



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

VIEW From Seed To Harvest

Session #1

Virginia Department of Social Service BPRO 2024 Spring Conference

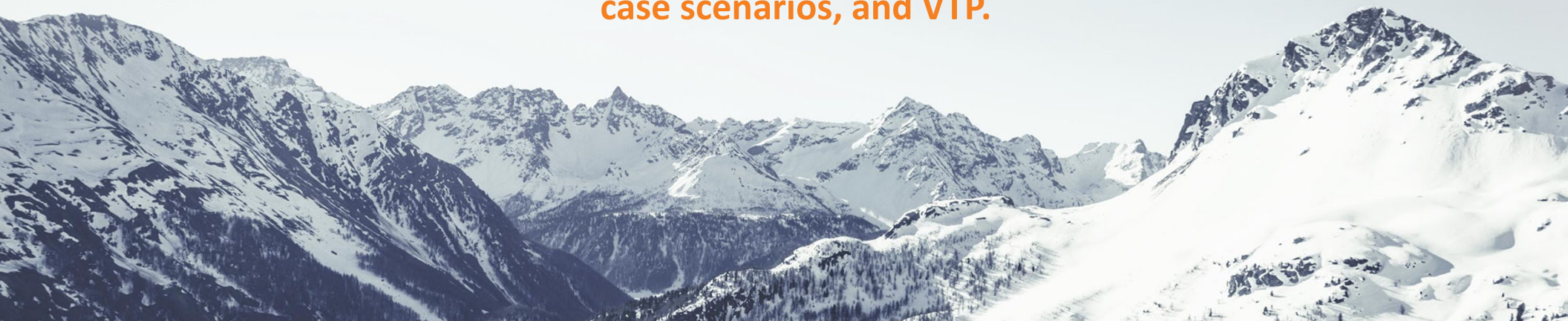


Division

This is a 2-part workshop series that will provide a comprehensive review of VIEW program policies and implementation of the policies throughout the growth cycle of our VIEW participants. *If you attend Session 1, it is strongly recommended that you also attend Session 2.*

In Session 1, we will cover VIEW policy from seed, to germination, all the way through to flowering. We will discuss Initial Assessments, Activity & Service Plans, the different types of Program Components, Reassessments, Sanctions, and Compliance.

In Session 2, we will provide practical application of the policies discussed in Session 1. The focus of this workshop will be ESP entries, forms, participation hours, documentation, case scenarios, and VTP.





Division



Initial Assessments
Activity & Service Plan
Program Components
Reassessments
Sanctions & Compliance



Initial Assessments

Initial Assessments – TANF 1000.8

One of the primary goals of the VIEW Initial Assessment is to place the participant in an approved component. Also, the Initial Assessment is about building the foundation for the type of relationship that you want to have with your client. While you are gathering information in order to best serve your clients, you should also use that opportunity to create a rapport and a level of trust with each of your VIEW participants.

VIEW Participation – TANF 901.1.B

As a condition of eligibility, each recipient of TANF and TANF-UP must participate as required in VIEW, unless otherwise exempt.

The eligibility worker in the local agency must determine which applicants and recipients are not required to participate (exempt) and which are required to participate (non-exempt). The eligibility worker will refer to the VIEW Program a non-exempt individual at the time of application approval or when an individual's VIEW status changes.

The ESW will receive a Task & Reminder when an individual is referred to the VIEW Program, however, a follow-up communication from the EW to the ESW is highly recommended.

1000.8.B Scheduling the Initial Assessment

The assessment will take place during an individual, face-to-face, telephone, or virtual interview between the participant and the ESW. The assessment interview will be scheduled at a time that does not conflict with work hours, or with previously scheduled medical or mental health appointments, whenever possible.

The ESW will complete an initial assessment of the participant within 10 calendar days of referral to the ESP queue, if possible, but in all cases within 30 calendar days. The 10-day and 30-day periods begin with, and count, the date the client was assigned to the queue.

The assessment will include an explanation of VIEW program opportunities and requirements. Additionally, it may include an explanation of the availability of screening for domestic violence, learning disabilities, mental health problems, physical disabilities, and alcohol and substance abuse, and of reasonable accommodations if needed. The participant must be told about the availability of disability screening within 90 days of signing the APR if it is not explained at the initial assessment.

Reviewing the 60-month TANF & 24-month VIEW Clocks

Prior to the Initial Assessment, the ESW will review the client's 60-month Federal TANF Clock and 24-month VIEW Clock. The purpose is to inform the client how many months they have remaining in the VIEW program. This will also give the ESW a road map for appropriate VIEW activity assignments in order to maximize the time the client has remaining in the VIEW program.

NOTE: Months of participation in the TANF employment programs of other states are not counted on the 24-month clock.



Reviewing the 60-month TANF & 24-month VIEW Clocks

- An individual's 60-month clock is based on whether or not a TANF payment was received for a particular month and advances only when a TANF payment is issued for that month.
- An individual's 24-month clock is based on VIEW participation.
 - It advances when:
 - an individual with an open TANF case has an open ESP enrollment and is actively participating in VIEW (except months assigned to Inactive don't count),
 - OR;
 - a TANF case remains open in suspended status due to a VIEW sanction (the ESP enrollment must remain open during the VIEW sanction as well).

REMINDER: Effective January 1, 2023, all VIEW Participants were given new 24-month clock. This means that EARLIEST date that a TANF case will close due to the exhaustion of a 24-month VIEW clock will be December 31, 2024.

Reminder: 24-month VIEW Clock – 1000.5

1) The months in which the participant meets any of the following conditions on the first of the month will NOT count toward the two-year time period:

- a) they are exempt from VIEW;
- b) they do not have an open VIEW supplement, for reasons other than sanction;
- c) they are assigned to inactive.

2) The months in which the participant meets any of the following conditions on the first of the month will count toward the two-year time period:

- a) they are assigned to pending;
- b) they are assigned to an active component (this will also apply if she is assigned to an active component at any time during the month AND was already enrolled in VIEW but not assigned to Inactive on the first day of the month);
- c) they are sanctioned;
- d) their TANF benefits are continuing due to an appeal;
- e) they are employed at the time the case transfers from another locality and is receiving the VIEW enhanced disregard.

Initial Assessments

The Initial Assessment is about building the foundation for the type of relationship that you want to have with your client. While you are gathering information in order to best serve your clients, you should also use this opportunity to create a rapport and a level of trust with them.

Please see [Initial Assessments: Best Practices, Strategies, and Interviewing Techniques](#) for additional information regarding Initial Assessment goals, including best practices and interview strategies that can be utilized when conducting phone, virtual, or in-person assessments.

Goals of the Initial Assessment

- 1) Identification and Evaluation of Job Readiness and Occupational skills, Interests, Education, Work History, Family/Life Circumstances, including Disabilities. You will also use this time to identify any potential barriers to self-sufficiency and make any appropriate referrals to community partners to assist the participant overcome those barriers.**
- 2) Determine Functional Literacy.**
- 3) Clearly describe the expectations of VIEW participants and what they should expect from you. Including potential penalties for not satisfactorily participating in the VIEW program.**
- 4) Evaluation of Childcare, Support Services, Reporting Employment, Timesheets, Incentives, etc.**
- 5) Ensure that all the required program forms are completed, signed, and the client fully understands them.**
- 6) Create and explain the Activity & Service plan so the client can understand the need for the Plan.**

Forms Required to be Completed at the VIEW Initial Assessment

- **Agreement of Personal Responsibility**
- **VIEW Information Sheet**
- **Combined ESP Assessment form**
- **Combined ESP Activity & Service Plan**
- **Do You Have a Disability?**

Commonwealth of Virginia
Department of Social Services

Case Name _____
Case Number _____
Locality _____

**Virginia Initiative for Education and Work (VIEW)
AGREEMENT OF PERSONAL RESPONSIBILITY**

PARTICIPANT'S NAME: _____
CASE #: _____
DATE COMPLETED: _____

INFORMATION SHEET

A. 1. Write or print your name, _____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

Assessment SNAP E&T
 Reassessment TANF/VIEW
 TANF-UP/VIEW

VDSS Employment Services Program Assessment Form

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

SNAP E&T VIEW TET VTP

Participant's Name: _____
Case ID#: _____
ESW: _____
ESW Phone #: _____
of Months Accrued on VIEW Clock _____ N/A
Date: _____

ACTIVITY AND SERVICE PLAN

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
TEMPORARY ASSISTANCE FOR NEEDY
FAMILIES (TANF)

Case Name: _____
Client's Name: _____
Case Number: _____

Do you have a disability?

If you have a disability that makes it harder for you to do the things we ask you to do, **please tell us**. A disability is a physical or mental condition that limits one or more life activities.

Agreement of Personal Responsibility (APR)

- To be read verbatim, discussed with the client, and confirmed that the client has a complete understanding of the terms during the Initial Assessment.
- On page 2, you will indicate if this is a new 24-month clock or if you are re-starting a 24-month clock.
- Must be uploaded to DMIS.
- If a client completes the form on their own prior to a virtual assessment, it is not considered received until the virtual assessment has taken place and they agree to participate.
 - Unless completed at Intake as a condition of eligibility, a signed APR without an Initial Assessment is considered null and void.
- Verbal signatures are accepted for the APR, but it must be documented that the ESW reviewed the form with the client who accepted the terms, a verbal signature was accepted, and that a copy was mailed to the client.

County/City: Craig County (045)
 PO BOX 330
 377 COURSE ST.
 NEW CASTLE, VA 24127
 Phone: (540) 864-5117

Commonwealth of Virginia
 Department of Social Services

Date: 01/17/2023
 Case Number: 118516535
 Client ID: 2002789199
 Correspondence #: 769184924
 Case Name:
 Telephone:
 Email Address:

Virginia Initiative for Education and Work (VIEW) AGREEMENT OF PERSONAL RESPONSIBILITY

This agreement lists your responsibilities as a participant in the VIEW program. If you refuse to sign this Agreement of Personal Responsibility, you will lose your Temporary Assistance for Needy Families (TANF) benefits.

VIEW PROGRAM RESPONSIBILITIES

- I understand that TANF is a temporary assistance program and that I am responsible for:
- Recognizing that because TANF is temporary assistance, I need to work to become self-sufficient and support my family;
 - Looking for and accepting employment;
 - Participating in and satisfactorily completing all assignments from my case manager; notifying my case manager immediately of changes in my circumstances; answering all letters and calls from my case manager in a timely fashion; and keeping appointments with my case manager;
 - Arranging child day care and transportation to allow me to participate in the VIEW program. If I am unable to arrange child day care and transportation, my case manager may be able to assist with these services.
 - Notifying my child care worker immediately of all changes in work, or training, or education schedules, including when I begin or end a job or class, or when I change my hours.
 - Notifying my TANF worker of changes as indicated on the Change Report form. If I withhold information or give false information, I may be prosecuted for perjury, larceny, or welfare fraud. I may be subject to a disqualification hearing. If I am found guilty, I will be ineligible to receive TANF for six months for the first offense, 12 months for the second offense, and permanently for the third offense.

VIEW PROGRAM RULES

To continue to receive TANF benefits, I must enroll in the VIEW program.

Once enrolled in the VIEW program, I can receive up to 24 months of TANF benefits.

I will be assigned to work activities throughout my 24-month eligibility period.

If I do not participate in the VIEW program, I will lose my family's TANF grant and my family's SNAP benefits may be affected. This is considered a sanction.

Each month that I am sanctioned for not participating will count as one of my 24 benefit months.

If I refuse a job offer without good cause or if I quit a job or am terminated, I will be sanctioned and lose my family's TANF benefits unless I have good cause. My SNAP benefits may be affected also.

FAIR HEARING RIGHTS

I have the right to appeal any agency action which terminates, reduces, or suspends my family's TANF and/or SNAP benefits.

VIEW OPPORTUNITIES

I understand that it is my responsibility to take advantage of the opportunities afforded me by the VIEW program. By taking advantage of these opportunities, I will be assisting my family in achieving economic independence.

I am able to earn up to the poverty level without losing my TANF benefits. The amount of my monthly benefits may not change when I go to work.

When I find employment and leave TANF, I may be eligible for up to 12 months of transitional child care, transportation, and/or a transitional incentive payment.

I may receive valuable work experience and/or training through the VIEW program.

HARDSHIP EXCEPTIONS

Hardship exceptions may be granted in very limited circumstances to extend the 24-month eligibility period to persons who demonstrate an extreme hardship. I may be granted a hardship exception if I have met the following conditions:

1. Satisfactorily participated in all of the assigned activities while in the program without being sanctioned; and
2. Was not sanctioned for leaving employment while in the VIEW program; and
3. Was not sanctioned more than one time for reasons other than those stated in 1 and 2 (required interview/assessments, etc.).

Case #: 118516535

Page 1 of 3

Correspondence #: 769184924

Case #: 118516535

Page 2 of 3

Correspondence #: 769184924

VIEW ELIGIBILITY PERIOD (Check one)

- Signing this agreement will cause my 24-month eligibility period to begin on _____ (01/17/2023) with a scheduled end date of _____ (01/17/2025).
- Signing this agreement will resume my 24-month eligibility period to begin on _____ (____) with a scheduled end date of _____ (____). This means I have _____ (____) months remaining of my 24-month eligibility period.

I am aware that my TANF case will close prior to the scheduled end date when I reach the end of my 60-month eligibility period or when any other member of my household reaches the end of his/her 24-month or 60-month eligibility period.

AGREEMENT TO PARTICIPATE (Check one)

- I understand that I must sign this agreement to continue to receive TANF benefits. Refusal to sign this agreement will result in the loss of my TANF benefits.
- By signing this VIEW Agreement, I choose to participate in the VIEW program.
- The client refused to sign the Agreement of Personal Responsibility. The client's responsibility to participate was explained. The client was informed that refusal to participate will result in termination of the family's TANF benefits.

Participant _____ Date _____
 Case Manager _____ Date _____

When is an APR Required?

The Agreement of Personal Responsibility (APR) is required to be signed in the following scenarios:

- **The time of the initial assessment for mandatory VIEW participants and anyone volunteering for the VIEW program.**
- **At each subsequent VIEW referral following approval of a TANF reapplication.**
- **At referral following a period in which the individual was exempt.**
- **When a former VIEW participant whose TANF case closed while he/she was subject to a VIEW sanction reapplies and subsequently returns to the VIEW program after the sanction has been lifted.**
- **After reapplication for TANF (TANF case was closed while client subject to sanction) when the client has served the minimum fixed period and completed an act of compliance to cure the sanction.**

VIEW Information Sheet

PARTICIPANT'S NAME
CASE #
DATE COMPLETED

INFORMATION SHEET

A. 1. Write or print your name _____
 2. What is your address? _____
 3. What is the date today? _____
 4. Do you have a telephone? _____ What is the number? _____
 5. Are you married? _____ What is your husband's name (or wife's name)? _____
 6. When is your birthday? _____
 7. Where were you born? _____

B. 1. Are you a citizen of the United States? _____
 2. Are you a citizen by birth or by naturalization? _____
 3. Do you maintain private transportation? _____
 4. If so, what type? _____
 5. Do you possess a valid driver's license? _____
 6. What type of books would you like to read? _____
 7. Are you a registered voter in the State of Virginia? _____
 8. If you are presently employed, please indicate whether you are employed on a full-time or a part-time basis. _____
 9. How long have you worked for your present employer on the job which you now hold? _____
 10. Do you subscribe to a newspaper? _____
 11. Do you subscribe to any magazines? _____
 12. If so, please list them. _____
 13. Do you own (or have ready access to) a T.V.? _____
 14. Do you own a radio or is one available to you? _____
 15. Please answer either fine, good, fair, poor, or bad to the following questions:
 a. How is your vision? _____
 b. How is your hearing? _____
 c. How is your general health? _____

032-02-011-1-02-req (4/95)

16. Please write in words the number of times you estimate that you visit the doctor each year. _____
 17. How did you learn about this program? _____

C. 1. Please write a brief and pertinent paragraph explaining how you were made aware of this program.

2. Please write a paragraph telling the aspirations which you have that you feel can be enhanced or furthered by the program which you are now beginning.

3. Please write a paragraph about yourself, as you see yourself. You may reiterate the information which you have already given in the above paragraph.

4. Give me that information which you feel will be most helpful in aiding someone who is trying to prepare program of activities suited to your particular needs.

Adapted from: Extension Teaching & Field Service Bureau, Division of Extension, The University at Austin, Permission to reproduce granted to Adult Education Program.

032-02-0311-02-req (4/86)

- To be completed as part of the Initial Assessment.
- Can be sent to the client to complete prior to the I/A.
- Must be uploaded to DMIS.
- Information should be keyed in ESP on Assessment screens.
- Gathers basic information about the client and allows them to share information they feel will be helpful in developing their VIEW enrollment and activities.

ESP Combined Assessment Form

- Must be completed as part of the Initial Assessment Process.
- While this form can be completed as part of an Initial Assessment Packet prior to the actual Initial Assessment, the worker must review the answers provided *with* the client.
- Must be uploaded to DMIS.
- This form is used to gather information about your client's social, educational, emotional, financial, and employment history.
- The information gathered will assist you in establishing rapport with your client and start the conversation about barriers and goals.
- **NOTE:** Although there is a Health section on the Assessment form, it does not replace the Do You Have a Disability? form.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

Assessment SNAP E&T
 Reassessment TANF/VIEW
 TANF-UP/VIEW

VDSS Employment Services Program Assessment Form

Name _____ Case Number _____ Date _____
Phone Number(s) _____ Email _____
Primary Language _____ Do you need an interpreter? Yes No

Instructions: The information you give us in this document is confidential and asked only to help us better assist you on the path to self-sufficiency. Please do your best to answer as many questions as you can. If you cannot answer a question, then please skip it and your worker will discuss it with you when you meet. Also, please make sure to bring this document with you to your appointment.

Do you have access to a computer with internet? Yes No
Have you registered in Virginia Workforce Connection (www.vws.virginia.gov/)? Yes No
Are you registered with Virginia Career Works (<https://va-career-works.myagency.com/>)? Yes No

Consideration in employment planning: Which of the following do you have to think about when finding and/or keeping employment/training/education? (Check all that apply):

Childcare Transportation Housing Situation Health
 Job Skills/Experience Education Family Situation Financial Situation
 Legal/Criminal Status Family Abuse* Substance Abuse Limited English
 Other _____

*The Family Violence Hotline can be reached at 1-800-838-8238.

(C) HOUSING SITUATION

What is your current housing situation? Rent Own Homeless/House to House In a shelter
Are you receiving housing assistance? Yes No If yes, what type? _____
Is your housing situation safe and stable for you and your children? Yes No
If no, describe: _____

(D) HEALTH

Do you have health insurance? Yes No
Do you have health concerns (emotional or physical) that would prevent you from seeking or keeping employment?
 Yes No I choose not to answer If yes, describe: _____
If you remember, what was the date of your last physical? _____
Do you have problems with any of the following?
 Walking Lifting Dental problems Back problems Standing or sitting for long periods
 Vision, speech, or hearing Tiring easily Breathing difficulty I choose not to answer
Have you ever been hospitalized? Yes No I choose not to answer
If yes, why? _____
Have you ever received counseling? Yes No I choose not to answer
Are you currently receiving counseling? Yes No I choose not to answer
If currently receiving counseling, why? _____
Are you taking any prescription medications? Yes No I choose not to answer
If an employer gave you a drug test, could you pass? Yes No
If no, could you pass given one month's notice? Yes No

(E) EMPLOYMENT GOALS

Do you have any job or career goals? Yes No If yes, then please explain? _____

If no, then how do you plan to support yourself and your family over the next 12 months? Do you have other goals you would like to accomplish in the next 12 months? _____

What actions will you need to take in the next 6-12 months that will help you reach your career goal? _____

ESP Combined Activity & Service Plan

- Must be completed at Initial Assessment and Reassessment, VTP, or when there is a change in the client's VIEW activity.
- Must reflect activities (or Inactive / Pending status) that the client is engaged in with appropriate time periods.
- Must be scanned into DMIS.
- Must reflect supportive services that client is receiving. If a supportive service that is not already listed on the Activity & Service Plan is provided to the client, the ESW must annotate the supportive service on the Plan. (Example: Client is one month into the current Activity & Service Plan and requests assistance with a vehicle repair. The ESW must enter: "Vehicle Repair - \$300.00" on the existing plan and re-scan it into DMIS).
- Verbal signatures are accepted for the A&SP, but it must be documented that the ESW reviewed the form with the client, a verbal signature was accepted, and that a copy was mailed to the client.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

SNAP E&T VIEW TET VTP

Participant's Name: _____
Case ID#: _____
ESW: _____
ESW Phone #: _____
of Months Assigned on VIEW Check: _____ N/A

DATE: _____

CURRENT PROGRAM ACTIVITY ASSIGNMENT	ACTIVITY AND SERVICE PLAN		
	Planned Begin Date	Planned End Date	Planned Month, Day, Year & Location
Current Activities			
Currently employed full-time			
Currently employed part-time			
Job Search (VIEW)			
Supervised Job Search (SNAP E&T)			# of Job Contacts
Job Readiness (VIEW)			
Job Search Training (SNAP E&T)			
Full Employment Program (FEP)			
On-the-Job Training (OJT)			
Community Work Experience (CWE/P)			
Public Service Program (PSP)			
Vocational Education & Training			
Work Experience (WE)			

Non-Care Activities - reasonable only after minimum 30 hrs/week completed in Care Activities (VIEW Only)

Job Skills Training
Includes education above post-secondary when it is directly related to employment

Education below post-secondary

Other Work Activities - show hours are not counted toward the participation requirement

Other Locally Developed

Pending (Assign for a maximum of 60 days) Inactive (Assign up to 7x - 30 days per assignment)
List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem:

SUPPORTIVE / TRANSITIONAL SERVICES

Child Care Transportation TET VTP Other (please describe)

VTP Period From _____ to _____

AGENCY RESPONSIBILITIES

PARTICIPANT RESPONSIBILITIES FOR CURRENT COMPONENT ASSIGNMENTS)

FOR ALL PARTICIPANTS

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call my Employment Services Worker (ESW) if I have a problem that makes it impossible to keep an appointment or if I wish to discuss or change my activity. I agree to continue in my current activity until I have discussed my problem with my ESW. I will notify my ESW of any changes in my employment status (such as obtaining new employment). I will inform my child care worker of any changes that affect my current activity.

[VIEW Only] I understand that if I fail to participate without a good reason, my TANF benefits/support services will be stopped and my SNAP benefits may be affected.

FOR PARTICIPANTS WHO ARE EMPLOYED

I will contact the Employment Services Worker (ESW) to discuss any problems that may affect my employment. I will not quit my job or put myself in a position to be fired without discussing the situation with my worker. I will notify my ESW of any changes in my employment status (such as obtaining new employment or changing jobs). I will complete the required monthly follow-up contact (by phone or by mail) with my ESW prior to the 5th of each month.

FOR PARTICIPANTS ASSIGNED TO JOB SEARCH AND SUPERVISED JOB SEARCH

I will carry out the responsibilities as agreed upon on my Job Search form.

FOR PARTICIPANTS ASSIGNED TO CWE/P, PSP or WE

I will carry out the responsibilities as agreed upon on my Work Site Position form. I will make sure that my Supervisor has provided the Attendance/Performance Rating Sheet to my ESW by the 5th of each month.

FOR PARTICIPANTS ASSIGNED TO EDUCATIONAL OR TRAINING ACTIVITIES

I will provide the Attendance Sheet to my ESW by the 5th of each month. I will provide a copy of my grades at the end of each semester/quarter/semester.

FOR PARTICIPANTS ASSIGNED TO THE FULL EMPLOYMENT (FEP) PROGRAM (VIEW only)

I understand that I will receive monthly TANF benefits while I am employed in a FEP placement. I will call my FEP placement supervisor and my worker if I will be absent from work.

FOR PARTICIPANTS ASSIGNED TO PENDING

I understand that I am not actively participating at this time, but that the months during which I am assigned to this component will count toward my two year time period. I also understand that I must keep all appointments and answer all calls and letters from agency staff since I may be required to participate in the future.

FOR PARTICIPANTS ASSIGNED TO INACTIVE

I understand that I will not actively participate at this time. I also understand that I must keep all appointments and answer all calls and letters from agency staff since I may be required to participate in the future.

FOR PARTICIPANTS ASSIGNED TO VTP (VIEW only)

I will complete the 6 month job follow-up and return the verification of my employment to my ESW by _____.

ADDITIONAL PARTICIPANT RESPONSIBILITIES NOT LISTED ABOVE

EXCHANGE OF INFORMATION CONSENT (ALL PARTICIPANTS)

I understand that my worker may contact employers, service agencies, and others to assist me in connection with my assignments. By signing this form, I give permission to my ESW to share information from my case record when necessary to provide or coordinate services on my behalf.

PARTICIPANT'S SIGNATURE _____ DATE _____
WORKER'S SIGNATURE _____ PHONE _____

Do You Have a Disability?

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
TEMPORARY ASSISTANCE FOR NEEDY
FAMILIES (TANF)

Case Name: _____
Client's Name: _____
Case Number: _____

Do you have a disability?

If you have a disability that makes it harder for you to do the things we ask you to do, please tell us. A disability is a physical or mental condition that limits one or more life activities.

These conditions may include:

- Diseases (i.e. diabetes, epilepsy, heart)
- Learning disabilities (i.e., a problem reading, writing, or doing math)
- Mental retardation
- Depression or other mental health problems
- Limited ability to walk or stand
- Hearing or vision loss
- History of drug or alcohol addiction

Help is available

If you tell us you have a disability, we can help you by:

- Calling or visiting if you are not able to come to the office
- Telling you what the letters we send to you mean
- Helping you complete a form
- Referring you to services to help you
- Helping to verify information or gather forms
- Helping you appeal if you disagree with a decision we make
- Changing program requirements

Federal law protects people with disabilities

The Americans with Disabilities Act (ADA) is a federal law that says people with disabilities have the same rights to benefits or services from the Department of Social Services as other people. You will not be denied benefits and services because of your disability. If you have a condition that makes it hard for you to do what we ask, we will help you find a way to get the benefits and services available to you. If you need help, tell us.

(Page 1 of 2)

032-02-0670-03-eng (2/12)

Please indicate below if you have a known disability:

YES NO

List the known conditions and disabilities:

Receipt of "Do you have a disability form?"

I received a copy of the form "Do you have a disability?" and it was explained to me.

Client's Signature: _____ Date: _____

This form was explained to the client on _____ who refused to sign it.

Worker's Signature: _____ Date: _____

Your right to complain

If you feel your benefits or services are denied or changed because of your disability, you may call the Virginia Department of Social Services toll free at 1-800-552-2431 or you may call your worker. If you have a hearing or speech impairment, you may call the Virginia Department of Social Services toll free at 1-800-629-1120 (Text/TTY). Requests for an appeal may also be made in writing to:

Hearing and Legal Services Manager
Virginia Department of Social Services
801 E. Main Street
Richmond, Virginia 23219-2901

You may file a discrimination complaint by contacting:

U.S. Department of Health and Human Services
Office of Civil Rights - Region III
Suite 372
Public Ledger Building
150 S. Independence Mall West
Philadelphia, Pennsylvania 19106-3499
Hotline: 1-800-368-1019
TDD: (215) 861-4440
Fax: (215) 861-4431

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032-02-0670-03-eng (2/12)

- Must be completed by all VIEW Participants – including all parents in a multiple parent household that are referred to VIEW.
- Must be uploaded to DMIS.
- The Do You Have a Disability? form is required at TANF intake and redetermination. However, since circumstances can change rapidly, it is a best practice to have all VIEW participants complete this form at the Initial Assessment.

Failure to Sign the APR

Failure to Sign the APR Termination of TANF Benefits – 1000.10

- If a mandatory participant fails to report for his/her initial assessment, or refuses, without good cause, to sign the VIEW Agreement of Personal Responsibility, the household's TANF benefits will be terminated.**

NOTE: If a non-parent caretaker who is receiving TANF assistance fails to report for his initial assessment, or refuses, without good cause, to sign the VIEW Agreement of Personal Responsibility, the non-parent caretaker's needs will be removed from the TANF payment and the TANF case will remain open as a child-only case.

Failure to Sign the APR: Termination Procedures

- 1) If the participant does not appear for the interview, the ESW must attempt to contact the client verbally. If the ESW determines from the contact that the participant did not have good cause for missing the appointment, or if the ESW is unable to contact the client verbally, the ESW must take action to begin the termination process. Based on agency procedures, the ESW will either send the client the VIEW Notice of Sanction/Termination (032-02-0307) or the Advance Notice of Proposed Action (ANPA) within 3 business days of the missed appointment. Alternately, the ESW will immediately notify the EW who will send the ANPA within 3 business days of receipt of the notification.**
- 2) The Advance Notice of Proposed Action will inform the participant that she failed to meet the specific requirement and that in order to establish good cause the participant must contact the ESW within 10 days from the date of the notice to discuss the reasons for the claim of good cause. Merely contacting the EW or ESW does not constitute good cause. The Notice will inform the participant that his/her TANF benefits will be terminated if good cause does not exist. If the participant contacts the ESW within the 10-day grace period (with or without good cause) and is given another initial assessment appointment date, the appointment date will be documented in the record. If a new appointment letter is sent, it should state that the termination will be imposed if that appointment is not kept. A new Advance Notice of Proposed Action is not required.**

Failure to Sign the APR: Termination Procedures

- 3) If the participant fails to contact the ESW within 10 days to establish good cause or does contact the worker but does not present good cause, the EW will proceed to terminate the household's TANF benefits. The ESW must complete a new communication form, and a copy must be sent to the EW to stop the termination, if the client presents acceptable documentation of good cause for the non-compliance.**
- 4) The ESW will not enter the termination in the ESP module in the VaCMS until after the effective date of the termination of TANF benefits.**

Documentation For Failure To Report for the Initial Assessment



- 1) The ESW will notify the participant of the scheduled interview.**
- 2) If the participant fails to keep the appointment, the ESW must document the failure in the case narrative.**
- 3) The ESW must document in the case narrative that a telephone call or personal contact was attempted and the outcome.**

Activity & Service Plan

Developing the Activity and Service Plan

1000.11

- A. Based on the information obtained during the assessment, the ESW and participant will develop an Activity and Service Plan. While the development of the Activity and Service Plan is a joint activity, the local agency, in accordance with program guidance, will make the final decision regarding which component assignments are made and the sequence of assignments.
- B. The ESW must complete a new Activity and Service Plan at initial assessment, reassessment, or whenever there is a change to the participant's activity assignments. Modifications to the Activity and Service Plan due to changes in assignments will not affect the TANF two-year time limitation.
- **Note:** An Activity and Service Plan must be developed in order to provide transitional services to former VIEW clients whose TANF case has closed.

Activity & Service Plan

The Activity and Service Plan will detail:

- 1) the participant's current assignments, and specific responsibilities of the participant and the agency, including but not limited to the expected levels of a) participation, b) attendance and/or c) the requirement to return information to the ESW and report changes which impact employment and/or participation.
- 2) the supportive services needed by the individual to comply with program requirements.
- 3) a statement explaining the reason(s) for assignment to Pending or Inactive, if applicable, and a list of the steps planned to resolve the issues leading to that assignment.
- 4) a description, begin and end dates, and planned weekly hours of the participant's assignment or assignments.

Note: The Activity and Service Plan developed at the initial assessment will include any assignments for the month of the assessment (which may be a partial month), and the next three full months. The ESW will explain to the client that the assignments, beyond the initial job search, are designed to increase her employability if she does not find employment during the job search. Additionally, the ESW will explain to the client that the Activity and Service Plan will be updated to show employment as her VIEW component if her job search is successful.

- 5) the requirement that the participant contact the ESW if she is considering quitting a job or, if she believes she is in danger of being fired from a job. This information will enable workers to either help the participant retain that position or obtain other employment.
- 6) Reasonable accommodations needed by an individual to fulfill participation requirements based on recommendations developed as part of an evaluation by a qualified professional.

1000.4 D

The VIEW worker may assign the client to activities for the month of assessment (which may be a partial month). Additionally, the VIEW worker must assign the client to activities for the next three full months after the month of assessment. All assignments will be recorded on an Activity and Service Plan (032-02-0302) and will be entered into the ESP module in VaCMS no later than 3 working days after the Activity & Service Plan is completed.

Note: The worker will enter the initial job search assignment into the ESP module immediately. The additional assignments will not be entered into the ESP module until the required reassessment is completed at, or near the end of, the job search assignment.

If it becomes necessary to change an assignment included on the initial Activity and Service Plan, a new plan will be completed.

Add Supportive Service that you will provide in the Supportive/Transitional Services section at the bottom of page 1.

SUPPORTIVE /TRANSITIONAL SERVICES

Child Care Transportation TET VTP Other (please describe)

GAS VOUCHERS Car repairs, clothing Utility Bill

VTP Period From _____ to _____

Sample Activity & Service Plan

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

SNAP E&T VIEW TET VTP

Participant's Name: Lola Chase
Case ID#: 113604557
ESW: Miracle Worker
ESW Phone #: 276-555-1313
of Months Accrued on VIEW Clock 2 N/A
Date: 03-12-2024

ACTIVITY AND SERVICE PLAN

CURRENT PROGRAM ACTIVITY ASSIGNMENT

Core Activities

	<u>Planned Begin Date</u>	<u>Planned End Date</u>	<u>Planned Weekly Hrs/Pay & Location</u>
Currently employed full-time	05/01/24	10/31/24	30hrs/wk, \$15/hr, CareMed
Currently employed part-time			
Job Search (VIEW)	03/12/24	3/29/24	35 hrs/wk
Supervised Job Search (SNAP E&T)			# of Job Contacts _____
Job Readiness (VIEW) / Job Search Training (SNAP E&T)			
Full Employment Program (FEP)			
On-the-Job Training (OJT)			
Community Work Experience (CWEP)			
Public Service Program (PSP)			
Vocational Education & Training	04/01/24	5/31/24	PCA Course, CareMed, 34hrs/wk
Work Experience (WE)			

Sample Activity and Service Plan Page 2

***Please do not forget to click the VIEW Only box! This ensures the participant's acknowledgement of possible penalties of failure to satisfactorily participate.

***The Exchange of Information Consent box should always be checked. This box provides, to the agency, authorization to contact and discuss participant information with employers, instructors and other agencies in reference to the participant's assignment.

AGENCY RESPONSIBILITIES

Provide ongoing case management. Provide services as needed to promote effective participation. Provide appropriate referrals to assist participants in meeting needs.

PARTICIPANT RESPONSIBILITIES FOR CURRENT COMPONENT ASSIGNMENT(S)

FOR ALL PARTICIPANTS

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call my Employment Services Worker (ESW) if I have a problem that makes it impossible to keep an appointment or if I wish to discuss or change an activity. I agree to continue in my current activity until I have discussed any problem I may have with my ESW. I will notify my ESW of any changes in my employment status (such as obtaining new employment). I will inform my child care worker of any changes that affect my current activity.

[VIEW Only] I understand that if I fail to participate without a good reason, my TANF benefits/support services will be stopped and my SNAP benefits may be affected.

FOR PARTICIPANTS WHO ARE EMPLOYED

I will contact the Employment Services Worker (ESW) to discuss any problems that may affect my employment. I will not quit my job or put myself in a position to be fired without discussing the situation with my worker. I will notify my ESW of any changes in my employment status (such as obtaining new employment or changing jobs). I will complete the required monthly follow-up contact (by phone or by mail) with my ESW prior to the **5th of each month**.

FOR PARTICIPANTS ASSIGNED TO JOB SEARCH AND SUPERVISED JOB SEARCH

I will carry out the responsibilities as agreed upon on my Job Search form.

FOR PARTICIPANTS ASSIGNED TO CWEP, PSP or WE

I will carry out the responsibilities as agreed to on my Work Site Position form. I will make sure that my Supervisor has provided the Attendance/ Performance Rating Sheet to my ESW by the 5th of each month.

FOR PARTICIPANTS ASSIGNED TO EDUCATIONAL OR TRAINING ACTIVITIES

I will provide the Attendance Sheet to my ESW by the 5th of each month. I will provide a copy of my grades at the end of each semester/quarter/activity.

FOR PARTICIPANTS ASSIGNED TO THE FULL EMPLOYMENT (FEP) PROGRAM (VIEW only)

I understand that I will receive monthly TANF benefits while I am employed in a FEP placement. I will call my FEP placement supervisor and my worker if I will be absent from work.

FOR PARTICIPANTS ASSIGNED TO PENDING

I understand that I am not actively participating at this time, but that the months during which I am assigned to this component will count toward my two year time period. I also understand that I must keep all appointments and answer all calls and letters from agency staff since I may be required to participate in the future.

FOR PARTICIPANTS ASSIGNED TO INACTIVE

I understand that I will not actively participate at this time. I also understand that I must keep all appointments and answer all calls and letters from agency staff since I may be required to participate in the future.

FOR PARTICIPANTS ASSIGNED TO VTP (VIEW only)

I will complete the 6 month job follow-up and return the verification of my employment to my ESW by _____.

ADDITIONAL PARTICIPANT RESPONSIBILITIES NOT LISTED ABOVE

Report any changes to VIEW and TANF workers. Attend PSP 29 hours per week. Attend GED classes 6 hours per week. Return attendance forms by the 5th day of each month.

EXCHANGE OF INFORMATION CONSENT (ALL PARTICIPANTS)

I understand that my worker may contact employers, service agencies, and others to assist me in connection with my assignments. By signing this form, I give permission to my ESW to share information from my case record when necessary to provide or coordinate services on my behalf.

PARTICIPANT'S SIGNATURE



DATE 04/05/24

WORKER'S SIGNATURE Miracle Worker

PHONE 276-555-1313

Narrative and Scanning

*******Remember that documenting the case in the Case Narrative is imperative!**

The Case Narrative should outline:

- * Details of your conversation with the participant as well as other agencies, employers etc.**
- * Details and reasons for the assignments... include situation, barriers, etc.**
- * Weekly hours, schedule, start date, next appointment if applicable**
- * Reasons for Sanctions or choosing to Not Sanction, if applicable**
- * Discussions and explanations of forms, assignments and verifications**

Always Scan All Documents and Forms

****Remember that Scanning and Utilizing the Appropriate Document Type and Sub-Type are Vital to the Case Accuracy and Case Flow! Scan Everything, Please!**

From Fusion Home Page, click on DMIS, on the left side of the page under Quick Links. Then, click on the Resources box. Then click on Benefit Programs Required Scanning Documents.

Program Components

VIEW Program Components – Core Work Activities – 1000.13

VIEW program components include the following core work activities:

- **Job search**
- **Job readiness**
- **Unsubsidized employment**
- **Subsidized employment (FEP)**
- **Community work experience program (CWEP)**
- **Public service program (PSP)**
- **On-the-job training (OJT)**
- **Vocational education and training**

Job Search – 1000.13.A

Job Search is structured activity carried out over a defined time period during which the participant must spend a specified number of hours in job search activities.

- Participants who are not employed full-time at the time the Agreement of Personal Responsibility is signed, including participants who are self-employed, must be placed into job search. The length of the initial job search assignment will depend on the type of job search and the point in the month at which the assignment is made.**
- A participant who has not found full-time employment 60 days prior to the end of her 24-month TANF time limitation must be placed in a job search component in conjunction with any other program assignment. This assignment will continue until the exhaustion of the 24-month clock.**

Job Search Overview:

- a) A **maximum** of 35 hours can be assigned each week.**
- b) The number of hours for participant job search required must be determined on an individual basis. Examples include but are not limited to: availability of transportation / childcare; participation in other VIEW activities (Job Readiness, part-time employment, education, etc.); language barriers or disability of the participant or family household member.**
- c) For the purpose of discussing progress of the job search and ensuring that the contacts made are reflective of the participant's job skills, weekly or bi-weekly contact between the participant and the ESW is recommended.**
- d) Local departments must work with public and private providers of job development/job placement services, including the VCW, the Workforce Innovation & Opportunity Act (WIOA) Program, and the local Department of Economic Development to facilitate job development and job placement.**

Job Search Overview – 1000.13.A.1:

- a) A **maximum** of 35 hours can be assigned each week.
- b) The number of hours for participant job search required must be determined on an individual basis. Examples include, but are not limited to: availability of transportation / childcare; participation in other VIEW activities (Job Readiness, part-time employment, education, etc.); language barriers or disability of the participant or family household member.
- c) For the purpose of discussing progress of the job search and ensuring that the contacts made are reflective of the participant's job skills, weekly or bi-weekly contact between the participant and the ESW is recommended.
- d) Local departments must work with public and private providers of job development/job placement services, including the VCW, the Workforce Innovation & Opportunity Act (WIOA) Program, and the local Department of Economic Development to facilitate job development and job placement.

Job Search Outcomes – 1000.13.A.2:

- a) A participant must accept a bona fide offer of employment. Participants who refuse to accept a bona fide offer of employment will be sanctioned.
- b) If the participant finds full-time employment paying at least minimum wage, the job search will terminate.
- c) If the participant finds part-time employment paying at least minimum wage, the ESW may decide whether to terminate the job search or require the individual to continue looking for full-time employment. The participant will be required to fully participate in other work activities designed to assist her in obtaining full-time employment.

Counting Job Search Hours Employer Contacts – 1000.13.A.5

The participant has the responsibility to submit enough applications/resumes and participate in enough job interviews to meet the hourly job search assignment. The ESW provides support and direction in these areas throughout the job search assignment.

NOTE: If the individual has a verified disability or language barrier that limits the ability to arrange for the required number of job search hours, the ESW must assist the individual in arranging for the needed contacts, reduce the number of job search hours required, or both.

To qualify as an employer contact, five conditions must be met:

- (1) The participant must present herself to an employer as being available for work;**
- (2) The place of employment must be geographically accessible to the client on a regular basis. Contact with an employer located in another community or state out of commuting range from the client's place of residence will not count as an employer contact.**
- (3) The employer must ordinarily employ persons in areas of work for which the participant is reasonably qualified by means of experience, training or ability;**
- (4) The participant cannot count the same employer more than once during a given job search period unless she applies for different positions; and**
- (5) Contacts with employers will only be in the form of face-to-face interviews or by submission of applications or resumes.**

Categories of Job Search Assignments – 1000.13.6

There are three categories of recipient job search for VIEW purposes:

- 1) Individual Job Search
- 2) Group Search
- 3) Job Club

NOTE: For Group and Job Club, the number of weeks and job search hours required of a participant in group job search cannot be less than the requirements of individual job search.

1) Individual Job Search

Individual job search is independent job search carried out by the participant. At a minimum, the ESW should assist the client in developing a resume, in learning how to accurately complete a job application, and in utilizing proven job seeking methods and interview techniques.

2) Group Job Search

Group job search brings participants together for group activities and/or classroom instruction related to job search hours and job retention.

- a) Classroom instruction provides the participant with sound skills for finding and keeping employment.
- b) The participant in group job search is bound by the participation requirements of the specific group activity.

3) Job Club

- a) Job Club is a structured, intensive program including instruction in job search methods, extensive use of the telephone to obtain job leads and interviews, peer support, direct monitoring of participant activities, and self-placement through job search. In order to be classified as a Job Club, the job search activity must be operated using the VDSS guide, “Finding Work: A Manual for Successful Job Club Operation.” VDSS will provide a locality with on-site Job Club training, the VDSS guide, and other materials based on the locality’s request to the Virginia Department of Social Services, Division of Benefit Programs, Economic Assistance and Employment Program Manager.
- b) The participant in Job Club is bound by the participation requirements of the activity.

Job Readiness – 1000.13.B

The purpose of job readiness training is to prepare the participant for employment or program component participation so that she can be competitive and succeed in the labor market. Job readiness training may be offered before, in conjunction with, or after the job search assignment.

Unsupervised study or homework assignments cannot be counted as hours of job readiness.

- 1) Job readiness training includes activities to assist the participant in program participation by helping her recognize and overcome personal and family problems which may be a barrier to accomplishing her employment and training goals. Job readiness activities also prepare the participant for work by assuring that she is familiar with general workplace expectations, work behaviors, and attitudes necessary to compete successfully in the labor market. Job readiness should also address the economic benefits of going to work. These include wages above the TANF payment, the enhanced earned income and savings disregards, and the Federal Earned Income Tax Credit.**
- 2) Job readiness topics may include, but are not limited to, communication skills, life skills, motivational training, problem solving, assertiveness, nutrition, money management, time management training and other activities that enhance specific workplace expectations and behaviors. Substance abuse treatment, mental health treatment or rehabilitative activities may also be counted as job readiness based on the same conditions and time limits that apply to job readiness generally.**
- 3) Job readiness training may be conducted through workshops or seminars and through treatment programs, as well as through one-on-one counseling.**

Important Job Search/Job Readiness Reminders

- The combined hours of job search and job readiness assignments will count toward the work participation rate for no more than 180 hours in a 12-month period. Hours assigned to job search/job readiness can be counted toward the work participation rate for four consecutive weeks. Additional hours of job search/job readiness may be assigned, but no hours will be counted toward VIEW participation unless there has been an intervening time period of at least one week after each 4 consecutive week assignment.
- After that time, assignments to additional hours/weeks of job readiness and/or job search can be made in conjunction with other program activities in order to meet both the core work activity and the 35 hour overall participation requirement, but no more than the remaining 60 hours can be counted toward participation in the 12-month period.
- NOTE: Federal requirements limit countable hours of job search/job readiness for a single parent with a child under age 6 to 120 hours in a 12-month period. A successful 4-week job search will use up 80 of the total 120 hours available in the 12-month period as well as 4 consecutive weeks of job search/job readiness. No more than the remaining 40 hours can be counted toward participation through the end of the 12-month period.

Unsubsidized Employment

Minimum wage means an hourly rate directly equaling the minimum wage or an hourly rate of at least \$2.13 which, when supplemented by tips, equals at least the minimum wage.

Minimum Wage when Employment is located outside of Virginia.

Program: VIEW #3 – 2024

Topic: Minimum Wage

Question: *When we are evaluating items such as PSP, CWEP, VTP, etc., that require minimum wage to be considered in the evaluation process, what do we consider?*

Response: *The current minimum wage in Virginia or the minimum wage rate for the state where work activities are performed.*

Example: Mr. Workman lives in Virginia, 10 miles from the Tennessee state line. He is employed in Tennessee making \$10.75/hr. Tennessee's Minimum wage is currently \$7.25/hr Therefore, Mr. Workman's wage of \$10.75 is acceptable. Be sure to document this thoroughly.

Full-Time Employment

Unsubsidized employment is employment for which the participant is paid at least minimum wage and for which no government funds are used to subsidize the wages earned by a participant. Full-time employment is employment of 30 hours per week or greater.

A participant employed at least 30 hours per week and earning at least minimum wage is not required to participate in any other VIEW assignment, but she must respond to all correspondence from the case manager and keep all scheduled appointments for reassessments. Each assignment to full-time employment should be for a period of six months.

Employment at less than minimum wage does not meet the definition of employment and is not a countable work activity. Therefore, the participant must be assigned to other activities.

Countable hours of Employment when less than minimum wage:

You may calculate the hours as follows:

Divide total weekly wage by minimum wage, \$12/hr to get countable hours per week.

Example: Employer verification states the participant is employed 30hrs/wk. @ \$9.75/hr.

$30 \times 9.75 = \$292.5/\text{wk}$

$\$292.5 \text{ divided by } \$12/\text{hr} = 24.375 \text{ rounded down to } 24\text{hrs/wk}$

The participant will be assigned to 24 hours part time employment. An additional assignment of 11 must be made to another component to reach the required 35 hrs/wk.

Part Time Employment

- a. Part-time employment is employment of less than 30 hours per week, at which the participant earns at least minimum wage. **The participant must also be assigned to a concurrent program activity so that the concurrent activity and the part-time employment assignment meet the participation requirement.**
- b. A participant working part-time **may** be assigned to job search **as appropriate.**

Self-Employment

Self-employment

- a. If a participant becomes self-employed, the participant must provide documentation to show she is legitimately engaged in self-employment. The information could include, but is not limited to the following information: the kind of business, location, hours of operation, source of funding, prospective customer base, earnings, business license, if applicable, and lease or agreement if space is rented.
- b. If a participant enters the VIEW program and states she is self-employed and has been self-employed for less than a year, the participant must provide the above documentation including copies of rent receipts, appointment books or any other documentation that will show the participant is engaging in a legitimate business.

If the participant states she has been self-employed for a year or more, a copy of the previous year's income tax return will suffice to show that the participant is engaged in a legitimate business. If the tax return is provided and the worker is satisfied with the documentation, the up-front job search can be waived if the participant is engaged in self-employment for 30 or more countable hours of self-employment per week.

- c. For self-employment to be a countable activity for VIEW, the participant must be paid at least minimum wage. Countable weekly hours are actual hours worked, or hours computed as follows, whichever is less:

Determine the monthly net income by subtracting the monthly business expenses from the monthly gross income. The VIEW case record must contain a copy of the verification of the gross income and business expenses. This will apply even when the information is contained in the TANF case record.

Divide the monthly net income by the minimum wage.

Divide this figure by 4.33 and round the result to the next whole number. Compare the computed hours to those that are verified as actual hours of participation. The countable hours are the actual hours worked (if verified by a source other than the client), or the hours computed above, whichever is less. If the countable hours are 30 or more, the assignment to (full-time) self-employment should be for a period of six months. If the countable hours are less than 30, the client must be assigned to additional activities.

Example: Ms. A is self-employed as a nail technician. She provides a signed statement from the property owner verifying that the business is in operation 40 hours per week. Her gross income is \$550 for the month and she has business expenses of \$340 per month.

$$\begin{array}{r} \$ 550 - \text{gross income} \\ - 340 - \text{business expenses} \\ \hline \$ 210 - \text{net monthly income} \\ \div 9.50 - \text{minimum wage} \\ \hline 22.11 \\ \div 4.33 \end{array}$$

5.11 – will be rounded **up** to **6** countable hours per week

Only **6** hours per week are countable. Ms. A must be assigned to an additional **29** hours per week in other activities.

Subsidized Employment

Subsidized employment is employment in which government funds are used to directly subsidize the participant's wages. Subsidized employment is designed to provide training while the participant works on the job.

The VIEW Program provides one subsidized employment component – the Full Employment Program (FEP). FEP is subsidized employment in which the employer receives a fixed monthly stipend and the client receives wages and a TANF check.

For FEP Program Support or for more information for local agencies and employers, etc., please contact the FEP Job Developers, Juanita Bullock or Ebony Whitted.

juanita.bullock@dss.virginia.gov

ebony.whitted@dss.virginia.gov

» Full Employment Program

The Full Employment Program is a work activity in which a participant is placed in a public or private sector job and is paid an hourly wage for the work done. The Department of Social Services will pay the employer a predetermined, fixed stipend **based on tiers and the number of hours a participant works** per month. TANF benefits **will be paid** to the participant during the time the employer is receiving a stipend except when the participant has not worked his scheduled hours for reasons beyond his control.

Tiers:

Tier I: Participant works 20 hours or more per week – employer will receive \$500

Tier II: Participant works 30 hours or more per week – employer will receive \$750

Tier III: Participant works 40 hours or more per week – employer will receive \$1000

1. The goal of FEP - The overarching goal of this work activity is for the employer to retain the participant at the completion of the training period. The placement should provide the participant the opportunity to gain work experience, develop job skills and enhance work place social skills. To increase the likelihood that the participant will be hired on a permanent basis for the job and to promote further FEP placements with the employer, the worker should make every effort necessary to insure that the participant's skills, abilities, and interests are a good match for the job description for the placement.
2. FEP Placements - VIEW participants who have been unsuccessful in obtaining unsubsidized employment by the first assessment following the initial job search activity will be screened for placement with a FEP employer. Participants who are referred to VIEW and have accrued months on the current 24-month VIEW participation may be immediately placed in FEP. VIEW participants in a FEP placement are required, at a minimum, to work a monthly average of at least 20 hours a week. VIEW participants in a FEP placement of 20 hours a week must also be assigned to 15 hours in another work activity. Each assignment to FEP will be for a period of six months.

Community Work Experience Program (CWEP)

CWEP provides an unpaid work placement in a public or private non-profit organization. An assignment to CWEP is appropriate for participants who need to learn or improve skills or work behaviors, or to secure a job reference, in order to find paid employment.

Information located in Chapter 1000.13.E

Work Site Development

Overview: In order to make the opportunities provided by CWEP available to the VIEW population, the agency will develop and maintain suitable positions at public or private non-profit organizations providing worksites. The following considerations guide the development of worksite positions:

- a. Worksite positions must provide opportunities that can be matched to client interests and abilities in order to enhance employability.
- b. Worksite positions must be located at public or private non-profit organizations which provide a useful public function. For-profit businesses or organizations cannot be worksites. Possible worksites include hospitals or other health care facilities, social service agencies and charities, environmental protection agencies, schools and colleges, libraries, urban and rural development organizations, recreational organizations, highway and transportation departments, other public or private non-profit departments, agencies or organizations.
- c. Work sites must provide reasonable working conditions and must not violate federal, state, or local health and safety standards. The ESW is not responsible for monitoring working conditions, but must work to bring the worksite into compliance with health and safety standards, or take action to terminate the agreement with the work site if violations become known.
- d. Work sites will not be developed in response to, or in any way be associated with, the existence of a strike, lockout, or other bona fide labor dispute, or violate any existing labor agreement between employers and employees.

Guidelines:

- e. The local agency and the public or private non-profit organization to be used as a worksite will enter into an agreement that sets forth the responsibilities of each. The form, VIEW Work Site Agreement (032-02-0308), will be used for this purpose and will be signed by both parties.
- f. The ESW and/or work site supervisor will complete a VIEW Work Site Position form (032-02-0306) for each position developed at a work site. The form will describe the specific duties of the position, the days and hours the position is available, and will provide contact information for the work site supervisor. The form will be signed by the ESW or other local agency contact and by the work site supervisor or other contact.
- g. The ESW will provide the work site supervisor with a written description of the expectations for supervision of a CWEP placement. The expectations for the supervisor will include, but are not limited to, the following:
 1. Explain the rules and expectations of the work place to the client.
 2. Provide a work space, and any necessary tools or supplies, in order for the client to carry out the responsibilities of the position.
 3. Ensure that any reasonable accommodations identified on the Activity and Service Plan are provided by the work site.
 4. Provide **daily** supervision and training as agreed to in the VIEW Work Site Agreement.
 5. Provide immediate notification to the ESW in case of an accident, or if the participant does not come to work, **comes in late**, or does not follow the rules of the work site.
 6. Provide the ESW with a completed VIEW Attendance/ Performance Rating Sheet (032-02-0305) by the 5th day following the end of the report month.

Public Service Program (PSP)

F. PUBLIC SERVICE PROGRAM (PSP)

The public service program (PSP) shares many of the characteristics of CWEP. It **includes volunteer work at community organizations** with the goal of improving the participant's employability. Unlike CWEP, the PSP placement must provide a clearly defined public service. Examples of public service activities include court-ordered unpaid work, as well as participation in other programs or placements that benefit the community.

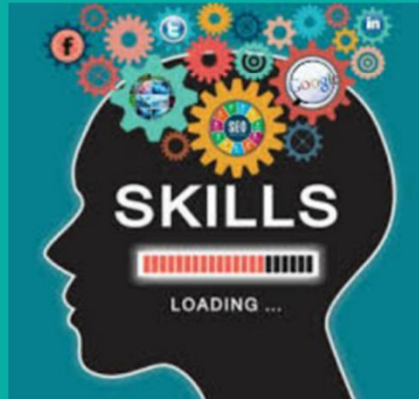
PSP assignments may be made for a maximum of 35 hours, with the exception of court-ordered assignments which will be made at the discretion of the court. Participants assigned to PSP for less than 35 hours must also be assigned to another work activity order to meet the 35-hour participation requirement. Each assignment to PSP should be for a period of six months.

VIEW participants placed in PSP are not considered employees of the Commonwealth for purposes of the Workers' Compensation Act. PSP placements can be made only for participants with Medicaid coverage unless the PSP site agrees to provide coverage under its own Workers' Compensation plan. If a client is assigned to a PSP site and loses his Medicaid coverage, he is to be reassessed. If an unpaid work placement continues to be appropriate, the client can be assigned to CWEP. Assigned hours will be based on CWEP guidance at 1000.13. The former PSP site can be used for the CWEP placement, or the client can be assigned to another CWEP site. Alternately, the client can be assigned to a different component.

The development of PSP worksites, assignment and referral of participants to PSP worksites, limitations on the PSP positions, and PSP worksite monitoring follow CWEP guidance, with the exception that the public service provided through the placement must be a consideration in development of the site, and must be clearly documented in the record.

Community Work Experience (CWEP)

Community Work Experience (CWEP) provides an unpaid work placement in a public or private non-profit organization. An assignment to CWEP is appropriate for participants who need to learn or improve skills or work behaviors, or to secure a job reference, in order to find paid employment. (1000.13.E)



Public Service Placement (PSP)

The public service program (PSP) shares many of the characteristics of CWEP. It includes volunteer work at community organizations with the goal of improving the participant's employability. **Unlike CWEP, the PSP placement must provide a clearly defined public service.** Examples of public service activities include court-ordered unpaid work, as well as participation in other programs or placements that benefit the community. (1000.13.F)

Required Forms for CWEP and PSP Worksites

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

VIEW SNAP E&T

Participant's Name: _____
Case #: _____
ESW: _____
ESW Phone #: _____

WORK SITE AGREEMENT (CWEP, PSP or WE)

The _____ Department of Social Services (hereafter referred to as the Agency) and _____ (hereafter referred to as the work site) enter into this agreement in good faith to provide work experience and/or training to participants of the Virginia Initiative for Education and Work (VIEW) or the Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T).

THE AGENCY AGREES AS FOLLOWS:

- To refer appropriate participants to the Work Site for consideration.
- To provide a detailed explanation of VIEW and SNAP E&T and the necessary paperwork for reporting requirements.
- To provide necessary supportive services to enable the participant to participate in VIEW or SNAP E&T.

THE WORK SITE AGREES AS FOLLOWS:

- To provide work experience and/or training for participants chosen by the Work Site.
- To not use participants to displace current employees or to fill vacant established positions or perform tasks that would have the effect of reducing regular employee's work hours.
- To not use participants to perform political, electoral or partisan activities or in response to any strike, lock-out or other bona fide labor dispute.
- To provide reasonable working conditions which do not violate federal, state or local health or safety standards.
- To provide competent supervision to participants.
- To prepare evaluation and time sheets for each participant and submit this information to the Agency by the 5th working day of each month during the designated training period.
- To furnish necessary materials to allow participants to perform assigned tasks.

This agreement will be in effect from _____ to _____

Authorized Signature (organization/work site) _____ Date _____

Agency/LDSS Representative _____ Date _____

032-02-1070-02-eng (10/22)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

VIEW SNAP E&T

Participant's Name: _____
Case #: _____
ESW: _____
ESW Phone #: _____

WORK SITE POSITION(S) [FEP, CWEP, PSP or WORK EXPERIENCE (SNAP E&T)]

This form is used to record information about each position at a specific work site.

NAME OF WORKSITE _____
HOURS OF OPERATION _____
ADDRESS _____

CONTACT PERSON AND JOB TITLE: _____
PHONE: _____

POSITION TITLE: _____ NUMBER OF POSITIONS: _____
SPECIFIC DUTIES: _____

SKILLS NEEDED: _____

WORK SITE WILL ACCEPT PARTICIPANT(S) DURING THE FOLLOWING HOURS:

Monday	_____ to _____	Friday	_____ to _____
Tuesday	_____ to _____	Saturday	_____ to _____
Wednesday	_____ to _____	Sunday	_____ to _____
Thursday	_____ to _____		

WORK SITE SUPERVISOR _____ PHONE _____

LEAD TIME NEEDED FOR ASSIGNMENT CHANGES _____

ADDITIONAL COMMENTS: _____

WORK SITE CONTACT: _____ DATE: _____
(Signature)

LOCAL AGENCY CONTACT: _____ DATE: _____
(Signature)

032-02-1080-03-eng (10/22)

Referral to Worksite

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

VIEW SNAP E&T

Participant's Name: Lola Chase
Case #: 113604557
ESW: Mirical Worker
ESW Phone #: (276) 555-1212

SNAP E&T AND VIEW REFERRAL TO WORK SITE (FEP, CWEP, PSP, Work Experience)

PARTICIPANT: Lola Chase CASE# 113604557
ADDRESS: 1313 Mockingbird Lane
VA
TELEPHONE#: (276) 555-1212 MESSAGE PHONE: Same

TO THE PARTICIPANT:

Take this referral to Bargain Hunt (company/work site) for a FEP, CWEP, PSP or Work Experience position.
You are to report to: Melody Tooney on 4/24 at 9:00 a.m.
Name: _____ Date: _____ Time: _____
Address/Directions: 1441 East Lake St. Bell Hollow VA
Turn left at McDonald's, pass Fast Lane Oil Change, Bargain Hunt located on the left
Special Instructions: Please give this form to Ms. Tooney upon arrival.
If you are unable to keep this appointment, call the Worksite Supervisor Melody Tooney at (276) 555-2328 and your Employment Services Worker (ESW) immediately.

TO WORK SITE SUPERVISOR:

Please give this participant your consideration for the Store Aid position with your organization as outlined in our Work Site Agreement form signed by Cameron Little.
He/she is eligible to work 29 hours per week.
Please complete the section below and return to (ESW) M. Worker at email address: mworker@dos.virginia.gov

TO EMPLOYMENT SERVICES WORKER (check one of the following):

- Participant will begin work on _____ Date _____
He/she will be assigned to _____ hours per week at _____ per hour.
He/she will be working at: _____
- Participant not selected to work in this position.
Reason: _____

- Work Site Supervisor: _____
Date: _____ Phone: _____

032-02-1060-10-eng (10/22)

PSP Attendance Form

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

VIEW SNAP E&T

Participant's Name: Lola Chase
Case #: 113604557
ESW: M. Worker
ESW Phone #: 276-555-1212

ATTENDANCE & PERFORMANCE RATING SHEET

This form enables the Employment Services Worker (ESW) to monitor participant attendance and performance. It should be completed each month by the Work Site Supervisor and provided to the ESW by the 5th day of the following month.

DATES AND HOURS WORKED FOR MONTH: Select Month _____ Year _____							
Date	Hours	Date	Hours	Date	Hours	Date	Hours
1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Total Scheduled/Assigned Hours to Work This Month		Times Tardy		Comments:
Total Actual Work Hours This Month		Unexcused Absences		

Performance Evaluation
(Rating Guide: 0=Poor, 1=Fair, 2=Good, 3=Very Good, 4=Excellent)

Knowledge of Assignment	_____	Safety Habits	_____
Punctuality	_____	Quality of Work	_____
Attitude	_____	Initiative	_____
Cooperation	_____	Grooming	_____
Works Well with Others	_____	Accepts Supervision	_____
		Overall Performance	_____

List skills participant has mastered _____

List skills that participant needs to improve _____

Do you recommend that the participant continues in this activity? Yes No

Why Or Why Not? _____

Work Site Supervisor Name: _____ Phone Number: _____
Work Site Supervisor Signature: _____ Date: _____

032-02-1010-03-eng (10/22)

On the Job Training – (OJT) -1001.13.G

On-the-job training is a type of paid employment in which an employer provides training to an employee in order to increase the employee's skills on the job.

On the Job Training – (OJT) -1001.13.G

The following are examples of on-the-job training that may be counted as a work activity in the VIEW Program:

- (a) On-the-job training offered through the WIOA;
- (b) Work study offered through a community college or a four-year college program;
- (c) Apprenticeship programs;
- (d) Paid internships offered by colleges or training providers in which the participant receives a wage or stipend for working and receiving training while on the job;
- (e) AmeriCorps Program placements in which the participant receives a stipend for living expenses;
- or
- (f) Sheltered workshop employment

The minimum wage requirement is waived if the OJT position is sheltered workshop employment or an AmeriCorps placement. (Sheltered workshops are certified by the U.S. Department of Labor to pay commensurate wages which are based on the individual's ability to perform in relation to the performance of a person without a disability. AmeriCorps participants receive a stipend related to hours of participation.)

Vocational Education & Training – 1000.13.H

Vocational education and training is training or education designed to prepare the participant for a specific trade, occupation, or vocation. It is a countable activity for 12 months in a lifetime. The months of training do not have to be consecutive. Each assignment to vocational education and training should be for a period of time that will coincide with the length of the training/education program whenever possible.

Vocational education and training does not include education beyond the baccalaureate degree, nor does it include ABE, GED, or ESL instruction.

Examples of activities that can be classified as vocational education and training are technology, business, and health sciences programs leading to certificates, associate or baccalaureate degrees in the trades, information technology, medical equipment repair, accounting administration, medical assisting, practical or registered nursing, business, education, criminal justice and health sciences.

Vocational Education & Training – Self-Paced Courses

Many Post-Secondary institutions offer self-paced courses, which is a style of instruction in which learners progress through the material at their own speed and on their own schedule.

Most self-paced classes have a deadline by which the course needs to be completed. The student completes the assignments and submits them to the instructor at their own pace. The ESW will need to verify what the deadlines are and request a statement from the instructor indicating the anticipated number of hours per week the student will be engaging with the material. Then the ESW will use the projection provided by the instructor to calculate the weekly hours the client is engaged in the activity. The instructor will need to provide attendance verification monthly to the ESW. If hours of engagement cannot be verified, the self-paced class cannot be supported as a VIEW activity.

Non-Core Work Activities

Hours assigned to non-core activities are used in the calculation of the participation rate only after the minimum 20-hour assignment to a core activity has been met.

Jobs Skills Training

Education Below the Post-Secondary Level

Job Skills Training

Jobs Skills Training is training that prepares an individual for employment, or job specific training required by an employer in order to obtain, keep, or advance in a specific job or occupation or training needed to adapt to the changing demands of the workplace. Each assignment to Job Skills Training should be for a period of time that will coincide with the length of training/education program whenever possible but should not exceed six months.

Job skills training includes the following types of training:

- Individual courses or a series of short term courses in such topics as keyboarding, or computer literacy, or training in a specific software application.
- All training and education programs, including post-secondary certificate, associate, or baccalaureate level programs, that are included in the definition of Vocational Education and Training at 1000.13H. Post secondary education can be provided in nontraditional as well as traditional settings. (Note: All post-secondary education-certificate, associate, baccalaureate level-must be directly related to employment in order to count as a work activity. Post-secondary education that is not related to employment is not allowable as any VIEW component or element of a component, including Other Locally Developed.)
- Instruction in a second language for participants who have a high school diploma or GED, or unpaid practicums or internships offered by a college or training program, or by an employer.

The choice of job skills training offered may vary in each locality, depending upon local labor market conditions. However, job skills training must have a direct relationship to employment as described above. Up to one hour of unsupervised study or homework time can be counted as job skills training for each hour of scheduled class time. The need for unsupervised homework/study time must be confirmed by the education or training program. Unless specifically required by the instructor, unsupervised study or homework time cannot be counted as job skills training when the training is outside the classroom and the activity does not support counting unsupervised study or homework hours. Supervised study time verified by the education or training program may also be counted as participation.

Example: Client is enrolled in a certificate medical assisting program. Students are required to visit various medical settings and talk to medical assistants about the nature of the work they do in those settings. These visits help the students better understand more about the profession and the types of employment opportunities available. Ten hours of visits are required each semester. Because the visits are required, they can be counted (along with the classroom hours) as participation. However, no unsupervised study or homework hours will be counted for the visits.

Hours for distance learning classes will be counted as participation if attendance and participation are documented on an Education and Training Activities Attendance Report which is signed by the instructor. It is the responsibility of the worker to determine through contact with the institution and/or instructor that the hours for a distance learning class can meet the documentation requirements. Distance learning hours that cannot be documented cannot be counted toward meeting the participation requirement. A complete list of allowable distance learning activities is provided in the Vocational Education and Training section, 1000.13H.

The participant must also meet the conditions described in the section 1000.17 regarding satisfactory attendance and progress.

Participants who are initially enrolled in Vocational Education and Training because they are in an associate, certificate level, or baccalaureate level post-secondary program directly related to employment, and who reach the 12-month lifetime limit in that component, may be reassigned to Job Skills Training and continue in the education program.

Limitations on Post-Secondary Education Directly Related to Employment meeting the definition of Job Skills Training

- (1) Post-secondary activities directly related to employment (certification, associate, or baccalaureate programs) will be limited to a period of twenty-four months. Participants will not be assigned to an educational activity which cannot be reasonably completed within a twenty-four month period of VIEW participation.

The assignment to post-secondary cannot exceed the number of months remaining in the 24-month period for a former VIEW participant returning to the program.
- (2) The post-secondary education must be related to the jobs which are available in the community or are projected to become available in the community.
- (3) Participants referred to post-secondary activities must have a high school diploma or GED prior to beginning the curriculum.
- (4) Participants with a Certificate or Associate degree will not be assigned to additional post-secondary education except in situations in which the Certificate or Associate degree is more than five years old and the agency determines that additional education or training is needed to enhance the client's employability.
- (5) Participants with a Baccalaureate degree will not be assigned to additional post-secondary education. These participants are considered to have the education and ability needed to obtain employment.
- (6) Reimbursement for tuition, books and fees will be made for only the twenty-four month period unless the participant has been granted a hardship exception of up to one year to enable the participant to complete employment-related education. The participant must apply for all available sources of funding including Pell grants, scholarships, work study or other sources.

Exception:

Optional participation in VIEW for postsecondary students. Any individual enrolled in full-time postsecondary higher education as outlined in House Bill 484* will have the option to participate in VIEW. The choice to not participate in VIEW will make the recipient ineligible for supportive services. (Refer to 1000.12 Supportive Services)

Job Skills Training

Ms. Lovell has exhausted her 12 month lifetime limit available for Vocational Education and training. She lacks 4 months of training to complete her RN training certification. Her next class begins 4/8/24 and will end 8/31/24. She would like to continue in the VIEW Program to assist with supportive services. She agree to participate in 20 hrs/wk CWEP at the local Health Dept. as well as 15 hrs/wk in clinicals. She stated she is behind on her rent, 2 months. If VIEW can assist with the 2 months, she will be able to afford the monthly rent. She also requested assistance with uniforms for her clinical training as well as assistance with gas since she will be traveling to her clinicals and CWEP.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

SNAP E&T VIEW TET VTP

Participant's Name: Daisy Lovell
Case ID#: 141414141
ESW: M. Worker
ESW Phone #: 276-555-1313
of Months Accrued on VIEW Clock 14 N/A
Date: 04/11/2024

ACTIVITY AND SERVICE PLAN

CURRENT PROGRAM ACTIVITY ASSIGNMENT	Planned Begin Date	Planned End Date	Planned Weekly Hrs/Pay & Location
Core Activities			
Currently employed full-time			
Currently employed part-time			
Job Search (VIEW)			
Supervised Job Search (SNAP E&T)			# of Job Contacts
Job Readiness (VIEW) / Job Search Training (SNAP E&T)			
Full Employment Program (FEP)			
On-the-Job Training (OJT)			
Community Work Experience (CWEP)	4/08/24	08/31/24	Health Dept. 20hrs/wk
Public Service Program (PSP)			
Vocational Education & Training			
Work Experience (WE)			

Non-Core Activities – countable only after minimum 20 hrs/week completed in Core Activities (VIEW Only)

Job Skills Training 04/08/24 08/31/24 RN Training 15 hrs/wk
(Includes education above post-secondary when it is directly related to employment)

Education below post-secondary

Other Work Activities – these hours are not counted toward the participation requirement

Other Locally Developed

Pending (Assign for a maximum of 60 days) Inactive (Assign up to 3x - 30 days per assignment)

List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem:

SUPPORTIVE /TRANSITIONAL SERVICES

Child Care Transportation TET VTP Other (please describe)
gas vouchers rent clothing

VTP Period From to

Education Below the Post-Secondary Level

Education below post-secondary is an allowable program activity for participants who have not received a high school diploma or GED certificate and whose employability would be enhanced by additional education. It includes ABE, GED, and ESL programs as well as secondary school and may be offered in non-traditional as well as traditional settings. Each assignment to this type of activity should be for a period of time that will coincide with the length of the program whenever possible but should not exceed six months.

1. Educational Activities

- a. Participants assigned to this component will be those identified as needing certain educational activities to become ready for further education, training or job entry. Participation in education programs below the Post-Secondary level will be limited to one year.

Hours for distance learning classes will be counted as participation if attendance and participation are documented on an Education and Training Activities Attendance Report which is signed by the instructor. It is the responsibility of the VIEW worker to determine through contact with the institution and/or instructor that the hours for a distance learning class can meet the documentation requirements. Distance learning hours that cannot be documented cannot be counted toward meeting the participation requirement.

- b. Educational activities are defined as basic and remedial education that will provide an individual with a basic literacy level equivalent to at least grade 8.9.
 - (1) education designed to prepare individual for a high school degree or its equivalent (GED).
 - (2) Community based literacy programs that provide education activities for individual who require remediation to acquire a grade 8.9 literacy level.
 - (3) Education in English proficiency (ESL) for a recipient, who does not understand, speak, read or write the English language.

Up to one hour of unsupervised study or homework time can be counted as education below post-secondary for each hour of scheduled class time. The need for unsupervised homework/study time must be confirmed by the education or training program. Supervised study time verified by the education program may also be counted as participation.

- c. The participant must also meet the conditions described in the section [1000.17](#) regarding satisfactory attendance and progress.

2. Limitations

- a. Educational activities can only be provided during the participant's two-year time period **or during the transitional period.**
- b. Participants who enroll into education prior to coming into VIEW **may continue the assignment if it will improve the employability of the participant.**

Activity and Service Plan for Education Below Post-Secondary Level

Ms. Chase has enrolled in GED class which meets 1 day per week, 3 hrs/class. Since she is participating in 3 hrs/wk class time, we are able to allow her an additional 3 hrs/wk unsupervised study time. This gives her 6 hours total for the Education Below the Post Secondary Level. Ms. Chase will need an additional 29 h/wk of a Core Activity. She agrees to participate in 29 hrs /wk Public Service Program.

Forms required are the Activity and Service Plan and

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

SNAP E&T VIEW TET VTP

Participant's Name: Lola Chase
Case ID#: 113804557
ESW: Miracle Worker
ESW Phone #: 276-555-1313
of Months Accrued on VIEW Clock 2 N/A
Date: 04/05/2024

ACTIVITY AND SERVICE PLAN

CURRENT PROGRAM ACTIVITY ASSIGNMENT	Planned Begin Date	Planned End Date	Planned Weekly Hrs/Pay & Location
Core Activities			
Currently employed full-time			
Currently employed part-time			
Job Search (VIEW)			
Supervised Job Search (SNAP E&T)			# of Job Contacts _____
Job Readiness (VIEW) / Job Search Training (SNAP E&T)			
Full Employment Program (FEP)			
On-the-Job Training (OJT)			
Community Work Experience (CWEP)			
Public Service Program (PSP)	04/08/24	09/30/24	Bargain Hunt, 29hrs/wk
Vocational Education & Training			
Work Experience (WE)			

Non-Core Activities – countable only after minimum 20 hrs/week completed in Core Activities (VIEW Only)

- Job Skills Training
(Includes education above post-secondary when it is directly related to employment)
- Education below post-secondary 04/08/24 09/30/24 GED Classes 6 hrs/wk

Other Work Activities – these hours are not counted toward the participation requirement

- Other Locally Developed
- Pending (Assign for a maximum of 60 days) Inactive (Assign up to 3x - 30 days per assignment)
List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem:

SUPPORTIVE /TRANSITIONAL SERVICES

- Child Care Transportation TET VTP Other (please describe)
gas vouchers car repairs, clothing

VTP Period From _____ to _____

Forms for Job Skills Training & Education Below Post-Secondary

Enrollment Verification is required for placement in the Job Skills Training and Education Below Post-Secondary component.

The Participant is responsible for providing the enrollment verification, for the class. This must include the:

***Class Title

***Instructor Name

***Date of Enrollment

***Expected Duration of the class

***Class Schedule and number of weekly class hours.

EDUCATION AND TRAINING ACTIVITIES ATTENDANCE SHEET

This form must be returned to the Employment Services Worker (ESW) by the 5th of every month.

Name of Class: Adult Education Name of Program/Curriculum: GED Preparation

Name of Institution: Regional Adult Career Education Instructor Name: Helen Kellerman

How is instruction delivered: In-person Online Hybrid Other: _____

TO BE COMPLETED BY THE PARTICIPANT

Please circle the dates that your class is scheduled to meet for the month. After each class meeting, fill in the number of hours that you attended class, labs, or other activities required for the class. If you were not in class, please use one of the codes listed below to explain why you were not in class on that date.

Please sign the form and have the Instructor (or designee) sign the form to confirm that the information is correct.

Attendance Month: Select Month Year

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	Attendance Codes: ▪ A: Absent ▪ C: Closed ▪ H: Holiday			

Participant's Signature _____

Date: _____

TO BE COMPLETED BY THE INSTRUCTOR

Is homework/study time necessary for success in this class?

Yes No

Is the attendance information reported accurate? Yes No

Instructor's Signature: _____

Date: _____

TO BE COMPLETED BY THE (ESW)

Homework/Study Hours (VIEW ONLY)

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	Monthly total homework/study hours:			

Total attendance hrs: _____ Assigned hrs: _____

Holiday hrs used (VIEW ONLY): _____

Excused absences hrs used (VIEW ONLY): _____

Total countable participation hrs: _____

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Locally Developed Activities – 1000.15

Other locally developed activities are activities developed or used by a local agency to increase a client's employability, but which do not meet the definition of a core or non-core activity, or of post-secondary education.

NOTE: Assignments to other locally developed activities are not used in the calculation of the participation rate.

Non-Active Assignments : Inactive & Pending

1000.16 PROGRAM COMPONENTS – NON-ACTIVE ASSIGNMENTS: INACTIVE AND PENDING

There are some situations in which a VIEW participant cannot be assigned or reassigned to an active component immediately.

A. Such situations include, but are not limited to, the following:

1. The local agency determines that transportation or other needed supportive services are unavailable.
2. Neither the participant nor the agency is able to make child care arrangements.
3. The ESW has requested a reevaluation of the client's exempt status and is awaiting a response by the EW.
4. The start of the activity to which the client is to be assigned has been delayed.
5. The participant states that she has a medical or mental health problem that will prevent participation. The participant will be given a Medical Evaluation to be completed by a physician documenting the medical or mental health condition.
6. The participant has a family crisis or a change in individual or family circumstances, such as the death or illness of a spouse, parent or child, a family violence situation, or other time-limited situation not of the participant's own making that would affect participation.
7. The participant is receiving health, mental health, or substance abuse treatment or rehabilitation services which prevent participation in an active component. Verification is required that participation in the treatment or rehabilitation program is necessary and that the client is participating as required.
8. The participant has a verified disability and needs services, supports or accommodations to participate in an active component, but those services, supports or accommodations are unavailable.
9. Screening indicates that the participant has a potential disability that will affect participation in an active component but the agency is unable to obtain an assessment by a qualified professional.

PENDING

Assignments to Pending do NOT stop the VIEW clock. Months assigned to Pending count toward the client's 24-month time limit. Assign the client to Pending when the client IS NOT cooperating with the agency to resolve the situation delaying active participation. Assignments to Pending may be made for up to 60 days, but should not be extended beyond the 60-day period.

INACTIVE

Assignments to Inactive stop the VIEW clock. Months assigned to Inactive do NOT count toward the client's 24-month time limit. Assign the client to Inactive when the client IS cooperating with the agency to resolve the situation delaying active participation. Assignments to Inactive are limited to 30 days and can be extended only once for a consecutive total of no more than 60 days. At no time will the assignment to Inactive exceed 90 days.

PENDING vs INACTIVE

Example: A new VIEW participant has a 14 month old child and needs child care in order to participate in the program. She has interviewed several child care providers who usually have openings, but she insists on waiting so she can place her child at a new center in her neighborhood. The center is not scheduled to open for 30 days. The agency agrees to allow her 30 days to either obtain a placement at the new center or secure a placement with one of the other available providers. The agency assigns the client to PENDING, not Inactive, because the delay in making arrangements has been within the client's control. (Note: Following the 30-day Pending assignment, the client will be assigned to an active component. If she does not participate, she will be referred for sanction for non-compliance).

VS

Example: A new VIEW participant has a 14-month old child and needs child care in order to participate in the program. The client has been unable to find a child care provider. The only child care center in the community that accepts infants will not have an opening for at least 30 days. Since the client is cooperating, and the situation is not within her control to change, an assignment to INACTIVE is appropriate.

Reassessments

Reassessment

1000.19 REASSESSMENT

Reassessment provides the ESW and the participant the opportunity to review the participant's progress in the VIEW program and address any problems which may present an obstacle to achieving self-sufficiency.

The reassessment will identify the reason the participant was unable to obtain full-time unsubsidized employment or participate fully in the program and the ESW will assist the participant in resolving the identified barriers.

The ESW will conduct a reassessment whenever the participant leaves or completes an assignment.

Reassessments may be completed prior to the end of the current assignment to ensure that participants are placed in new activities immediately after the end of an activity. (For example, if an assignment is scheduled to end 1/15, the ESW can schedule the reassessment appointment to take place prior to 1/15). The participant's activity end date will not be shortened due to early reassessment unless the assigned activity actually ended before the scheduled end date shown on the Activity and Service Plan.

In all cases, the reassessment must be completed no later than one week following the end of an assignment. New assignments will be scheduled to begin no later than two weeks after the reassessment and immediately, if possible.

Prompt reassessment and reassignment will reduce the "down" time between activity assignments and will positively affect the agency's participation rate.

Reassessment in a Perfect Situation following the Initial Assessment

The client appears for Reassessment and provides the completed Job Search form. The participant also provides verification of PCA class beginning 04/01/24 as specified on the original Activity and Service Plan.

Worker Actions:

- Conduct the reassessment and key into the Assessment page in VaCMS.
- Add the Job Search hours to ESP Participation.
- End the current Job Search Activity
- A new Activity and Service Plan is not necessary. Simply key in the next activity listed... Vocational Education & Training, 4/1/24 to 5/31/24, 35hrs/wk.
- Document in the Case Narrative and Scan!

Screening and Assessment - Summary

Name: Chase, Lola Client #: 2104373876 Case #: 113601515 ESP Program: VIEW ESP Status: Mandatory

Assessment Date	Assessment Type	Are there Barriers to Employment?	Verified Barrier to Employment
03/12/2024	Initial	NO	

Add Assessment

Screening and Assessment - Details

Name: Chase, Lola Client #: 2104373876 Case #: 113601515 ESP Program: VIEW ESP Status: Mandatory

Reset Cancel Next + Continue

Dates

* Effective Begin Date: 03 / 12 / 2024 End Date: mm / dd / yyyy
 * Reported On: 03 / 12 / 2024 * Date Change Occurred: 03 / 12 / 2024
 * Verification Received On: 03 / 12 / 2024

Screening and Assessment

* Assessment Date: 03 / 12 / 2024 * Assessment Type: Initial
 * Are there barriers to employment? NO Verified Barrier to Employment: Domestic Violence, Learning Disability, Mental Health
 * APR / POP Signed Date: 03 / 12 / 2024 SNAP Work Requirement:

Dates

* Effective Begin Date: 03 / 29 / 2024 End Date: mm / dd / yyyy
 * Reported On: 03 / 12 / 2024 * Date Change Occurred: 03 / 12 / 2024
 * Verification Received On: 03 / 12 / 2024

Screening and Assessment

* Assessment Date: 03 / 29 / 2024 * Assessment Type: Re-assessment

Reassessment in a NOT so Perfect Situation Activity & Service Plan

Lola attended the PCA class for 1 day and decided that she would be unable to complete the class without her GED. She visits the worker 4/5/24, to discuss her situation. Lola is placed in GED classes beginning 4/8/24, 6hrs/wk, (class time 3 hrs/wk plus unsupervised study 3 hrs/wk), as well as PSP, 29 hrs/wk. This gives Lola the minimum of 20 hrs/wk in a Core activity and a total of 35 hrs/wk, as required. Lola also requests assistance with clothing and vehicle repairs. The worker agrees to assist with clothing, car repairs and gas vouchers to assist with participation.

A NEW Service Plan Is Required For This Reassessment.

The initial service plan is no longer active/valid.

Add Supportive Service that you will provide in the Supportive/Transitional Services section at the bottom of page 1.

***If services are provided after this plan is created, (later in the planned activity period), add those new services to the existing plan which covers the dates that services will be provided, and **rescan the revised plan.**

Example: Ms. Chase requests assistance with a utility bill on 6/12/24. After approving the purchase, the worker must go back to the ASP with the begin and end dates which cover the 6/12/24 date. In this case, the plan dated 4/5/2024 covers this date.....begin date is 4/8/2024 to 9/30/2024. Add the utilities to the Supportive/Transitional Services section. **Rescan this revised form.** NOTE: DO NOT delete the original form.

SUPPORTIVE /TRANSITIONAL SERVICES

Child Care Transportation TET VTP Other (please describe)

VTP Period From _____ to _____
 Gas Vouchers Car Repairs, Clothing
 Utility Bill

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF SOCIAL SERVICES
 EMPLOYMENT SERVICES PROGRAM

SNAP E&T VIEW TET VTP

Participant's Name: Lola Chase
 Case ID#: 113604557
 ESW: Miracle Worker
 ESW Phone #: 276-555-1313
 # of Months Accrued on VIEW Clock 2 N/A
 Date: 04/05/2024

ACTIVITY AND SERVICE PLAN

CURRENT PROGRAM ACTIVITY ASSIGNMENT	Planned Begin Date	Planned End Date	Planned Weekly Hrs/Pay & Location
Core Activities			
Currently employed full-time			
Currently employed part-time			
Job Search (VIEW)			
Supervised Job Search (SNAP E&T)			# of Job Contacts _____
Job Readiness (VIEW) / Job Search Training (SNAP E&T)			
Full Employment Program (FEP)			
On-the-Job Training (OJT)			
Community Work Experience (CWEP)			
Public Service Program (PSP)	04/08/24	09/30/24	Bargain Hunt, 29hrs/wk
Vocational Education & Training			
Work Experience (WE)			

Non-Core Activities – countable only after minimum 20 hrs/week completed in Core Activities (VIEW Only)

Job Skills Training (Includes education above post-secondary when it is directly related to employment)

Education below post-secondary 04/08/24 09/30/24 GED Classes 6 hrs/wk

Other Work Activities – these hours are not counted toward the participation requirement

Other Locally Developed _____

Pending (Assign for a maximum of 60 days) Inactive (Assign up to 3x - 30 days per assignment)

List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem:

SUPPORTIVE /TRANSITIONAL SERVICES

Child Care Transportation TET VTP Other (please describe)

VTP Period From _____ to _____
 Gas Vouchers Car Repairs, Clothing

Sanctions & Compliance

SANCTIONS

1000.20

A sanction is the suspension of the household's entire TANF payment for program non-compliance.

All TANF and TANF-UP recipients who are determined eligible for the VIEW Program and have already signed an Agreement of Personal Responsibility are required to participate in VIEW. Recipients are subject to sanction if they fail to participate without good cause.

GOOD CAUSE will exist if:

- The participant's inability to fulfill program requirements is due to circumstances outside her control or is the result of a change in circumstances out of her control.
- Acceptable child care is not available
- Accepting employment would result in a net loss of cash income for the AU.

POST COVID-19 Guidance

Effective 1/1/2023, all TANF and TANF-UP recipients who are determined mandatory for VIEW and have already signed an Agreement of Personal Responsibility are required to participate. Recipients will be subject to a sanction if they fail to participate without good cause as outlined in TANF guidance Section 1000.20.

C. Reasons for Applying VIEW Sanctions

The following are reasons for applying VIEW sanctions:

- 1) Failure to report for reassessments, job interviews or other required interviews;
- 2) Failure to actively participate in any VIEW component or activity or to complete requirements designated in the Agreement of Personal Responsibility or Activity and Service Plan, the local Employment Services Plan and State guidance. This includes failing or refusing to complete and/or return forms or provide other information by the required date;
- 3) Failure to accept bona fide job offers. A bona fide job offer is an actual job offer given in good faith without dishonesty, fraud or deceit. The job offer must:
 - a) not be beyond the physical or intellectual capabilities of the participant;
 - b) provide at least **minimum wage** or the prevailing wage for an occupation not covered by minimum wage standards;
 - c) not require travel time from the participant's home to the jobsite that exceeds one hour each way, based on the transportation available to the participant.
- 4) Termination of employment without good cause. A sanction will be imposed in the following circumstances:
 - a) removal from a community work experience or public service program work site for misconduct or violation of employer rules governing the work site;
 - b) termination from unsubsidized or subsidized employment by the employer due to problems with attendance and/or performance or inappropriate behavior, without good cause;
 - c) non-participation for the assigned hours in a component other than FEP. Participants in FEP will only be sanctioned if the employer requests that the participant's placement be terminated;
 - d) quitting a job, refusing a bona fide offer of increased work hours, or requesting a reduction in work hours without good cause, including FEP.

VIEW Non-Compliance Checklist

Prior to imposing a sanction, the worker must complete the VIEW Non-Compliance. Once completed, the supervisor must review the form and circumstances of the proposed sanction to ensure that the participant has been screened for disabilities or screening has been offered and refused, reasonable accommodations have been provided if needed, and the agency has attempted to notify the client verbally.

The supervisor must NOT approve the sanction if any of these steps have not been taken.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
VIRGINIA INITIATIVE FOR EDUCATION
AND WORK (VIEW)

Case Name: _____
Client's Name: _____
Case Number: _____
VIEW Worker: _____

VIEW NON-COMPLIANCE CHECKLIST

THE VIEW WORKER MUST COMPLETE THIS FORM, AND THE VIEW SUPERVISOR MUST SIGN THIS FORM BEFORE THE PARTICIPANT IS REFERRED TO THE ELIGIBILITY WORKER FOR NON-COMPLIANCE. THE INFORMATION CHECKED MUST BE DOCUMENTED IN THE CASE RECORD.

Section I. To be completed by the VIEW worker.

The following is documented in the case record:

- The client has been screened and assessed for disabilities or declined to be screened.
- Reasonable accommodations have been provided, if appropriate.
- The client was informed verbally of the potential sanction or an attempt was made to verbally inform the client.
- Good cause was evaluated and the client does not have good cause for non-compliance.

The participant without good cause:

- Failed/refused to report for assessment/reassessment or other required interview.
- Failed/refused to actively engage in or complete job search.
- Failed/refused to complete a Public Service Program placement.
- Failed/refused to complete a Community Work Experience placement.
- Failed to accept a bona fide job offer.
- Terminated or was terminated from employment.
- Terminated or was terminated from a Full Employment Program work site.
- Failed/refused to complete any other activity assigned on the Activity and Service Plan.

Specify activity/requirement: _____

Section II. To be completed by the VIEW supervisor.

I have reviewed the case record. There is documentation in it to support the determination that this participant has failed to comply with VIEW program requirements, good cause does not exist, and accommodations have been provided if needed.

Supervisor's signature

Date

SANCTIONS

When a client is not in compliance with VIEW, the agency must attempt to contact the client by phone to encourage participation, explore good cause, and/or notify the client of a possible sanction. If the ESW determines from the contact that the participant did not have good cause for missing the appointment, or if the ESW is unable to contact the client verbally, the ESW must take action to begin the sanction process. The ESW will must take action to begin the sanction process. Based on agency procedures, the ESW will either send the client the VIEW Notice of Sanction/ Termination (032-02-0307) or the Advance Notice of Proposed Action within 3 business days of the missed appointment. Alternately, the ESW will immediately notify the EW who will send the ANPA within 3 business days.

<input checked="" type="checkbox"/> FINANCIAL ASSISTANCE				Your assistance check will be : <input type="checkbox"/> Reduced <input checked="" type="checkbox"/> Suspended <input type="checkbox"/> Terminated	
Effective Date: 04/01/2024	Amount of Reduction: From: \$577	To: \$0	Eligibility Worker: B. STAR	Telephone: 555-555-5555	
Manual Reference: 1000.20C		Reason for proposed action: Failed to complete job search.			
<input type="checkbox"/> VIEW Termination – The TANF case is closed until you reapply and are found eligible for TANF/TANF-UP <input checked="" type="checkbox"/> VIEW Sanction - your household's entire TANF or TANF-UP benefits will be suspended for the above reason. <input checked="" type="checkbox"/> 1 ST Sanction - 1 month and compliance <input type="checkbox"/> 2 ND Sanction - 3 months and compliance <input type="checkbox"/> 3 RD Sanction - 6 months and compliance YOU HAVE 10 DAYS AFTER THE DATE OF THIS NOTICE TO CONTACT YOUR VIEW WORKER TO SHOW DOCUMENTED GOOD CAUSE. VIEW worker's name B. STAR Telephone: 555-555-5555					

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

VIEW NOTICE OF SANCTION/TERMINATION

Participant Name **JOB SEARCH** Agency **ANY AGENCY**
 Address _____ Date **3/15/24**
 Case ID# **123456789**

You did not participate as required in the Virginia Initiative for Education and Work (VIEW) Program. Participation includes maintaining employment as well as keeping appointments and carrying out assignments.

UNLESS YOU HAVE GOOD REASON FOR NOT PARTICIPATING, YOUR BENEFITS WILL BE STOPPED. THIS IS CALLED A SANCTION OR TERMINATION.

- Your household's entire TANF or TANF-UP benefits will be terminated because you:
- Did not appear for the Initial Assessment Interview on _____
 - Refused to sign the Agreement of Personal Responsibility.
- Your household's entire TANF or TANF-UP benefits will be suspended due to sanction because you:
- Failed to keep your scheduled appointment on _____
 - Failed to attend your employer interview on _____
 - Failed to complete your assignment to **JOB SEARCH** _____
 - Failed to maintain employment at _____
 - Other: _____

If you wish to discuss your reasons for not participating, and possibly stop the sanction/termination, you must get in touch with your worker/case manager by 3 / 25 / 2024. If you call after the date shown, or if you do not call at all, you will lose your benefits.

If you are sanctioned and receive SNAP benefits, your SNAP benefits may also be affected.

The termination of TANF for failing to appear for the Initial Assessment or refusing to sign the Agreement of Personal Responsibility means that your TANF case will be closed until you reapply and are found eligible for TANF/TANF-UP.

Unless you take action to stop this process, the sanction/termination will last:

- For at least one payment month and compliance.
- For a minimum of 3 consecutive months and until you participate. (If you receive this sanction, you will not be eligible for a hardship exception.)
- For a minimum of 6 consecutive months and until you participate. (If you receive this sanction, you will not be eligible for a hardship exception.)

Your Eligibility Worker will let you know when the sanction or termination will begin.

VIEW Worker/Case Manager **B. STAR**
 Telephone Number **555-555-5555**

032-02-0307-05-eng (07/19)

Sanction Periods

A TANF or TANF-UP recipient will have her TANF payment suspended for the following periods:

- 1) For the first sanction, the payment will be suspended for a minimum period of one month and will continue to be suspended until the client complies.
- 2) For the second sanction, the payment will be suspended for a minimum period of three consecutive months and will continue to be suspended until the client complies.
- 3) For the third and subsequent sanctions, the payment will be suspended for a minimum period of six consecutive months and will continue to be suspended until the client complies

REMINDERS:

A participant may perform a verifiable act of compliance during the fixed sanction period. The TANF payment, however, will not be reinstated until after the fixed sanction period has ended.

The months during which the participant is sanctioned will count toward the two year time period limitation. The “VIEW Sanction Reminder Notice” will be generated by VaCMS 15 days prior to the end of the minimum time period for the sanction. A second notice will be generated 90 days after the first notice is sent.

If a participant provides verification that he/she has become exempt during the fixed period and exemption still exists at the end of the fixed period, the sanction will be lifted as of the date the fixed sanction period ends.

Exceptions to Imposing a Sanction

The EW will impose the sanction even if a participant becomes exempt after the Advance Notice of Proposed Action has been sent to the recipient. There are two exceptions to this rule:

- a) If it can be established that the participant actually became exempt during the time she was required to participate, and verification is received before the sanction is imposed, the EW will not impose the sanction. However, this information must be communicated in writing to the ESW for final determination.
- b) If the participant who has been referred for the first sanction OBTAINS and VERIFIES fulltime employment (at least 30 hours per week and at least minimum wage) prior to the effective date of the proposed sanction, the EW will not impose the sanction. The ESW will remove the sanction referral information from the ESP module in VaCMS. The ESW must advise the EW of this information so the NonCompliance Details information can be removed from Data Collection as well. If the client is referred for sanction in the future, it will be a referral for the first sanction.

POST COVID-19 Guidance

- **REMINDER:** All VIEW participants who had a sanction on their record prior to re-opening (1/1/2023) will be given a clean slate. This means that any sanctions prior to 1/1/2023 must be ended and the VIEW participant will start with zero sanctions counting against them. This will include all VIEW clients who had sanctions lifted in April 2020 as well as VIEW clients who closed their TANF cases while in a sanction prior to April 2020.



COMPLIANCE

1000.21

Compliance occurs when the participant who failed to comply and has been sanctioned performs a verifiable act of compliance to lift the sanction during or after the fixed sanction period. A verifiable act of compliance for the participant will be either continuing in, or completing an assigned activity.

The individual must complete an act of compliance that matches the reason for the VIEW sanction. If that action is no longer available or appropriate, any other verifiable act of compliance deemed acceptable by the ESW will cure the sanction. This determination should be made on a case-by-case basis

An Activity & Service Plan should reflect the activity the client is to complete in order to comply and the date by which the activity is to be completed. The information from the ASP developed to assist the client in complying with program requirements will not be entered into the ESP module in VACMS. Once the participant has performed a verifiable act of compliance (with the exception of compliance based on employment), the sanction is lifted at the end of the fixed sanction period, or retroactively to the date the participant complied if compliance was after the end of the fixed period.

The effective date of compliance for an appointment/ interview or for forms/ other information not completed or returned to the agency, is the date the client keeps the appointment, participates in the interview, or completes/returns the forms/information.

For employment that meets the conditions for a verifiable act of compliance outlined in 1000.21A, the effective date of compliance will be:

- a. the end of the fixed sanction period, or
- b. the date the participant complied, if compliance was after the end of the fixed sanction period, or
- c. the date the employment was verified, whichever comes last.

Verifiable Act of Compliance

1. Employment which meets the following conditions represents a verifiable act of compliance for all situations: the employment is verified, it was obtained after the sanction was imposed, it is for 20 hours per week or more and pays at least minimum wage, it continues for at least two weeks after the client reports the job to the agency, and the client is still employed at the end of the fixed sanction period. The participant is still required to comply with other program requirements in conjunction with employment when applicable.
2. A verifiable act may be defined in these situations as follows:
 - a. For failure or refusal to report for an appointment or required interview (excluding the initial assessment interview) - keeping another scheduled appointment or interview.
 - b. For failure or refusal to complete and/or return forms or other information to the agency by a required date - returning and/or completing the required form or other information.
 - c. For failure or refusal to begin, to continue in or participate in an assigned activity - beginning, continuing in or participating in an activity for up to two weeks to show a good faith effort to comply.
 - d. For failure or refusal to complete an assignment to a program activity - completing an assignment.
 - e. For failure or refusal to obtain or accept employment – if the client obtains employment during the sanction, the employment must be maintained through the end of the sanction period.
 - f. If the assignment from which a participant has been sanctioned is no longer available or appropriate, compliance may consist of participating in or completing a different activity. In the case of a participant who was sanctioned for failure to participate in her CWEP or PSP assignment, the client will be allowed the opportunity to develop her own worksite in order to comply.

24-Month Time Limit 1000.5

The Two-Year VIEW Time Limit TANF recipients who are required to participate in VIEW are subject to a two-year limit on receipt of TANF benefits. Once 24 months of benefits have been received, the client is ineligible to receive TANF benefits again until 24 months from the date of the TANF case closure. The months of TANF assistance that count toward the two-year time limit are recorded by the ESW on the 24-month VIEW clock. Months of participation in the TANF employment programs of other states are not counted on the 24-month clock.

- 1) **The two-year time limitation for receipt of TANF benefits begins the first of the month after the date the Agreement of Personal Responsibility is signed. The VIEW status of the TANF recipient on the first of each month determines if the month will count toward the two-year period.**
- 2) **The months in which the participant meets any of the following conditions on the first of the month will not count toward the two-year time period:**
 - a) she is exempt from VIEW;
 - b) she does not have an open VIEW supplement, for reasons other than sanction;
 - c) she is assigned to inactive.
- 3) **The months in which the participant meets any of the following conditions on the first of the month will count toward the two-year time period:**
 - a) she is assigned to pending;
 - b) she is assigned to an active component (this will also apply if she is assigned to an active component at any time during the month AND was already enrolled in VIEW but not assigned to Inactive on the first day of the month);
 - c) she is sanctioned;
 - d) her TANF benefits are continuing due to an appeal;
 - e) she is employed at the time the case transfers from another locality and is receiving the VIEW enhanced disregard

PARTICIPANTS WHO LEAVE THE VIEW PROGRAM AND RETURN PRIOR TO THE END OF THE TWO-YEAR PERIOD

1000.23



- A. Participants returning to the VIEW program prior to the end of the 24-month time limit on TANF will be automatically referred to the ESP queue after the EW runs eligibility. The ESW may waive the up-front job search and place the participant directly into a work activity.**

- B. An individual whose case was closed while in a sanctioned status and who reapplies and is a mandatory VIEW referral, must perform a verifiable act of compliance before a TANF payment may be issued.**



Questions?

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