Cleaning	<input type="checkbox"/> Training Others	<input type="checkbox"/> Bookkeeping
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Lab Technician	<input type="checkbox"/> Lawn Care/Landscape
<input type="checkbox"/> Loading/Unloading	<input type="checkbox"/> Painting	<input type="checkbox"/> Photography
<input type="checkbox"/> Record Keeping	<input type="checkbox"/> Repair Cars	<input type="checkbox"/> Repair Machines
<input type="checkbox"/> Retail	<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Selling
<input type="checkbox"/> Taking Inventory	<input type="checkbox"/> Telephone Work	<input type="checkbox"/> Typing/Word Processing
<input type="checkbox"/> Waiter	<input type="checkbox"/> Waitress	<input type="checkbox"/> Other

What do you think are your greatest strengths?

- |   |  |
|---|--|
| <input type="checkbox"/> Being on time            | <input type="checkbox"/> Well organized            |
| <input type="checkbox"/> Hard working             | <input type="checkbox"/> Getting along with others |
| <input type="checkbox"/> Good attendance          |  |
| <input type="checkbox"/> Pay attention to details | Describe other strengths _____                     |

### TRANSITION PLAN TO SELF SUFFICIENCY

What referrals/services or resources do you need to help you meet your goals? Please check all resources you need.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Day Care                   | <input type="checkbox"/> Transportation            | <input type="checkbox"/> GED                     |
| <input type="checkbox"/> Literacy                   | <input type="checkbox"/> ESL Classes               | <input type="checkbox"/> Job Readiness Training  |
| <input type="checkbox"/> Training/Education         | <input type="checkbox"/> Treatment/Rehab           | <input type="checkbox"/> Anger Management        |
| <input type="checkbox"/> Work Experience            | <input type="checkbox"/> Resume Preparation        | <input type="checkbox"/> Interviewing Skills     |
| <input type="checkbox"/> Job Retention Mentor       | <input type="checkbox"/> Job Referrals             | <input type="checkbox"/> Job Search Techniques   |
| <input type="checkbox"/> Career Exploration         | <input type="checkbox"/> Computer skills           | <input type="checkbox"/> On-the-job Training     |
| <input type="checkbox"/> Parenting Skills           | <input type="checkbox"/> Counseling                | <input type="checkbox"/> Effective Communication |
| <input type="checkbox"/> Money Management/Budgeting | <input type="checkbox"/> Other (Insert Name) _____ |  |

What is your long-term employment goal?

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**WORK HISTORY**

The following section is an employment history necessary for us to assist you in achieving your employment goals. Please be specific and give accurate information.

Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				

What is the longest time you have held a job? \_\_\_\_\_

What was your favorite job? \_\_\_\_\_

Worst job..describe what you did not like about it. \_\_\_\_\_

What is your training or vocational interest? \_\_\_\_\_

**SOCIAL SECURITY BENEFITS (Children)**

Are any of your children receiving Social Security benefits?  Yes  No

If yes: List child's name, amount and the reason that the child(ren) is/are receiving social security payments

Name	Amount	Reason

## HOUSEHOLD COMPOSITION

Please list all **ADULTS** in your household and state if they work or attend school. Please list each individual's income and source of income.

Name	Place of employment or school	Relationship to you	Source of Income SSI/SSD, wages, UIB	Amount of Income per month
SELF				

## CHILDREN LIVING IN YOUR HOME

List Children living in your household

Name	Age	Special Needs	SSI benefits	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

### **Children in FOSTER CARE or LIVING SOMEWHERE ELSE**

Do you have any children in Foster care or living with someone else?

Yes  No

Name of child(ren) and who do they live with?

### **DAY CARE**

Do you need day care when you work/train?

Yes  No

Do you have a day care provider now?

Yes  No

### **Primary Care Provider You Have Now**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

### **You must have a Back-up Day Care Provider**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

### **CHILD PROTECTIVE, FOSTER CARE, EARLY INTERVENTION WORKERS**

Do you have a worker?

Yes  No

Name \_\_\_\_\_

**HOUSING**

If you live in public housing, are you required to participate in community service activities? \_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

In the past 12 months, describe how many places you have lived? \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

**FAMILY & COMMUNITY RESOURCES**

Do you have reliable friends or family in the area on whom you can depend to help with emergencies? \_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

Do your family and friends support your efforts to get a job/go to school/get training? \_\_\_ Yes \_\_\_ No Describe: \_\_\_\_\_

Are you working with other programs or agencies now? \_\_\_ Yes \_\_\_ No Describe: \_\_\_\_\_

Have you received help from community agencies in the past? \_\_\_ Yes \_\_\_ No Describe, including the type of assistance received and what made it helpful: \_\_\_\_\_

**TRANSPORTATION**

Do you have a current driver's license?  Yes  No State \_\_\_\_\_ Class \_\_\_\_\_

Restrictions on license: \_\_\_\_\_ Do you have a driver's permit?  Yes  No

If you do not have a driver's license or permit please state reason. \_\_\_\_\_

Do you own an automobile?  Yes  No Status of Insurance coverage: \_\_\_\_\_

If yes, Model \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_

Do you have use of an automobile?  Yes  No

Is there another adult in the home with access to a vehicle?  Yes  No

Do you have access to a bus stop?  Yes  No

How far is the bus stop from your home? \_\_\_\_\_ Client arrangement/ needs: \_\_\_\_\_

Do you have reliable transportation to attend work activities and or employment? \_\_\_ Yes \_\_\_ No

**OFFENDER STATUS**

Youthful Offender?  Yes  No  
Have you ever been on a PINS Petition  Yes  No  
Are you currently on a PINS Petition?  Yes  No

Have you ever been arrested?  Yes  No  
Have you ever served jail time?  Yes  No  
Where? \_\_\_\_\_ How long? \_\_\_\_\_  
Are you currently on parole?  Yes  No From \_\_\_\_\_ to \_\_\_\_\_  
Parole Officer \_\_\_\_\_  
Are you currently on probation?  Yes  No From \_\_\_\_\_ to \_\_\_\_\_  
Probation Officer \_\_\_\_\_

**CONVICTIONS**

**Please list all misdemeanor and felony convictions**

Please circle conviction	Name of conviction	Year
Misdemeanor or Felony		
Misdemeanor or Felony		
Misdemeanor or Felony		

**SUBSTANCE ABUSE**

Alcohol  Yes  No  
Drug  Yes  No Type \_\_\_\_\_  
Combination  Yes  No

Have you ever been in treatment for Drug or alcohol abuse?  Yes  No  
Where/Program \_\_\_\_\_ Discharge date \_\_\_\_\_  
Are you currently in treatment?  Yes  No  
Where/Program \_\_\_\_\_ Hours/Week \_\_\_\_\_  
Counselor \_\_\_\_\_ Completion Date \_\_\_\_\_  
Do you attend AA/NA meetings?  Yes  No  
Has anyone in your family ever been treated for drugs/alcohol abuse?  Yes  No

**UNEMPLOYMENT BENEFITS**

Unemployment Benefits:  Yes  No Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Benefits exhausted \_\_\_\_\_



**EMERGENCY INFORMATION**

Name of person to contact (not in the same house) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**CITIZENSHIP**

Are you a Citizen?  Yes  No

What country are you from? \_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_

**ESL CLASSES**

Are you attending ESL classes?  Yes  No

Where \_\_\_\_\_ Hours/Week \_\_\_\_\_

Do you understand English?

Yes  No

Do you speak English?

Yes  No

Do you write English?

Yes  No

**VOLUNTEER STATUS**

Do you currently spend time helping out in the community (child's school, hospital, church, community agency, food pantry, library etc)?  Full time  Part Time  Not currently volunteering

**VETERANS INFORMATION**

Are you a veteran?  Yes  No Military Training: \_\_\_\_\_

Dates of military service from \_\_\_\_\_ to \_\_\_\_\_

**SSI/SSD INFORMATION**

Have you applied for SSI/SSD for a physical or mental condition? Yes No

Date first applied for SSI/SSD \_\_\_\_\_

Denied for SSI/SSD Yes No How many times have you appealed? \_\_\_\_\_

When was your last appeal? \_\_\_\_\_

Do you have a lawyer for you appeal for SSI/SSD? Yes No

Name/Address of lawyer \_\_\_\_\_

Do you have any law suits pending? Yes No Explain \_\_\_\_\_

**Duties of a Nonexempt Person**

As a nonexempt person on Temporary Assistance, you are expected to meet one or more of the requirements below as assigned by this agency.

**You must** participate in an initial employability assessment and in the preparation of an employability plan.

When enrolled, participation is mandated by NYS Regulation 18 NYCRR 385. This plan may be updated as needed.

**You must** accept referrals to and participate in the Employment program as assigned by the social services district or the designated provider of such programs and services, or by the Job Service.

**You must** conduct an active job search to seek employment and give evidence of such efforts when requested by the social service district.

**You must** accept all offers of suitable employment.

As a person receiving Social Services/Cash Assistance, my goal will be to obtain unsubsidized employment. I have jointly developed this plan and understand my responsibilities and that my cooperation is essential for successful attainment of my goals. I realize that if circumstances change, this plan may change.

I understand the responsibilities involved in completing my educational plan and my responsibilities regarding entering full-time employment at the completion of the plan as I have discussed it with a DSS representative. I have been instructed and understand my responsibilities concerning repayment of any loans I receive for financial aid while attending school or training. I give my permission for information regarding my case to be shared with appropriate agencies.

I give permission to the Department of Social Services, New York State Department of Labor, OTDA JOBS Program, BCC, WORKFORCE NY, BOCES, VESID, Binghamton City Schools, ACA, Legal Aid, potential employers or \_\_\_\_\_ to release and/or exchange information concerning my case, application information, and employment plans.

If I choose not to comply with the above listed requirements without good cause, I may be sanctioned from receiving Temporary Assistance for a period of time up to six months, depending on the type of Assistance I receive, the program in which I was required to participate and the number of times I have been sanctioned in the past.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date



Broome County  
DEPARTMENT OF SOCIAL SERVICES – WELFARE-TO-WORK UNIT

Arthur R Johnson, LCSW, Commissioner  
171 Front Street . Binghamton, New York 13905  
Website: [www.gobroomecounty.com](http://www.gobroomecounty.com)

Barbara J. Fiala, County Executive  
(607) 778-3096 . Fax (607) 778-3705

## BROOME COUNTY SAFETY NET EMPLOYMENT ASSESSMENT

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_ Message phone \_\_\_\_\_

Have you ever been on assistance?  Yes  No How Long? \_\_\_\_\_

Have you been on assistance in another state since 12/96?  Yes  No State \_\_\_\_\_

Are you from Broome County originally?  Yes  No If not, Where? \_\_\_\_\_

### EDUCATION

Note: If you are 16 - 19 years old you are required to be in school in order to continue to receive Temporary Assistance benefits

Do you have your High School Diploma?  Yes  No Year graduated \_\_\_\_\_

Do you have your GED?  Yes  No Year \_\_\_\_\_

Did you ever attend GED classes?  Yes  No Where \_\_\_\_\_ How Long \_\_\_\_\_

If you do not have your High School diploma, what was the last grade you completed? \_\_\_\_\_

### LEARNING DISABILITIES AND SPECIAL EDUCATION

Do you have a Learning Disability?  Yes  No

What is your Learning Disability? \_\_\_\_\_ Were you in Special Ed Classes  Yes  No

### TRAINING PROGRAMS

Name of Training program? \_\_\_\_\_

Did you complete training?  Yes  No Completion Date \_\_\_\_\_

If you are currently in training, Where is the training \_\_\_\_\_

When will you complete training? \_\_\_\_\_

### COLLEGE

Name of college attended \_\_\_\_\_ Area of Study \_\_\_\_\_

Did you graduate?  Yes  No Degree Earned \_\_\_\_\_

Are you **currently a college student**?  Yes  No Where? \_\_\_\_\_

When did you start college? \_\_\_\_\_ When will you graduate? \_\_\_\_\_

Do you have any outstanding educational loans?  No  Yes Amount: \$ \_\_\_\_\_

**SKILLS CHECKLIST**

Check All That Apply		
Assembly	Data Entry	Delivering Goods
Carpentry	Cashier	Child Care
Construction	Cooking	Customer Service
Drafting/Drawing	Electrical Repair	Equipment Operator
Food Service/Fast Food	Foreign Language	Health care
House Cleaning	Training Others	Bookkeeping
Janitorial	Lab Technician	Lawn Care/Landscape
Loading/Unloading	Painting	Photography
Record Keeping	Repair Cars	Repair Machines
Retail	Building Maintenance	Selling
Taking Inventory	Telephone Work	Typing/Word Processing
Waiter	Waitress	
Other Strengths		
Check All That Apply		
Being on time	Well organized	Hard working
Getting along with others	Good attendance	Pay attention to details
List other strengths you have		

**CURRENT EMPLOYMENT**

Do you have a job now?  Yes  No If Yes, Where? \_\_\_\_\_

Start Date \_\_\_\_\_ Hours/week \_\_\_\_\_ Amount per hour \_\_\_\_\_

**WORK HISTORY**

The following section is an employment history necessary for us to assist you in achieving your employment goals. Please be specific and give accurate information.

Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				

What is the **longest time** you have held a job and where? \_\_\_\_\_

What was your **favorite** job? \_\_\_\_\_

What would be your **dream** job/long term employment goal? \_\_\_\_\_

### HOUSEHOLD COMPOSITION

List all **ADULTS** in your household and state if they work or attend school. Please list each individual's income and source of income.

Name	Place of employment or school	Relationship to you	Source of Income SSI/SSD, wages, UIB	Amount of Income per month
SELF				

### CHILDREN

Do you have any children in Foster care or living with someone else?  Yes  No

Name of child(ren) their ages and the name of the person they live with?  
\_\_\_\_\_

### COURT ORDERS FOR CHILD SUPPORT

Child's Name & Age	Address	Paternity Established	Court Order
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

### TRANSPORTATION

#### Bus

Do you have access to a **bus**?  Yes  No

How far is the nearest bus stop? \_\_\_\_\_

#### Car

Do you have a current driver's license?  Yes  No

Do you have a driver's permit?  Yes  No

Do you own an automobile?  Yes  No

Do you have car insurance?  Yes  No

State \_\_\_\_\_ Class \_\_\_\_\_

Is there any reason why you can not work full time?

Yes  No

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PHYSICAL HEALTH

Explain any physical conditions that would keep you from working \_\_\_\_\_  
\_\_\_\_\_

Are you seeing a medical doctor for this condition(s)?  Yes  No

Physician's name/address/phone \_\_\_\_\_

**Medications:** List all physical medications  
\_\_\_\_\_  
\_\_\_\_\_

### MENTAL HEALTH

Do you have a mental condition that will keep you from working full time?

Yes  No

Are you seeing a doctor/therapist for a mental health condition now?

Yes  No

### COUNSELING

Are you in currently in counseling on a regular basis?

Yes  No

If no: Would you like a referral for counseling?

Yes  No

**Medications:** List all mental health medications  
\_\_\_\_\_  
\_\_\_\_\_

### SOCIAL SECURITY INFORMATION

Have you ever applied for SSI/SSD for a physical or mental condition?

Yes  No

Date first applied for SSI/SSD \_\_\_\_\_

Denied for SSI/SSD

Yes  No

How many times have you appealed? \_\_\_\_\_

Do you have a lawyer for you appeal for SSI/SSD?

Yes  No

Name/Address of lawyer \_\_\_\_\_  
\_\_\_\_\_

### VETERANS INFORMATION

Are you a veteran?  Yes  No

Military Training: \_\_\_\_\_

Dates of military service from \_\_\_\_\_ to \_\_\_\_\_

**SUBSTANCE ABUSE**

Have you ever been in treatment for Drug abuse?

Yes  No

Have you ever been in treatment for Alcohol abuse?

Yes  No

Where/Program \_\_\_\_\_ Discharge date \_\_\_\_\_

Are you currently in treatment?  Yes  No

Where/Program \_\_\_\_\_ Hours/Week \_\_\_\_\_

Counselor \_\_\_\_\_ Completion Date \_\_\_\_\_

Has anyone in your family ever been treated for drugs/alcohol abuse?

Yes  No

**OFFENDER STATUS**

Have you ever been arrested?

Yes  No

Have you ever served jail time?

Yes  No

Where? \_\_\_\_\_ How long? \_\_\_\_\_

Are you currently on parole?  Yes  No From \_\_\_\_\_ to \_\_\_\_\_

Parole Officer \_\_\_\_\_

Are you currently on probation?  Yes  No From \_\_\_\_\_ to \_\_\_\_\_

Probation Officer \_\_\_\_\_

**CONVICTIONS**

List all misdemeanor and felony convictions

Circle type of conviction	Name of conviction	Year
Misdemeanor or Felony		
Misdemeanor or Felony		
Misdemeanor or Felony		
Misdemeanor or Felony		
Misdemeanor or Felony		

## Transition Plan to Self Sufficiency

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What referrals/services or resources do you need to help you meet your goals? Please check all resources you need.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Day Care               | <input type="checkbox"/> Anger management      | <input type="checkbox"/> Computer skills            |
| <input type="checkbox"/> Transportation         | <input type="checkbox"/> Work experience       | <input type="checkbox"/> On the job training        |
| <input type="checkbox"/> GED                    | <input type="checkbox"/> Resume preparation    | <input type="checkbox"/> Parenting skills           |
| <input type="checkbox"/> Literacy               | <input type="checkbox"/> Interviewing skills   | <input type="checkbox"/> Counseling                 |
| <input type="checkbox"/> ESL classes            | <input type="checkbox"/> Job Retention mentor  | <input type="checkbox"/> Effective communication    |
| <input type="checkbox"/> Job readiness training | <input type="checkbox"/> Job referrals         | <input type="checkbox"/> Money management/Budgeting |
| <input type="checkbox"/> Training/Education     | <input type="checkbox"/> Job search techniques | <input type="checkbox"/> Specify Other:             |
| <input type="checkbox"/> Treatment/Rehab        | <input type="checkbox"/> Career exploration    |   |
- 

### Duties of a Non-Exempt Person

As a nonexempt person on Temporary Assistance, you are expected to meet one or more of the requirements below as assigned by this agency.

**You must** participate in an initial employability assessment and in the preparation of an employability plan.

When enrolled, participation is mandated by NYS Regulation 18 NYCRR 385. This plan may be updated as needed.

**You must** accept referrals to and participate in the Employment program as assigned by the social services district or the designated provider of such programs and services, or by the Job Service.

**You must** conduct an active job search and give evidence of such efforts when requested.

**You must** provide medical verification and/or undergo a medical examination or other diagnostic assessment necessary for determining such limitations as there may be to your employment or occupational training or rehabilitation.

**You must** actively seek employment and provide evidence of such if requested by the social service district.

**You must** accept all offers of suitable employment

As a person receiving Social Services/Cash Assistance, my goal will be to obtain unsubsidized employment. I have jointly developed this plan and understand my responsibilities and that my cooperation is essential for successful attainment of my goals. I realize that if circumstances change, this plan may change.

I understand the responsibilities involved in completing my educational plan and my responsibilities regarding entering full-time employment at the completion of the plan as I have discussed it with a DSS representative. I have been instructed and understand my responsibilities concerning repayment of any loans I receive for financial aid while attending school or training. I give my permission for information regarding my case to be shared with appropriate agencies.

I give permission to the Department of Social Services, New York State Department of Labor, OTDA Jobs Program, BCC, OET, BOCES, VESID, Binghamton City Schools, ACA, VIP, Legal Aid, potential employers or \_\_\_\_\_ to release and/or exchange information concerning my case, application information, and employment plans.

If I choose not to comply with the above listed requirements without good cause, I may be sanctioned from receiving Temporary Assistance for a period of time up to six months, depending on the type of assistance I receive, the program in which I was required to participate and the number of times I have been sanctioned in the past.

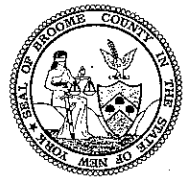
\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date

**Broome County Department of Social Services – Welfare-to-Work Unit  
Workforce New York  
Arthur R. Johnson, Commissioner, L.C.S.W.  
Barbara J. Fiala, Broome County Executive**



171 Front Street . Binghamton, New York 13905

(607) 778-3096 . Fax (607) 778-3705

Website: [www.gobroomecounty.com](http://www.gobroomecounty.com)

**BROOME COUNTY EMPLOYMENT ASSESSMENT**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

How many months/years have you been receiving Temporary Assistance since 12/96? \_\_\_\_\_

Have you been on assistance in another state since 12/96?  Yes  No State \_\_\_\_\_

**PLEASE COMPLETE ALL SECTIONS**

**EDUCATION**

Do you have your High School Diploma?  Yes  No

Last Grade attended in High School: \_\_\_\_\_

Name of School: \_\_\_\_\_

If you did not complete high school, why did you leave?  
\_\_\_\_\_

Do you have a copy of your HS Diploma?  Yes  No

Were you in special education program?  Yes  No

Describe Learning Disability/Special Ed \_\_\_\_\_

Your GED?  Yes  No

Did you ever attend GED classes?  Yes  No

Where? \_\_\_\_\_

When and how long? \_\_\_\_\_

Do you have a copy of your GED?  Yes  No

Do you have a Learning Disability?  Yes  No

**TRAINING PROGRAMS**

Have you attended any special training programs?  Yes  No

What did you study? \_\_\_\_\_ Where? \_\_\_\_\_

How long did you attend? \_\_\_\_\_ Did you complete training?  Yes  No

Completion Date \_\_\_\_\_ Certificate name \_\_\_\_\_

If you are currently in training, please state where \_\_\_\_\_

When will you complete training? \_\_\_\_\_

**LEARNING DISABILITITES AND SPECIAL EDUCATION**

Do you have a Learning Disability? Yes No Is so, what is the disability? \_\_\_\_\_

Were you in Special Ed Classes? Yes No

**COLLEGE**

Have you ever attended college? Yes No Area of Study: \_\_\_\_\_

Name of colleges' attended \_\_\_\_\_

Did you graduate? Yes No Degree Earned \_\_\_\_\_

If you have **not graduated** with a degree, how many credits have you earned? \_\_\_\_\_

What degree were you working towards? \_\_\_\_\_

Are you **currently a college student**? Yes No Where? \_\_\_\_\_

When did you start college? \_\_\_\_\_ When will you graduate? \_\_\_\_\_

Do you have any student loans? \_\_\_Yes \_\_\_No Are any in default? \_\_\_Yes \_\_\_No

**If you are eligible for student loans you are required to pay them back.**

**FOR TEENS ONLY Please answer the following questions**

**Note: If you are 16 - 19 years old, you are required to be in school in order to continue to receive Temporary Assistance benefits.**

Are you currently a full time high school student? Yes No

Name of School \_\_\_\_\_ Hours/Week \_\_\_\_\_

Name of last school attended \_\_\_\_\_

When will you graduate? \_\_\_\_\_

**CURRENT/ RECENT EMPLOYMENT**

ARE YOU PRESENTLY EMPLOYED? Yes No If Yes, Where? \_\_\_\_\_

Start Date \_\_\_\_\_ Hours/week \_\_\_\_\_ Amount per hour \_\_\_\_\_

IF YOU ARE **NOT** EMPLOYED NOW, Where was your last job? \_\_\_\_\_

What was the reason for leaving your last job? \_\_\_\_\_

Why aren't you working now? \_\_\_\_\_

## EMPLOYMENT HISTORY

### SKILLS CHECKLIST

	Check All That Apply	
<input checked="" type="checkbox"/> Assembly	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Delivering Goods
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Cashier	<input type="checkbox"/> Child Care
<input type="checkbox"/> Construction	<input type="checkbox"/> Cooking	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Drafting/Drawing	<input type="checkbox"/> Electrical Repair	<input type="checkbox"/> Equipment Operator
<input type="checkbox"/> Food Service/Fast Food	<input type="checkbox"/> Foreign Language	<input type="checkbox"/> Health care
<input type="checkbox"/> House Cleaning	<input type="checkbox"/> Training Others	<input type="checkbox"/> Bookkeeping
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Lab Technician	<input type="checkbox"/> Lawn Care/Landscape
<input type="checkbox"/> Loading/Unloading	<input type="checkbox"/> Painting	<input type="checkbox"/> Photography
<input type="checkbox"/> Record Keeping	<input type="checkbox"/> Repair Cars	<input type="checkbox"/> Repair Machines
<input type="checkbox"/> Retail	<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Selling
<input type="checkbox"/> Taking Inventory	<input type="checkbox"/> Telephone Work	<input type="checkbox"/> Typing/Word Processing
<input type="checkbox"/> Waiter	<input type="checkbox"/> Waitress	<input type="checkbox"/> Other

What do you think are your greatest strengths?

- |   |  |
|---|--|
| <input type="checkbox"/> Being on time            | <input type="checkbox"/> Well organized            |
| <input type="checkbox"/> Hard working             | <input type="checkbox"/> Getting along with others |
| <input type="checkbox"/> Good attendance          |  |
| <input type="checkbox"/> Pay attention to details | Describe other strengths _____                     |

### TRANSITION PLAN TO SELF SUFFICIENCY

What referrals/services or resources do you need to help you meet your goals? Please check all resources you need.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Day Care                   | <input type="checkbox"/> Transportation            | <input type="checkbox"/> GED                     |
| <input type="checkbox"/> Literacy                   | <input type="checkbox"/> ESL Classes               | <input type="checkbox"/> Job Readiness Training  |
| <input type="checkbox"/> Training/Education         | <input type="checkbox"/> Treatment/Rehab           | <input type="checkbox"/> Anger Management        |
| <input type="checkbox"/> Work Experience            | <input type="checkbox"/> Resume Preparation        | <input type="checkbox"/> Interviewing Skills     |
| <input type="checkbox"/> Job Retention Mentor       | <input type="checkbox"/> Job Referrals             | <input type="checkbox"/> Job Search Techniques   |
| <input type="checkbox"/> Career Exploration         | <input type="checkbox"/> Computer skills           | <input type="checkbox"/> On-the-job Training     |
| <input type="checkbox"/> Parenting Skills           | <input type="checkbox"/> Counseling                | <input type="checkbox"/> Effective Communication |
| <input type="checkbox"/> Money Management/Budgeting | <input type="checkbox"/> Other (Insert Name) _____ |  |

What is your long-term employment goal?

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## WORK HISTORY

The following section is an employment history necessary for us to assist you in achieving your employment goals. Please be specific and give accurate information.

Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				
Employer's name and address	Dates of Employment	Hours/week	Job Description	Hourly Wage
Reason for leaving:				

What is the longest time you have held a job? \_\_\_\_\_

What was your favorite job? \_\_\_\_\_

Worst job..describe what you did not like about it. \_\_\_\_\_

What is your training or vocational interest? \_\_\_\_\_

### **SOCIAL SECURITY BENEFITS (Children)**

Are any of your children receiving Social Security benefits?  Yes  No

If yes: List child's name, amount and the reason that the child(ren) is/are receiving social security payments

Name	Amount	Reason

**HOUSEHOLD COMPOSITION**

Please list all **ADULTS** in your household and state if they work or attend school. Please list each individual's income and source of income.

Name	Place of employment or school	Relationship to you	Source of Income SSI/SSD, wages, UIB	Amount of Income per month
SELF				

**CHILDREN LIVING IN YOUR HOME**

List Children living in your household

Name	Age	Special Needs	SSI benefits	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

**Children in FOSTER CARE or LIVING SOMEWHERE ELSE**

Do you have any children in Foster care or living with someone else?

Yes  No

Name of child(ren) and who do they live with?

**DAY CARE**

Do you need day care when you work/train?

Yes  No

Do you have a day care provider now?

Yes  No

**Primary Care Provider You Have Now**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**You must have a Back-up Day Care Provider**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**CHILD PROTECTIVE, FOSTER CARE, EARLY INTERVENTION WORKERS**

Do you have a worker?

Yes  No

Name \_\_\_\_\_

**HOUSING**

If you live in public housing, are you required to participate in community service activities? \_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

In the past 12 months, describe how many places you have lived? \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

**FAMILY & COMMUNITY RESOURCES**

Do you have reliable friends or family in the area on whom you can depend to help with emergencies? \_\_\_ Yes \_\_\_ No

Describe: \_\_\_\_\_

Do your family and friends support your efforts to get a job/go to school/get training? \_\_\_ Yes \_\_\_ No Describe: \_\_\_\_\_

Are you working with other programs or agencies now? \_\_\_ Yes \_\_\_ No Describe: \_\_\_\_\_

Have you received help from community agencies in the past? \_\_\_ Yes \_\_\_ No Describe, including the type of assistance received and what made it helpful: \_\_\_\_\_

**TRANSPORTATION**

Do you have a current driver's license?  Yes  No State \_\_\_\_\_ Class \_\_\_\_\_

Restrictions on license: \_\_\_\_\_ Do you have a driver's permit?  Yes  No

If you do not have a driver's license or permit please state reason. \_\_\_\_\_

Do you own an automobile?  Yes  No Status of Insurance coverage: \_\_\_\_\_

If yes, Model \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_

Do you have use of an automobile?  Yes  No

Is there another adult in the home with access to a vehicle?  Yes  No

Do you have access to a bus stop?  Yes  No

How far is the bus stop from your home? \_\_\_\_\_ Client arrangement/ needs: \_\_\_\_\_

Do you have reliable transportation to attend work activities and or employment? \_\_\_ Yes \_\_\_ No

**OFFENDER STATUS**

Youthful Offender?  Yes  No  
 Have you ever been on a PINS Petition  Yes  No  
 Are you currently on a PINS Petition?  Yes  No

Have you ever been arrested?  Yes  No  
 Have you ever served jail time?  Yes  No

Where? \_\_\_\_\_ How long? \_\_\_\_\_

Are you currently on parole?  Yes  No From \_\_\_\_\_ to \_\_\_\_\_

Parole Officer \_\_\_\_\_

Are you currently on probation?  Yes  No From \_\_\_\_\_ to \_\_\_\_\_

Probation Officer \_\_\_\_\_

**CONVICTIONS**

Please list all misdemeanor and felony convictions

Please circle conviction	Name of conviction	Year
Misdemeanor or Felony		
Misdemeanor or Felony		
Misdemeanor or Felony		

**SUBSTANCE ABUSE**

Alcohol  Yes  No  
 Drug  Yes  No Type \_\_\_\_\_  
 Combination  Yes  No

Have you ever been in treatment for Drug or alcohol abuse?  Yes  No

Where/Program \_\_\_\_\_ Discharge date \_\_\_\_\_

Are you currently in treatment?  Yes  No

Where/Program \_\_\_\_\_ Hours/Week \_\_\_\_\_

Counselor \_\_\_\_\_ Completion Date \_\_\_\_\_

Do you attend AA/NA meetings?  Yes  No

Has anyone in your family ever been treated for drugs/alcohol abuse?  Yes  No

**UNEMPLOYMENT BENEFITS**

Unemployment Benefits:  Yes  No Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Benefits exhausted \_\_\_\_\_

**PHYSICAL HEALTH**

**Note:** You are not required to answer the questions in this section if you do not want to tell us about your disability and you can participate in work activities without accommodations. If you need accommodations, or you want us to know how your disability affects your ability to participate in work activities, you must answer these questions. If you choose not to disclose a disability and answer these questions, you will be assigned to work activities without accommodations for any undisclosed disabilities (disabilities that you have not told us about).

\_\_\_\_\_ Worker discussed note above with customer and customer has chosen not to complete this section and/or disclose a disability. The customer also understands that he/she will be required to participate in work activities without accommodations for any undisclosed disabilities (if applicable).

Do you have Health Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, Provider Name \_\_\_\_\_

**ARE YOU PREGNANT?**      Yes    No      **Due Date** \_\_\_\_\_

Physician's name/address/phone \_\_\_\_\_

Are you seeing a medical doctor for any physical condition?      Yes    No

Explain Condition or Surgery: \_\_\_\_\_

Are you applying for Workman's Comp or New York State Disability benefits?      Yes    No

If yes, explain \_\_\_\_\_

**MENTAL HEALTH**

Are you seeing a doctor/Therapist for a mental condition?      Yes    No

**COUNSELING** Are you currently in counseling on a regular basis?      Yes    No

**If Yes:** Counselor/Therapist Name/address/phone \_\_\_\_\_

**If No:** Would you like a referral for counseling?      Yes    No

If you are in counseling please state why \_\_\_\_\_

Referrals given \_\_\_\_\_

**MEDICATIONS:** Please list medications and dosage you are taking now:

_____	_____	Mental _____	Physical _____
_____	_____	Mental _____	Physical _____
_____	_____	Mental _____	Physical _____
_____	_____	Mental _____	Physical _____

**EMERGENCY INFORMATION**

Name of person to contact (not in the same house) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**CITIZENSHIP**

Are you a Citizen?  Yes  No

What country are you from? \_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_

**ESL CLASSES**

Are you attending ESL classes?  Yes  No

Where \_\_\_\_\_ Hours/Week \_\_\_\_\_

Do you understand English?

Yes  No

Do you speak English?

Yes  No

Do you write English?

Yes  No

**VOLUNTEER STATUS**

Do you currently spend time helping out in the community (child's school, hospital, church, community agency, food pantry, library etc)?  Full time  Part Time  Not currently volunteering

**VETERANS INFORMATION**

Are you a veteran?  Yes  No Military Training: \_\_\_\_\_

Dates of military service from \_\_\_\_\_ to \_\_\_\_\_

**SSI/SSD INFORMATION**

Have you applied for SSI/SSD for a physical or mental condition? Yes No

Date first applied for SSI/SSD \_\_\_\_\_

Denied for SSI/SSD Yes No

How many times have you appealed? \_\_\_\_\_

When was your last appeal? \_\_\_\_\_

Do you have a lawyer for you appeal for SSI/SSD? Yes No

Name/Address of lawyer \_\_\_\_\_

Do you have any law suits pending? Yes No Explain \_\_\_\_\_

**Duties of a Nonexempt Person**

As a nonexempt person on Temporary Assistance, you are expected to meet one or more of the requirements below as assigned by this agency.

**You must** participate in an initial employability assessment and in the preparation of an employability plan.

When enrolled, participation is mandated by NYS Regulation 18 NYCRR 385. This plan may be updated as needed.

**You must** accept referrals to and participate in the Employment program as assigned by the social services district or the designated provider of such programs and services, or by the Job Service.

**You must** conduct an active job search to seek employment and give evidence of such efforts when requested by the social service district.

**You must** accept all offers of suitable employment.

As a person receiving Social Services/Cash Assistance, my goal will be to obtain unsubsidized employment. I have jointly developed this plan and understand my responsibilities and that my cooperation is essential for successful attainment of my goals. I realize that if circumstances change, this plan may change.

I understand the responsibilities involved in completing my educational plan and my responsibilities regarding entering full-time employment at the completion of the plan as I have discussed it with a DSS representative. I have been instructed and understand my responsibilities concerning repayment of any loans I receive for financial aid while attending school or training. I give my permission for information regarding my case to be shared with appropriate agencies.

I give permission to the Department of Social Services, New York State Department of Labor, OTDA JOBS Program, BCC, WORKFORCE NY, BOCES, VESID, Binghamton City Schools, ACA, Legal Aid, potential employers or \_\_\_\_\_ to release and/or exchange information concerning my case, application information, and employment plans.

If I choose not to comply with the above listed requirements without good cause, I may be sanctioned from receiving Temporary Assistance for a period of time up to six months, depending on the type of Assistance I receive, the program in which I was required to participate and the number of times I have been sanctioned in the past.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date