STATE OF MISSISSIPPI
HALEY REEVES BARBOUR, GOVERNOR
DEPARTMENT OF HUMAN SERVICES
DONALD R. TAYLOR
EXECUTIVE DIRECTOR

BULLETIN NO. 6086

DIVISION OF ECONOMIC ASSISTANCE
TANF

TO: County Directors

FROM: Cheryl Sparkman, Director
Division of Economic Assistance

DATE: February 7, 2007

RE: **TANF Applicant and Recipient Referrals to the Mississippi Department of Rehabilitation Services (MDRS), Office of Vocational Rehabilitation (OVR)**
Memorandum of Understanding Between MDHS and MDRS
Revised Form MDHS-EA-303B, Information Sheet for TANF Applicants
New Form MDHS-EA-303D, Vocational Rehabilitation Services Checklist
Revised Form MDHS-EA-312, Personal Responsibility Contract for TANF
Revised Form MDHS-EA-319A, Work Program Referral Log
Revised Form MDHS-EA-331, Report of Medical Examination
New Form MDHS-EA-365C (T022), Rehabilitation Services Referral
Revised Form MDHS-EA-940, Notice of Appointment for Determination of Eligibility
Revised MAVERICS Notice A906, Appointment Notice (EW Intake)
Revised MAVERICS Notice A923, TANF Intake Appointment (CM Intake)
Revised MAVERICS Notice X710, TANF Up-Front Denial

Effective March 1, 2007, all adult TANF applicants and ongoing recipients who have been determined to be incapacitated (eligible for the JB code) or who reports they are unable to work will be required to apply for vocational rehabilitation (VR) services and complete the VR intake process. Transmitted with this bulletin is a copy of the Memorandum of Understanding (MOU) between the Mississippi Department of Human Services (MDHS) and the Mississippi Department of Rehabilitation Services (MDRS) to assist TANF applicants and recipients in gaining access to vocational rehabilitation services, if eligible. The MOU establishes MDHS' partnership with MDRS and outlines the responsibilities of each entity. A new TANF Work Program (JOBS) Program Status Code will be used to identify TANF applicants and recipients who are referable to MDRS, Office of Vocational Rehabilitation (OVR). The new code is "VR-vocational rehabilitation" and will be entered on the JOBS screen in MAVERICS to refer TANF applicants and recipients to case management via JAWS. Detailed policy and procedures for making referrals to the OVR are outlined below.

TANF APPLICANTS

The MAVERICS/JAWS process for referring TANF applicants to the Office of Vocational Rehabilitation (OVR) will be handled the same as the TANF Up-Front Job Search (UJS) process. The "VR" code will refer the case to JAWS online after the eligibility worker processes the AFPD screen in MAVERICS.

TANF applicants whose TWP (JOBS) Program Status code is "VR" will be required to complete the TWP intake process and comply with the Office of Vocational Rehabilitation (OVR) application intake process prior to TANF approval. Applicants referred to OVR will be required to meet with a VR counselor and complete the VR application intake process within 10-days from the date of their TWP intake appointment. Referral to OVR, will be the fourth step in the TWP intake process. This requires the TANF Work Program (TWP) intake process (orientation, assessment, EDP and WIN/VR referral) to be completed during the 30-day TANF application processing period rather than after TANF approval.

REGISTRATION

The process for receiving and registering a TANF application has not changed. The EA clerk will continue to register the TANF application and schedule a TANF interview appointment within 10 days. At the time of registration, the clerk will inform the applicant about UJS and OVR requirements, provide the applicant a copy of the MDHS-EA-303B, Information Sheet for TANF Applicants. Page one of the MDHS-EA-900 must be documented accordingly. The MDHS-EA-303B (revised 03-01-07) provides explanations, expectations and requirements for UJS and OVR referrals. The form also informs the applicant that the TANF interview and TWP intake process may take about three hours to complete. The applicant should be encouraged, at that time, to make arrangements for child care for the appointment time period.

SCHEDULING INTAKE APPOINTMENTS (EW)

The EA clerk will register the TANF application and schedule an EW intake appointment within ten days as usual. The MDHS-EA-940, Notice of Appointment for Determination of Eligibility, will be used to manually schedule the appointment and notify the individual of the appointment date and time. Counties using the automated process will use the A906, Appointment Notice. Applicants who fail to keep the EW intake appointment will have their TANF application denied (including ANI).

TANF INTERVIEW

During the TANF interview, in addition to identifying UJS applicants, the eligibility worker will identify applicants who are required to apply for Vocational Rehabilitation services. In either situation, the adults' relationship code on SSDO must be PI, SP or LP. Cases meeting the following criteria will be referred to TWP case management and referred to OVR:

- AI (adult included) cases for which the adult's TANF participation code is "IN" and the TWP (JOBS) Program Status code is "VR-vocational rehabilitation."

The eligibility worker will enter the "VR" code on the JOBS screen in MAVERICS when it is determined an applicant is referable to VR. After the AFPD screen is processed, MAVERICS will create a VR file for each referable adult. MAVERICS will create the VR file in real time, i.e., the case manager may immediately "pull" the case and client data from MAVERICS into the JAWS system. When the AFPD screen is initially processed, all referable TANF applicant cases will be in "REceived" status. The "RE" will update to "PEnded" status if the AFPD screen is processed with pended information. The TANF case status and date will be updated to "OPen" at approval. MAVERICS will not create a VR or UJS file if the applicant fails eligibility on the AFPD screen.

These applicants will be required to comply and complete the TWP and VR intake processes prior to TANF approval. The eligibility worker will use the MDHS-EA-303D, TANF Vocational Rehabilitation Checklist, to provide detailed explanations regarding referrals to the Office of Vocational Rehabilitation and its requirements prior to TANF approval. NOTE: ANI (adult not included) cases for which the adult's TANF participation code is "SS" will not be referred to JAWS.

A TANF applicant requesting the JB exemption which cannot be verified at the TANF interview will be given a 10-day request for information (A301-TANF Pending Application), along with a MDHS-EA-331, Report of Medical Examination (revised 02-01-07) and MDHS-EA-330 or MDHS-EA-333, whichever is applicable, to be completed by the attending physician and returned within the 10-day period. The eligibility worker must set an alert/tickler to handle the application the day following the 10th day. NOTE: Doctor fees for completing the MDHS-EA-331 can be paid for TANF applicants and recipients based on current policy and procedures.

Based on case circumstances, the application will be handled according to the following guidelines:

1. If the applicant returns the completed MDHS-EA-331, along with any other pertinent medical information, within 10 days, the worker will enter the "VR" code on the JOBS screen in MAVERICS and process the AFPD screen to allow the case to be "pulled" into JAWS and submit the appropriate paperwork to the Medical Review Team.

2. If the applicant fails to return the completed MDHS-EA-331 timely or contact the worker to verify good cause, the eligibility worker will deny the TANF application after the 10-day period.

3. If the applicant contacts the worker and provides written documentation (verification of the doctor's appointment date and time, etc.) to substantiate that a good faith effort has been made to comply with the 10-day request for information; and verifies that the MDHS-EA-331 cannot be completed timely, the eligibility worker may hold the application up to 30 days (dependent upon case circumstances) before taking action to deny or approve the TANF application.

   Example: If written documentation substantiates good cause and verifies the MDHS-EA-331 cannot be provided within the 30-day application processing period (appointment to see the doctor is beyond the 30-day limit), the worker will go ahead and approve the application with the "JL" code, if all other eligibility criteria are met (doctor statement or obvious exemption with supervisor's approval.) The worker must set a tickler to change the "JL" code to "NE" (medical documentation not provided) or "VR" (medical documentation provided and Medical Review decision is pending) effective for the next month. If the TWP (JOBS) Program Status Code is "NE", the individual will be required to participate in TWP. If the TWP (JOBS) Program Status Code is "VR", the individual will be referred to OVR and required to comply with VR requirements.

   Example: If written documentation verifies the MDHS-EA-331 can be completed within the 30-day application processing period, the worker will hold the application up to 30 days. If the MDHS-EA-331 is provided within the 30-day period but there is not enough time for the applicant to complete the TWP and VR intake processes, the eligibility worker will approve the case with the "VR" code and submit a request for a Medical Review decision.

   Example: If written documentation substantiates good cause and verifies the MDHS-EA-331 cannot be completed within 30 days and the client fails to provide a medical statement or has no obvious exemption, the worker will enter a "NE" code on the JOBS screen and work the case if all other eligibility criteria are met.

4. If the Medical Review Team grants an exemption from TWP work requirements and OVR determines the individual is not eligible for vocational rehabilitation services, change the TWP (JOBS) Program Status code to "JB- Incapacity" granting an exemption from TWP and VR requirements.

Should a nonexempt (NE, EV, WL, WP, WH, VR and SM) TANF applicant, after being referred to case management (JAWS) for Up-Front Job Search inform the case manager, during the TWP intake process, that he/she is unable to work, the case manager should review the case record to determine if the eligibility worker reviewed the individual's medical documentation and denied the request for a medical exemption. If the case record does not indicate the possible medical exemption was considered by the eligibility worker, the case manager will refer the applicant back to the eligibility worker in person. In situations where the client requested the medical exemption and the eligibility worker denied the exemption, the client will be required to continue with the Up-Front Job Search process. Only eligibility staff may approve an exemption from VR requirements ("JL" or "JB").

When an individual who is referred back to the eligibility worker and does not have the required medical documentation, the eligibility worker will give the applicant a 10-day request for information, along with a MDHS-EA-331 and MDHS-EA-330 or MDHS-EA-333, which must be completed by the attending physician and returned timely. In this situation, the worker will handle the application, within the 30-day processing period, according to the above policy. If the applicant provides the required medical documentation, the eligibility will change the TWP (JOBS) Program Status code to "VR" and work back through the AFPD screen to refer the applicant back to JAWS (overnight). In this situation, the case manager must work closely with the VR counselor and eligibility worker to comply with timeliness standards.

When it is determined an applicant is referable for UJS or VR, the eligibility worker will schedule a TWP intake appointment with case management within three working days. The eligibility worker will follow current UJS policy and procedures to schedule TWP case management appointments. The eligibility worker will print MAVERICS Notice A923 or complete manual form MDHS-EA-355, at the time of the TANF intake appointment, to inform the applicant of the TWP intake appointment date and time. MDHS-EA-355 should only be used if MAVERICS is not available, not on a routine basis.

REFERRAL TO JAWS

Policy and procedures for UJS have not changed. The TANF applicant's participation code must be "IN" for UJS and VR to refer adult and child case information to JAWS. The referable applicant's TWP (JOBS) Program Status code must be one of the following:

NE	- nonexempt	WL	- working less than 20 hours
EV	- exempt volunteer	WP	- working 20 to 34 hours
SM	- spouse mandatory	WH	- working 35 or more hours
VR	- vocational rehabilitation		

TWP INTAKE PROCESS

The process to "pull" a case to JAWS has not changed. The steps to complete the TWP intake process for UJS and VR referrals will be handled according to current policy (refer to Bulletin No. 6046) with the following exception. The MUJS screen has been modified to allow the case manager to select the referral type (WIN Job Center or VR) on the MUJS screen. The case manager will:

- Enter a "Y" in REFERRED TO MDES field and an "N" in the MDES ASSIGNMENT COMPLETED field to generate an MDES WIN Job Center referral (T009); or

- Enter a "Y" in the REFERRED TO VOC REHAB field and an "N" in the REHAB ASGN COMPLETED field to generate an MDRS Vocational Rehabilitation referral (T022).

The case manager will enter the appropriate completion code in the UJS/VR COMPLETION CODE field. Based on the completion code entered, JAWS will send an alert to the eligibility worker (MAVERICS) whether to approve or deny the TANF application.

Once the applicant fully completes the VR requirements and all other eligibility criteria are met, the application will be approved and handled according to the Medical Review decision as follows:

- If the Medical Review decision grants an exemption (JB) and the individual is also eligible for VR services, the TWP (JOBS) Program Status Code will remain "VR" and the individual will be required to cooperate and comply with the Office of Vocational Rehabilitation. The case manager must work with the VR counselor to define and track VR activities. Refer to the *TANF Work Program Component Assignment* section for case management procedures.

- If the Medical Review decision grants an exemption (JB) and the individual is <u>not</u> eligible for VR services, the TWP (JOBS) Program Status Code will be changed to "JB" for the next available month.

- If the Medical Review decision does not grant an exemption (JB), the TWP (JOBS) Program Status Code will be changed to "NE" and the individual will be required to comply with TWP requirements and VR requirements, if determined eligible for VR services. The case manager must work with the VR counselor to coordinate TWP and VR activities, as appropriate.

- If the Medical Review decision is not received within the 30-day TANF application processing period, the TWP (JOBS) Program Status Code will remain "VR" if the individual is eligible for VR services or changed to "JL" if the individual is not eligible for VR services. The "JL" code is temporary (30 days) and the worker must set an alert/tickler and take timely case action.

A copy of the Medical Review decision, for individuals who were referred to OVR, should be forwarded to the appropriate case manager for distribution to the appropriate VR counselor.

NOTE: The "JL" and "JB" codes will send a status change to JAWS in the overnight batch process closing the case in JAWS. JAWS will update the TANF Program status to "CJ-closed in JAWS," the TWP Program Status to "JL/JB" and the UJS/VR Completion Code to "CC." The eligibility worker must set an alert or tickler for all "JL" and "JB" codes and take appropriate case action(s) prior to the expiration of the code.

Regional directors must ensure that all counties, within their region, develop and incorporate information pertinent to OVR requirements into their current TWP Orientation/UJS Workshop.

NO SHOW FOR EW OR TWP INTAKE APPOINTMENTS

TANF applicants who fail to keep the EW intake appointment will have their TANF application denied as a voluntary **withdrawal** of the application. When an applicant fails to keep the TWP intake appointment, the case manager must enter the WD (withdraw TANF application) code in the

completion field on the MCA2 screen within two days. When the WD code is entered, JAWS will interface with MAVERICS through the nightly batch process and automatically deny the application. Refer to Bulletin No. 6046 for additional information.

SCHEDULING VOCATIONAL REHABILITATION APPOINTMENTS

All nonexempt adult TANF applicants will be required to comply and complete UJS assignments or complete the OVR intake process prior to TANF approval. The case manager will work with the OVR designee, at the local level, to schedule TANF applicant appointments with VR counselors. The regional director must contact the appropriate MDRS district manager(s) to develop a working relationship, discuss the referral process and develop procedures for implementing this policy that meets the needs of both entities. County directors will then be required to contact the MDRS designee for his/her county, if necessary, to develop the day-to-day operating procedures for the local level, e.g., procedures to schedule client appointments, the referral process, notification of referral status and results, reporting requirements (services offered, attendance data, progress reports, noncompliance, etc.)

VOCATIONAL REHABILITATION INTAKE APPOINTMENTS

The case manager must contact the VR designee to schedule VR intake appointments for TANF applicants and recipients. VR intake appointments must be scheduled within ten days from date of the TWP intake appointment. The case manager will generate a Vocational Rehabilitation Referral (T022) to document and inform the applicant of his/her appointment date and time with the VR Counselor. The applicant must take the T022 <u>and</u> a copy of the MDHS-EA-331, along with any other medical documentation, to his/her VR appointment and present the paperwork to the VR Counselor. NOTE: The VR Counselor will not interview a TANF applicant or recipient without the proper medical documentation. The VR Counselor will complete Section B, Page Two, of the T022 and mail or fax the completed form to the MDHS county office.

TANF WORK PROGRAM COMPONENT ASSIGNMENT

The case manager will work with the VR counselor to determine which VR services/activities can be defined as allowable, countable TWP work activities. Once the TANF application is approved and the TANF case status is updated to "OPen" and the individual has been determined eligible for VR services, the case manager will assign the VR participant to the appropriate TWP component. The TWP component assignment, for VR activities, may not be determined until after the individual's IPE (Individualized Plan for Employment) is developed by the VR counselor and specific VR activities/services have been identified. This process may take up to sixty days. Until the IPE is developed and the work activity identified, all VR participants will be assigned to the new component and session type VOC/REH. The new job readiness/rehabilitation services (JRA/REH) component should be used to track job readiness related activities. Other possible component and session types may include community service (COM/COM) or unsubsidized employment (UNS/FUL, UNS/PT1.) These components should be included in the individual's EDP. NOTE: The JRA/REH component will function the same as job readiness (JRA) or job search (JSR) in regards to the TANF participation rate, i.e., countable for six weeks during each federal fiscal year.

Once the VR activity is identified and defined as a countable TWP work activity, the case manager will close the VOC/REH component and assign the participant to the appropriate TWP activity. If the VR service/activity cannot be defined as an allowable TWP work activity that is countable in the TANF participation rate, the case manager will allow the VOC/REH component assignment to remain open. The case manager must review the case monthly via the Case Manager Caseload

Listing report, component progress reports and conduct a face-to-face or telephone interview with the individual and the VR counselor very 90 days. JAWS will automatically generate and mail T015, Vocational Rehabilitation Quarterly Progress Report (copy attached), to OVR for individuals assigned to the VOC/REH component. JAWS will generate the progress report on the last calendar day of each quarter. The VR counselor will complete and return the form within five (5) working days. Refer to the JAWS User Manual, Chapter 12, for the instructions to maintain the quarterly progress reports. The VR counselor will notify the case manager at any point the individual fails to participate satisfactorily or as other problems occur. The VOC/REH component will not be countable for TWP participation. Therefore, it may not be necessary for the case manager to enter weekly attendance data. Attendance requirements for the VOC/REH component must be determined on a case-by-case basis.

TANF SUPPORTIVE SERVICES

TANF recipients whose TWP (JOBS) Program Status code is "VR" may be eligible for TWP supportive services (child care and transportation) on a case-by-case basis. The case manager will, based on assigned VR activities and the availability of supportive services through OVR, determine the need for supportive services. The case manager's determination must be based on good judgement and available information.

If TANF supportive services are needed, the case manager will determine to what degree and for how long services are needed. Transportation stipends must be "prorated" based on assigned VR activities and requirements. Child care assistance must not be provided on an ongoing basis unless the VR activity substantiates the need. Child care assistance should be provided on a monthly basis.

NOTE: Individuals assigned to the VOC/REH component are not eligible for the participation stipend ($5 per day).

NOTIFICATION OF COOPERATION

When it is determined that an applicant has fully completed the UJS or VR requirements, the case manager will code the MUJS screen accordingly. JAWS will interface with MAVERICS through the nightly batch process. MAVERICS will code the AUSP screen and send an alert to the TWP Alerts Due Today or Overdue (TWAD) screen informing the worker to process the application. The eligibility worker will process the application according to the code displayed on AUSP. MAVERICS will not allow the application to be approved if a code other than FC (fully complete), DC (discontinue client) or NR (not required) is received from JAWS. If a denial code is received, MAVERICS will automatically deny the application based on the denial code received from JAWS and notify the applicant via MAVERICS Notice X710. MAVERICS will generate an alert to the eligibility worker that the application has been denied.

A nonexempt TANF applicant is not considered a TWP participant until the TANF case is approved and the TANF Program Status code is updated to "OPen" in JAWS. At any point, prior to TANF approval, a referable applicant (UJS or VR) fails to comply with any aspect of UJS or VR, without good cause, will have his/her TANF application denied. Further clarification:

- The TANF application for a UJS referral can be denied, after the 10th day, for failure to provide requested information for eligibility.
- The TANF application for a potential VR referral must be held and processed according to timeliness standards.

Once the TANF application, for a referable adult, is approved and the case is "OPen" in JAWS, the individual will be considered a TWP participant and ongoing TANF/TWP policy and procedures will apply.

EARNED INCOME DISREGARD

Applicants who find new employment any time after the UJS and/or VR requirements have been explained (beginning with receipt of the MDHS-EA-303B and documentation of the MDHS-EA-900 or completion of the MDHS-EA-303C or MDHS-EA-303D) and the new income will cause the application to be denied will be entitled to the three-month earned income disregard (3D), if otherwise eligible. Procedures for determining eligibility and applying the three-month disregard policy have not changed. Refer to Bulletin No. 6046 for additional information.

NOTE: The county director or designee must ensure that individuals approved for 3D are assigned to countable TWP work activities with sufficient hours to meet federal participation requirements.

APPROVAL OF APPLICATION

All TANF eligibility criteria must be met before a TANF application can be approved. Approval of TANF applications for adults referred to OVR will be handled the same as TANF applications for adults referred to the WIN Job Center. Refer to Bulletin No. 6046 for additional information.

RE-APPLICATIONS

An individual may reapply for TANF at any time. If an individual reapplies the same day a TANF application is denied, the clerk will hold the application until the next day and then register the TANF application for the application date entered on the MDHS-EA-900.

NONCOMPLIANCE AFTER TANF APPROVAL

VR participants are subject to adverse action policy and procedures. If the VR counselor notifies MDHS case management that a TANF recipient fails to fully complete, cooperate or comply with VR requirements, after the TANF application has been approved, the participant will be conciliated and the appropriate TWP timed penalty applied unless good cause is determined.

OTHER INFORMATION

The status of the UJS or VR process will display on the CAP2 screen in MAVERICS after the eligibility worker successfully processes the AFPD screen. The UJS field will not display on CAP2 if a UJS/VR referral record has not been created. The UJS field will display the following information:

- Referral Created
- JAWS in Progress
- Complied
- Denied MAVS
- Denied JAWS

When an application is denied in MAVERICS after the UJS/VR process has started, MAVERICS will interface with JAWS through the nightly batch process and deny the case in JAWS.

COMBO FOOD STAMP AND TANF APPLICATIONS

All Food Stamp applications must be handled according to current policy and procedures. No changes have been made in the Food Stamp Program.

REVISED

TANF RECIPIENTS (ONGOING CASES)

Ongoing TANF recipients whose TWP (JOBS) Program Status code is "JB-incapacitated" will be changed to "VR", on the JOBS screen in MAVERICS, at the next regularly scheduled redetermination appointment, if they remain eligible for the exemption. TANF recipients whose "JB" code has expired or who report they are unable to work and a medical review determination is pending cannot be referred to OVR until the appropriate medical documentation is provided. The eligibility worker will follow the same guidelines provided for TANF applicants to request medical documentation for submission to the Medical Review Team and case management. Cases for which the MDHS-EA-331 is not provided prior to the deadline for completing the reevaluation will be handled according to the same guidelines provided for TANF applicants. Refer to TANF Interview section for additional information.

Ongoing, active TANF cases will be referred to JAWS on the last day of the month prior to the effective month of the code change to "VR." Upon receipt of the referral in JAWS, the case manager will schedule a TWP intake appointment within 10 days. The case manager will complete the TWP intake process (orientation, assessment, EDP) and assign the individual to the VOC/REH component and refer the individual to OVR. Upon successful completion of the MPWA screen, the T022, Vocational Rehabilitation Referral, will automatically print at the case manager's local printer. The case manager will contact the VR Counselor to schedule an OVR intake appointment within 10 days. The VR counselor will complete Section B of the T022 and return the form to the county office. The case manager will then handle the case according to the VR assessment results received from the VR counselor, i.e., continue to track and monitor the individual via the VOC/REH component, close the VOC/REH component and assign the individual to a countable TWP work activity, set up a conciliation and apply the TWP timed penalty, if good cause cannot be substantiated. If the individual is not eligible for VR services, the case manager will close the VOC/REH component and refer the individual back to the eligibility worker. The eligibility worker will change the individual's TWP (JOBS) Program Status code to the appropriate code.

Example: TANF is coming due for February 2007. The recipient comes in for a redetermination appointment on December 27, 2006. During the interview, the eligibility worker determines the recipient, who is currently eligible for the "JB" exemption, is referable to OVR. The worker will change the TWP (JOBS) Program Status code from "JB" to "VR" effective for February 2007. MAVERICS will refer the case to JAWS (overnight) on January 31, 2007. The case will be available in JAWS on February 2, 2007. The case manager will conduct the TWP intake process, add the VOC/REH component and refer the recipient to OVR.

FORMS AND NOTICES

MDHS-EA-303B, Information Sheet for TANF Applicants, was renamed and revised to include information pertinent to vocational rehabilitation requirements. The form will be used to inform TANF applicants about UJS and VR requirements. The Economic Assistance clerk will provide a copy to all TANF applicants and document the MDHS-EA-900 accordingly.

MDHS-EA-303D, Vocational Rehabilitation Services Checklist, is a new form and will be used by eligibility workers to ensure VR requirements are discussed with select TANF applicants. The form will be signed by the eligibility worker and the TANF applicant.

MDHS-EA-312, Personal Responsibility Contract for TANF, was revised to include the application requirement for vocational rehabilitation services, if applicable.

MDHS-EA-319A, Work Program Referral Log, was revised to include referrals for VR services.

MDHS-EA-331, Report of Medical Examination, was revised to focus on the individual's ability to work, including any recommended work restrictions the individual can perform, rather than one's the individual cannot perform.

MDHS-EA-940, Notice of Appointment for Determination of Eligibility, was revised to add the following statement "If you have any medical documentation to verify a current medical condition, please bring it to your appointment." This form will be used by EA clerks in counties that manually schedule EW intake appointments.

MAVERICS Notice A906, Appointment Notice (EW), was revised to add the following statement "If you have any medical documentation to verify a current medical condition, please bring it to your appointment." This notice will be used by EA clerks in counties that use MAVERICS to schedule TANF intake appointments with eligibility workers.

MAVERICS Notice A923, TANF Work Program Intake Appointment (CM), was revised to include vocational rehabilitation requirements. This notice may be used by the eligibility worker to schedule a TWP intake appointment with the case manager, if required.

MAVERICS Notice X710-TANF Up-Front Denial, was revised to include vocational rehabilitation. This notice will be used by MAVERICS to automatically deny a TANF application based on the denial code received from JAWS. The notice will include the denial reason defined by the denial code.

JAWS Notice T022 (MDHS-EA-365C), Vocational Rehabilitation Referral, will be generated by the case manager when the MUJS screen is processed in JAWS via the PF5 key. This notice will be used to document the applicant's appointment date and time with the Office of Vocational Rehabilitation. The applicant will present the notice to the VR Counselor. The VR Counselor will complete Section B, Page Two, and return (fax or mail) the completed form to the county office.

FILING INSTRUCTIONS

Remove the following pages from the Generic Forms Manual:

Chapter 3, formerly Section C

MDHS-EA-303B	TANF Up-Front Job Search Information Sheet	
MDHS-EA-312	Personal Responsibility Contract for TANF	
MDHS-EA-319A	Work Program Referral Log Instructions for MDHS-EA-319A	Pages 319A-1/3
MDHS-EA-331	Report of Medical Examination Instructions for MDHS-EA-331	Page 331-1

Chapter 7, formerly Section G

Notice A906	Appointment Notice
Notice A923	TANF Orientation Appointment
Notice X710	TANF Up-Front Denial

Chapter 8, formerly Section H

MDHS-EA-940	Notice of Appointment for Determination of Eligibility

Insert the following pages in the Generic Forms Manual:

Chapter 3, formerly Section C

MDHS-EA-303B	Information Sheet for TANF Applicants	
MDHS-EA-303D	Vocational Rehabilitation Checklist Instructions for MDHS-EA-303D	Page 303D-1
MDHS-EA-312	Personal Responsibility Contract for TANF	
MDHS-EA-319A	Work Program Referral Log Instructions for MDHS-EA-319A	Pages 319A-1/3
MDHS-EA-331	Report of Medical Examination Instructions for MDHS-EA-331	Page 331-1

Chapter 4, formerly Section D

MDHS-EA-365C	Vocational Rehabilitation Referral Instructions for MDHS-EA-365C	Pages 365C-1/2

Chapter 7, formerly Section G

Notice A906	Appointment Notice
Notice A923	TANF Intake Appointment
Notice X710	TANF Up-Front Denial

Chapter 8, formerly Section H

MDHS-EA-940	Notice of Appointment for Determination of Eligibility

Please copy an initial supply of the MDHS-EA-303B, MDHS-EA-303D, MDHS-EA-312, MDHS-EA-319A, MDHS-EA-331 and MDHS-EA-940 forms for immediate use and order a supply through the forms requisition process. The other forms are manual versions of system generated forms/notices and cannot be requisitioned. These forms/notices must be copied on an as needed basis.

Questions regarding this bulletin should be referred to your Economic Assistance Regional Director for handling.

CS:JD:VB:SG:sg (T07-06)

Attachments

pc: All Holders of the Generic Forms Manual

MEMORANDUM OF UNDERSTANDING

between

Mississippi Department of Rehabilitation Services

and the

Mississippi Department of Human Services

This MEMORANDUM OF UNDERSTANDING is hereby entered into by and between the Mississippi Department of Rehabilitation Services, hereinafter referred to as the Mississippi Department of Rehabilitation Services (MDRS) and the Mississippi Department of Human Services, hereinafter referred to as the Mississippi Department of Human Services (MDHS).

A. PURPOSE:

This agreement will establish a working relationship between the Mississippi Department of Rehabilitation Services, Office of Vocational Rehabilitation (OVR), and the Mississippi Department of Human Services, Division of Economic Assistance (DEA), in assessing TANF recipients who are diagnosed as having a physical and/or mental disability. The purpose of this Memorandum of Understanding is to provide a framework for local MDRS and MDHS staff to facilitate the most effective and efficient process to help TANF recipients gain access to services available through MDRS.

B. STATEMENT OF MUTUAL BENEFIT AND INTERESTS:

The Mississippi Department of Human Services is an agency of the State of Mississippi charged with the responsibility of operating and administering a state-federal assistance program in Mississippi in accordance with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). The mutual benefit of this Memorandum of Understanding with MDRS is to help TANF (Temporary Assistance to Needy Families) recipients gain access to available services and resources. This referral process will be of mutual benefit to MDRS and MDHS as both agencies work together in accordance with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

C. MISSISSIPPI DEPARTMENT OF REHABILITATION SERVICES SHALL:

1. Consider for acceptance those TANF applicants and recipients who are shown to be individuals with a disability which constitutes or results in a substantial impediment to employment and who require, in terms of an employment outcome, specific vocational rehabilitation services.

2. Develop an Individualized Plan for Employment (IPE) and provide, as appropriate, vocational rehabilitation services based on the vocational needs of each eligible individual and consistent with the individual's informed choice. Services available through OVR will include, but are not necessarily limited to, psychological testing,

vocational evaluation, counseling and guidance, job readiness training, job placement assistance, follow-up and post-employment services.

3. Cooperate with MDHS case management to schedule intake interview appointments within ten (10) working days of the referral date and notify MDHS case management of the appointment results within three (3) working days.

4. Ensure daily supervision and tracking of TANF applicants and recipients who choose to attend and are accepted into AbilityWorks, a community rehabilitation program (CRP) operated by MDRS which offers job readiness training, work experience, support, counseling, instruction, and motivation needed to be successful in the work place.

5. Share monthly CRP progress reports which shall include, but are not limited to details of the individual's progress, level of participation, report on work or other activities, goals to be accomplished and goals completed.

6. Offer a minimum of 30 hours per week to TANF recipients participating in AbilityWorks based on the availability of work assignments.

7. MDHS will provide to MDRS quarterly progress report forms to be completed and returned to MDHS on TANF recipients participating in activities other than AbilityWorks which can also be defined and counted as TANF Work Program activities.

8. Provide written notification to MDHS case management whenever a TANF applicant/recipient is placed in employment, fails to cooperate, refuses services offered, or the individual's case is closed as not rehabilitated.

D. MISSISSIPPI DEPARTMENT OF HUMAN SERVICES SHALL:

1. Conduct orientation and assessment of TANF applicants/recipients.

2. Select and refer TANF applicants/recipients on the basis of medical documentation and provide or make available medical records including general and special medical and/or psychological information on all referred TANF applicants/ recipients.

3. Allow TANF applicants/recipients ten (10) calendar days, from the date of the MDHS intake appointment, to provide the Report of Medical Examination to the MDHS eligibility worker.

4. Contact MDRS Office of Vocational Rehabilitation and schedule intake interview appointments for TANF applicants/recipients within ten (10) working days from the date of the MDHS case management intake appointment.

5. Notify TANF applicants/recipients of where, when and to whom to report for the initial appointment with MDRS Office of Vocational Rehabilitation.

6. Arrange appropriate supportive services (child care and transportation) for eligible TANF recipients.

7. Provide quarterly progress reporting forms to MDRS Office of Vocational Rehabilitation for TANF recipients assigned to activities, other than AbilityWorks, which can also be defined and counted as TANF Work Program activities.

8. Monitor the TANF recipient's attendance and progress for the duration of the referral/placement.

9. Counsel the TANF recipient when needed or as problems occur.

10. Deny applications for TANF applicants who fail to keep their appointment or cooperate with MDRS.

11. Terminate TANF cases and supportive services for TANF recipients who fail, without good cause, to keep their appointment or cooperate with MDRS.

E. IT IS MUTUALLY AGREED AND UNDERSTOOD BY ALL PARTIES THAT:

1. FREEDOM OF INFORMATION ACT (FOIA). Any information furnished to the Mississippi Department of Rehabilitation Services under this instrument is subject to the Freedom of Information Act (5 U.S.C. 552).

2. All information shared by MDRS regarding a VR client will be deemed confidential and handled according to regulations specified in 34 CFR Part 361.38.

3. MODIFICATION. Modifications within the scope of the instrument shall be made by mutual consent of the parties, by the issuance of a written modification, signed and dated by all parties, prior to any changes being performed.

4. PARTICIPATION IN SIMILAR ACTIVITIES: This instrument in no way restricts the Mississippi Department of Rehabilitation Services or the Mississippi Department of Human Services from participating in similar activities with other public or private agencies, organizations, and individuals.

5. TERMINATION. Either party may terminate this MOU at any time by giving notice, in writing, to the other party, specifying the effective date of termination. Such notice must be given no less than thirty (30) days prior to the specified date of termination.

6. PRINCIPAL CONTACTS. The principal contacts for this instrument are:

Mississippi Department of Rehabilitation Services
Tarea Stout, Director
Client Services
1281 Highway 51
Post Office Box 1698
Madison, MS 39110
Phone: (601) 853-5100

Mississippi Department of Human Services
Cheryl Sparkman, Director
Division of Economic Assistance
750 N. State Street
Post Office Box 352
Jackson, MS 39205
Phone: (601) 359-4810

7. NON-FUND OBLIGATING DOCUMENT. This instrument is neither a fiscal nor a funds obligation document. Any endeavor or transfer of anything of value involving reimbursement or contribution of funds between the parties to this instrument will be handled in accordance with applicable laws, regulations, and procedures including those for government procurement and printing. Such endeavors will be outlined in separate agreements that shall be made in writing by representative of the parties and shall be independently authorized by appropriate statutory authority. This instrument does not provide such authority. Specifically, this instrument does not establish authority for noncompetitive award to the cooperator of any contract or other agreement. Any contract or agreement for training or other services must fully comply with all applicable requirements or competitions.

8. COMMENCEMENT/EXPIRATION DATE. This instrument is executed as of the date of last signature and will remain in effect unless terminated pursuant to Section E.5 of this agreement.

THE PARTIES HERETO have executed this instrument.

Mississippi
Department of Rehabilitation Services

H. S. McMillan
Executive Director

Date: 1/29/2007

Mississippi
Department of Human Services

Donald R. Taylor
Executive Director

Date: 2-2-07

Mississippi
MDHS-EA-102
Revised 05-01-07

County_____
❑ Initial Plan ❑ Corrected Plan
Date Initial Plan Submitted_____

COUNTY TANF WORK PROGRAM PARTICIPATION RATE CORRECTIVE ACTION PLAN

Deficiency: ***The county's TWP Participation Rate is below the acceptable tolerance level.***

Source of Discovery: Participation Rate Reports for the month of _____.

Magnitude: _____% below tolerance level _____ # cases not counted

Causal Factor(s): _____

Action(s) Already Taken/Target Date(s) For Completion on Action(s):_____

Action(s) To Be Taken/Target Date(s) For Completion on Action(s):_____

Target Date for the Participation Rate to be at or above the tolerance level:_____

Monitoring Plan (Step 1 and 2):_____

_____ _____
County Director's Signature **Date**

❑ **Approved**

❑ **Disapproved - Comments:**_____

_____ _____
Regional Director's Signature **Date**

TWP PARTICIPATION RATE REVIEW
COUNTY SUMMARY

County:_____ Region: _____

	YES	NO	NA	REVIEW ELEMENT
1.	___	___	___	Exemption Status is valid.
2.	___	___	___	TWP/JAWS referral is correct.
3.	___	___	___	TWP intake processed timely.
4.	___	___	___	Activity Placement appropriate for maximum participation.
5.	___	___		Participation requirement met.
6.	___	___	___	Participation entered timely and correctly.
7.	___	___	___	Supportive services processed timely and correctly.
8.	___	___	___	Conciliated timely and correctly
	___	___	___	Total for county.

COUNTY TANF WORK PROGRAM PARTICIPATION RATE CORRECTIVE ACTION PLAN

MDHS-EA-102

PURPOSE

This form will be used to develop and document county corrective action plans to improve the monthly TANF Work Program Participation Rate when it falls below the acceptable tolerance level.

PREPARATION

When the monthly TWP Participation Rate falls below the acceptable tolerance level, the county director will prepare a corrective action plan within ten (10) days from receipt of monthly participation rate reports by the county. A summary worksheet, to tabulate county data, is provided on the back side of the MDHS-EA-102, if needed. An original and three (3) copies will be prepared. Maintain one copy for tickler purposes and submit the original and two copies to the regional director for review and approval. If the regional director approves the county's evaluation, the original will be signed and returned to the county and a copy will be retained by regional staff. A copy will be forwarded to the division director's office. If the regional director does not approve the county's initial plan, the original, along with comments, will be returned to the county director for further action(s). The regional director must approve and submit the county's plan to the division director within twenty (20) days of receipt of the monthly participation rate reports. This form, along with the corresponding MDHS-EA-102A, must be maintained in an administrative file.

INSTRUCTIONS

To be completed by County Director

County - Enter the name of the county.

Initial/Corrected Plan: Check the appropriate block to indicate whether this is the initial or a corrected corrective action plan.

Date Initial Plan Submitted: Enter the date the initial corrective action plan (MDHS-EA-102) was signed by the county director and submitted to the regional director.

Source of Discovery: Enter the report month of the participation rate reports from which the deficiency was detected.

NOTE: A Corrective Action Plan (MDHS-EA-102) can be initiated any time the county's ongoing review process deems it necessary to avoid the TWP Participation Rate from falling below the acceptable tolerance level.

Magnitude: The magnitude of the deficiency will be expressed in the following ways:

✓ Percentage the participation rate is below the acceptable tolerance level.
✓ Number of participants not meeting the monthly participation rate requirement.

Causal Factor(s): List all reasons for failure to meet the monthly participation rate requirement identified through the case review process and notated on the TWP Participation Rate Review Guide, MDHS-EA-102B, completed by the case manager supervisor.

Action(s) Already Taken/Completion Date(s): Enter corrective action(s) already implemented by the county to meet the participation rate, along with the target date for completion of each action.

Action(s) To Be Taken/Completion Date(s): Enter corrective action(s) the county plans to implement to improve the county's participation rate, along with the target date for completion of each action.

Target Date for the Participation Rate to be at or above the tolerance level: Enter the projected date for the county's participation rate to be at or above the acceptable tolerance level.

NOTE: If the county fails to achieve the minimum participation rate by the target date, the county director must analyze why the county failed to meet the requirement, describe the milestones, including interim process and outcome goals, that the county will achieve to assure the participation rate is at or above the acceptable tolerance level for the first possible month. The county director will complete and submit MDHS-EA-102A, Evaluation of Deficiency, to the regional director within ten (10) days of the target date. Refer to the Generic Forms Manual, Chapter1, for additional information and form instructions.

Monitoring Plan: Enter procedures implemented by the county to monitor the progress of corrective action.

County Director's Signature/Date: The county director must sign and date the form.

Approved: The regional director will check this block if the county's corrective action plan is approved.

Disapproved/Comments: The regional director will check this block if the county's corrective action plan is not approved and enter comments accordingly.

Regional Director's Signature/Date: The regional director will sign and date the form.

Mississippi
MDHS-EA-102A
Revised 05-01-07

County _____
☐Initial ☐ Corrected ☐Follow-up
Date Initial Evaluation Submitted:_____

COUNTY TANF WORK PROGRAM PARTICIPATION RATE
CORRECTIVE ACTION PLAN
Evaluation of Deficiency

Deficiency: *The county's TWP Participation Rate is below the acceptable tolerance level.*

Corresponding MDHS-EA-102- Completion Date _____ Target Date_____

Evaluation:_____

_____ _____
County Director's Signature Date

For Regional Office Use Only

☐Additional Information Needed _____

_____ _____
Regional Director's Signature Date

☐**Approved**

☐ **Disapproved - Reason(s):**_____

_____ _____
Regional Director's Signature Date

COUNTY TANF WORK PROGRAM PARTICIPATION RATE
CORRECTIVE ACTION PLAN
Evaluation of Deficiency
MDHS-EA-102A

PURPOSE

This form will be used to document the county's evaluation of the TANF Work Program Participation Rate Corrective Action Plan as of the target date projected on form MDHS-EA-102.

INSTRUCTIONS

The county director will evaluate the county's corrective action plan and document the findings within ten (10) days from the target date. Once the county reaches and maintains or exceeds the acceptable tolerance level for a minimum of three(3) consecutive months, the county director may request to be removed from corrective action. An original and three (3) copies will be prepared. Maintain one copy for tickler purposes and submit the original and two copies to the regional director for review and approval. If the regional director approves the county's evaluation, the original will be signed and returned to the county, a copy will be retained by regional staff and a copy will be forwarded to the division director's office. If additional information is needed or the regional director does not approve the county's evaluation, the original, along with comments, will be returned to the county director for further action(s). The regional director must approve and submit the county's evaluation plan to the director within twenty (20) days of the county's target date projected on MDHS-EA-102. The original MDHS-EA-102A will be maintained by the county in the administrative file with the original corresponding MDHS-EA-102.

To be completed by the county director:

County: Enter the name of the County

Initial/Corrected/Follow-up: Check the appropriate block to indicate whether this is the initial, a corrected or a follow-up evaluation.

Date Initial Evaluation Submitted: Enter the date the initial evaluation (MDHS-EA-102) was signed by the county director and submitted to the regional director.

MDHS-EA-102 Completion Date: Enter the date corresponding MDHS-EA-102 (initial or corrected) was signed by the county director.

MDHS-EA-102 Target Date: Enter the projected target date from MDHS-EA-102 for the county participation rate to be at or above the acceptable tolerance level.

Evaluation: Enter comments regarding the finding from the county's evaluation of the corrective action plan.

County Director's Signature/Date: The county director must sign and date the form.

To be completed by the regional director:

Additional Information Needed: Enter comments regarding additional information needed. Be specific.

Regional Director's Signature/Date: The regional director will sign and date the form.

Approved: The regional director will check this block if the county's evaluation is approved.

Disapproved/Reason(s): The regional director will check this block if the county's evaluation is not approved and enter the reason(s) accordingly.

Regional Director's Signature/Date: The regional director will sign and date the form.

Mississippi
MDHS-EA-102-B
Revised 05-01-07

Report Month: _____
Report Run Date: _____

TWP PARTICIPATION RATE REVIEW GUIDE

County: _____

Participant: _____

CM: _____

ID#: _____

Case #: _____

Yes, No, NA		Review Element	Comments
1. Exemption Status			
		Exemption is processed as required by policy.	Exemption Code: ____
		Correct exemption is used in MAVS.	
		Exemption coded for correct month in MAVS.	
		Exemption Status is valid.	
2. TWP/JAWS Referral			
		Correct referral code used in MAVS/JAWS.	Referral Code: ____
		Referral is for the correct month.	
		Ongoing case referral is for the first of the correct month.	
		Referral interface problem submitted to HELP DESK (10.2).	
		TWP/JAWS referral is correct.	
3. TWP Intake			
		ORI/ASM scheduled within 15 days of referral.	
		TWP Intake processed timely.	
4. Component Placement			
		Placed immediately after TWP intake.	
		Transitioned with least break possible between activities.	
		Unable to find allowable component.	
		Activity placement appropriate for maximum participation.	
5. Participation Requirements			
		Requires 20 hours.	
		Requires 30 hours.	
		Participation requirement met.	

6. Participation Entry			
		All participation entered into JAWS for the participation month.	
		All efforts to acquire participation have been exhausted.	
		Client failed to turn in participation.	
		Participation entered timely and correctly.	
7. Supportive Services			
		Child care referral processed timely and correctly.	
		TWP transportation services processed timely.	
		Participation stipend processed timely.	
		Work related expense processed timely.	
		Supportive Services processed timely and correctly.	
8. Conciliation			
		Conciliated within 3 days of violation discovery date.	Discovery Date:_____
		Conciliation code correct.	Conciliation Date:_____
		Good Cause granted.	Conciliation code:_____
		Good Cause backed by supporting documentation.	
		Conciliated timely and correctly.	

Other Pertinent Information: _____

_____

_____

TABULATION

	Yes	No	NA	Review Element
1.	___	___	___	Exemption Status is valid.
2.	___	___	___	TWP/JAWS referral is correct.
3.	___	___	___	TWP intake processed timely.
4.	___	___	___	Activity placement appropriate for maximum participation.
5.	___	___	___	Participation requirement met.
6.	___	___	___	Participation entered timely and correctly.
7.	___	___	___	Supportive services supplied timely and correctly.
8.	___	___	___	Conciliated timely and correctly.

_____ _____

Supervisor/Reviewer Signature Date

TWP PARTICIPATION RATE REVIEW GUIDE
MDHS-EA-102B

PURPOSE

The TWP Participation Rate Review Guide is a tool designed for individual TWP case reviews for participants who are not counting in the monthly participation rate. This form will be used to identify and document the major error elements discovered during the review. This review guide should promote both individual worker accountability and program integrity.

INSTRUCTIONS

A MDHS-EA-102B will be completed by the case manager/case manager supervisor, on each TWP participant/case reviewed from JAWS report JSJOP018 - Clients Not Counted in Participation Detail Report, within five days of receipt of the report. A copy will be forwarded to the county director and used as a source document for the completion of MDHS-EA-102, TANF Work Program Participation Rate Corrective Action Plan. The original will be filed in the case record once each TWP action has been reviewed and is determined to be correct or action has been taken to resolve the deficiency. Once the MDHS-EA-102, TANF Work Program Participation Rate Corrective Action Plan, is complete the copies of the MDHS-EA-102B should be retained by the county director according to the standard retention period. The regional director will determine if the forms will be forwarded to the regional office for review.

NOTE: The MDHS-EA-102B case reviews will be conducted monthly as long as the county is under TWP Corrective Action.

Report Month: Enter the month of the participation rate report being addressed. This report month should correspond with the Clients Not Counted in Participation Detail Report.

Report Run Date: Enter the run date of the JAWS report JSJOP018 - Clients Not Counted in Participation Detail Report used to complete the MDHS-EA-102B forms.

EXAMPLE: *The report month of February will have the "Clients Not Counted in Participation Detail Report" ran March 31.*

County: Enter the name of the county.

CM: Enter the name of the case manager responsible for the participant.

Participant: Enter participant's name.

ID #: Enter the participant's client identification number.

Case #: Enter the participant's case number.

Review Elements: The block immediately to the left of the review element (sub-element and main) should be addressed with the following notations:

- YES - the element is correct/timely
- NO - the element is not correct/timely
- NA - not applicable

NOTE: If the answer to any of the sub-elements is "NO" the answer to the main element must be "NO". Exception #5 and #6. See instructions below.

NOTE: Each review element has a line for brief comments.

1. **Exemption Status**

- **Exemption is processed as required by policy.**

- **Exemption Code:** Enter the exemption code for the participation review month in the comment section. No other response required.

- **Correct exemption code is used in MAVS.**

- **Exemption coded for correct month in MAVS.**

- **Exemption status is valid.**

NOTE: If client's TWP exemption is correct and the client is not referred to JAWS for the participation review month no further action is required on this review.

2. **TWP/JAWS Referral**

- **Correct referral code is used in MAVS/JAWS.**

- **Referral Code:** Enter the referral code for the participation review month in the comment section. No other response required.

- **Referral is for the correct month.**

- **Ongoing case referral is for the first of the correct month:** The client's TWP referral code in MAVS is for referral to JAWS on the first of the correct calendar month.

- **Referral Interface problem submitted to HELP DESK (10.2):** When interface problems are identified preventing communication between MAVS and JAWS, the HELP DESK must be notified for correction immediately.

- **TWP/JAWS referral is correct.**

3. **TWP Intake**

- **ORI/ASM scheduled within 15 days of referral:** TWP orientation and assessment must be scheduled within 15 days of TWP/JAWS referral.

- **TWP Intake processed timely.**

4. **Component Placement**

- **Placed immediately** (in an activity) **after TWP intake.**

  NOTE: Immediately is defined as within 5 working days of ORI/ASM/EDP completion.

- **Transitioned with least break possible between activities:** The time period between the end date of the previous activity assignment and the start date of the new assignment is less than 5 working days.

- **Unable to find allowable component.** If yes, explanation required in comment.

- **Activity placement appropriate for maximum participation:** Indicate if participant was placed in an activity to ensure participation could be met.

5. **Participation Requirements**

- **Requires 20 hours:** Yes or No.

- **Requires 30 hours:** Yes or No.

  NOTE: The two sub-elements above will have no bearing on the response to main element #5.

- **Participation requirements met:** Did the participant meet the participation requirement?

  NOTE: Only a "YES or NO" response is acceptable. Unless an error occurs on the "Clients Not Counted in Participation Detail Report," the correct response to this main element will be "NO".

6. **Participation Entry**

- **All participation entered into JAWS for the participation month:** The number of weeks in the participation month may not be the same as the calendar month. The JAWS calendar **begins on Monday and ends on Sunday**. Look at the last week of the month to determine whether the month has 4 or 5 weeks. The month with the most days within each week is the month in which the participation will count.

EXAMPLE: *The participation start date for March 2006 is Monday, February 27, and the participation end date is Sunday, April 2.*

- **All efforts to acquire participation have been exhausted:** If the participant failed to verify participation, was every effort made to get the verification. Document the case record to show that every effort was made to verify participation.

EXAMPLE: *Participant failed to verify attendance and is sanctioned. After every effort to get the information from the participant, the case manager contacts the provider and verifies the participant's hours for entry into JAWS.*

- **Client failed to turn in participation.**

NOTE: The response to this sub-element may be "NO" and the response to the main-element may still be "YES".

- **Participation entered timely and correctly.**

7. **Supportive Services**

- **Child Care referral handled timely and correctly.**
- **TWP transportation services processed timely.**
- **Participation Stipend processed timely.** The participation stipend was authorized when participation was entered in JAWS.
- **Work Related Expense processed timely.**
- **Supportive Services processed timely and correctly:** Did participant receive supportive services before activity started or as soon as possible afterwards?

8. **Conciliation**

- **Conciliated within 3 days of violation discovery date.**
- **Discovery Date:** Enter the discovery date of non-compliance, for the review month, in the comment section. No other response required.
- **Conciliation Date:** Enter the date the participant was conciliated in JAWS, for the participation review month, in the comment section. No other response required.
- **Conciliation Code:** Enter the date the participant was conciliated in JAWS, for the

participation review month, in the comment section. No other response required.

- **Conciliation code correct.**

- **Good cause granted.**

  NOTE: If good cause was granted and client was not sanctioned, very briefly explain in the comment section.

- **Good Cause backed by supporting documentation.**

- **Conciliated timely.**

Other Pertinent Information: Enter other information that may help explain the situation of this participant and the effect on participation.

TABULATION: Transfer the response to the main elements to the tabulation chart by placing a mark (✓) in the appropriate blank in the appropriate column. This information will be compiled for the county on the TWP Participation Rate Review Summary on the back of the MDHS-EA-102, TANF Work Program Participation Rate Corrective Action Plan.

NOTE: The "Tabulation" is only a guide to assist the county in identifying error trends and may or may not impact the Corrective Action Plan submitted on the MDHS-EA-102. The Corrective Action Plan's purpose is to raise the participation rate which may be affected by factors other than those sited or compiled in the reviews from the MDHS-EA-102B.

STATE OF MISSISSIPPI
HALEY REEVES BARBOUR, GOVERNOR
DEPARTMENT OF HUMAN SERVICES
DONALD R. TAYLOR
EXECUTIVE DIRECTOR

BULLETIN NO. 6100

DIVISION OF ECONOMIC ASSISTANCE
TANF

TO: County Directors

FROM: Cheryl Sparkman, Director
for Division of Economic Assistance

DATE: March 21, 2007

SUBJECT: TANF Employer Specific Training Classes
Memorandum of Understanding (MOU) between the Mississippi Department of Human Services (MDHS) and the Mississippi State Board for Community and Junior Colleges (SBCJC)
MDHS-EA-356B, TANF Work Program Sign-in Sheet (Revised)
MDHS-EA-392, Employer Specific Training Class Schedule and Referral List (New Form)
MDHS-EA-392A, Evaluation Form for Employer Specific Training(New Form)
MDHS-EA-393, Employer Contact Sheet (Revised)

Transmitted with this bulletin is a copy of the Memorandum of Understanding (MOU) between the Mississippi Department of Human Services (MDHS), Division of Economic Assistance (DEA) and the Mississippi State Board for Community and Junior Colleges (SBCJC). The attached MOU establishes the guidelines and work to be performed by MDHS and SBCJC for assessment, enrollment, certification, follow-up and performance standards as they relate to career-related training, based on an employer's need, for TANF Work Program (TWP) participants. At the direction of the regional director, the designated regional Program Specialist will begin coordinating work related efforts with the local County Directors, Case Manager Supervisors and Case Managers. Even though the Program Specialists will take on the role of lead employment/training coordinator for their region, they will be referred to as Program Specialist for clarification purposes. Their duties include but will not be limited to, assisting in identifying and coordinating career-related training and employment for each county in their DEA region. See Volume III, Chapter 1, pages 1508-1510 under duties of the employment coordinator and adapt the job duties as applicable.

Travel may be required outside regional boundaries to facilitate training and employment opportunities. In instances where activities overlap regional lines, the Program Specialist assigned to the region will take the lead oversight of the project.

IDENTIFYING EMPLOYER SPECIFIC TRAINING

On an ongoing basis, the program specialist will identify the training needs of employers within his/her region, via, classified ads (newspaper or website), WIN Job Centers, Chamber of Commerce, local networking, etc. The regional program specialist will meet with prospective employers to enlist their support in the development of a training curriculum and obtain a commitment not to hire until the training has been completed to allow TWP participants, who successfully complete the training program, the opportunity to fill employment vacancies. The program specialist must complete the **MDHS-EA-393, Employer Contact Sheet**, to document available positions, salaries, qualifications (education/skills requirements) and work schedule (shifts) for each position. **MDHS-EA-393** must be submitted to the regional director for approval and submission to the TANF Work Programs (TWP) Unit within three (3) working days after the training has been identified. The TWP Unit will submit the identified training need and employer information to SBCJC. NOTE: A training class may be established based on one or more job opportunities identified by the program specialist or other county/regional staff. Job opportunities identified by other county staff will be submitted to the program specialist to initiate the training class process.

ESTABLISHING A TRAINING CLASS

Once contacted, SBCJC will assess the feasibility of setting up a training class. This would include but not be limited to ensuring enough clients were available for referral. Meetings with the employer may be necessary to develop the curriculum that meets the job/skills requirement for the position(s), explain procedures and establish time lines for training and hiring TWP participants. A representative from the TWP Unit and program specialist may be required to attend these meetings. If training can be provided, SBCJC will submit a prospectus of the costs, number of participants to be trained, type of certificate to be awarded for the successful completion, and the expected start and end dates for the training class to the TWP Unit for approval. Once the prospectus has been approved, the curriculum designed, the training site secured, the instructor identified, and the equipment needed to conduct the training has been obtained, the TWP Unit will contact the regional director, via **MDHS-EA-392, Employer Specific Training Class Schedule and Referral List**, to start the TWP referral process. The TWP Unit will also notify the regional director and employer when training is not approved.

NOTE: SBCJC will also identify employer-specific training needs and contact the TWP Unit to initiate the training process.

TWP REFERRALS TO THE TRAINING CLASS

The program specialist will work with the county director, case manager supervisor and/or case manager to identify and contact participants for referral to the training class. TWP participants assigned to AWEP/community services, part-time employment or who have completed job readiness/job search and were not successful in finding employment will have priority for employer specific training programs. The case manager must contact the participant via telephone and schedule a case management appointment via the MWAR screen in JAWS to discuss participation in the training. If the appointment date is less than five days in the future, JAWS will not generate and mail the appointment notice. In this instance, the case manager must access the appointment via the SPAN screen, print and mail the notice to the individual. If the individual fails to keep the appointment, JAWS will automatically start the conciliation process within two days. Depending on the number of participants required for the class, the appointment to discuss the training may be done on an individual or group basis. The participant must also sign the **MDHS-EA-362A, Client Release Form**. The employment coordinator will be working with multiple counties and must coordinate the number of participants to receive training with each county office.

The case manager will assign the participant(s) to the Vocational Education component, arrange the appropriate supportive services and work-related expenses. NOTE: If the training hours are not enough to meet the individual's federal participation requirement, the case manager must assign the participant to another countable component. The case manager will also provide a list of participants and a copy of their signed Client Release forms to the county director for the program specialist. The program specialist (who identified the training) will put all participants referred by the county(s) on the **MDHS-EA-392** and send the original to the regional director and a copy of the form to the class instructor. The regional director will forward the original form to the TWP Unit for submission to SBCJC.

The program specialist will also prepare the **MDHS-EA-356B, TANF Work Program Sign-in Sheet** (one for each day of training for each county), for the class instructor. The program specialist will:

- Ensure all sign-in and attendance sheets are completed daily and submitted to the appropriate county case manager(s) on a weekly basis; and
- Attend class, when appropriate, and act as liaison between the instructor, county office and the TWP Unit to ensure problems are addressed and resolved promptly. The program specialist will monitor the class to ensure TWP participants understand the training requirements (attendance, etc.) and case managers are notified when participants fail to report or cooperate with program requirements. NOTE: The lead program specialist or appropriate county staff (where training is located) must attend the first day of class for each training session.

Sign-in and attendance sheets will be submitted by the program specialist to the class instructor. Therefore, the instructor will not be required to complete the T005, TANF Component Referral Notice, given to the participant. T005 will be given to the program specialist to complete the required information on the first day of the training class. It will be the responsibility of the program specialist to get this information to the appropriate case manager.

Assessment

SBCJC will work with the appropriate community/junior college to provide testing (TABE, Career Readiness or other pre/post tests) for participants. Participants may also receive job-related counseling in an effort to determine necessary skills for career building. The lead program specialist will obtain and submit all assessment and/or test results to the TWP Unit and appropriate county office. The local case manager will use this information to help the participant plan for and find employment. The assessment information and test results must be filed in the individual case record.

Evaluation

At the end of the class, the lead program specialist will provide the **MDHS-EA-392A, Evaluation Form for Employer Specific Training**, to participants and ensure the completed forms are forwarded to the TWP Unit. The lead program specialist must also write up and maintain a report on all training classes completed in the region. This report must include: type of training provided, location of training site; county location of TWP participants; class start/end dates; number of participants starting the class; and number of graduates. Reports must be submitted on a quarterly basis to the TWP Unit. NOTE: The class instructor will make and forward copies of the evaluation forms and sign-in sheets to the SBCJC representative.

COMPLETION OF THE TRAINING CLASS

Within two days after completion of the class, the class instructor will provide the lead program specialist with a list of graduates. The program specialist must:

- Ensure certificates of completion are prepared;
- Coordinate the graduation ceremony;
- Submit a list of graduates to the appropriate regional/county staff; and
- Secure job interviews for graduates. NOTE: SBCJC will be responsible for scheduling job interviews for participants completing any training class initiated by SBCJC.

A list of graduates, all sign-in sheets, attendance forms and evaluations must be submitted to the TWP Unit within five days after completion of the class. The results of the job interviews will also be submitted to the TWP Unit.

SBCJC will also provide verification of the participant's completion of the training to the TWP Unit. SBCJC will submit invoices for training expenditures to the TWP Unit by the 15th of the following month after completion of the training.

FORMS

MDHS-EA-356B, TANF Work Program Sign-in Sheet, was revised for use by the employment coordinator to monitor daily attendance of participants assigned to the training class.

MDHS-EA- 392, Employer Specific Training Class Schedule and Referral List, is a new form that will allow the TWP Unit and the employment coordinator and/or regional director to document employer specific training.

MDHS-EA-392A, Evaluation Form for Employer Specific Training, is a new form that will be used by TWP participants to evaluate the effectiveness of the employer specific training class.

MDHS-EA-393, Employer Contact Sheet, was revised for use by the employment coordinator each time an employer is contacted. The county where the employer is located has also been added along with the employer email address if available.

FILING INSTRUCTIONS

Insert the following pages in the Generic Forms Manual.

Chapter 4, formerly Section D

MDHS-EA-356B	TANF Work Program Sign-in Sheet Instructions for MDHS-EA-356B	Page 356B
MDHS-EA- 392	Employer Specific Training Class Schedule and Referral List Instructions for MDHS-EA-392	Page 392-1/2
MDHS-EA-392A	Evaluation Form for Employer Specific Training Instructions for MDHS-EA-392A	Page 392A-1/2
MDHS-EA-393	Employer Contact Sheet Instructions for MDHS-EA-393	Page 393-1/2

Please copy an initial supply of these forms for immediate use and order on going supplies through the normal requisition process. Questions regarding this bulletin should be referred to your Economic Assistance Regional Director for handling.

CS:JD:VB:AW:aw (T07-12)

Attachments

pc: All Holders of the Generic Forms Manual

MEMORANDUM OF UNDERSTANDING (MOU)
BETWEEN
THE MISSISSIPPI STATE BOARD FOR COMMUNITY AND JUNIOR COLLEGES (SBCJC)
AND
THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES (MDHS)

I. INTRODUCTION

This MEMORANDUM OF UNDERSTANDING is hereby entered into by and between the Mississippi State Board For Community and Junior Colleges, hereinafter referred to as the Mississippi State Board For Community and Junior Colleges (SBCJC) and the Mississippi Department of Human Services, hereinafter referred to as the Mississippi Department of Human Services (MDHS).

II. PURPOSE

This agreement establishes the guidelines between and work to be performed by the MDHS and SBCJC for the assessment, enrollment, certification, follow-up and performance standards as they relate to short-term career-related training programs for TANF Work Program (TWP) participants.

Training may be:

- Established based on employer needs in a particular area of the state;
- Established on an individual basis based on the individual's career goal(s)/ objective(s) and training needs in conjunction with employer needs;
- Established via cooperative agreements with the local Community and Junior Colleges to provide employer certification/readiness training.

Training services will be provided on an as needed basis based on documented employment needs of any area of the state. Training may be initiated by both MDHS and SBCJC. MDHS will determine employment and training needs through MDHS state/region/county staff assessment of employers. Training needs can also be identified by the SBCJC through their community colleges and furnished to MDHS.

Training will be conducted utilizing TANF funds. A project for each workforce development center staff, specifies the total cost of each class prior to the beginning of the training.

After completion of each class/project, and by the 15th of the following month, SBCJC will submit an invoice documenting training expenditures and requesting reimbursement for services provided. MDHS will assure the invoices are in line with services rendered. MDHS will remit payment within sixty (60) days after receipt of the invoice. SBCJC will be compensated for expenses for training actually provided for TWP participants during the performance period beginning February 1, 2007, and ending September 30, 2007.

III. STATEMENT OF MUTUAL BENEFIT AND INTERESTS:

The Mississippi Department of Human Services is an agency of the State of Mississippi charged with the responsibility of operating and administering a state-federal assistance program in Mississippi in accordance with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). The mutual benefit of this Memorandum of Understanding with SBCJC is to help Temporary Assistance for Needy Families (TANF) recipients gain skills necessary to become employed. This referral process will be of mutual benefit to SBCJC and MDHS as both agencies work together in accordance with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

A. MISSISSIPPI STATE BOARD FOR COMMUNITY AND JUNIOR COLLEGES SHALL:

1. Meet with MDHS to discuss training needs and ongoing training prior to and during the course of the training. Meetings can be initiated as needed by either SBCJC or MDHS;

2. Work with the workforce development staff at the appropriate community/junior college, as identified by SBCJC, as well as employers identified by MDHS, and secure necessary agreement(s) to design curricula and secure training sites, instructors and equipment needed to provide training;

3. Work with the appropriate community/junior college personnel to secure necessary agreements to access training services required by participants identified by MDHS in order to achieve their career goals;

4. Ensure that all eligible participants identified by MDHS with skills training needs are provided the opportunity for training, provided funds are available in the sufficient amount as determined jointly by SBCJC and MDHS staff;

5. Work with the appropriate community/junior college personnel to provide testing of participants referred by MDHS in an effort to determine jobs and/or educational programs for which they are best suited;

6. Provide test results and employment/educational recommendations to MDHS;

7. Ensure that community/junior colleges identify employer-specific skills training needs, building curricula which contains simulated work;

8. Notify MDHS of employer-specific skill training needs;

9. Work with the appropriate community/junior college personnel to provide participants with job-related counseling in an effort to determine necessary skills for career building;

10. Ensure daily supervision and tracking of TANF recipients assigned to a training activity;

11. Provide attendance reports, on a biweekly basis, to case management.

12. Provide verification of participants' completion of training to MDHS;

13. Maintain fiscal records documenting expenditure of funds for training; and

14. Submit to MDHS, invoices documenting training expenditures and requesting reimbursement for services provided, following the guidelines described on page 1 of the agreement.

B. MISSISSIPPI DEPARTMENT OF HUMAN SERVICES SHALL:

1. Meet with SBCJC to discuss training needs and ongoing training prior to and during the course of the training. Meetings can be initiated as needed by either SBCJC or MDHS;

2. Identify employer-specific skills training needs in any area of the state through the MDHS state/region/county staff contact with employers and assessment of their employment needs;

3. Notify SBCJC of employer-specific skills training needs as they are determined and working with SBCJC to form a training class to fulfill the employer needs;

4. Identify and assess individual participant's career goals;

5. Refer eligible participants for employer-specific skills training which contains a curriculum consisting of simulated work;

6. Refer eligible participants to appropriate district community colleges for testing in an effort to determine jobs and/or educational programs for which they are best suited, and/or individualized skills training;

7. Provide SBCJC with copy(s) of signed Client Release Forms(s);

8. Approve curricula, training sites, training dates and other resources utilized to conduct training; and

9. Pay invoices submitted by SBCJC for services rendered under this agreement, following the guidelines described on page 1 of this agreement.

C. IT IS MUTUALLY AGREED AND UNDERSTOOD BY ALL PARTIES THAT:

1. FREEDOM OF INFORMATION ACT (FOIA). Any information furnished to the Mississippi State Board of Community and Junior Colleges under this instrument is subject to the Freedom of Information Act (5 U.S.C. 552).

2. MODIFICATION. Modifications within the scope of the instrument shall be made by mutual consent of the parties, by the issuance of a written

modification, signed and dated by all parties, prior to any changes being performed.

3. PARTICIPATION IN SIMILAR ACTIVITIES: This instrument in no way restricts the SBCJC or the MDHS from participating in similar activities with other public or private agencies, organizations, and individuals.

4. TERMINATION. Any of the parties, in writing, may terminate the instrument in whole, or in part, at any time, with ten (10) days' prior notice, without any damage, costs or penalty whatsoever. If this MOU is terminated, the SBCJC shall be entitled to receive compensation for the work which it has completed under the MOU prior to the effective date of termination, but shall not undertake any further work on this MOU after the effective date of termination.

5. PRINCIPAL CONTACTS. The principal contacts for this instrument are:

Mississippi State Board of Community and Junior Colleges	**Mississippi Department of Human Services** Cheryl Sparkman, Director Division of Economic Assistance 750 N. State Street P. O. Box 352 Jackson, MS 39205 Phone: 601-359-4810

7. COMMENCEMENT/EXPIRATION DATE. This instrument is executed as of the date of last signature and will remain in effect unless terminated at any time with the consent of both parties.

D. RESPONSIBILITY FOR CLAIMS

Each party shall be responsible for all claims, demands, liabilities, suits, damages, costs, and expenses of every kind, including court costs and attorney's fees, arising out of this Agreement and caused by the party's own, principles, agents, employees, contractors or subcontractors while performing under this Agreement. Further, the parties assume no liability for the actions or omissions of each other's agents, representatives, employees, contractors, subcontractors, or providers.

THE PARTIES HERETO have executed this instrument.

SIGNATURES

1-17-07

Donald R. Taylor
Executive Director
Mississippi Department of Human Services

Date

1-17-07

Dr. Wayne Stonecypher
Executive Director
MS State Board For Community and Junior Colleges

Date

Mississippi
Form MDHS-EA-392A
Issued 3-01-07

EVALUATION FORM
FOR
EMPLOYER SPECIFIC TRAINING

Name of Training/Class: _____

Instructor: _____

Location: _____

Please complete the following by circling the your response.

Training/Class

Did you like the class?	YES	NO	SOMEWHAT
Did you learn what you expected to learn?	YES	NO	SOMEWHAT
Did you feel comfortable participating in the class?	YES	NO	SOMEWHAT
Will the information help you get a job?	YES	NO	SOMEWHAT
Did you understand the material?	YES	NO	SOMEWHAT
Would you recommend this training/class to others?	YES	NO	

Comments - Write your suggestions on how we can make this class better.

_____

_____

_____

_____

EVALUATION FORM
FOR
EMPLOYER SPECIFIC TRAINING
MDHS-EA-392A

PURPOSE

The form will be used by MDHS and SBCJC to evaluate the effectiveness of the training class for the TWP participants.

INSTRUCTIONS

This form will be completed at the end of each employer identified training class. Upon completion of this form, the instructor will make copies and give original to the program specialist. The program specialist will forward copies to the Work Programs Unit 5 days after the completion of the training class and maintain originals in an administrative file (by training class title).

Name of Training/Class: Enter the name of the training/class being conducted.

Instructor: Enter the name of the person conducting the training/class.

Location: Enter the place where training/class was held.

Training/Class: TWP participants must circle response to each questions.

Comments: Enter comments here (suggestions on how to make upcoming training/class better).

Program Specialist's Name & Region: _____

Mississippi
Form MDHS-EA-393
Revised 03-01-07

WORK PROGRAM
EMPLOYER CONTACT SHEET

Interview Style: ☐ Individual ☐ Group
Applications Obtained: ☐ Yes ☐ No

Employer's Name: _____
Address: _____
_____
County: _____
Contact: _____
Title: _____
Telephone: _____ Fax: _____
Email: _____

Date of Visit	Number of Positions	Available Positions	Salary	Shift(s)	Benefits		Educational/Skills Requirements	Comments	Next Scheduled Visit
					Y	N			

_____
Regional Director's Signature

_____
Date

EMPLOYER CONTACT SHEET
MDHS-EA-393

PURPOSE

The program specialist will use this form to document contact with employers, obtain information about available positions salary(s), work shift(s), qualifications (education/skills etc.) and initiate career-related training classes.

INSTRUCTIONS

This form will be completed each time the program specialist makes contact with an employer. The program specialist must maintain this form in a folder (alphabetically by organization's name). The original form must be submitted to the TANF Work Program Unit by the regional director.

Program Specialist & Region Name: Enter the name of the program specialist and region.

Employer's Name: Enter the name of the employer.

Address: Enter the address of the employer.

County: Enter the county of origin.

Contact: Enter the name of the employer's contact person.

Title: Enter the title of the employer's contact person.

Telephone/FAX/Email address: Enter the telephone and FAX numbers and/or email address for the employer's contact person.

Interview Style: Check the appropriate block to indicate whether interviews will be conducted individually or as a group.

Applications Obtained: Check the appropriate block to indicate whether applications for available positions were received.

Date of Visit: Enter the date of the program specialist's visit.

Number of Positions: Enter the number of positions the employer has available.

Available Positions: Enter name of position(s) available.

Salary: Enter the salary(s) of the available position(s), hourly wage, monthly or yearly salary.

Shifts: Enter the shift(s) of the available position(s).

Benefits: Check the appropriate block to indicate whether benefits are provided with available position(s). If yes, enter all benefits in the comments section, i.e., insurance, paid holidays, sick leave, transportation, etc.

Educational/Skills Requirements: Enter educational and/or skills required for available position(s).

Comments: Enter results and comments.

Next Scheduled Visit: Enter anticipated date of next visit.

Regional Director's Signature/Date: Regional director must sign and date this form whenever a career training class is identified.

MISSISSIPPI
Form MDHS-EA-356B
:vised 03-01-07

DATE: _____
COUNTY NAME: _____

TANF WORK PROGRAM
SIGN-IN SHEET

PROVIDER: _____

TWP COMPONENT: _____

PARTICIPANT NAME	SSN/CASE NUMBERS	TIME IN	TIME OUT	PARTICIPANT'S SIGNATURE

Instructor/Provider's Signature _____ Date _____

TANF WORK PROGRAM SIGN-IN SHEET
MDHS-TWP-356B

PURPOSE

This form may be used by the component provider to monitor daily attendance of TANF Work Program participants assigned to a TANF Work Program activity.

INSTRUCTIONS

The Case Manager (CM)/Program Specialist (PS) must provide copies of the form and explain how to complete the form to the component provider. The CM/PS will enter the participant's name and case number on the initial form. The provider may obtain this information from the TANF Component Provider Form (T005) generated by JAWS.

The provider must complete the following:

Date: Enter the date.

County Name: Enter the county name.

Provider: Enter the name of the component provider.

TWP Component: Enter the TWP component name.

Participant Name: Enter the participants name.

SSN/Case Number: Enter the participants social security and case number.

The participant must complete the following:

Time In: Enter the time he/she arrives for the work activity.

Time Out: Enter the time he/she leaves the work activity.

Participant's Signature: The participant must sign on this line.

Instructor/Provider's Signature: The instructor/provider must sign on this line to certify the participants' attendance.

Date: Enter the date the form is signed.

This form contains information on multiple participants; therefore, the form must be filed in a central location.

MISSISSIPPI
Form MDHS-EA-392
Issued 3-01-07

EMPLOYER SPECIFIC TRAINING CLASS SCHEDULE AND REFERRAL LIST

A. CLASS SCHEDULE: To be completed by State Office.

Training Class Location: _____

_____

Contact Person Name: _____ Phone Number: _____

FAX Number _____ E-mail: _____

Class Title: _____ Instructor's Name: _____

Class Start/End Dates: _____ To _____ Hours: _____ To: _____

List any special training materials required: _____

_____

Number of participants: _____ Individual(s) will receive __Certificate __ CEUs __ Other _____

B. REFERRAL LIST: To be completed by Regional Office.

Participant Name	Case/Social Security Number	County Location

_____ _____
Regional Director/Designee Signature Date

_____ _____
TWP Unit Date

EMPLOYER SPECIFIC TRAINING CLASS SCHEDULE AND REFERRAL LIST MDHS-EA-392

PURPOSE

This form will be used by the TWP Unit to notify the regional office when a training class is scheduled . The program specialist and/or regional directors will list TWP participants assigned to these training classes on this form.

INSTRUCTIONS

The TWP Unit will complete Section A of the form and send to the regional director's office. The regional director will ensure that Section B is completed and submitted to the TWP Unit 10 days prior to the training class start date. The TWP Unit will forward this form to SBCJC, 5 days prior to the class start date. The original form will be maintained by the TWP Unit and copies should be maintained by the program specialist and/or regional director's office.

Section A-Class Schedule (completed by State Office)

Training Class Location: Enter the location where training will be held.

Contact Person Name: Enter the name of the SBJCJ person on this line.

Phone/Fax/Email: Enter the telephone, fax numbers on this line along with an email address, if available.

Class Title: Enter the title of the class.

Instructor's Name: Enter the name of the person who will conducting the training.

Class Start/End Date: Enter the date the class will start and the date the class will end.

Hours: Enter the number of hours the participants will be in the class.

List any special training materials required: Enter any training materials the participant will need to complete this training.

Number of participants: How many participants can be referred to this class (i.e., how many will the class hold).

Individual(s) will receive: Indicate whether the participants upon completion of the training will receive a certificate, CEUs, or other certification.

Section B-Referral List (completed by Regional Office)

Participants Name: Enter the name of the participants being referred to the training on this line.

Case/Social Security Number: Enter the participants' case number and social security number.

County Location: Enter the county where the participant resides.

Regional Director/Designee Signature: The regional director/designee must sign on this line to approve the referrals.

Date: Enter the date the regional director/designee signed on this line.

TWP Unit/Date: The TWP Unit Staff must sign on this line and enter the date.