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Bureau of Workforce Transformation
Policy Issuance (PI): 09-05

Date: July 10, 2009

To: Michigan Works! Agency (MWA) Directors

From: Liza Estlund Olson, Director, Bureau of Workforce Transformation (BWT) **Signed**

Subject: Welfare Reform Participant Management Information Guide (WR-PMIG)

Programs Affected: Welfare Reform (WR) Program

Reference: PI 06-11, Change 5
PI 06-16, Change 1
PI 06-33
PI 06-34, Change 6

Rescissions: Bureau of Workforce Programs (BWP) PI 04-16, and subsequent changes.

Background: The Michigan Department of Energy, Labor & Economic Growth (DELEG)/BWT requires that all Workforce Investment Act (WIA) applicant and participant information reported in the One-Stop Management Information System (OSMIS), and that participant eligibility be documented. The WR-PMIG has been updated to reflect changes in the WR section of the OSMIS.

Policy: The OSMIS must be used by the MWAs to capture all required reporting and participant information.

Chapter 1 gives a brief overview of Welfare Reform's subsequent programs. The chapter also has information on priority of service, Department of Human Services referrals, maintaining the PMIG, participant file content, and participant identifying information.

Chapter 2 contains a glossary of terms, definitions, and general BWT guidelines.

Chapter 3 contains information on WR registration.

Chapter 4 contains instructions for the WR allowable activities and actual hours.

Chapter 5 contains information on 180 day job retention.

Chapter 6 contains information on case notes, supportive services, and Individual Service Strategies.

Action: MWAs shall report WR applicant and participant information consistent with WR-PMIG instructions/guidance.

Inquiries: Questions regarding this policy issuance should be directed to Mr. Joe Billig, Manager, MIS, at (517) 241-8614 or via e-mail at billigj@michigan.gov.

In accordance with the Americans with Disabilities Act, information contained in this policy issuance will be made available in alternative format (large type, audio tapes, etc.) upon request to this office. It is also available for transmission via e-mail. Contact Ms. Johnnie Lewis, Secretary, at lewisj5@michigan.gov or (517) 335-7974 for details.

Expiration: Continuing

LEO:BW:jl
Attachments

Management Information System

Welfare Reform

User Guide

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Prepared By:

**Michigan Department of Energy, Labor & Economic Growth
Bureau of Workforce Transformation**



WR Participant Management Information Guide

Preface

The Welfare Reform (WR)-Participant Management Information Guide (PMIG) presents a general overview and in-depth discussion of the necessary steps for complete participant information reporting in the One-Stop Management Information System (OSMIS) for the Jobs Education & Training (JET) Program and the Food Assistance Employment and Training (FAE&T) Program.

WR Program participants include the following:

1. Family Independence Program (FIP) applicants/recipients referred by the Department of Human Services (DHS) staff to the JET (Temporary Assistance for Needy Families [TANF]). Also referred to as a JET - TANF participant.
2. A Non-Custodial Parent (NCP) referred by the Friend of the Court (FOC) to the JET NCP Program. Also referred to as a JET – TANF - NCP participant.
3. Individuals eligible for the JET Non-Cash Assistance Recipient (NCR) Program. Also referred to as a JET - TANF-NCR participant.

Food Assistance Employment and Training (FAE&T) Program participants include the following:

1. Individuals referred by the DHS to the MWA for employment services through the FAE&T Program. These individuals are also known as Able Bodied Adults without Dependents (ABAWDs) or Time Limited Food Assistance (TLFA).

The guide is to be used by all MWA and MWA service provider staff responsible for reporting OSMIS information. Information captured by the OSMIS is needed for inclusion in federal reports, meeting state and federal policy requirements, and operating the OSMIS.

Using and Maintaining the WR-PMIG

Revised and/or additional chapters and pages will be issued as necessary. Each page shows the date of issuance.

Information identified as required on the OSMIS is necessary for inclusion in federal reports, eligibility determination, or for program management purposes. The OSMIS will print a completed registration upon request by local staff. MWA officials may design additional forms that capture the information for the required items in the OSMIS.

The guide should be kept at hand in a loose-leaf notebook or binder so that changes, additions, and deletions can easily be made.

Note: Dates noted as ‘Date Issued’ and ‘Supersedes’ refer to issuances of this guide and are not effective dates of regulations, policies, and income levels.

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Chapter 1: Program Information

Section 1-1: Jobs, Education, and Training (JET)

Background

The JET Program was established as a new way for assisting welfare applicants/recipients and low-wage workers in succeeding in the labor market. The shift to a new approach to JET moves to a strong emphasis on helping welfare applicants/recipients and other at-risk workers stay employed, gain skills, and advance rather than only emphasizing initial placement.

This new framing has set the stage for a large-scale reinvention of the state's strategy for addressing poverty and helping working families build the capacity and assets to provide for the long term. Michigan has the opportunity to become a national leader by creating an integrated, multi-sourced strategy. The goal is to help all individuals and families, not just those receiving public assistance, find the resources they need to overcome obstacles and move up career ladders to self-sustaining, lasting employment. Many interconnections can be made in doing so, including linking employer, community, and faith-based solutions with the human service, education, and training systems.

The JET Program is a partnership between the MWAs, DHS, and Michigan Department of Energy, Labor & Economic Growth's (DELEG) BWT, and Michigan Rehabilitation Services (MRS) to connect Michigan's families with the kind of jobs, education, and training opportunities that will help them achieve self-sufficiency and meet the workforce and skill needs of Michigan's businesses.

Program Design, Goals, and Objectives

The JET Program fundamentally changes the way families move off welfare and toward self-sufficiency. Instead of telling those on welfare to "get a job – any job," the program encourages and supports them as they prepare for and get a good job to provide long-term self-sufficiency for their families.

Local Workforce Development Boards (WDBs), MWAs, MRS, and DHS offices provide a blended approach to helping welfare applicants/recipients become self-sufficient and permanently attached to the labor force, based on the workforce needs of Michigan's current emerging economy. By helping welfare applicants/recipients get and keep good paying jobs, the state will increase the number of families who are self-supporting and decrease the number of families requiring public assistance. MRS provides consultation to DHS workers regarding welfare applicants/recipients who were previously deferred from work activity due to disability. MRS also evaluates referrals from the MWAs and DHS offices for eligibility for MRS services, as well as provides information and referral services and provides direct services to those persons eligible under Title IV of the Workforce Investment Act (WIA).

The objective of the JET Program is to provide Family Independence Program (FIP) applicants/recipients with employment-related services, training, and supportive services

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to obtain and retain employment. Please see Policy Issuances 06-11 and changes; 06-34 and changes; and 08-11 and changes for details regarding allowable activities, work participation requirements, case management, and program planning.

Section 1-2: Non-Cash Recipient (NCR)

The NCR Program is intended to provide job search assistance, education/training activities, and supportive services to eligible NCRs who volunteer for the program. The services and activities provided under the program are to assist NCRs to advance in their current employment or find a job with greater earning potential. The ultimate goal of the program is to increase earnings to the point of financial independence.

Under the NCR Program, an Individual Service Strategy (ISS) will be developed in consultation with the participant. The ISS is to set forth the education/training goal and a plan for moving the participant toward financial independence. An NCR participant is considered to be enrolled in the program when an ISS is completed. An NCR participant should be terminated from the program after completing his/her ISS plan of service.

Participants in the NCR Program are eligible for the same job search assistance, education/training activities, and supportive services as those available to JET participants receiving cash assistance.

Section 1-3: Non-Custodial Parent (NCP)

The objective of the NCP Program is to provide NCPs employment-related services, training, and supportive services to obtain employment in order to pay their child support obligations.

The MWA must use the same program design as JET to provide employment-related activities and training to assist NCPs to obtain employment, succeed in the workforce, and contribute to the support of their children. The MWA must incorporate intake, assessment, development of an individual service plan, and case management into the overall design of the NCP Program.

Section 1-4: Food Assistance Employment and Training (FAE&T)

For the first 30 days, Job Search can be a full-time component of the Workfare activity. Thirty days of full-time Job Search/Job Search Training (i.e., 20 hours per week) will count toward meeting Michigan's FAE&T Program participation requirement. If a participant has completed 30 days of full-time Job Search/Job Search Training, any additional Job Search/Job Search Training activities must comprise less than half (e.g., 49 percent) of the required hours of participation. Job Search/Job Search Training, if provided in conjunction with other employment and training activities, must be less than ten hours per week, in conjunction with other education and training activities, for a combined total of 20 hours per week. Other education and training activities include:

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1. Employment enhancement skills training;
2. High school or equivalent education programs;
3. Remedial education programs to achieve a basic literacy level;
4. Instructional programs, such as English as a Second Language (ESL), basic computer skills training, and basic literacy skills;
5. Vocational training that is designed to improve the employability of participants by providing training in a skill or trade; and
6. Concurrent enrollment in activities under another funding source. With the exception of enrollment in activities under JET (Temporary Assistance for Needy Families), FAE&T participants may be concurrently enrolled in other employment and training activities through other funding sources, such as the WIA.

Participants who are not successful in obtaining employment at least 20 hours per week during the initial 30-day Job Search period must be placed in a Workfare slot or into another allowable employment or training activity.

Participants are not required to be employed for a minimum of ten hours per week (40 hours per month) in unsubsidized employment prior to being enrolled in high school or equivalent education programs, remedial education programs to achieve a basic literacy level; instructional programs, such as ESL; basic computer skills training; basic literacy skills training; vocational training; and/or concurrent enrollment in activities under another funding source. The limitation on the number of hours of participation in Job Search activities does not apply if the job search or job search training activities are funded by Title 1 of the WIA, or Section 236 of the Trade Act.

Section 1-5: Priority of Service

The MWAs are required to serve all FIP applicants/recipients and NCPs. If necessitated by funding constraints, priority must be given to FIP applicants/recipients. However, MWAs must notify the DELEG/BWT if all NCPs cannot be served. The MWAs may elect to serve NCRs, at their discretion, provided all FIP applicants/recipients and NCPs have been served.

Section 1-6: DHS Referrals

The cornerstone of service delivery for the Welfare Reform Program is the referral process. The referral process links an applicant to a service provider(s), inside or outside of DHS, which may be of value to them and their families. A person may need a referral at any time. This includes: when they first have contact with DHS, while their application is pending, or while they are receiving benefits.

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These people are collected by DHS and a single file is sent to the DELEG every night. When the files are received, they are distributed accordingly to MWAs to perform daily audits. Once the individual is referred to the MWA they have 20 days to make contact with the client and attend orientation.

Section 1-7 Maintenance of Adequate Information and Reporting Requirements

The OSMIS must be used for participant reporting. Effective control and management of the JET and FAE&T Programs requires accurate and timely record keeping. Accurate and timely data entry provides necessary information to the MWA and the DHS managers and staff regarding the effectiveness of the programs and the appropriate action to take concerning participants. All information pertaining to JET and FAE&T referrals and participants, including activity, beginning and ending dates, participant status and any other information required to be reported on the OSMIS for all participants who received services from the MWA must be entered on the OSMIS by MWA staff or subcontractor staff within **two business days**.

The use of an electronic format for reporting participant information does not remove the responsibility of the MWA to maintain adequate documentation to establish that a participant has attended individual assignments and is fulfilling the required minimum hours of participation. The MWA must have adequate documentation to show missed assignments, for example, daily time and attendance records. The MWA may be required to provide such information for a DHS hearing. Please see Policy Issuance 06-34 and changes regarding requirements for documenting and verifying JET participants' hours of work participation.

Section 1-8: Participant Identifying Information

An activity record may be entered or retrieved by using either the Customer ID or Participant name.

a) Client Recipient ID

Enter the 10 digit number assigned to the individual.

b) Customer ID

Enter the participant's Customer ID (First three letters of the last name, first two letters of the first name and the month and day of birth).

Either the Customer ID or Participant Name is required

c) Participant Name

Enter the participant's last name and first name in the space provided.

Either the Customer ID or Participant Name is required.

Chapter 2: Glossary of Terms, Definitions, Service Codes, and Guidelines

Included in this chapter are definitions for eligibility/reporting items. References have been included as a part of the stated definition. Only major references are noted. When no references are noted, information has been gathered from several sources, with no single source quoted.

Section 2-1: Definitions and Guidelines

ETHNICITY

Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin (including Spain), regardless of race.

Section 2-2: Welfare Reform Service Code

JET Services

Code	Description
1	Unsubsidized Private Sector Employment.
13	Job Search and Job Readiness Assistance
14	On-the-Job Training
17	Work Experience
19	Unsubsidized Private Sector Employment-Part-time
20	Unsubsidized Private Sector Employment -Prior to 1st Act
21	Substance Abuse Counseling
28	Michigan Works! Agency 07 Goodwill Intake/Assessment
29	No Worker Left Behind (NWLB) Waiting for Training
30	Subsidized Private Sector Employment
31	Subsidized Public Sector Employment
32	Jobs Skill Training
33	Community Service Programs
35	Education Directly Related to Employment
37	Child Care
50	Vocational Occupational Training
51	High School Completion
52	General Equivalency Diploma
72	Condensed Vocational Programs
73	Internship, Practicum & Clinical
75	Medical Inactive - 30 days or less
80	Assigned to Contact FIA for Deferral
81	Assigned To Triage
86	Waiting for MRS Consultation
87	MRS Activity Other
88	Non-Participating Parents
89	Other Non-Countable Hours

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Food Assistance Services

Code	Description
13	Job Search and Job Readiness Assistance
29	NWLB Waiting for Training
50	Vocational Occupational Training
60	Workfare
61	Educational/Training Prgrms-Employment Enhancement Services
62	Educational/Training Prgrms - literacy
63	Other Programs (Excluding TANF)
64	Dual Program Enrollment

Non-Cash Recipient Services

Code	Description
1	Subsidized. Private Sector Employment
13	Job Search and Job Readiness Assistance
14	On-the-Job Training
17	Work Experience
19	Unsubsidized Private Sector Employment-Part-time
20	Unsubsidized Private Sector Employment-Prior to 1st Act
21	Substance Abuse Counseling
29	NWLB Waiting for Training
30	Sub. Private Sector Employment
31	Sub. Public Sector Employment
32	Jobs Skill Training
33	Community Service Programs
35	Education Directly Related to Employment
37	Child Care
50	Vocational Occupational Training
51	High School Completion
52	General Equivalency Diploma
72	Condensed Vocational Programs
73	Internship, Practicum & Clinical
75	Medical Inactive - 30 Days or less
80	Assigned to Contact DHS for Deferral
86	Waiting for MRS Consultation
87	MRS Activity Other

Non-Custodial Parent Services

Code	Description
1	Unsubsidized Private Sector Employment
13	Job Search and Job Readiness Assistance
14	On-the-Job Training
17	Work Experience
19	Unsub. Private Sector Employment -Part-time
20	Unsub. Private Sector Employment -Prior to 1st Act.
21	Substance Abuse Counseling

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- 22 MI Civilian Conservation Corps
- 29 NWLB Waiting for Training
- 30 Subsidized Private Sector Employment
- 31 Subsidized Public Sector Employment
- 32 Jobs Skill Training
- 33 Community Service Programs
- 35 Education Directly Related to Employment
- 37 Child Care
- 50 Vocational Occupational Training
- 51 High School Completion
- 52 General Equivalency Diploma
- 72 Condensed Vocational Programs
- 73 Internship, Practicum & Clinical

Section 2-2: Welfare Reform OSMIS Terms

JET Terminations

Code	Description
WR_WF_EARNINGS	Case closed due to Earnings
WR_WF_INSTITUTE	Missed 2 Appts - Institutionalized
WR_WF_HEALTH	Missed 2 Appts - Health/Medical
WR_WF_FAM_CARE	Missed 2 Appts - Family Care
WR_WF_NO_TRANSP	Missed 2 Appts - No Transportation
WR_WF_NO_LOCATE	Missed 2 Appts - Cannot Locate
WR_WF_REF_CONT	Missed 2 Appts - Refused to Continue
WR_WF_NO_CHCR	Missed 2 Appts - No Child Care
WR_WF_DEATH	Missed 2 Appts - Death
WR_WF_ORIENT	Attended Orientation Only
WR_WF_NONCOMPLY	Noncompliance
WR_WF_TRNSFR_CO	Transfer to Other County
WR_WF_CASE_CLSD	FIP Case Closure - Other
WR_WF_INELIGIBLE	Found Ineligible after Referral
WR_WF_MED_LMT	Medical Determination Limit
WR_WF_DEF_ACT	Deferred
WR_WF_EFIP_REFUSED	Refused EFIP Services

FAE&T Terminations

Code	Description
WR_FS_DEFERRED	Deferred
WR_FS_CASE_CLSD	Case Closure
WR_FS_OTHER	Other
WR_FS_ENTERED_EMP	Entered UnSubsidized Employment

Non-Cash Recipient Terminations

Code	Description
WR_NCR_CMPLTD	Completed NCR Pgm. Obj.

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WR_NCR_NO_CMPLT	Did Not Complete Prg. Obj.
WR_NCR_CC	NCR Assistance Case Closed
WR_NCR_REAPP_FIP	Reapplied for FIP

Non-Custodial Parent Terminations

Code	Description
WR_NCP_90DAY	Fulfilled 90 Day Retention
WR_NCP_INSTITUTE	Missed 2 Appts - Institutionalized
WR_NCP_HEALTH	Missed 2 Appts - Health/Medical
WR_NCP_FAM_CARE	Missed 2 Appts - Family Care
WR_NCP_NO_TRANSP	Missed 2 Appts - No Transportation
WR_NCP_NO_LOCATE	Missed 2 Appts - Cannot Locate
WR_NCP_OTHER	Missed 2 Appts - Other
WR_NCP_REF_CONT	Missed 2 Appts - Refused to Cont.
WR_NCP_NO_CHCR	Missed 2 Appts - No Child Care
WR_NCP_DEATH	Missed 2 Appts - Death
WR_NCP_ORIENT	Attended Orientation Only
WR_NCP_NONCOMPLY	Noncompliance
WR_NCP_TRNSFR_CO	Transfer to Other County
WR_NCP_CANNOT_LOC	Cannot Locate
WR_NCP_NO_CONTINUE	Refused to Continue
WR_NCP_TRANS_WF	NCP Transfer to JET

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FRIEND OF THE COURT REFERRAL FORM

Non-Custodial Parent Program

Date: ____/____/____

Client Name _____

TANF Case No. _____

FOC Case No. _____

Friend of the Court Name and Number:

Job Skills (if known):

CLIENT PLEASE NOTE:

You must appear for program orientation by _____.

From your home residence or a nearby phone, call the Michigan Works! Agency @ 1-800-285-WORKS, to schedule an appointment to attend an orientation. You must indicate that you have been referred from the Friend of the Court for the Non-Custodial Parent program.

OPTIONAL: PLEASE BRING AS MANY OF THE FOLLOWING AS POSSIBLE TO YOUR APPOINTMENT:

- A. Drivers License **or** Michigan ID **or** mail addressed to your home (verifies residence)
- B. Social Security Card
- C. A voter's registration (verifies citizenship) or birth certificate
- D. Income information on income earned or money received in the past six months. This may include pay stubs, receipts from unemployment benefits, or a statement from an individual or company who paid you money for an odd job or a one-time task you performed for pay.

Chapter 3: Welfare Reform Registration

Section 3-1: Purpose

The Welfare Reform Registration screen collects information required by federal regulations and for management of Welfare Reform programs.

To get to the Welfare Reform Registration screen, the user should click on the Welfare Reform link from the menu bar. The next screen will have scroll-over dropdown menus at the top. Place the cursor over the Applicant Search icon and select either Enter Registration or Update Registration. For Enter Registration, the caseworker will need to enter the recipient's information into OSMIS for all NCRs, and occasionally for NCPs (depending on file transfer problems with Friend of the Court).

Section 3-2: Overview

For a new registration click on the Enter Registration link. Using the identifying information you have entered (Client/Recipient ID, Customer ID or the Last and First name of the individual), the system will check for a matching identifier.

1. If a matching identifier is not found, the system will display a message indicating that a matching identifier was not found and the user must click on the New Applicant/Welfare Registration button at the bottom of the screen (scroll to bottom of screen).
2. If a matching identifier is found, the system will display the name, birth date, customer ID, address, phone number and indicate if a participant history exists. If a matching identifier was found, the user must make a determination as to what action to take. The user could take several actions including a new search, investigating why two different individuals have the same identifier, or checking the participant history, if one is present, for additional information.
3. If this is a new record and the participant was found, click on the name and then the New Welfare button.

To update a registration, click on the Enter Registration link. Information entered (client/recipient ID, customer ID or the last and first name of the individual), will check for a matching identifier and click Submit. If no matching identifier is found, the customer search results screen will display a message that no matching identifier was found. If a matching identifier is found, the customer search results screen will display the name, address, birth date, customer ID, address, phone number and indicate if a participant history exists for all matching records. If the correct record is found, click on the name and a screen will appear showing all Welfare Reform participations. If more than one match or an incorrect match is found, the user must make a determination as to what action to take. The user could take several actions including a new search, investigating why two different individuals have the same ID, or checking the participant history, if one is present, for additional information.

The Update Registration screen allows for the entry of the necessary information only available after the participant is referred to the MWA.

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The items discussed for this form are in the following format.

REFERENCE: cross-references each data element to the sample form.

FIELD NAME: identifies the field.

DESCRIPTION: is the definition and coding instructions whether the field is required.

EXAMPLE:

Reference, FIELD NAME:

Description Enter the registrant, etc.

Section 3-3: Manually Entering a New Registration

Referral Data

1. CLIENT/RECIPIENT (DHS) ID NUMBER

Enter the DHS ID number (client/recipient ID number) as shown on the DHS-2439. This field is required for all JET referrals, NCR referrals, and Food Assistance referrals.

MWA administrators please note: a non-custodial parent may be referred to your MWA with an incorrect MWA identified on the OSMIS. You may change the MWA number through the Administrative Utility button on the OSMIS. This problem occurs when a NCP lives in a county not serviced by the MWA in which the FOC is located.

2. REFERRAL TYPE - This field is required for all referrals

Select one of the following:

JET - (FIP Applicant/Recipient must attend orientation)
General Orientation Only - (FIP Applicant/Recipient must only attend individual orientation)
Deferred Individual – Volunteer
Time Limited Food Assistance
FOC Non-Custodial Parent - (FOC staff only)
Non-Cash Recipient
DHS Non-Custodial Parent
Family Independent Participant (FIP) Work Participant Project

3. FIP - This field is required for Referral Types, JET Referral, and General Orientation Only.

Select one of the following:

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- (1) Single Parent Family - (includes a non parent referral)
- (2) Two Parent Family - (includes only one parent participating in JET)
- (5) Two Parent – 25 hours
- (6) Single Parent - (child under the Age of 6)

Contact Information

4. LAST NAME - This field is required.

Enter the participant's last name.

5. FIRST NAME - This field is required.

Enter the participant's first name.

6. MI (MIDDLE INITIAL) - This field is not required.

Enter the participant's middle initial.

7. ADDRESS - This field is required.

Enter the participant's street address.

8. CITY - This field is required.

Enter the city name for the street address.

9. STATE - This field is required.

Enter the postal abbreviation for the name of the state.

10. ZIP - This field is required.

Enter the zip code of the participant home address.

11. PHONE - This field is not required.

Enter the participant's phone number including the area code.

12. COUNTY - Required field for all referrals. The system will use the zip code to check the county name. If more than one county could be chosen, the system will request the selection of a county. If the field is blank, the system will insert the correct county name or if more than one county could be chosen, the system will require a county to be selected.

Select the county of residence from the dropdown menu.

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13. ALTERNATE NAME - This field is not required.

Enter the name of an alternate contact for contacting the participant.

14. ALTERNATE PHONE - This field is not required.

Enter the phone number, including the area code for the alternate contact.

Personal Characteristics

15. DATE OF BIRTH - This field is required.

Select from the dropdown menu the participant's date of birth consisting of the month, day, and four-digit year.

16. SSN (SOCIAL SECURITY NUMBER) - This field is required.

Enter the individual's nine-digit identification number assigned by the Social Security Administration under the Social Security Act.

For reporting purposes, a pseudo social security number may be constructed if an individual does not have a social security number. For a pseudo social security number, the first three digits are zeroes followed by the first six digits of the DHS ID number. If a record is found, change digits, beginning with the last digit entered, until a record is not found. The correct social security number must be entered as soon as it is known.

If a participant does not have a social security number, the MWA should assist the participant in obtaining one from the Social Security Administration.

Note: In accordance with the Privacy Act of 1974, the MWA may not deny to any individual any right, benefit, or privilege provided by law because of the individual's refusal to disclose his/her social security number. However, the MWA can properly require disclosure of an individual's social security number pursuant to the Internal Revenue Code where it is used as the identifying number for such individual for the purposes of a return statement or other document required under the code (i.e., for payment of wages for On-the-Job Training (OJT), work experience, etc.) The MWA, therefore, should advise referrals at the time of orientation of the use(s) made of the social security number.

17. SEX (GENDER) - This field is required.

Select the gender of the participant from the dropdown menu.

18. HISPANIC/LATINO - This field is required.

Select "yes" or "no" from the dropdown menu.

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19. RACE - This field is required.

Select “yes” or “no” from the dropdown menu, all which apply but at least one must be chosen:

- African American
- American Indian
- Asian
- Native Hawaiian or Other Pacific Islander
- White

20. EDUCATION LEVEL - Required field for all referrals, except a Referral Type equal to General Orientation Only.

Select one of the following levels from the dropdown menu.

- First Grade
- Second Grade
- Third Grade
- Fourth Grade
- Fifth Grade
- Sixth Grade
- Seventh Grade
- Eighth Grade
- Ninth Grade
- Tenth Grade
- Eleventh Grade
- High School Diploma, GED, Nat. External Diploma
- Associate Degree
- Bachelor Degree
- Graduate Degree
- Other Credentials
- No Formal Education
- Unknown

21. VETERAN - This field is required.

Select “yes” or “no” from the dropdown menu.

22. DISABILITY - This field is not required, except for NWLB participants.

Select from the dropdown menu either “yes” if the participant has a disability or

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“no” if the participant does not have a disability.

23. EMPLOYED AT REGISTRATION - This field is required.

Select one of the following from the dropdown menu:

Select “Employed” if employed.

Enter “Employed but Received Notice of Term or Military Separation,” if either (1) they have received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (2) they are currently on active military duty and have been provided with a firm date of separation from military service.

Select “Not Employed” if not employed.

24. OFFENDER - This field is not required.

Select from the dropdown menu either “yes” if the participant is an offender or “no” if the participant is not an offender.

25. ON PROBATION/PAROLEE (NCP/MWA 23) - Use restricted to MWA 23 only.

26. YOUNGEST CHILD’S BIRTH DATE - Required field for JET Referrals with FIP Family Status Equal to Single Parent Child Under Age 6

Enter the birth date of the youngest child under the age of 6.

27. ADDITIONAL INFORMATION - This field is not required.

Select up to three; the first of the three fields must have a response.

- Hearing impaired
- Lifting - limited
- Mental health
- Mobility restriction
- Pregnant
- Pregnant - high risk
- Pregnant - third trimester
- Respiratory problem
- Sitting - limited
- Standing - limited
- Substance abuse
- Medical problem
- Compliance Test Needed
- Visually impaired

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- Walking - limited
- Lacks English fluency
- Learning disability
- Final SSI/RSDI denial
- Child with medical or emotion problems (parent of child receiving SSI)
- Federal day care provided
- Other dependent relative needing care (spouse of spouse receiving SSI)
- Vehicle unavailable
- Job prevents AM participation
- Job prevents PM participation
- Job prevents evening participation
- Victim of domestic violence
- Transitional housing
- Lack of childcare
- Commuting time exceeds three hours per day
- Employment or participation involves illegal activities
- Physically or mentally unfit to perform the job
- Illegal discrimination
- Excused-unplanned factors
- Quit due to comparable employment
- None
- Employment

Last Date to Attend Orientation

28. LAST DATE TO ATTEND ORIENTATION - Required field for all referrals, except a NCR. For a NCR the system will default to the current date when the record is saved.

Enter the date assigned by the staff person, by when the individual must attend the appropriate orientation.

Note: For a JET FIP applicant/recipient, this date may be up to 20 days into the future and may be extended several times provided the last day to attend has not passed. For a Food Assistance referral the date will vary.

Local DHS Information

29. DHS CASE NUMBER - Required field for all referrals, except a NCP.

Enter the DHS case number.

30. DHS COUNTY NUMBER - For DHS staff use only; this field is not required.

Enter the appropriate DHS county number.

31. DHS DISTRICT - For DHS staff use only; this field is not required.

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Enter the appropriate DHS district number.

32. DHS SECTION - For DHS staff use only; this field is not required.

Enter the appropriate DHS section number.

33. DHS UNIT - For DHS staff use only; this field is not required.

Enter the appropriate DHS unit number.

34. DHS WORKER - For DHS staff use only; this field is not required.

Enter the appropriate DHS worker number.

35. FOC DISTRICT CODE - For FOC staff use only when referring a NCP; this field is required.

FOC staff enters the appropriate district court number.

36. FOC CASE NUMBER - For FOC staff use only when referring a NCP; this field is required.

Enter the FOC docket number. Use two leading zeroes to replace the hyphens in the docket number.

37. Family Independent Specialists (FIS) Worker Name - Display only for new Bridges referrals.

Enter the FIS case worker name.

38. FIS Worker Phone - Display only for new Bridges referrals.

Enter the FIS case worker phone number.

39. FIS E-mail Address - Display only for new Bridges referrals.

Enter the FIS case worker e-mail address.

Auditing Data

40. REFERRAL (REGISTRATION) DATE - This field is required.

Select from the dropdown menu, the date that the participant program registration date.

The system default date **MUST** be changed to the date the participant first began

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receiving services from the program in which the participant is enrolled, if the services were provided prior to the current date displayed.

41. SERVICED BY - This will display the MWA's service provider name.
42. MWA - This will display the name of the MWA that is registering the participant.
43. LOCATION - This displays the MWA's service provider's location in which the participant was registered.

Notes: For an individual with the referral type of Non-Cash Recipient, upon submitting the registration information, the system will check the NCR file for a matching record using the client recipient ID or the social security number. One of the following two messages will appear.

1. If a match is found on the NCR file, the system will display the following message with the information found displayed just below the message:

A match was found in the DHS NCR file for this participant. Please review the information on this registration. If correct, click the submit button (at bottom of page). If incorrect, correct the errors and then click the submit button.

2. If a match is not found on the NCR file, the system will display the following message:

No matches were found in the DHS NCR database file for this referral. Please select the NCR code from the dropdown list presented below.

The dropdown list is located below the Last Date to Attend Orientation and is identified as NCR Code. To enroll as a NCR the individual must meet one of the three dropdown items: NCR Medicaid Eligible, NCR Eligibility Confirmed, or NCR Food Assistance.

Section 3-4: Updating an Existing Registration

The Update Registration screen shows all of the information entered on the registration screen.

Special Initiative Indicators

1. REGIONAL SKILLS ALLIANCE PARTICIPANT - This field is not required.

Select "yes" from the dropdown menu if the participant is part of the Regional Skills Alliance program.

2. JET PLUS CAMPUS CENTERED - This field is not required.

Select "yes" from the dropdown menu if the participant is part of the Jet Plus Campus Centered program.

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3. JET PLUS COMMUNITY OUTREACH - This field is not required.

Select “yes” from the dropdown menu if the participant is part of the Jet Plus Community Outreach program.

4. FY 09 GF/GP PARTICIPANT - This field is not required.

Select “yes” from the dropdown menu if the participant is part of the FY 09 GF/GP program.

No Worker Left Behind

5. NO WORKER LEFT BEHIND

Display only; generated by training input for the participant.

General Orientation

6. LAST DATE TO ATTEND ORIENTATION

Select from the dropdown menu the month, day, and year the individual attended orientation.

This field can be updated if the orientation date has not passed.

7. DATE ATTENDED ORIENTATION

Enter the month, day, and year the individual attended orientation.

The date is entered by the MWA. If an individual fails to attend orientation, this field remains blank.

Individual Orientation

8. SCHEDULED INDIVIDUAL ORIENTATION DATE - This field is not required.

This is an information field used by the MWA or the DHS staff to identify the day of the individual orientation.

9. RESCHEDULED INDIVIDUAL ORIENTATION DATE - This field is not required.

This information field may be used to identify the rescheduled individual orientation date.

10. ATTENDED INDIVIDUAL ORIENTATION DATE

A display only field showing the date the first activity was attended for an individual orientation.

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11. FIRST ACTIVITY PROVIDED

A display only field, which identifies the activity attended for an individual with the Referral Type equal to General Orientation Not Required.

Barriers to Employment

12. BARRIER TO EMPLOYMENT - Each field must show “yes” or “no” prior to termination.

Select “yes” or “no” for each of the following:

- Transportation
- Childcare
- Personal/Health
- Education/Workplace Skills
- Situational

Education and Training Outcomes During Employment

13. ATTAINMENT OF HIGH SCHOOL DEGREE/GED - Each field must show “yes” or “no” prior to termination.

Select “yes” or “no” if the participant has a high school degree/GED.

14. ATTAINMENT OF ASSOCIATES DEGREE - Each field must show “yes” or “no” prior to termination.

Select “yes” or “no” if the participant has an associate’s degree.

15. ATTAIN OTHER POST-SECONDARY DEGREE - Each field must show “yes” or “no” prior to termination.

Select “yes” or “no” if the participant has attained other post-secondary degree.

16. OTHER TRAINING CREDENTIAL - Each field must show “yes” or “no” prior to termination.

Select “yes” or “no” if the participant has other training credentials.

Status – Termination

17. (MWA) TERMINATION DATE - This field is required for all participants when terminated from the program.

Enter the month, day, and year the individual was terminated from the program.

18. TERMINATION DATE ENTERED ON

This is a display only field, which shows the date the termination was entered in the

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OSMIS.

19. TERMINATION REASONS BY REFERRAL TYPE - This field is required for all Referral Types for whom a termination date is entered.

JET TANF - FIP Referral (FIP Applicant/Recipient must attend orientation or General Orientation Only Not Required)

Select one of the following termination reasons from the dropdown menu:

- Attended Orientation Only
- Case Closed Due to Earnings
- Deferred
- FIP Case Closed - Other
- Found Ineligible after Referral
- Medical Determination Limit
- Cannot Locate
- Death
- Family Care
- Health/Medical
- Institutionalized
- No Childcare
- No Transportation
- Refused to Continue
- Non-Compliance (Refuses to Cooperate)
- Refused EFIP Service
- Transfer to Other County

FOC Non-Custodial Parent (JET - TANF - NCP)

Select one of the following termination reasons from the dropdown menu:

- Attended Orientation Only
- Cannot Locate
- Fulfilled 90-Day Retention
- Missed 2 Appointments – Cannot Locate
- Death
- Family Care
- Health/Medical
- Institutionalized
- No Childcare
- No Transportation
- Other
- Refused to Continue
- NCP Transfer to JET
- Non-Compliance (Refuses to cooperate)

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Refused to Continue
Transfer to Other County

Food Assistance

Select one of the termination reasons from the dropdown menu:

Case Closure (due to income)
Deferred
Entered UnSub Employment
Other

Non Cash Recipient (NCR)

Select one of the termination reasons from the dropdown menu:

Completed NCR Program Objectives
Did Not Complete NCR Program Objectives
NCR Assistance Case Closed
Reapplied for FIP

20. EMPLOYED AT TERMINATION - This field is not required, except for NWLB participants.

Select “yes” or “no” if the participant was employed at termination.

21. OCCUPATION AT TERMINATION - This field is required.

Select from the dropdown menu one of the following:

- Agriculture & Engineering Occupations
- Art, Design, Entertainment, Sports, and Media Occupations
- Building and Grounds, Cleaning and Maintenance Occupations
- Business and Financial Occupations
- Community and Social Service Occupations
- Computer and Mathematical Occupations
- Construction and Extraction Occupations
- Education, Training, and Library Occupations
- Farming, Fishing, and Forestry, Occupations
- Food Preparation and Serving Related Occupations
- Health Care Practitioner and Technical Occupations
- Health Care Support Occupations
- Installation, Maintenance, and Repair Occupations
- Legal Occupations
- Life, Physical, and Social Science Occupations
- Management Occupations
- Military Specific Occupations
- Office and Administrative Support Occupations

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- Personal Care and Service Occupations
- Production Occupations
- Protective Service Occupations
- Sales and Related Occupations
- Transportation and Material Moving Occupations

22. INDUSTRY AT TERMINATION - This field is required.

Select from the dropdown menu one of the following:

- Accommodation and Food Services
- Administrative and Support Services
- Agriculture, Forestry, Fishing, and Hunting
- Arts, Entertainment, and Recreation
- Construction
- Education Services
- Finance and Insurance
- Health Care and Social Assistance
- Information
- Management of Companies and Enterprises
- Manufacturing
- Mining
- Other Services except Public Administration
- Professional, Scientific, and Technical Services
- Public Administration
- Real Estate, Renting, and Leasing
- Retail Trade
- Transportation and Warehousing
- Utilities
- Wholesale Trade

23. HOURLY WAGE - This field is not required, unless NWLB or Employed at Termination.

Enter the hourly wage at termination.

24. TERMINATION SUBCODE - This field is not required.

If appropriate, enter the subcode assigned by the MWA.

25. TERMINATION OPTIONAL DATA 1 - This field is not required.

If appropriate, enter the optional data requested by the MWA.

26. TERMINATION OPTIONAL DATA 2 - This field is not required.

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If appropriate, enter the optional data requested by the MWA.

27. MET PARTICIPATION REQUIREMENTS - This field is required for FAE&T participants only.

An indicator for the FAE&T Program. A food assistance participant must participate in the program for a set number of hours to continue to receiving food assistance.

28. MET PARTICIPATION REQUIREMENTS ENTERED ON
A display only date field for food assistance participants showing the date they met participation requirements response was entered on the OSMIS.

29. MET PARTICIPATION REQUIREMENTS CHANGED ON

A display only date field for food assistance participants showing the date the met participation requirements response was updated on the OSMIS.

30. FOOD ASSISTANCE DESIGNATION - Required for food assistance participants only. Information is entered into the OSMIS by the MWA from the DHS-4796 form or after consultation with the DHS staff.

Select one of the following:

- Countable Months
- No Countable Months

Status – Found Ineligible

31. DHS INELIGIBLE DATE - Required only for a JET (FIP Applicant) who is found ineligible after referral to JET. DHS staff enters this date.

The DHS enters the date an applicant for FIP was found ineligible.

32. DHS INELIGIBLE DATE ENTERED ON

This is a display only field showing the date DHS entered the DHS Ineligible Date.

33. DHS INELIGIBLE DATE REASON - Required if the DHS Ineligible Date is completed.

DHS staff enters the reason.

The DHS staff selects one of the following reasons:

- Income
- Other

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34. IF OTHER - This field is not required.

DHS staff may provide additional clarification if the DHS Ineligible Date Reason is other.

35. ELIGIBLE FOR FIP - This field is not required.

If an individual is ineligible for FIP, the DHS staff should indicate “yes” or “no” as to whether the individual is eligible for childcare assistance or food assistance.

36. MWA MEETS CONDITIONS - A “yes” response is required if the individual is to continue to be served by the MWA with JET funds.

The MWA staff will determine if the ineligible individual may meet the conditions for continuing services which had been provided prior to the individual being found ineligible. Select “yes” or “no.”

Status – Case Closure

37. CASE CLOSED DATE - This date is entered by the DHS staff and is required for a Referral Type equal to JET or General Orientation Not Required and the FIP case is closed.

The DHS enters the date the FIP case was closed.

38. CASE CLOSED DATE ENTERED ON

This is a display only field showing the date the DHS staff entered the FIP Case Closure Date.

39. CASE CLOSURE DATE REASON - This field is entered by DHS staff and is required if the DHS Case Closure Date Field is completed.

DHS staff selects one of the following reasons:

- Income
- Other

40. IF OTHER - This field is not required.

The DHS staff may provide additional clarification if the DHS Case Closure Date Reason is other.

41. NUMBER OF CLOSURES - This field is not required.

The system will display the number of case closures for the participant.

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Section 4-1: Allowable Activities

JET uses the definitions and guidelines for the allowable activities as outlined in the *Reauthorization of the TANF Program; Final Rule* and subsequently described in Michigan's Work Verification Plan. The allowable activities are identified below. Durational limits and other guidelines pertaining to each activity may be found in the most recent *Allowable Activities in Meeting Work Participation Requirements* policy issuance (BWP/BWT PI 06-11 and subsequent changes).

Case management procedures including entry of actual hours of participation into the OSMIS, documentation requirements for substantiating actual hours recorded, and guidelines regarding excused absences may be found in BWP PI 06-34 and its changes.

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The items discussed for this chapter are in the following format:

REFERENCE: cross-references each data element to the OSMIS.

FIELD NAME: identifies the field.

DESCRIPTION: the definition and coding instructions whether or not the field is required.

EXAMPLE:

Reference, Field Name:

Description Enter the registrant, etc

Section 4-2: JET & Non-Custodial Parent Activities

The following reporting items are common for each of the Welfare Reform activities and will not be repeated in the explanation of information.

1. COMMENTS - This field is not required.

Enter any comment(s).

2. SUB CODE - This field is not required.

Enter the MWA code, if any.

3. OPTIONAL DATA 1 - This field is not required.

Enter the optional data code, if any.

4. OPTIONAL DATA 2 - This field is not required.

Enter the optional data code, if any.

5. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or greater than the Pre-Registration Date. The System Default Date is the current date.

6. LOCATION - This field is required.

The site location is displayed.

Section 4-3: Unsubsidized Private Sector Employment Unsubsidized Private Sector Employment, Part-Time Unsubsidized Private Sector Employment, Prior to Referral Subsidized Private Sector Employment, and

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Subsidized Public Sector Employment

1. EMPLOYER NAME - This field is required.

Enter the name of the employer.

2. EMPLOYER STREET ADDRESS 1 & 2 - This field is required.

Enter the street address of the employer.

3. EMPLOYER CITY - This field is required.

Enter the city name of the employer.

4. EMPLOYER STATE - This field is required.

Enter the state name of the employer.

5. EMPLOYER ZIP CODE - This field is required.

Enter the zip code for the employer.

6. EMPLOYER PHONE - This field is not required.

Enter the telephone number for the employer.

7. JOB TITLE - This field is not required.

Enter the participant's job title.

8. WAGE - This field is required.

Enter the hourly wage, if any.

9. HOURS - This field is required.

Enter the hours per week.

10. ONET CODE - This field is required.

Enter the ONET Code.

11. START DATE - This field is required.

Select the start date from the dropdown menu.

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12. ESTIMATED END DATE - This field is not required.

Select the estimated end date from the dropdown menu.

13. END DATE - This field is not required.

Select the end date from the dropdown menu.

14. FUNDING SOURCE - This field is required.

Select from the dropdown menu one of the following funding sources:

- State Funding
- JET

Section 4-4: On-the-Job Training

In addition to the data elements in Section 4-3, On-the-Job Training also includes the following:

1. NO WORKER LEFT BEHIND PARTICIPANT - This field is required.

System determined for all OJT activities from the current date.

2. TRAINING INSTITUTION - This field is not required.

Select from the dropdown menu one of the following:

- Remedial Education – Including GED & HS Completion
- 2-Year Institution
- 4-Year Institution
- Proprietary Institution
- Employer Training
- Other Provider

3. 2-YEAR INSTITUTION NAME – Required if participant is placed into a 2-year training institution.

Select one of the following from the dropdown menu:

- Alpena Community College
- Bay Mills Community College
- Bay de Noc Community College
- Delta College
- Glen Oaks Community College
- Gogebic Community College
- Grand Rapids Community College

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- Henry Ford Community College
- Jackson Community College
- Kalamazoo Valley Community College
- Kellogg Community College
- Kirtland Community College
- Lake Michigan College
- Lansing Community College
- Macomb Community College
- Mid Michigan Community College
- Monroe County Community College
- Montcalm Community College
- Mott Community College
- Muskegon Community College
- North Central Michigan College
- Northwestern Michigan College
- Oakland Community College
- Other
- Saginaw Chippewa Tribal College
- Schoolcraft College
- Southwestern Michigan College
- St. Clair County Community College
- Washtenaw Community College
- Wayne County Community College District
- West Shore Community College

4. 4-YEAR INSTITUTION NAME – Required if participant is placed into a 4-year training institution.

Select one of the following from the dropdown menu:

- Adrian College
- Albion College
- Alma College
- Andrews University
- Aquinas College
- Ave Maria School of Law
- Baker College
- Calvin College
- Calvin Theological Seminary
- Central Bible College
- Central Michigan University
- Cleary University
- College for Creative Studies
- Concordia University
- Cornerstone University
- Cranbrook Academy of Art

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- Davenport University
- DeVry University
- Detroit Baptist Theological Seminary
- Detroit College of Law
- Eastern Michigan University
- Ecumenical Theological Seminary
- Ferris State University
- Finlandia University
- Grace Bible College
- Grand Rapids Baptist Seminary
- Grand Valley State University
- Great Lakes Christian College
- Great Lakes University
- Hillsdale College
- Hope College
- ITT Technical Institute
- International Academy of Design & Technology
- Kalamazoo College
- Kettering University
- Kuyper College
- Lake Superior State University
- Lawrence Technological University
- Lewis College of Business
- Madonna University
- Marygrove College
- Michigan Jewish Institute
- Michigan School of Professional Psychology
- Michigan State University
- Michigan Technological University
- Michigan Theological Seminary
- Midwestern Baptist College
- Miller College
- Northern Michigan University
- Northwood University
- Oakland University
- Olivet College
- Other
- Puritan Reformed Theological Seminary
- Rochester College
- Sacred Heart Major Seminary
- Saginaw Valley State University
- Saint Cyril and Saint Methodius Seminary
- Siena Heights University
- Spring Arbor University
- The Art Institute of Michigan
- Thomas M. Cooley Law School

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- University of Detroit, Mercy
- University of Michigan - Ann Arbor
- University of Michigan – Dearborn
- University of Michigan – Flint
- University of Phoenix
- VanAandle Institute
- Walsh College
- Wayne State University
- Western Michigan University
- Western Theological Seminary
- Yeshiva Gedolah

5. PROPRIETARY INSTITUTION NAME - Required if participant is placed into training at a proprietary institution.

- American Medical Careers
- Aress Academy
- Blue Heron Academy
- Everest Institute
- International Truck Driving School
- Midwest Truck Driving School
- New Horizon
- North Country Heavy Equipment School
- Other
- Phelbotomy Education
- Ross Medical
- Stepping Stone
- Tri Area Truck Driving
- U. S. Truck Driving School
- Walker Medical
- West Michigan CDL

6. FIELD OF STUDY - This field is not required.

Select one of the following from the dropdown menu:

- Management Occupations
- Financial Occupations
- Science Occupations
- Engineering Occupations
- Computer Occupations
- Education Occupations
- Healthcare Nursing
- Other Healthcare Professionals
- Healthcare Support Occupations
- Community and Social Service Occupations

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- Other Professional Workers
- Technicians
- Sales Workers
- Administrative Support Workers
- Construction Workers
- Mechanics, Installers, and Repair Workers
- Production (Manufacturing) Workers
- Transportation Workers
- Laborers and Helpers
- Service Workers, Except Protective Service
- Protective Service Occupations

7. COMPLETED ACTIVITY - This field is required when the training ends.

Select from the dropdown menu “yes” if training was completed and “no” if training was not completed.

8. CREDENTIAL RECEIVED - This field is required if the response to Completed Training is “yes.”

Select one of the following from the dropdown menu:

- High School Diploma
- GED
- Associates Degree
- Bachelors Degree
- Masters Degree
- Recognized Skills Standard Attainment
- Occupational License
- Industry Recognized Certificate
- Other
- No Credential Received
- Microsoft Program Completion (this selection is only used for the Microsoft Unlimited Potential Grant)
- Non-Credential Skills Upgrade

Section 4-5: Work Experience

Job Skills Training

Education Directly Related to Employment

Condensed Vocational Programs

Internship, Practicum & Clinical

Vocational Occupational training

High School Completion

General Equivalency Diploma

1. HOURS - This field is required.

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Enter the hours per week.

2. START DATE - This field is required.

Select the start date from the dropdown menu.

3. ESTIMATED END DATE - This field is not required.

Select the estimated end date from the dropdown menu.

4. END DATE - This field is not required.

Select from the dropdown menu the end date.

5. FUNDING SOURCE - This field is required.

Select from the dropdown menu one of the following funding sources:

- State Funding
- JET

6. TRAINING PROVIDER - This field is not required.

Enter the name of the training provider.

7. TRAINING PROGRAM - This field is not required.

Enter the name of the training program.

In addition to the data elements listed above, Work Experience, Job Skills Training, Education Directly Related to Employment; Condensed Vocational Training, Internship, Practicum & Clinical, Vocational Occupational Training, High School Completion, and General Equivalency Diploma also contain the data elements 1 thru 8 in section 4-4.

Section 4-6: Job Search and Job Readiness Assistance

MWA 07 Goodwill Intake / Assessment

Substance Abuse Counseling

Community Service Programs

Child Care

MRS Activity Other

Other Non-Countable Hours

1. HOURS - This field is required.

Enter the hours per week.

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2. START DATE - This field is required.

Select the start date from the dropdown menu.

3. ESTIMATED END DATE - This field is not required.

Select the estimated end date from the dropdown menu.

4. END DATE - This field is not required.

Select the end date from the dropdown menu.

5. FUNDING SOURCE - This field is required.

Select one of the following funding sources from the dropdown menu.

- State Funding
- JET

Section 4-7: Medical Inactive – 30 Days or Less Assigned to Contact DHS for Referral Waiting for MRS Consultation Other Participating Parent – 2 Parent

1. START DATE - This field is required.

Select from the dropdown menu the start date.

2. ESTIMATED END DATE - This field is not required.

Select from the dropdown menu the estimated end date.

3. END DATE - This field is not required.

Select from the dropdown menu the end date.

4. FUNDING SOURCE - This field is required.

Select from the dropdown menu one of the following funding source.

- State Funding
- JET

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5. OTHER PARENT NAME - This field is only for **Other Participating Parent – 2 Parent**

Enter the name of the other parent.

Section 4-8: Assigned to Triage

1. HOURS PER WEEK - This field is not required.

Enter the hours per week.

2. START DATE - This field is required.

Select from the dropdown menu the start date.

3. REASON FOR TRIAGE - This field is required.

Select one of the following from the dropdown menu.

- Missed appointment / meeting
- No participation required activity
- Refused job referral
- Refused complete job application
- Missed interview
- Oral / written refusal to comply
- Disruptive / abusive behavior
- Refused Support Services
- Refused employment
- Quit or was fired from job

4. ESTIMATED END DATE - This field is not required.

Select the estimated end date from the dropdown menu.

5. END DATE - This field is not required.

Select the end date from the dropdown menu.

6. FUNDING SOURCE - This field is required.

Select one of the following funding sources from the dropdown menu.

- FED30
- FED70
- State Funding
- JET

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7. COMPLETED ACTIVITY - This field is required when the triage ends.

Select from the dropdown menu “yes” if training was completed and “no” if training was not completed.

Chapter 5: Enter Job Retention

Section 5-1: Overview

To comply with legislative requirements, MWAs must track and report 180-day job retention status of all participants who obtain positions in unsubsidized employment. Participants who have been placed into unsubsidized employment must remain employed for 180 calendar days to be reported as completing 180-day job retention requirements. In addition, the participant must have worked, based on a monthly average, the required federal minimum number of weekly participation hours relative to their case circumstances, as specified in the Allowable Activities PI (BWP/BWT PI 06-11 and subsequent changes) to be reported as completing 180-day job retention.

If an individual is still receiving regular FIP payments 180 days after obtaining employment, the participant should not be terminated from the OSMIS. The MWA must continue to provide the required case management contacts for the duration of the individual's receipt of FIP and EFIP payments to verify that work participation requirements are being met.

The MWAs must record the 180-day job retention information on the OSMIS using the corresponding Welfare Reform Job Retention screen.

The 180-day job retention reporting is not required for Non-Cash Recipients and Non-Custodial Parents.

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The items discussed for this chapter are in the following format:

REFERENCE: cross-references each data element to the OSMIS.

FIELD NAME: identifies the field.

DESCRIPTION: the definition and coding instructions whether or not the field is required.

EXAMPLE:

Reference, Field Name:

Description Enter the registrant, etc.

Section 5-2: Entering Job Retention Information

1. EMPLOYED - This field is required.

Select from the dropdown menu “yes” if the participant is employed or “no if the participant is not employed.

2. HOURS PER WEEK - This field is required.

Enter the number of hours worked per week.

3. WAGES PER HOUR - This field is not required.

Enter the hourly wage.

4. EXTRA WAGES PER WEEK - This field is not required.

Enter any extra wages received by the participant.

5. COMPUTED WAGES PER WEEK (PER HOUR) - Automatically generated.

The wage is computed by multiplying the number of hours worked per week by the wage per hour added to any additional wages, then divided by the original hours worked per week.

6. DATE OF LAST CONTACT - This field is not required.

Select the date the participant was last contacted from the dropdown menu.

7. NUMBER OF CONTACTS - Automatically generated.

Displays the number of times the case manager has indicated contact has been made with the participant.

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8. SUB CODE - This field is not required.

Enter the MWA code, if any.

9. OPTIONAL DATA 1 - This field is not required.

Enter the optional data code, if any.

10. OPTIONAL DATA 2 - This field is not required.

Enter the optional data code, if any.

11. COMMENTS - This field is not required.

Enter any comments.

12. NEXT SCHEDULED FOLLOW-UP DATE - This field is not required.

Select the participant next scheduled follow-up date from the dropdown menu.

13. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or subsequent to the pre-registration date. The system default date is the current date.

14. LOCATION - This field is required.

The MWA site location is displayed.

Chapter 6: Case Notes, Support Services, and ISS

Section 6-1: Overview

Case Notes

MWAs are encouraged to record all appropriate case note information in a timely manner, including identified barriers and steps taken to remove them and supportive services records.

Support Services

The MWAs are charged with managing payment of supportive services and are responsible for ensuring that the provision of supportive services is appropriate, with proper documentation on file. Supportive services are to be provided through the 180-day retention period. The MWAs shall respond in a timely manner when supportive services are requested. Requests may be an emergency, meaning that without immediate action (i.e., within 24 hours) on the part of the MWA, the participant would lose their current employment. In emergency situations, MWAs are to respond within 24 hours in order to prevent the loss of employment. The MWAs and the DHS are to locally coordinate supportive service payments to ensure that expenditure limitations are not exceeded. Supportive services in categories with monetary limits are to be recorded on the OSMIS.

The OSMIS will provide a warning when a supportive service category reaches the participant's yearly or lifetime limit. The following supportive services are required to be entered into the OSMIS:

- Automobile purchase (\$2000/lifetime limit)
- Automobile repair (\$900/12-month limit)
- Clothing allowance (\$500/12-month limit)
- Relocation expenses (\$1500/limit per move)
- Transitional supportive services (\$200/12-month limit)
- Food Assistance (\$50/30-day period)
- Incentive Payments (maximum of four \$50 payments)

Individual Service Strategy (ISS)

MWAs must continue to complete an Individual Service Strategy (ISS) on the OSMIS for all participants within 30 days of Welfare Reform program enrollment, in accordance with Bureau of Workforce Transformation policy. System enhancements will be made in the future to automatically transfer ISS data on the OSMIS to the FSSP.

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The items discussed for this chapter are in the following format:

REFERENCE: cross-references each data element to the OSMIS.

FIELD NAME: identifies the field.

DESCRIPTION: the definition and coding instructions whether or not the field is required.

EXAMPLE:

Reference, Field Name:

Description Enter the participant, etc.

Section 6-2: Completing WR Case Notes

1. PROGRAM - This field is required.

The OSMIS will provide all appropriate programs for the individual participant. Select the program that is correct for the participant from the dropdown menu.

2. SUBJECT - This field is not required.

Enter the subject for the case note.

3. COMMENTS - This field is required.

Enter any comments, up to 600 characters.

Section 6-3: Completing WR Support Services

1. SUPPORT SERVICE - This field is required.

Select one of the following from the dropdown menu:

- Auto Other
- Auto Repair
- Auto Purchase
- Clothing
- Other Supportive Services
- Pre-Employment Exam and Screening
- Private Vehicle Mileage Reimbursement
- Public Transportation
- Relocation Expenses
- TANF Participation Award
- Transportation, Clothing, Tools (Food Assistance Only)
- Transitional Support

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2. AMOUNT - This field is required.

Enter the amount of the check written for payment.

3. CHECK NUMBER - This field is not required.

Enter the check number for the voucher payment.

4. EXPENDITURE BEGIN DATE - This field is not required.

Select the start date of the payment from the dropdown menu.

5. EXPENDITURE END DATE - This field is not required.

Select the end date of the payment from the dropdown menu.

6. DATE RECEIVED - This field is required.

Select the date the payment was received from the dropdown menu.

7. COMMENTS - This field is not required.

Enter any comments.

8. VEHICLE MAKE - This is not required.

Enter the vehicle make (e.g. Ford, Mercury, or Mazda).

9. VEHICLE MODEL - This is not required.

Enter the vehicle model (e.g. Fusion, Milan, or Mazda6).

10. VEHICLE YEAR - This is not required.

Enter the vehicle year.

11. FUNDING SOURCE - This field is required.

Select one of the following funding sources from the dropdown menu:

- Employment Related
- Food Stamps (ABAWD)
- State Funding
- JET
- JET Plus Campus Center
- JET Plus Community Outreach

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12. SUB CODE - This field is not required.

Enter the MWA code, if any.

13. OPTIONAL DATA 1 - This field is not required.

Enter any optional data.

14. OPTIONAL DATA 2 - This field is not required.

Enter any optional data.

15. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or greater than the Pre-Registration date. The System Default Date is the current date.

16. LOCATION - This field is required.

Select the site location from the dropdown menu.

Section 6-4: Completing WR Individual Service Strategies

The following reporting items are common for Individual Service Strategies and will not be repeated in the explanation of information reported for each ISS.

1. COMMENTS - This field is not required.

Enter any comments.

2. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or greater than the pre-registration date. The system default date is the current date.

Client Characteristics

Contact Information

1. NAME - This field is required.

Enter the participant's last name, first name, and middle initial.

2. ADDRESS - This field is required.

Enter the participant's home address.

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3. CITY - This field is required.

Enter the participant's city of residence.

4. STATE - This field is required.

Enter the participant's state of residence.

5. ZIP CODE - This field is required.

Enter the participant's zip code.

6. PHONE NUMBER - This field is not required.

Enter the participant's home telephone number including area code (or number at which the participant may be reached). If the participant has no home telephone number where he/she can be reached, leave blank.

7. E-MAIL - This field is not required.

Enter the participant's e-mail address.

Personal Characteristics

8. DATE OF BIRTH - This field is required.

Enter the participant's month, day, and year of birth.

9. GENDER - This field is required.

Select from the dropdown menu "male" or "female".

10. RACE - This field is required.

Select from the dropdown menu all which apply but at least one must be chosen:

- African American
- American Indian
- Asian
- Native Hawaiian or Other Pacific Islander
- White

10. HISPANIC/LATINO ETHNICITY - This field is required.

Select from the dropdown menu "yes" if of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race, or "no".

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11. VETERAN STATUS - This field is required for those who are 18 and older.

Select from the dropdown menu:

- No
- Spouse
- Yes

12. IF VETERAN, SERVICE ENTRY DATE - This field is required.

Select the numerical month, day, and year the participant enlisted from the dropdown menu.

13. IF VETERAN, SERVICE EXIT DATE - This field is required.

Select the numerical month, day, and year the participant enlisted from the dropdown menu.

14. IF VETERAN, BRANCH OF SERVICE - This field is not required.

Select from the dropdown menu the branch of service the participant entered.

15. IF VETERAN, TYPE OF DISCHARGE - This field is not required.

Select from the dropdown menu the type of discharge from service for the participant.

Client Status

The OSMIS will automatically display the participant's information. Changes cannot be made at this screen.

Employment Goals

1. PROGRAM(S) - This field is required.

Check which of the appropriate programs the individual is enrolled. A program must be selected in order to continue. This field will affect allowable activations in the participant's action plans. If "other" is chosen, write in the name.

2. LONG-TERM EMPLOYMENT GOAL - This field is not required.

Enter the long-term employment goal.

3. ACTION PLAN - This field is not required.

Enter the action plan.

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4. DISCUSSED NON-TRADITIONAL OPPORTUNITIES FOR WOMEN/MEN - This field is not required.

Select from the dropdown menu “yes” if you have discussed non-traditional opportunities for women/men or “no” if you have not.

5. DISCUSSED LOAN REPAYMENT COUNSELING - This field is not required.

Select from the dropdown menu “yes” if you have discussed loan repayment counseling or “no” if you have not.

6. DISCUSSED SELF-SUFFICIENCY PLANNING - This field is not required.

Select from the dropdown menu “yes” if you have discussed self-sufficiency planning or “no” if you have not.

Assessment - Work History

These fields are used for Employers 1 thru 5.

1. EMPLOYER NAME - This field is not required.

Enter the name of the employer for which the former participant worked during the quarter. If more than one job was held, enter the name of the employer for which the former participant worked the most hours.

2. START DATE - This field is not required.

Select the date employment started from the dropdown menu.

3. END DATE - This field is not required.

Select the date employment ended from the dropdown menu.

4. JOB TITLE - This field is not required.

Enter the job title from the most recent employer.

5. WAGE (PER HOUR) - This field is not required.

Enter the numeric wage per hour for the employer identified in item #1.

6. NOTES/DUTIES - This field is not required.

Enter any notes or job duties.

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Assessment - Education History

These fields are used for Education 1 thru 5.

1. INSTITUTION NAME - This field is not required.

Enter the name of the institution, company, organization or other agency providing the education.

2. START DATE - This field is not required.

Select the date employment started from the dropdown menu.

3. END DATE - This field is not required.

Select the date employment ended from the dropdown menu.

4. PROGRAM/CLASS - This field is not required.

Enter the name of the training program or class.

5. COMPLETED PROGRAM/CLASS - This field is required at the time the activity ends.

Select from the dropdown menu either “yes” or “no” as to whether the education/training was completed.

6. DEGREE/CERTIFICATION - This field is not required.

Enter the name of the degree or certificate attained.

7. NOTES - This field is not required.

Enter any notes for this entry.

Assessment – Skill/Assets History

1. SKILL/ASSETS - This field is not required.

Enter the skill or asset attained.

2. DATE ACQUIRED - This field is not required.

Select the date the skill or assessment was acquired from the dropdown menu.

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3. CERTIFIED - This field is required at the time the activity ends.

Select from the dropdown menu either “yes” or “no” as to whether the education/training was certified.

Assessment – Testing History

These fields are used for Work Keys Testing - Pre and Post Services.

1. TEST DATE - This field is required.

Select the date for the test date from the dropdown menu.

2. TEST SITE - This field is required.

Enter the test site or location.

3. TEST RESULTS DATE - This field is not required.

Select the date for the test results from the dropdown menu.

4. APPLIED MATH - This field is not required.

Select from the dropdown menu “yes” if the test is for applied mathematics or “no” if the test is not.

5. APPLIED TECHNOLOGY - This field is not required.

Select from the dropdown menu “yes” if the test is for applied technology or “no” if the test is not.

6. LISTENING - This field is not required.

Select from the dropdown menu “yes” if the test is for listening or “no” if the test is not.

7. LOCATION INFORMATION - This field is not required.

Select from the dropdown menu “yes” if the test is for Location Information or “no” if the test is not.

8. OBSERVATION - This field is not required.

Select from the dropdown menu “yes” if the test is for observation or “no” if the test is not.

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9. READING FOR INFORMATION - This field is not required.

Select from the dropdown menu “yes” if the test is for reading for information or “no” if the test is not.

10. TEAM WORK - This field is not required.

Select from the dropdown menu “yes” if the test is for team work or “no” if the test is not.

11. WRITING - This field is not required.

Select from the dropdown menu “yes” if the test is for writing or “no” if the test is not.

12. SERVICE DATE - This field is required.

Select the service date from the dropdown menu.

These fields are used for other Testing 1, 2, or 3.

1. TEST - This field is not required.

Select one of the following from the dropdown menu:

- Adult Basic Learning
- Adult Literacy JTPA/ES
- Adult Literacy – Simon & Shuster
- Armed Forces Qualifying
- Basic Occupation Literacy
- California Achievement
- Career Ability Placement Survey
- CASAS Appraisal
- CASAS Survey Achievement
- General Aptitude Test Battery
- Iowa Test of Basic Skills
- Metropolitan Achievement
- Reading Job Corps Screening
- Test of Adult Basic Ed
- Wide Range Achievement
- Other

2. VERSION - This field is not required.

Enter the test version.

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3. LEVEL - This field is not required.

Enter the test level.

4. TEST DATE - This field is required.

Select the service date from the dropdown menu.

5. TEST SUBJECT - This field is not required.

Enter the test subject.

6. SCORE/RESULTS - This field is not required.

Enter the test score.

7. NOTES - This field is not required.

Enter any notes for this entry.

Section 6-5: Completing the WR Action Plan

1. BARRIER/SKILL NEEDED - This field is required.

Select one of the following barriers/skills needed:

- Appropriate Work Clothes
- Attitude
- Basic Skill Deficiency
- Behavioral Problems
- Behind 1 or More Grades
- Budget/Credit Concerns
- Child Care (Lack of)
- Child Support (Collecting)
- Court Ward/Foster Child
- Credential (Lack of)
- Domestic Violence
- Homeless
- Job Search Skills (Lack of)
- Legal Issues
- Limited English
- Long Term AFDC
- Long Term Unemployment
- Loss of Financial Assistance
- Math Skills below 8th Grade
- Mental Health Problems
- Non-High School Graduate
- Non-Willingness to Relocate
- Non-Willingness to Travel
- Offender/Ex-Offender
- Older Worker
- Other
- Personal/Family Problems
- Physical Disability
- Poor Health
- Poor Self-Confidence
- Pregnant/Parenting Youth
- Reading Skills below 8th grade
- Relevant Experience (Lack of)
- Relocation Expenses
- Runaway
- Significant Work History (Lack of)
- Substance Abuse
- Time Management
- Transportation (Lack of)
- Transportation Funds (Lack of)

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- Motivational Problems
- No Telephone
- No Tools, Uniform, Equipment
- No/Restricted Drivers License
- Veteran
- Vocational/Job Skills (Lack of)
- Wage Expectation High
- Youth

2. OTHER (BARRIER/SKILL NEEDED) - This field is not required.

Enter any additional skill/barrier needed that is not mentioned above.

3. BARRIER ESTABLISHMENT DATE - This field is required.

Select the barrier establishment date from the dropdown menu.

4. ACTION TO BE TAKEN - This field is not required.

Enter actions that need to be taken by the participant.

5. PROGRAM - This field is required.

Select the participants program from the dropdown menu. The list of options is determined by the participant's Employment Goal(s).

6. SERVICE TO BE PROVIDED - This field is not required.

A list of available services will depend on the participant's program. Different lists will be available with each program selected.

7. PROVIDED BY - This field is not required.

Select one of the following from the dropdown menu:

- Other
- Participant
- Staff

8. IF OTHER - This field is not required.

If other was selected in PROVIDED BY, then enter the other provider.

9. TOTAL ESTIMATED COST - This field is not required.

Enter the total estimated cost of the action plan.

10. TO BE PAID BY 1, 2, AND 3 – This field is not required.

Select one of the following:

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- Other Funding Source
- Participant
- Program Funding

11. PROGRAM FUNDING SOURCE 1, 2, AND 3 - This field is not required.

Select the funding source for the participant from the dropdown menu. The list of choices is determined by the participant's program.

12. ESTIMATED AMOUNT - This field is not required.

Enter the estimated amount for the service.

13. ESTIMATED SERVICE START DATE - This field is required.

Select the start date of the service from the dropdown menu.

14. ESTIMATED SERVICE END DATE - This field is not required.

Select the estimated end date of the service from the dropdown menu.

15. ACTION END DATE - This field is not required.

Select the end date of the service from the dropdown menu.

16. SUCCESSFUL OUTCOME (BARRIER REMOVED) - This field is not required.

Select from the dropdown menu "yes" if the barrier was removed or "no" if the barrier was not removed.

17. OUTCOME - This field is not required.

Enter the outcome of the service provided to the participant.

18. REASON BARRIER NOT REMOVED - this field is not required.

Select one of the following from the dropdown menu:

- Availability of Program Funds
- Disability Related Issue
- Early Program Term
- Lack of Comm. Resources
- Lack of Work Experience
- Long-Term Assistance Needed
- Other

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- Participant Choice
- Program Restrictions
- Unknown

19. COMMENTS - This field is not required.

Enter any comments.

20. SUB CODE - This field is not required.

Enter the MWA code, if any.

21. OPTIONAL DATA 1 - This field is not required.

Enter any optional data.

22. OPTIONAL DATA 2 - This field is not required.

Enter any optional data.

23. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or greater than the pre-registration date. The system default date is the current date.