

2023 County SNAP Employment and Training Plan

for

County Richland

Ohio

Mike DeWine, Governor
Jon Husted, Lt. Governor

Department of Job and Family Services

Matt Damschroder, Director

SNAP E&T Plan Contacts:

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<i>Title</i>	<i>Name</i>	<i>Email</i>	<i>Phone</i>

Total Number of SNAP Staff: 3 Eligibility Referral Specialist at .16 FTE each; 1 Eligibility Referral Special at .1875 FTE; 1 Unit Support Worker at .20 FTE; and 1 Eligibility Referral Supervisor at .20 FTE

Amendment Log

If a county agency amends their plan during federal fiscal year (FFY) 2023, it must submit SNAP E&T plan revisions to the Ohio Department of Job and Family Services (ODJFS), Office of Family Assistance (OFA) for approval. The county agency must submit the proposed changes for approval at least 30 days prior to the planned implementation because certain county contracts must be added to the Ohio SNAP E&T plan and be submitted to the United States Department of Agriculture, Food and Nutrition Services (FNS) for approval.

Amendment Number	Description of changes or purpose for Amendment	Section of Plan Changed	Date submitted to OFA	Date approved by OFA
1.				

Assurances

The following statements should be reviewed by the county agency Director and fiscal representative. Each box should be checked to indicate that the parties have read and certify the below assurances are met.

Budget	
The county agency is accountable for the content of the county Supplemental Nutrition Assistance Program (SNAP) employment and training (E&T) plan and will provide oversight of any sub-grantees.	<input checked="" type="checkbox"/>
The county agency is fiscally responsible for SNAP E&T activities funded under the plan and is liable for repayment of unallowable costs.	<input checked="" type="checkbox"/>

County or state education costs will not be supplanted with federal SNAP E&T funds.	<input checked="" type="checkbox"/>
Cash or in-kind donations from other non-Federal sources have not been claimed or used as a match or reimbursement under any other Federal program.	<input checked="" type="checkbox"/>
If in-kind goods and services are part of the budget, only public in-kind services are included. No private in-kind goods or services are claimed.	<input checked="" type="checkbox"/>
Documentation of county agency costs, payments, and donations for approved SNAP E&T activities are maintained by the county agency and available for USDA review and audit.	<input checked="" type="checkbox"/>
Steps are taken to ensure that SNAP E&T funds are not spent on individuals who also receive Title IV-A funds.	<input checked="" type="checkbox"/>
Program activities and expenses are reasonable and necessary to accomplish the goals and objectives of SNAP E&T.	<input checked="" type="checkbox"/>
The county agency maintains its own operating budget and narrative which can be made available upon request by state or federal reviewers.	<input checked="" type="checkbox"/>

Agreements and Contracts

Contracts for services are procured through competitive bid procedures governed by State and/or local procurement regulations.	<input checked="" type="checkbox"/>
The county agency has a procedure for ensuring all required SNAP E&T individuals are referred to a contractor or agency operating a component of its SNAP E&T, as soon as possible (recommended within 10 days following the completion of the appraisal). The appraisal must be completed no later than 30 days following the SNAP authorization.	<input checked="" type="checkbox"/>
Work Experience Program (WEP) site agreements and third-party contracts all contain language describing how they will provide SNAP E&T components, including when the county agency is operating the components, and when applicable, case management services for each participant.	<input checked="" type="checkbox"/>
The county agency has a procedure that ensures a contractor or agency operating a component of its SNAP E&T program notifies the county agency and the participant of the failed date(s) within 10 days of when the participant fails to comply with the employment and training requirements. The notification to the participant refers them to the county agency for determination of good cause.	<input checked="" type="checkbox"/>
Written agreements and third-party contracts all contain language that requires notification to the county agency of failed participation within 10 days.	<input checked="" type="checkbox"/>
Written agreements and third-party contracts all contain language of the process of how the county will be notified when there are no appropriate available slots for SNAP E&T individuals.	<input checked="" type="checkbox"/>
Written agreements and third-party contracts all contain language that requires notification to the county agency if any SNAP E&T participant, including voluntary individuals, is not suited for a SNAP E&T component (now referred to as "provider determination") within 10 days.	<input checked="" type="checkbox"/>
Sites are monitored on a regular cadence and their agreements are evaluated at least once per year.	<input checked="" type="checkbox"/>
Written agreements and third-party contracts are available upon request by State or Federal reviewers.	<input checked="" type="checkbox"/>
Plan amendments, including execution, termination or change of a contract or agreement must be submitted to the state.	<input checked="" type="checkbox"/>

Case Management

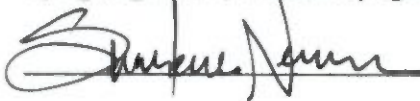
The county agency has a procedure for ensuring all SNAP E&T individuals receive an appraisal no later than 30 days after SNAP authorization, to determine the best assignment to a contractor or agency operating a component of its SNAP E&T to help the participant achieve self-sufficiency. This includes when the county agency is operating the component of SNAP E&T.	<input checked="" type="checkbox"/>
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Components	
Program activities are conducted in compliance with all applicable Federal and State laws, rules, and regulations including Civil Rights and OMB regulations governing cost issues.	<input checked="" type="checkbox"/>
SNAP E&T education activities directly enhance the employability of the individuals; there is a direct link between the education activities and job-readiness.	<input checked="" type="checkbox"/>
All SNAP E&T individuals receive case management services and at least one E&T component.	<input checked="" type="checkbox"/>
Of the five SNAP E&T components, at minimum, the following three components are part of the county's SNAP E&T program: <ol style="list-style-type: none"> 1. Supervised Job Search 2. Educational Programs 3. Work Experience 	<input checked="" type="checkbox"/>

Provider Determination/Conciliation	
The county agency has a procedure that ensures a contractor or agency operating a component of its SNAP E&T program notifies the county agency and the participant of their determination when a participant is found to not be suited for an E&T component/activity within 10 days of the determination, including when the county agency is operating the component/activity of SNAP E&T.	<input checked="" type="checkbox"/>
The county agency has a procedure that ensures a contractor or agency operating a component of its SNAP E&T program implements the provider determination with fairness, integrity, and in compliance with all Civil Rights Law and FNS regulations.	<input checked="" type="checkbox"/>
The procedure includes a channel for a contractor or agency operating a component of its SNAP E&T to communicate their reasoning for determining a participant is unsuitable for a SNAP E&T component/activity and a way for parties to share information to develop appropriate next steps.	<input checked="" type="checkbox"/>
The notification to the individual gives instruction on next steps, contact information, and notifies able-bodied adults without dependents (ABAWDS) that countable months will accrue unless the ABAWD fulfills work requirements, has good cause, lives in a waived area or is otherwise exempt.	<input checked="" type="checkbox"/>
The county has a due process procedure for the SNAP E&T individual to follow in the event the participant disagrees with a county good cause determination or a provider determination that an individual is not suited for a SNAP E&T component.	<input checked="" type="checkbox"/>

Noticing	
The assistance group receives a consolidated written notice and comprehensive oral explanation of all applicable work requirements for each individual within the household.	<input checked="" type="checkbox"/>

By signing below, the county agency director and financial representative certify that the above assurances are met.



County Agency Director



6-29-2022

Date

6-29-22

Section 1: Coordination with the Workforce Development System

In accordance with 7 CFR 273.7(c)(5), state and county agencies must design the E&T program in consultation with the state and county workforce development boards.

1. Describe how your county partners with the Workforce Development System and utilizes Ohio Means Jobs (OMJ).

Questions to address in response:

- Is SNAP E&T a partner at the local OMJ center?
- How does your county coordinate with education providers, career services, and eligible training providers?
- Do you look at the in-demand jobs list to determine what kind of components and activities you will offer?
- Do you use the Office of Workforce Development (OWD) career pathways (specified sequence of jobs and trainings to attain a certain job) to determine how to assign an individual to education and training?
- Do you use the same RFP for WIOA, SNAP E&T and/OWF work activities?
- Do you assign ABAWDs to basic education if they do not have a high school diploma or GED?
- Do you braid funding with TANF and WIOA (co-enroll individuals)? If yes, explain how you do this.
- How do you utilize OhioMeansJobs.com in your SNAP E&T program?
- Does your county assist ABAWDs in creating an account, backpack, and resume on OMJ?

Richland County Job and Family Services is the current OhioMeansJobs Richland County Center operator. As such, services offered to the OhioMeansJobs universal customer/job seeker are utilized as job search and job readiness activities for SNAP E&T participants and are identified in the individual SNAP E&T Employability Plans. The job search and job readiness activities may include workshops on resume writing and interviewing skills, career exploration, and assistance in utilizing virtual activities in ohiomeansjobs.ohio.gov to practice GED and occupational skills tests. In Richland County, caseworkers working in the OhioMeansJobs Richland County Center administer all county employment and training programs, to include OWF, SNAP and WIOA. The eligibility worker informs clients there are basic services offered at the OMJ Richland County Center during the initial interview. They inform work registrants of the requirement to register on ohiomeansjobs.com and comply with unemployment requirements, if applicable. During the group and/or individual assessment meetings, the Employment Services Counselors again inform the work registrants of the services available to them in the OhioMeansJobs Center. All job search and job readiness activities are required to be completed onsite at the OhioMeansJobs Richland Center to provide the work registrants with an opportunity to familiarize themselves with the Center. Participants are apprised of the educational programs or activities to improve basic skills or otherwise improve employability such as vocational training in a skill or trade that are available to them through the Center. Additional services made available to participants include ABLE/GED services through Mansfield City Schools; ESL services through Mansfield City Schools; Adult Diploma Programs through Pioneer Career & Technology Center and Madison Career Center; and remedial and basic skills services through Mansfield City Schools. Basic education assignments are made by choice; however, individuals without GEDs or high school diplomas are encouraged to participate in a GED or Adult Diploma program. The OhioMeansJobs Center offers WIOA Adult and Dislocated Worker training opportunities to SNAP E&T recipients who meet WIOA eligibility guidelines for training.

Section 2: Eligibility Determination and Screening

In accordance with OAC Rules 5101:4-3-11, 51015:4-3-20, and 5101:4-6-04, the county must determine if an individual is subject to SNAP work requirements. Work registrants must be screened to determine if they are required SNAP E&T individuals (i.e. ABAWDs in waived and non-waived counties).

1. The county must determine if a customer is subject to SNAP work requirements. Please describe the county agency's process for screening work registrants (during the intake process) to determine if they are required SNAP E&T individuals (ABAWDS). Screening is a SNAP certification function. Please include:

- How are work registrants and required E&T individuals (ABAWDS) identified?
- How are exemptions screened during the interview process (what questions are asked during the intake process specific to screening)?
- Do workers use a screening tool or questionnaire (if so, please attach)?
- When in the interview does the eligibility workers inform applicants of available supportive services and good cause for lack of available supportive service funding?
- How do you ensure workers understand that only ABAWDS are referred for an appraisal?

Eligibility workers use a screening tool to identify work registrants and required E&T participants (ABAWDS). Once a work registrant/potential ABAWD has been identified, the eligibility worker discusses work registrant requirements and possible SNAP exemptions with the individual and mails the work registrant the SNAP Work Requirements Notice. The eligibility worker informs the applicant/reapplicant of identifying documentation needed to verify the exemption. If verification of an exemption cannot be provided or no exemption exists, an ABAWD referral is forwarded to the Work Activities Unit so an assessment can be scheduled. At the time of the screening, the eligibility worker determines if the county is on an ABAWD waiver or if the applicant needs to regain eligibility due to the 3 of 36 rule and explains the ABAWD requirements and how to regain eligibility to the individual, when appropriate. Supportive services and good cause are discussed with the work required applicant during the work activities appraisal.

2. Some counties allow educational activities in vocational and post-secondary programs to qualify students enrolled at least half-time for SNAP when they are already enrolled at the time of application and all other eligibility requirements are met. Education and training must be an E&T component offered by the county. An appraisal of the student must be completed; the student must be assigned to an education and training component in the statewide eligibility system and coded as a SNAP E&T volunteer. Does your county allow self-enrolled students as volunteers into the SNAP E&T Program? No

SAMPLE LANGAUGE for CCAP Counties

[COUNTY NAME] is participating in the pilot of the Community College Acceleration Program (CCAP) and will be partnering with [COMMUNITY COLLEGE NAME]. SNAP E&T participants (including volunteers) will be assigned to participate in allowable SNAP E&T education/training activities at the community college. The community college may also provide the assigned SNAP E&T participant with supportive services that are reasonably necessary and directly related to participation in SNAP E&T activities.

The community college will be responsible for entering into an agreement with the Ohio Department of Job and Family Services (ODJFS) and invoicing will be handled by ODJFS. All participants in the CCAP will be assigned to participate in SNAP E&T according to the terms of the Memorandum of understanding (MOU) between the county agency and the community college; and participation (including the acceptance of volunteers and providing education/training activities as part of SNAP E&T) in the CCAP is limited to individuals identified within the MOU.

3. Does the county allow for any volunteer to enroll into the SNAP E&T program for any other component (Supervised Job Search, other education programs not described in question two, Work Experience, Work Based Learning, and/or Job Retention)? If yes, please describe the enrollment process.

Richland County Job and Family Services does not accept SNAP E&T volunteers. However, Richland County residents may participate in universal services offered at the OhioMeansJobs Richland Center and may participate in other programs for which the individual meets program eligibility requirements.

4. The following policies must be provided verbally and in writing to each work registrant and E & T individual (ABAWDs in waived and non-waived counties), as applicable, at the eligibility interview:

- E&T Program Requirements
- Work Registration Rights and Responsibilities
- Consequences of Failure to Comply
- ABAWD Work Requirements
- ABAWD Time Limits
- ABAWD Change Reporting Requirements

Do you ensure the policies listed above are provided verbally and in writing during the interview/screening process?
Yes

Section 3: Referrals

In accordance with OAC 5101:4-3-11 and OAC 5101:4-3-29, the county agency must screen each work registrant to determine if it is appropriate to refer them to the E&T program and, if appropriate, refer them for appraisal and an E&T component.

1. Are E&T services provided in-house or with a third-party provider? In house

2. Describe the step-by-step process workers use to refer eligible SNAP E&T individuals or recipients to the E&T program staff. Include the time frame in which the referral is made from either interview or authorization.

The Eligibility Specialist completes an initial or recertification interview, using screening questions to determine if the adult (or adult members of the assistance group) meets a SNAP E&T, ABAWD or Student exemption. If an exemption is identified, the eligibility worker informs the applicant of the documentation that is needed to verify an existing or newly claimed exemption for the adult or adult members of the assistance group. The eligibility worker completes the SNAP E&T/ABAWD Work Registration/Referral form for each adult member of the SNAP assistance group. The eligibility worker informs the applicant of work registration requirements and lets the applicant know all work-required adults will be scheduled for an appraisal with the Work Activities Unit within 30 days. The eligibility worker places the completed SNAP E&T/ABAWD- Work Registration/Referral Form into the Work Activities New SNAP Referrals workflow folder in the EDMS system for the appropriate county. The Richland County Work Activities Scheduler reviews each referral to check the validity of the referral and schedules the work-required applicant for an appraisal. The Richland County Work Activities Scheduler mails an appointment letter to each work-required applicant in the assistance group. The Scheduler may also call the applicant when mail times may not allow for timely delivery of the appraisal appointment letter

3. How is the referral communicated to SNAP applicant/recipient? What type of information about SNAP E&T is provided to the individual when they are referred? (e.g., information about accessing E&T services, case management, dates, contact information)?

As part of the eligibility interview process, the Eligibility Specialist informs the required applicant he/she will receive an appointment for a Work Activity appraisal and mails the work registrant the SNAP Work Requirements Notice. All ABAWD referred applicants receive an appraisal appointment letter that includes an Information Request Form and a Career Plan Assessment that are to be completed and brought to the appraisal appointment. The Information Request Form and the Career Plan Assessment assist the caseworkers in identifying employment history; barriers to employment; educational level; employment hard/soft transferable skills; and career interests and enable the caseworkers to assist the individuals in moving toward self-sufficiency and desired employment. The appraisal appointment letter contains the date and time of the appointment and the contact information of the assigned Employment Services Counselor. During the appraisal, the Employment Services Counselor will inform the work-required individual of the E&T services and case management services that are available.

4. How is information about the referral communicated within the county agency and/or to SNAP E&T providers, as applicable?

The Eligibility Specialist uses a screening tool to identify ABAWD work-required individuals, individuals who meet an exemption and individuals who may be eligible for expedited benefits. This tool is also used as the referral form for work required ABAWDs. Once the initial interview has been completed and SNAP eligibility has been determined, the Eligibility Specialist puts the referral into the Work Activities New SNAP Referrals workflow folder in the EDMS for the Work Activities Scheduler to review.

5. How does the referral process ensure that individuals are referred to an appropriate and available component? Describe the process for direct and reverse referrals, as applicable.

The Employment Services Counselor reviews all the forms sent to the applicant and any subsequent documentation the applicant may provide to verify exemptions that may have been identified but not verified during the initial intake. The information obtained during the Employment Services Counselor's review of the documents is considered leading information for the Employment Services Counselor to use during a motivated interview with the individual. During the interview, the Employment Services Counselor suggests/makes possible referrals for supportive services to appropriate community agencies and explores appropriate assignments. If it is discovered services are needed to address potential employment challenges such as substance abuse/misuse; domestic violence; mental health; and/or disabilities, the Employment Services Counselor will assist the individual in contacting the appropriate agency to develop a plan of action. The Employment Service Counselor reviews the appropriateness of continued assignments during the monthly progress monitoring/case management sessions and reassignment are made as necessary.

6. If the county uses a third-party provider for E&T services, how does communication occur between the county agency and its partners, as well as between partners. Please include the mode of communications (shared database, etc.) and the types of information that is shared (e.g. referrals, noncompliance with program requirements, provider determinations, etc.).

N/A

7. If the county uses a third-party provider, describe how new policies, procedures, or other information is shared with the intermediary or other partners.

N/A

Section 4: Case Management

Case management services are activities and resources that help the individual achieve program goals, and they must directly support an individual's participation in the SNAP E&T program. Case management services can be provided either virtually or in-person. Please refer to OAC Rules 5101:4-3-29 and 7CFR 273.7(c)(6)(ii).

1.Required SNAP E&T individuals (ABAWDs) must be appraised to determine the best assignment to help them achieve self-sufficiency. Employability plans are required for every individual assigned to a SNAP E&T activity. Does your county use the state employability plan template? Yes *If no, please attach your county's employability plan.*

2.Describe the county's step-by-step appraisal process to develop employability plans for SNAP E&T individuals.

- **When/how are appointments scheduled?**
- **What questions are asked and how are they customized for everyone?**
- **How do you assign SNAP E&T activities so that they are unique to the individual's needs?**
- **Are there any assessment strategies?**

Richland County Job and Family Services refers and schedules all SNAP E&T required participants within 30 days of application and at each reapplication. Most appraisals are completed in a group session. However, when necessary, individual assessments may be arranged to accommodate individuals with special circumstances such as domestic violence issues, medical issues or to expedite the process of regaining eligibility. During the group session and/or individual assessment, the caseworker reviews SNAP E&T rights and responsibilities; a general release of information; supportive services available to assist the individual; and the work activity requirements/Employability Plan. The work registrant signs all appropriate forms during the assessment. The Employability Plan includes a program overview; a review of the appraisal/assessment requirements; a work responsibility/action plan; a review of the sanction process (including good cause and compliance); and the county's conciliation process. The Employability Plan reflects the individual's needs and can include components of job search; job readiness; job skills training; basic education; work experience, etc. Hours of participation may vary depending on the assigned activities and are determined on a case-by-case basis. Assignments are structured to meet state participation requirements as well as to lead to self-responsibility and self-sufficiency. During the appraisal, if special circumstances are identified such as possible domestic violence or multiple barriers to employment, the caseworker may obtain a more specific release of information (Protected Health Information release) to determine whether special accommodations are required for the individual. As an alternative to in-person appraisal appointments, appraisals may be completed by phone or virtually. When completed by phone or virtually, the work required individual is required to sign all necessary forms within ten (10) days of the appraisal date. Individuals are asked to sign the forms at the agency to ensure the forms are completed in a timely manner. Everyone is assigned to an initial job readiness and/or job search assignment during the group assessment. At the individual case management session, the Employment Service Counselor may change assignments to meet the individual needs of each work required individual. Every work required individual can stay after group assessment to make accommodations to the employability plan if job search and/or job readiness assignments are not appropriate.

3.Who conducts the appraisal?

Richland County Employment Services Counselors complete the ABAWD work activities appraisals. Most appraisals are conducted in a group session in person or remotely. However, when necessary, individual assessments may be arranged to accommodate individuals with special circumstances such as domestic violence issues, medical issues or to expedite the process of regaining eligibility. All scheduled required participants receive an appraisal appointment letter that includes an Information Request Form and Career Plan Assessment with directions to complete the documents and submit them to the Employment Service

Counselor. The Information Request Form and the Career Plan Assessment assist the caseworkers in identifying employment history; barriers to employment; educational level; employment hard/soft transferable skills; and career interests and enable the caseworkers to assist the individuals in moving toward self-sufficiency and desired employment.

4. When are individuals scheduled for an appraisal (timeframe after intake or recertification interview)?

SNAP E&T required participants are referred to the Work Activities Unit and scheduled within 30 days of application/re-application or when case changes make an assistance group member ABAWD required. The appraisals are completed as group sessions, primarily. If an individual is not able to attend the scheduled appraisal, the individual is advised to contact the Employment Services Counselor identified on the appraisal appointment letter (contact information provided on the appointment letter) prior to the appointment time.

5. Appraisals shall be conducted by agency staff/contracted staff and the SNAP individual shall receive an appraisal appointment with a designated date and time for the appraisal. How are appraisals conducted (testing, etc)?

- ☐ Electronically on a computer
- ☐ Orally with staff
- ☐ Paper questionnaire
- ☒ Combination of all the above
- ☐ Other: *define other.*

6. How is information from the appraisal communicated or shared with the SNAP agency, with E&T providers, and with the individual, as appropriate?

Richland County SNAP E&T services are provided in house and the Employment Services Counselor assumes primary responsibility for conducting the appraisal and ensuring all planned services are provided. Employment Services Counselors maintain frequent communication with eligibility workers and participants. Contact is completed by phone calls, email, and mail. If an Employability Plan is amended, a revised copy is provided to the ABAWD work required participant.

7. Please indicate which of the following are explored to ensure a comprehensive appraisal in your county. Check all that apply:

- ☒ Work history
- ☒ Education
- ☒ Training
- ☒ Skills
- ☒ Aptitude
- ☒ Interests
- ☒ Strengths
- ☒ Goals
- ☒ Barriers
- ☒ Domestic Violence (required)
- ☐ Other: *Define other.*

8. The following policies must be provided verbally and in writing to each E&T individual (ABAWD) at the appraisal appointment:

- E&T Program Requirements

- **Work Registrants Rights and Responsibilities**
- **Consequences of Failure to Comply**
- **ABAWD Work Requirements (if not under a waiver)**
- **ABAWD Time Limits (if not under a waiver)**
- **ABAWD Change Reporting Requirements (if not under a waiver)**

Does your county provide any additional case management services other than appraisals, individualized employability plans and ongoing progress monitoring? Yes

If yes, please describe additional case management services. Richland County Job and Family Services serves as the Local Area 10 OhioMeansJobs operator for Richland County. This enables the Employment Services Counselors to offer career exploration services, assistance with resumes and assistance with interviewing techniques to work required ABAWDs. Work required ABAWDs are advised they may participate in any of the basic career services provided through the OhioMeansJobs Center to meet the requirements of job search and job readiness activities under SNAP Employment and Training.

9. How will individuals' ongoing progress be monitored (case management)/tracked and by whom?

Richland County Employment Services Counselors will offer case management services to all assigned work eligible individuals. The Employment Services Counselor will document all contact with the work eligible individuals in OBWP journal notes. The supervisor will monitor cases randomly during monthly participation reviews with the Employment Services Counselors.

10. Describe the ongoing case management processes (in general). Please include the following:

- **Who is responsible for providing ongoing case management?**
- **Typically, how often does the agency meet with a participant?**
- **How is the contact made with the participant (text, phone, in-person)?**
- **Is anything discussed beyond the ongoing progress monitoring, such as supportive services or other case management services? If yes, please describe.**

Richland County Employment Services Counselors will offer case management services to their assigned ABAWD consumers no less than one time per month in person, by phone or virtually. Case management services will be evaluated on a case-by-case basis as situations or family circumstances may necessitate more contact. Journal notes will be completed in the OBWP. On-going case management services are to increase the employability and self-sufficiency of the individual. However, if the individual expresses a desire to discontinue ongoing progress monitoring and/or has failed to comply without good cause for two consecutive case management meetings, progress monitoring activities may cease and no sanction will be imposed. Ongoing progress monitoring activities are meant to be beneficial to the individual, not punitive; if the individual is otherwise progressing through the assigned E&T activities, no sanction or penalty will be placed for not complying. However, per OAC rule 5101: 4-3-29 (eff. 10/1/21), although the ABAWDs are not sanctioned, if the case management hours count toward the ABAWD work requirement, the individual could accrue a countable month toward the 3 of 36 rule.

11. Describe how the case manager will coordinate with the SNAP E&T providers and other community resources.

Richland County SNAP E&T services are provided in-house, so the Employment Services Counselor is primarily responsible for ensuring all planned services are provided. The Employment Services Counselor will coordinate with identified community resources to assist the ABAWD with self-sufficiency and overcoming barriers. Employment Services Counselors may contact community resources via phone, mail and/or internet. A basic release of information will be completed with the ABAWD to insure confidentiality.

12. Describe how E&T individuals will receive targeted case management services.

Employment Services Counselors will implement client-focused/motivated interview techniques with the ABAWD participants. Employment Services Counselors will assist the participants in developing short term and long-term goals and action plans to meet those goals. During the individual case management sessions, the Employment Services Counselor will revisit the goals and assist the participant in identifying various strategies to meet the goals. Goals may be amended periodically to address the participant's needs.

Section 5: Components

A county agency's E&T program must include these three components: Supervised job search, education and training, and work experience (WEP). Work based learning and job retention are optional components. Please refer to OAC Rules 5101:4-3-33, 5101:4-3-34, and 5101:4-3-35 and 7CFR 273.7(e)(2).

Use the boxes below to indicate which component(s) your county offers, who provides it, and the projected annual participation number per component in FFY 2023. Expected participation numbers are based on average monthly enrollment numbers for FFY 2022 per JFSR 5201-D- SNAPET- ABAWD Assignment Detail Report (SNAP). Counties can request their average monthly participation number by contacting [Outcomes And Analysis@jfs.ohio.gov](mailto:Outcomes_And_Analysis@jfs.ohio.gov).

Supervised Job Search

1. Supervised Job Search	
<p>Summary: Provide a summary of the county guidelines implementing supervised job search. This summary of the State guidelines, at a minimum, must describe: The criteria used by the State agency to approve locations for supervised job search, an explanation of why those criteria were chosen, and how the supervised job search component meets the requirements to directly supervise the activities of individuals and track the timing and activities of individuals.</p>	<p>All job search activities are completed in the OhioMeansJobs Center Resource Room; RCJFS is the OhioMeansJobs Center operator. The Resource Room Aide assists individuals with activities when needed. Supervised job search will be evaluated on an on-going basis. If job search is found to be the most appropriate on-going assignment, the supervised job search activity will be paired with another SNAP E&T activity such as job readiness, WEP or an educational component to increase employment opportunities. The required hours of supervised job search will be less than half of the total number of hours the ABAWD is required to participate in SNAP E&T. Participants will register with the receptionist upon arrival to create an attendance record. Participants are required to print verification of submission of each job application such as the "Thank You for Applying" page. If a participant faxes or e-mails a resume to an employer, the participant will provide the fax confirmation page or email from an employer to verify receipt of the resume. If a participant applies to one employer for multiple positions, the participant will only receive credit for that employer once; it will count as one application. Each application will receive .50 hours of participation. All verifications must be submitted to the Employment Services Counselor (ESC) by the requested date to verify activities were completed within the allotted timeframe. During monthly case management meetings, the Employment Service Counselor will review the job search activities with the participant to verify the applications completed match the skills of the participant</p>

	to assist the participant in moving toward employment. This interaction will be documented in Ohio Benefits journal.
Direct link: Explain how the county agency will ensure that supervised job search activities will have a direct link to increasing the employment opportunities (i.e. how the State agency will screen to ensure individuals referred to Supervised Job Search have the skills to be successful in Supervised Job Search and how the Supervised Job Search program is tailored to employment opportunities in the community).	The Employment Service Counselor will review the job search activity with the participant to verify the applications completed match the skills of the participant. The case manager may review Resource Room job postings with participant and assist with applications. This interaction will be documented in Ohio Benefits journal.
Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.	ABAWD, work required individuals are the target population for the SNAP E&T program. This may include homeless, older disconnected youth and returning citizens.
Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)	ABAWDs assigned to this component must be able to read, write and have basic computer literacy.
E&T Providers: Identify all entities that will provide the service.	OhioMeansJobs Richland Center Staff
Projected Annual Participation: Project the number of unduplicated individuals.	600
Estimated Annual Component Administrative Costs:	\$26786.36

Education and Training Programs-some or all of the following education components shall be offered.

2. Basic/Foundational Skills Instruction (includes High School Equivalency Programs)	
Do you offer Basic/Foundational Skills Instruction?	Yes If no, continue to the next component #4
Description of the component: Provide a summary of the activities and services	ABLE/GED services through Mansfield City Schools; ESL services through Mansfield City Schools; Adult Diploma Programs through Pioneer Career & Technology Center and Madison Career Center; and remedial and basic skills services through Mansfield City Schools are available to participants. Basic education assignments are made by choice. However, individuals without GEDs or high school diplomas are encouraged to participate in a GED or Adult Diploma program
Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.	ABAWDs without a high school diploma, limited basic skills and individuals for which English is a secondary language
Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the	Services are for individuals who lack basic skills

component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)	
E&T Providers: Identify all entities that will provide the service.	Mansfield City Schools/ASPIRE, Pioneer Career & Technology Center, Madison Local Schools
Projected Annual Participation: Project the number of unduplicated individuals.	200
Estimated Annual Component Administrative Costs: Not supplanting: Federal E&T funds used for activities within the education component must not supplant (i.e. replace) non-Federal funds for existing educational services and activities. For any education activities, provide evidence that costs attributed to the E&T program are not supplanting funds used for other existing education programs.	The only costs associated with the component are in house costs covered under the operating budget.
Cost Parity: If any of the educational services or activities are available to persons other than E&T individuals, provide evidence that the costs charged to E&T do not exceed the costs charged for non-E&T individuals (e.g. comparable tuition).	No cost to SNAP E&T -Provided 100% by OMJ partners

3.Career/Technical Education Programs or other Vocational Training	
Do you offer Career/Technical Education Programs or other Vocational Training?	No If no, continue to the next component #5
Description of the component: Provide a summary of the activities and services.	<i>Click or tap here to enter text.</i>
Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.	<i>Click or tap here to enter text.</i>
Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)	<i>Click or tap here to enter text.</i>
E&T Providers: Identify all entities that will provide the service.	<i>Click or tap here to enter text.</i>
Projected Annual Participation: Project the number of unduplicated individuals.	<i>Click or tap here to enter text.</i>
Estimated Annual Component Costs: Project only administrative costs. Not supplanting: Federal E&T funds used for activities within the education component must not supplant non-Federal funds for existing educational services and activities. For any education activities, provide evidence that costs attributed to the E&T program are not supplanting funds used for other existing education programs.	<i>Click or tap here to enter text.</i>

Cost Parity: If any of the educational services or activities are available to persons other than E&T individuals, provide evidence that the costs charged to E&T do not exceed the costs charged for non-E&T individuals (e.g. comparable tuition).

Click or tap here to enter text.

4. Job Readiness Training

Do you offer Job Readiness Training?

Yes If no, continue to the next component #3

Description of the component: Provide a brief description of the activities and services.

Richland County Job and Family Services, the OhioMeansJobs Center operator, incorporates resources made available to the universal customer into the SNAP E&T Employability Plan. Various job-readiness workshops offered in the OhioMeansJobs Center, as provided through the WIOA program, are incorporated as assignments on the Employability Plan to increase job readiness/preparation opportunities for the individual.

Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.

ABAWDs who are work required are the target population. This may include returning citizens, homeless, and older disconnected youth

Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)

Basic literacy or numeracy skills and basic computer literacy

Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)

Basic literacy or numeracy skills and basic computer literacy

E&T Providers: Identify all entities that will provide the service.

OhioMeansJobs Center staff and WIOA Employment Services Counselors

Projected Annual Participation: Project the number of unduplicated individuals.

100

Estimated Annual Component Administrative Costs:

\$73,766.94

5. English Language Acquisition

Do you offer English Language Acquisition?

Yes If no, continue to the next component #6

Description of the component: Provide a summary of the activities and services.

English as Second Language is offered through the Mansfield City Schools. Basic education assignments are made by choice. However, individuals with limited English proficiencies are encouraged to participate in an ESL program

Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.

ABAWDs who have limited English speaking proficiencies. This includes returning citizens, homeless, and older disconnected youth

Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)	Services are for individuals who lack basic skills
E&T Providers: Identify all entities that will provide the service.	Mansfield City Schools/ASPIRE
Projected Annual Participation: Project the number of unduplicated individuals.	10
Estimated Annual Component Costs: Project only administrative costs.	<i>Click or tap here to enter text.</i>
Cost Parity: If any of the educational services or activities are available to persons other than E&T individuals, provide evidence that the costs charged to E&T do not exceed the costs charged for non-E&T individuals (e.g. comparable tuition).	No cost to SNAP E&T -Provided 100% by OMJ partners
Cost Parity: If any of the educational services or activities are available to persons other than E&T individuals, provide evidence that the costs charged to E&T do not exceed the costs charged for non-E&T individuals (e.g. comparable tuition).	These services are offered to residents through the Mansfield City Schools. There is no SNAP E&T cost associated with this service.

Work Experience

6. Work Experience Program (WEP)	
Description of the component: Provide a summary of the activities and services.	Richland County Job and Family Services develops WEP agreements with various non-profit and community agencies in Richland County for participants to gain employability, soft and transferable skills. Participants are assigned based on information gained from their assessments; assignments are made on a case-by-case basis. Hours of participation are calculated in compliance with the Fair Labor Standards Act (FLSA). Whenever possible, caseworkers assign participants to sites that most closely match the individual's employment goals to assist the participant in gaining skills specific to his/her area of interest. Examples of work site activities may include: clerical duties, customer services, janitorial/maintenance, child care assistance, light assembly and/or packaging. Worksite supervisors provide weekly attendance and failed hours of participation to the caseworker. Within ten days of the placement, the worksite supervisor will inform the caseworker if a participant is not a good fit for the site. If a participant misses an assigned activity (work hours), the participant must provide good cause verification within seven (7) days of the missed activity (missed hours) to his/her caseworker. Richland County Job and Family Services will

	ensure all worksites are aware of the Ohio Department of Health's workplace requirements to ensure safety for all participants during the COVID-19 pandemic.
Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.	ABAWDs who are work required are the target population. This may include returning citizens, homeless, and older disconnected youth
Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)	Basic literacy and numeracy skills
E&T Providers: Identify all entities that will provide the service.	Richland County SNAP E&T services are provided inhouse; the Employment Services Counselors will provide the service (case manage the component). Richland County maintains 10-20 active work site agreements for SNAP E&T participants and the work sites are reviewed and updated on a yearly basis.
Projected Annual Participation: Project the number of unduplicated individuals.	900
Estimated Annual Component Costs: Project only administrative costs.	\$26,786.36

***Please attach a sample WEP agreement**

Work Based Learning

7. Internships	
Do you offer Work Based Learning?	No If no, continue to the next component #7
Description of the component: Provide a summary of the activities and services.	<i>Click or tap here to enter text.</i>
Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.	<i>Click or tap here to enter text.</i>
Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)	<i>Click or tap here to enter text.</i>
E&T Providers: Identify all entities that will provide the service.	<i>Click or tap here to enter text.</i>
Projected Annual Participation: Project the number of unduplicated individuals.	<i>Click or tap here to enter text.</i>

Estimated Annual Component Costs: Project only administrative costs.

8. Pre-apprenticeship

Do you offer Work Based Learning?

No If no, continue to the next component #7

Description of the component: Provide a summary of the activities and services.

Click or tap here to enter text.

Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.

Click or tap here to enter text.

Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)

Click or tap here to enter text.

E&T Providers: Identify all entities that will provide the service.

Click or tap here to enter text.

Projected Annual Participation: Project the number of unduplicated individuals.

Click or tap here to enter text.

Estimated Annual Component Costs: Project only administrative costs.

9. Apprenticeship

Do you offer Work Based Learning?

No If no, continue to the next component #7

Description of the component: Provide a summary of the activities and services.

Click or tap here to enter text.

Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.

Click or tap here to enter text.

Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)

Click or tap here to enter text.

E&T Providers: Identify all entities that will provide the service.

Click or tap here to enter text.

Projected Annual Participation: Project the number of unduplicated individuals.

Click or tap here to enter text.

Estimated Annual Component Costs: Project only administrative costs.

Click or tap here to enter text.

10. Customized Training

Do you offer Work Based Learning?

No If no, continue to the next component #7

Description of the component: Provide a summary of the activities and services.	<i>Click or tap here to enter text.</i>
Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.	<i>Click or tap here to enter text.</i>
Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)	<i>Click or tap here to enter text.</i>
E&T Providers: Identify all entities that will provide the service.	<i>Click or tap here to enter text.</i>
Projected Annual Participation: Project the number of unduplicated individuals.	<i>Click or tap here to enter text.</i>
Estimated Annual Component Costs: Project only administrative costs.	<i>Click or tap here to enter text.</i>

11. Transitional Jobs	
Do you offer Work Based Learning?	No If no, continue to the next component #7
Description of the component: Provide a summary of the activities and services.	<i>Click or tap here to enter text.</i>
Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.	<i>Click or tap here to enter text.</i>
Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)	<i>Click or tap here to enter text.</i>
E&T Providers: Identify all entities that will provide the service.	<i>Click or tap here to enter text.</i>
Projected Annual Participation: Project the number of unduplicated individuals.	<i>Click or tap here to enter text.</i>
Estimated Annual Component Costs: Project only administrative costs.	

12. Incumbent Worker Training	
Do you offer Work Based Learning?	No If no, continue to the next component #7
Description of the component: Provide a summary of the activities and services.	<i>Click or tap here to enter text.</i>
Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.	<i>Click or tap here to enter text.</i>

Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)	<i>Click or tap here to enter text.</i>
E&T Providers: Identify all entities that will provide the service.	<i>Click or tap here to enter text.</i>
Projected Annual Participation: Project the number of unduplicated individuals.	<i>Click or tap here to enter text.</i>
Estimated Annual Component Costs: Project only administrative costs.	<i>Click or tap here to enter text.</i>

13. On-the-Job Training	
Do you offer Work Based Learning?	No If no, continue to the next component #7
Description of the component: Provide a summary of the activities and services.	<i>Click or tap here to enter text.</i>
Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.	<i>Click or tap here to enter text.</i>
Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)	<i>Click or tap here to enter text.</i>
E&T Providers: Identify all entities that will provide the service.	<i>Click or tap here to enter text.</i>
Projected Annual Participation: Project the number of unduplicated individuals.	<i>Click or tap here to enter text.</i>
Estimated Annual Component Costs: Project only administrative costs.	

14.. Subsidized Employment	
Do you offer Work Based Learning?	No If no, continue to the next component #7
Description of the component: Provide a summary of the activities and services.	<i>Click or tap here to enter text.</i>
Target Population: Identify the population that will be targeted. Include special populations such as ABAWDs, Returning Citizens, Homeless, Older Disconnected Youth, etc.	<i>Click or tap here to enter text.</i>
Criteria for Participation: What skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)	<i>Click or tap here to enter text.</i>

E&T Providers: Identify all entities that will provide the service.	<i>Click or tap here to enter text.</i>
Projected Annual Participation: Project the number of unduplicated individuals.	<i>Click or tap here to enter text.</i>
Estimated Annual Component Costs: Project only administrative costs.	<i>Click or tap here to enter text.</i>

Job Retention Services

15. Job Retention Services	
Do you offer Job Retention Services?	No If no, continue to the next component #7
Description of the component: Provide a summary of the activities and services.	<i>Click or tap here to enter text.</i>
Target Population: Identify the population that will be targeted. Include special employed populations.	<i>Click or tap here to enter text.</i>
Criteria for Participation: In addition to gaining employment, what skills, knowledge, or experience is necessary for participation in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy etc.)	<i>Click or tap here to enter text.</i>
E&T Providers: Identify all entities that will provide the service.	<i>Click or tap here to enter text.</i>
Projected Annual Participation: Project the number of unduplicated individuals.	<i>Click or tap here to enter text.</i>
Estimated Annual Component Costs: Project only administrative costs.	<i>Click or tap here to enter text.</i>

Note: When the county is at full capacity for all SNAP E&T components and can no longer assign individuals, the county agency must notify the TANF-FSTA mailbox within 30 days of the determination of no site availability. WEP site agreements and third-party contractors must notify the county agency if there are no available slots for SNAP E & T individuals.

Section 6: Participant Tracking and Monitoring

In accordance with OAC Rules 5101:4-3-20 and 5101:4-3-11.2, individuals must be monitored to ensure that both ABAWD and E&T Program requirements are met. Counties must apply sanctions and/or terminate benefits as appropriate.

1. Which of the following methods does your county use to prevent overpayments to ABAWDs who reach their time limit (3 of 36 months), when not under a waiver? *Check all that apply:*

☒ ABAWD Countable Months Detail Report (OB)

- ☒ ABAWD Time Limit Month (OB)
- ☒ Other: Shorten certification periods and JFSR 5315-D ABAWD Countable Months Detail Report (BI)

2. How does your county ensure that the participant is informed of an alleged failure prior to the imposition of a timely sanction for the ABAWD who fails to participate in a SNAP E&T activity for the appropriate number of hours?

Check all that apply:

- ☒ County notification form
- ☒ Phone call
- ☐ Email
- ☐ Text
- ☒ Other reasonable means: SNAP Notice of Alleged Failure Notice letter

3. ABAWDs are required to participate in SNAP E&T, even if the ABAWD resides in a waiver county. How does your county ensure that timely sanctions are applied to ABAWDs who fail to participate in a SNAP E&T activity for the appropriate number of hours? *Check all that apply:*

- ☒ ABAWD Countable Months Detail Report (OB)
- ☒ ABAWD Time Limit Month (OB)
- ☒ Other: Employment Services Counselors complete a monthly participation audit on their caseload to ensure attendance and/or good cause has been received for all participating ABAWDs. When the ABAWD has an insufficient number of hours and/or case management sessions are not kept, an alleged failure notice will be mailed to the failing participant. This allows the ABAWD seven (7) days to contact the Employment Services Counselor regarding good cause and/or an exemption, if no contact is made or verification is not provided, a penalty or sanction will be imposed.

Section 7 Supportive Services

In accordance with OAC Rule 5101:4-3-32, county agencies are responsible to pay for or reimburse individuals for expenses that are reasonable, necessary, and directly related to participation in E&T. County agencies may impose a maximum limit for reimbursement payments. The County must meet all costs associated with mandatory participation (i.e., the supportive services must cover the total cost, otherwise the individual will be exempt).

Estimates of Participant Reimbursements/Service Arrangements

Estimate the number of E&T individuals to receive participant reimbursements/service arrangements. Include both mandatory individuals and volunteers.	1909
Estimate the budget for E&T participant reimbursement for FY2023.	\$107,766

Participant Reimbursement Details

Complete the table below with information on each participant reimbursement (service arrangement) offered by the county agency.

- **Service**
- **Participant Reimbursement Cap:** Indicate any caps on the amount the county agency will provide for the participant reimbursement.
- **Who provides the participant reimbursement:** County, a provider, an intermediary, or some other entity?
- **Method of disbursement:** Indicate if the participant reimbursement is in *advance* or a *reimbursement*. Also indicate if the amount of the participant reimbursement is an *estimated amount* or *actual amount*.

Service	Offered	Reimbursement Cap Maximum per person/per month	Who provides participant reimbursement	Method of disbursement	
				Advance or Reimbursement	Estimated or Actual Payment
Automobile Repairs	Select	\$	Name	R/A select	Pay select
Background Checks	Yes	\$ 70.00	Name	R/A select	Pay select
Books	Yes	\$ 300.00	Name	R/A select	Pay select
Child Care for Volunteers	Select	\$	Name	R/A select	Pay select
Clothing for interview	Yes	\$ 200.00	Name	R/A select	Pay select
Clothing for job; not uniform	Yes	\$ 200.00	Name	R/A select	Pay select
Course Registration Fees	Yes	\$ 50.00	Name	R/A select	Pay select
Dependent Care Costs	Select	\$	Name	R/A select	Pay select
Driver's License fees/class	Select	\$	Name	R/A select	Pay select
Drug Tests	Select	\$	Name	R/A select	Pay select
Equipment	Select	\$	Name	R/A select	Pay select
Fingerprinting	Yes	\$ 70.00	Name	R/A select	Pay select
Gasoline	Yes	\$ 125.00	Name	R/A select	Pay select
IT Service (internet/data plans)	Select	\$	Name	R/A select	Pay select
Laptops or Tablets	Yes	\$ 900.00	Name	R/A select	Pay select
Legal Services	Select	\$	Name	R/A select	Pay select
Licensing/bonding fees	Yes	\$ 600.00	Name	R/A select	Pay select
Medical Services	Select	\$	Name	R/A select	Pay select
Personal Safety Items	Yes	\$ 100.00	Name	R/A select	Pay select

Student Activity Fees	Yes	\$ 150.00	Name	R/A select	Pay select
Test Fees	Yes	\$ 400.00	Name	R/A select	Pay select
Tools	Yes	\$ 500.00	Name	R/A select	Pay select
Training Materials	Yes	\$ 200.00	Name	R/A select	Pay select
Transportation (excluding gas)	Yes	\$ 75.00	Name	R/A select	Pay select
Tuition and Fees	Yes	\$ 800.00	Name	R/A select	Pay select
Uniforms	Yes	\$ 250.00	Name	R/A select	Pay select
Union Dues	Select	\$	Name	R/A select	Pay select
Other: school related cost	Yes	\$ 900.00	Name	R/A select	Pay select
Other: Define	Select	\$	Name	R/A select	Pay select
Other: Define	Select	\$	Name	R/A select	Pay select

Section 8: Provider Determination

In accordance with 7 CFR 273.7(c)(18)(ii), the county agency shall ensure E&T providers are informed to their authority and responsibility to determine if a participant is not suited for a particular E&T component/activity.

1. Describe the county agency's procedure for a contractor or agency operating a component of its SNAP E&T to notify the county agency of a provider determination (when and why a participant is determined to be not suited for participation in an E&T component).

Richland County SNAP E & T services are provided in-house. However, when an ABAWD is found to be "not suited for participation" at a worksite, the worksite will have ten days to contact the Employment Services Counselor assigned to the case. The worksite may contact the Employment Services Counselor by phone or email. The worksite will inform the Employment Services Counselor of the reason the ABAWD is "not suited for participation" at the worksite. If possible, the Employment Services Counselor will work with the worksite to make accommodations, so the ABAWD is better suited for the placement. If the participant continues to be unsuitable for the placement after accommodations have been made, the Employment Services Counselor will meet with the participant to identify an alternative placement, refer the participant for supportive and/or remedial services and/or determine a SNAP E&T exemption or good cause needs to be made for the individual.

Section 9: Conciliation

In accordance with OAC Rule 5101:4-3-38 the county agency shall have a conciliation process to resolve disputes.

1. Describe the county's due process procedure for SNAP E&T individuals who disagree with a county good cause determination or a provider determination that a participant is not suited for an E&T component.

A conciliation request can be made by the participant (or the Employment Services Counselor for the participant) in writing or verbally within seven (7) calendar days following the day the participant did not participate according to this plan. Following the conclusion of the conciliation process, the agency will notify the participant of the outcome in writing no more than fifteen (15) days following the date the process was started. No negative action can be taken on the case until the conciliation process is completed. Exercising the participant's right to have this meeting, known as "conciliation", does not preclude the participant's right to request a county conference and/or state hearing with the Ohio Department of Job and Family Services (ODJFS) if the participant is not satisfied with the outcome of the meeting. The participant also has the right to request a county conference and/or state hearing by writing to the Ohio Department of Job and Family Services, State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825; e-mailing the Bureau of State Hearings at BSH@jfs.ohio.gov; or faxing a hearing request to State Hearings at (614)728-9574.

Section 10: Budget and Contracts

The county agency must have budgets and track expenditures. Budget narratives must be kept on file and made available upon request by state or federal reviewers.

Please complete the attached County Plan Operating Budget Excel Workbook.

Instructions for Tab A-Contracts and Partnerships Matrix:

- Complete this worksheet for every contact or third-party partner and indicate the amount of 100 percent federal funds; the total amount of 50/50 administrative funds; the total amount of 50/50 participant reimbursement funds; and the proposed number of individuals to be served.
- The amount of 50/50 Admin Funds and Total Participant Reimbursement Costs should be inclusive of all Federal, State, and local funds for each partner.

Instructions for Tab A-1- Intermediary subcontracts, if applicable:

- This section should be completed when a county agency's intermediary directly holds subcontracts with employment and training providers for the delivery of SNAP E&T services. This information includes: The name of intermediary, the name of the subcontractor; geographic area served by subcontractor; the year the subcontract began and the year the subcontract ended; the components to be provided, the participant reimbursements that will be provided by the subcontractor; whether virtual services are and available and the annual number of SNAP E&T individuals to be served.

1. Is the county using multiple funding sources to implement its SNAP E&T program? Yes

If yes, which program do you co-braid funding with? Check all that apply:

☒ WIOA

☒ TANF

☐ Private: *define*

☒ Other: *define*

2. Total SNAP E&T Operating Budget: \$238,886.00

3. Describe how the county evaluates the performance of partners in achieving the purpose of the SNAP E&T program (such as assisting members of the SNAP household in gaining skills, training, work, or experience that will increase their ability to obtain regular employment).

When SNAP E&T participants are referred to WIOA service and are found eligible they will be counted in the WIOA performance rates.

4. Direct Costs:

Salary/Wages: List staff positions in full-time equivalent (FTE) and time spent on SNAP E&T	\$75,370 – 3 Eligibility Referral Specialist (ERS) at .16 FTE each, 1 ERS at .1875 FTE, 1 Unit Support Worker at .20 FTE, and 1 Eligibility Referral Supervisor at .20 FTE
Fringe Benefits: if charging fringe benefits to the SNAP E&T program, provide the approved fringe rate.	\$32,302 at a fringe rate of 30%. \$3,780 for E & T Participants Workers' Compensation.
Number of monetary contacts:	0
Total contractual costs:	0.00
Non-capital equipment and supplies: describe non-capital equipment and supplies purchased with SNAP E&T funds.	\$19,668 for office and building supplies/ Building Space: charged as follows: Straight line depreciation determines value and State approved Cost Allocation Plan (RMS) determines E & T amount.

Materials: describe materials to be purchased with SNAP E&T funds.	<i>Click or tap here to enter text.</i>
Travel and staff training: describe the purpose and frequency of <u>staff</u> travel charged to the SNAP E&T program.	<i>Click or tap here to enter text.</i>
Building/Space: if charging building space to the SNAP E&T program and describe the method used to calculate the space value.	<i>Click or tap here to enter text.</i>
Equipment & Other Capital Expenditures: describe equipment and other capital expenditures over \$500 per item.	<i>Click or tap here to enter text.</i>

Please complete the questions below for each contract with a third-party provider or partner:

1.

Third Party Contractor or Partner Name	<i>Click or tap here to enter text.</i>
Address	<i>Click or tap here to enter text.</i>
Overview of the Services Provided	<i>Click or tap here to enter text.</i>
Intermediary	Choose an item.
Name of subcontractor, if applicable	<i>Click or tap here to enter text.</i>
Activities Offered Check all that apply	<input type="checkbox"/> Supervised Job Search <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> Basic Skill Instruction <input type="checkbox"/> Career-Technical Education/Vocational Ed <input type="checkbox"/> English Language Acquisition <input type="checkbox"/> Integrated Education & Training <input type="checkbox"/> Work Readiness Training <input type="checkbox"/> Internships <input type="checkbox"/> Pre-apprenticeships <input type="checkbox"/> Apprenticeships <input type="checkbox"/> Customized training <input type="checkbox"/> Transitional jobs <input type="checkbox"/> Incumbent worker training <input type="checkbox"/> On-the job training <input type="checkbox"/> Subsidized employment <input type="checkbox"/> WEP <input type="checkbox"/> Job Retention
Credentials Offered	<i>Click or tap here to enter text.</i>
Participant Reimbursement Offered	<i>Click or tap here to enter text.</i>
Target Population	<i>Click or tap here to enter text.</i>
Are virtual services offered?	Choose an item.
Annual Number of Individuals to be served	<i>Click or tap here to enter text.</i>
How is the contract monitored? Describe how the county monitors the provider.	<i>Click or tap here to enter text.</i>
Type of ongoing communication with contractor:	<i>Click or tap here to enter text.</i>
Type of Agreement	<i>Click or tap here to enter text.</i>
Total Cost of Agreement	<i>Click or tap here to enter text.</i>
New Partner	Choose an item.
Year contract or subcontract established	<i>Click or tap here to enter text.</i>

Year contract or subcontract ended	<i>Click or tap here to enter text.</i>
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2.

Third Party Contractor or Partner Name	<i>Click or tap here to enter text.</i>
Address	<i>Click or tap here to enter text.</i>
Overview of the Services Provided	<i>Click or tap here to enter text.</i>
Intermediary	Choose an item.
Name of subcontractor, if applicable	<i>Click or tap here to enter text.</i>
Activities Offered Check all that apply	<input type="checkbox"/> Supervised Job Search <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> Basic Skill Instruction <input type="checkbox"/> Career-Technical Education/Vocational Ed <input type="checkbox"/> English Language Acquisition <input type="checkbox"/> Integrated Education & Training <input type="checkbox"/> Work Readiness Training <input type="checkbox"/> Internships <input type="checkbox"/> Pre-apprenticeships <input type="checkbox"/> Apprenticeships <input type="checkbox"/> Customized training <input type="checkbox"/> Transitional jobs <input type="checkbox"/> Incumbent worker training <input type="checkbox"/> On-the job training <input type="checkbox"/> Subsidized employment <input type="checkbox"/> WEP <input type="checkbox"/> Job Retention
Credentials Offered	<i>Click or tap here to enter text.</i>
Participant Reimbursement Offered	<i>Click or tap here to enter text.</i>
Target Population	<i>Click or tap here to enter text.</i>
Are virtual services offered?	Choose an item.
Annual Number of Individuals to be served	<i>Click or tap here to enter text.</i>
How is the contract monitored? Describe how the county monitors the provider.	<i>Click or tap here to enter text.</i>
Type of ongoing communication with contractor:	<i>Click or tap here to enter text.</i>
Type of Agreement	<i>Click or tap here to enter text.</i>
Total Cost of Agreement	<i>Click or tap here to enter text.</i>
New Partner	Choose an item.
Year contract or subcontract established	<i>Click or tap here to enter text.</i>
Year contract or subcontract ended	<i>Click or tap here to enter text.</i>

3.

Third Party Contractor or Partner Name	<i>Click or tap here to enter text.</i>
Address	<i>Click or tap here to enter text.</i>
Overview of the Services Provided	<i>Click or tap here to enter text.</i>
Intermediary	Choose an item.
Name of subcontractor, if applicable	<i>Click or tap here to enter text.</i>
Activities Offered Check all that apply	<input type="checkbox"/> Supervised Job Search

	<input type="checkbox"/> Job Readiness Training <input type="checkbox"/> Basic Skill Instruction <input type="checkbox"/> Career-Technical Education/Vocational Ed <input type="checkbox"/> English Language Acquisition <input type="checkbox"/> Integrated Education & Training <input type="checkbox"/> Work Readiness Training <input type="checkbox"/> Internships <input type="checkbox"/> Pre-apprenticeships <input type="checkbox"/> Apprenticeships <input type="checkbox"/> Customized training <input type="checkbox"/> Transitional jobs <input type="checkbox"/> Incumbent worker training <input type="checkbox"/> On-the job training <input type="checkbox"/> Subsidized employment <input type="checkbox"/> WEP <input type="checkbox"/> Job Retention
Credentials Offered	<i>Click or tap here to enter text.</i>
Participant Reimbursement Offered	<i>Click or tap here to enter text.</i>
Target Population	<i>Click or tap here to enter text.</i>
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Type of Agreement	<i>Click or tap here to enter text.</i>
Total Cost of Agreement	<i>Click or tap here to enter text.</i>
New Partner	Choose an item.
Year contract or subcontract established	<i>Click or tap here to enter text.</i>
Year contract or subcontract ended	<i>Click or tap here to enter text.</i>

4.

Third Party Contractor or Partner Name	<i>Click or tap here to enter text.</i>
Address	<i>Click or tap here to enter text.</i>
Overview of the Services Provided	<i>Click or tap here to enter text.</i>
Intermediary	Choose an item.
Name of subcontractor, if applicable	<i>Click or tap here to enter text.</i>
Activities Offered Check all that apply	<input type="checkbox"/> Supervised Job Search <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> Basic Skill Instruction <input type="checkbox"/> Career-Technical Education/Vocational Ed <input type="checkbox"/> English Language Acquisition <input type="checkbox"/> Integrated Education & Training <input type="checkbox"/> Work Readiness Training <input type="checkbox"/> Internships <input type="checkbox"/> Pre-apprenticeships <input type="checkbox"/> Apprenticeships <input type="checkbox"/> Customized training

	<input type="checkbox"/> Transitional jobs <input type="checkbox"/> Incumbent worker training <input type="checkbox"/> On-the job training <input type="checkbox"/> Subsidized employment <input type="checkbox"/> WEP <input type="checkbox"/> Job Retention
Credentials Offered	<i>Click or tap here to enter text.</i>
Participant Reimbursement Offered	<i>Click or tap here to enter text.</i>
Target Population	<i>Click or tap here to enter text.</i>
Are virtual services offered?	Choose an item.
Annual Number of Individuals to be served	<i>Click or tap here to enter text.</i>
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Type of Agreement	<i>Click or tap here to enter text.</i>
Total Cost of Agreement	<i>Click or tap here to enter text.</i>
New Partner	Choose an item.
Year contract or subcontract established	<i>Click or tap here to enter text.</i>
Year contract or subcontract ended	<i>Click or tap here to enter text.</i>

5.

Third Party Contractor or Partner Name	<i>Click or tap here to enter text.</i>
Address	<i>Click or tap here to enter text.</i>
Overview of the Services Provided	<i>Click or tap here to enter text.</i>
Intermediary	Choose an item.
Name of subcontractor, if applicable	<i>Click or tap here to enter text.</i>
Activities Offered Check all that apply	<input type="checkbox"/> Supervised Job Search <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> Basic Skill Instruction <input type="checkbox"/> Career-Technical Education/Vocational Ed <input type="checkbox"/> English Language Acquisition <input type="checkbox"/> Integrated Education & Training <input type="checkbox"/> Work Readiness Training <input type="checkbox"/> Internships <input type="checkbox"/> Pre-apprenticeships <input type="checkbox"/> Apprenticeships <input type="checkbox"/> Customized training <input type="checkbox"/> Transitional jobs <input type="checkbox"/> Incumbent worker training <input type="checkbox"/> On-the job training <input type="checkbox"/> Subsidized employment <input type="checkbox"/> WEP <input type="checkbox"/> Job Retention
Credentials Offered	<i>Click or tap here to enter text.</i>
Participant Reimbursement Offered	<i>Click or tap here to enter text.</i>
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Annual Number of Individuals to be served	<i>Click or tap here to enter text.</i>

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Type of Agreement	<i>Click or tap here to enter text.</i>
Total Cost of Agreement	<i>Click or tap here to enter text.</i>
New Partner	Choose an item.
Year contract or subcontract established	<i>Click or tap here to enter text.</i>
Year contract or subcontract ended	<i>Click or tap here to enter text.</i>

6.

Third Party Contractor or Partner Name	<i>Click or tap here to enter text.</i>
Address	<i>Click or tap here to enter text.</i>
Overview of the Services Provided	<i>Click or tap here to enter text.</i>
Intermediary	Choose an item.
Name of subcontractor, if applicable	<i>Click or tap here to enter text.</i>
Activities Offered Check all that apply	<input type="checkbox"/> Supervised Job Search <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> Basic Skill Instruction <input type="checkbox"/> Career-Technical Education/Vocational Ed <input type="checkbox"/> English Language Acquisition <input type="checkbox"/> Integrated Education & Training <input type="checkbox"/> Work Readiness Training <input type="checkbox"/> Internships <input type="checkbox"/> Pre-apprenticeships <input type="checkbox"/> Apprenticeships <input type="checkbox"/> Customized training <input type="checkbox"/> Transitional jobs <input type="checkbox"/> Incumbent worker training <input type="checkbox"/> On-the job training <input type="checkbox"/> Subsidized employment <input type="checkbox"/> WEP <input type="checkbox"/> Job Retention
Credentials Offered	<i>Click or tap here to enter text.</i>
Participant Reimbursement Offered	<i>Click or tap here to enter text.</i>
Target Population	<i>Click or tap here to enter text.</i>
Are virtual services offered?	Choose an item.
Annual Number of Individuals to be served	<i>Click or tap here to enter text.</i>
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Types of ongoing communication with contractor:	<i>Click or tap here to enter text.</i>
Type of Agreement	<i>Click or tap here to enter text.</i>
Total Cost of Agreement	<i>Click or tap here to enter text.</i>
New Partner	Choose an item.
Year contract or subcontract established	<i>Click or tap here to enter text.</i>
Year contract or subcontract ended	<i>Click or tap here to enter text.</i>

7.

Third Party Contractor or Partner Name	<i>Click or tap here to enter text.</i>
Address	<i>Click or tap here to enter text.</i>
Overview of the Services Provided	<i>Click or tap here to enter text.</i>
Intermediary	Choose an item.
Name of subcontractor, if applicable	<i>Click or tap here to enter text.</i>
Activities Offered Check all that apply	<input type="checkbox"/> Supervised Job Search <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> Basic Skill Instruction <input type="checkbox"/> Career-Technical Education/Vocational Ed <input type="checkbox"/> English Language Acquisition <input type="checkbox"/> Integrated Education & Training <input type="checkbox"/> Work Readiness Training <input type="checkbox"/> Internships <input type="checkbox"/> Pre-apprenticeships <input type="checkbox"/> Apprenticeships <input type="checkbox"/> Customized training <input type="checkbox"/> Transitional jobs <input type="checkbox"/> Incumbent worker training <input type="checkbox"/> On-the job training <input type="checkbox"/> Subsidized employment <input type="checkbox"/> WEP <input type="checkbox"/> Job Retention
Credentials Offered	<i>Click or tap here to enter text.</i>
Participant Reimbursement Offered	<i>Click or tap here to enter text.</i>
Target Population	<i>Click or tap here to enter text.</i>
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Type of Agreement	<i>Click or tap here to enter text.</i>
Total Cost of Agreement	<i>Click or tap here to enter text.</i>
New Partner	Choose an item.
Year contract or subcontract established	<i>Click or tap here to enter text.</i>
Year contract or subcontract ended	<i>Click or tap here to enter text.</i>

Appendix



Ashland County
15 West Fourth St.
Ashland, OH 44085
Ph: 419-282-5000
Fax: 419-282-5010

Portage County
449 South Meridian St.
Ravenna, OH 44266
Ph: 330-297-3750
Fax: 330-297-3439

Harrison County
520 N. Main St.
Cadiz, OH 43907
Ph: 740-942-2171
Fax: 740-942-2370

Richland County
171 Park Avenue East
Mansfield, OH 44902
Ph: 419-774-5400
Fax: 419-774-0051

Jefferson County
125 South Fifth St.
Steubenville, OH 43952
Ph: 740-282-0961
Fax: 740-282-5765

Tuscarawas County
389 16th Street SW
New Philadelphia, OH 44663
Ph: 330-339-7791
Fax: 330-339-6388

SNAP E&T /ABAWD - Work Registration/Referral Form

A separate Referral Form is required for every adult in the SNAP AG.

Adult Name:		SSN:		Phone Number:	
Case Number:		Residential County:			
<input type="checkbox"/> INTAKE Referral		<input type="checkbox"/> REDET Referral		<input type="checkbox"/> REPORTED CHANGE Referral	
Date of Application		Date Redet Interview:		Date Change Reported/Found:	
Date of Intake Interview				Change Type:	

In accordance with OAC 5101:4-3-11, all required adult SNAP recipients must participate in a work activities program. The customer receiving SNAP in his/her name or as a member of another SNAP group, must comply with work registration requirements to maintain ongoing eligibility

WORK REGISTRATION EXEMPTIONS

Does the SNAP Recipient meet a SNAP E&T Work Registration exemption?

☐ YES – The Recipient is NOT required to participate in a SNAP E&T Work Activity.

☐ NO – The Recipient is SNAP E&T Required for Work Activity and must now be screened for ABAWD Participation. Move to next section.

ABAWD

ABAWDs are a subset of the Work Registrant population and have a mandatory work requirement. For this reason, use the following to indicate if the customer is being issued an OhioMeansJobs Services letter or if they are ABAWD work required and being referred to Appraisal.

<p>APPRAISAL DETERMINATION: Does the customer meet any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age 17 or Younger <input type="checkbox"/> Age 50 and older <input type="checkbox"/> Purchasing and preparing meals in an AG with a child under the age of 18 <input type="checkbox"/> Pregnant <p><input type="checkbox"/> YES – Meets ABAWD Exemption and appraisal not required Customer Provided Ohio Means Jobs Services Info</p> <p><input type="checkbox"/> NO - Must have ABAWD SNAP Appraisal Scheduled Move to Cert Period Box to determine length Of Certification period for ABAWD</p>	<p>Benefit Certification Period Determination (Eligibility Worker must complete this section):</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Individual has countable EARNED Income</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Individual is enrolled in Education/Training Program of any kind</p> <ul style="list-style-type: none"> <input type="checkbox"/> If you answered NO to both the above questions – assign a 4 month with override on SNAP EDBC Summary Screen. <input type="checkbox"/> If you answered YES to either question – assign a 12-month certification period.
<p>ADDITIONAL INFORMATION (Worker can add notes for the Residential County Work Activity Staff, if needed)</p>	



Case
Name
Mail Date

Questions? Ask your worker

TDD-For Hearing Impaired 7-1-1
County Telephone 1-844-640-6446
Office Hours Mon-Fri 8:00a.m. to 4:00p.m.

SNAP Work Requirements Notice

This information is about your benefits. Please read all pages.

This letter is to inform you that someone in your assistance group must meet the work requirements to receive Supplemental Nutrition Assistance Program (SNAP) benefits. **If they do not, the assistance group's SNAP benefits may decrease or end.** Please read this entire letter to learn more about the work requirements.

You can appeal if you disagree with any of our decisions. This notice explains our decisions and how you can appeal. You can reapply at any time if we denied or stopped your benefits.

If you are unable to read English and need this notice translated into your preferred language, contact your case worker. Please call the number listed above for assistance.

If you believe you have been discriminated against or if your county agency has not provided you with an interpreter or a translation of this notice; and you wish to file a complaint, contact ODJFS Bureau of Civil Rights at 1-866-227-6353; the hearing impaired may call TDD 7-1-1.

Esta información trata sobre sus beneficios. Por favor, lea todas las páginas. Hemos hecho decisiones sobre su dinero, comida, o beneficios médicos. Usted puede presentar una apelación si no está de acuerdo con cualquiera de nuestras decisiones. Este aviso explica nuestras decisiones y cómo usted puede presentar una apelación. Usted puede presentar una nueva solicitud en cualquier momento si denegamos o ponemos fin a sus beneficios.

Si necesita una traducción u otro tipo de ayuda para leer este aviso o para comunicarse con nosotros, comuníquese con su asistente social. Encontrará el nombre y teléfono de su asistente social debajo de la fecha de envío (Mailing Date), más arriba. Si su asistente social no le puede ayudar, comuníquese con la Agencia de Derechos Civiles de ODJFS (ODJFS Bureau of Civil Rights) llamando al 1-866-227-6353, o con TDD llamando al 7-1-1 (gratuitamente).

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

SNAP Work Requirements

An assistance group member needs to meet work requirements

Below is the list of individuals and the work requirements they must meet. After the list, is a description of each work requirement. Please read the requirements in each section listed next to your name.

Who must meet work requirements?	Which work requirements need to be met?

1. SNAP Work Registration Requirements

What is the SNAP work registration requirement?

- Give your county JFS office enough information to determine your employment status or job availability;
- Report to an employer when referred by the county agency unless the potential employment is unsuitable;
- Accept any job offer you receive, unless there is good reason you cannot;
- Continue suitable employment until it is no longer considered suitable; the individual is terminated for reasons beyond the individual's control; or the individual becomes exempt from work registration; and
- Must not:
 - a. Voluntarily quit a job of 30 hours or more per week without good cause or
 - b. Reduce work hours to less than 30 hours per week or to a level that equals earning less than federal minimum wage times 30 hours per week without good cause.

Can an individual be excused from the SNAP work registration requirement?

An individual may be excused from the work registration requirements if they are:

- Younger than 16 years old;
- Age 60 years or older;
- Age 16 or 17 years old, who is not the head of household or who is attending school, or is enrolled in an employment training program, on at least a half time basis;
- A parent or other assistance group member responsible for the care of a dependent child under 6 years old in or out of the home;
- A parent or other assistance group member taking care of someone who needs help caring for themselves;
- A person receiving unemployment compensation benefits or who has applied for and is complying with the requirements of the employment compensation application process;
- Not working because of a physical or mental health reason (as determined by a medical provider or by the county JFS office);
- Applying for Social Security Income (SSI) and SNAP at the local Social Security Administration office;
- A regular participant in a drug addiction or alcoholic treatment program, resident or nonresident basis;
- A student going to school, college, or training program at least half time;
- Subject to and complying with an Ohio Works First (OWF) work requirement;
- Employed and working a minimum of 30 hours weekly or receiving weekly earnings equal to the federal minimum wage multiplied by 30 hours;

- Self-employed and working a minimum of 30 hours weekly or receiving weekly earnings equal to the federal minimum wage multiplied by 30 hours.

If you think you can be excused from the work registration requirement for any of the reasons above, contact your county JFS office as soon as possible at the number listed above.

What happens if an individual does not meet the SNAP work registration requirement?

If an individual does not meet the work registration requirements without good cause, they may be sanctioned, which means SNAP benefits may be terminated for the individual.

- The first time they do not meet the work registration requirements without good cause, they will be sanctioned for a minimum of 1 month.
- The second time they do not meet these requirements, they will be sanctioned for a minimum of 3 months.
- The third time, they will be sanctioned for a minimum of 6 months. In addition to serving the sanctioned months, the "Ohio Works First/Supplemental Nutrition Assistance Program (SNAP) Sanction Compliance Agreement" (JFS 3804) must be signed and returned to the county JFS office before eligibility for benefits can begin.

2. ABAWD Work Requirements

What is the ABAWD work requirement?

Able-bodied adults without dependents **must spend at least 20 hours per week (80 hours each month) doing one or more of the following activities:**

- Work in exchange for money, goods or services (in-kind work) or verified unpaid work averaged monthly. Unpaid work is when you do something for nothing in return, that benefits the community or a member of the community who does not live with you;
- Participate in and comply with the requirements of a work program, such as the SNAP E&T program, a workforce program through an OhioMeansJobs center (ohiomeansjobs.ohio.gov);
- Any combination of working and participating in a work program for ; or
- Participate in and comply with a work experience program (WEP) as assigned by the county JFS office.

If the time you spend on your ABAWD work requirement activities falls below 20 hours a week or an average of 80 hours a month, you must report it to your county JFS office. You must report the change within 10 days following the month in which the change happens.

Can an individual be excused from the ABAWD work requirement?

An individual may be excused from the ABAWD work requirement if they are:

- Excused from the work registration requirement;
- A victim of domestic violence;
- Under age 18 years old;
- 50 years of age or older;
- A parent (natural, adoptive or step) of an assistance group member (eligible or ineligible) who is under age 18;
- Residing in an assistance group where an assistance group member (eligible or ineligible) is under age 18;
- Not working because of a physical or mental health reason (as determined by a medical provider or by the county JFS office); or
- Pregnant.

If you think you can be excused from the ABAWD work requirement for any of the reasons above, contact your county JFS office as soon as possible at the number listed above.

What happens if an individual does not meet the ABAWD work requirement?

If an individual does not meet ABAWD work requirements without good cause, they will earn a countable month. A countable month is a full month that you receive SNAP benefits when you are not meeting the 20 hour per week ABAWD work requirement. An individual can only receive SNAP benefits for 3 countable months during a 36-month period.

If an individual uses all 3 countable months before the end of the 36-month period, they will not be eligible to receive SNAP benefits unless they meet one of the exemptions listed above. If they do not meet one of the exemptions listed above, they will need to complete 80 hours of work activities or participate and comply with a WEP assignment in a 30-day period to be eligible for benefits.

3. SNAP Employment and Training (E&T) Requirements

What is the SNAP E&T requirement?

An individual will be required participate in case management services. This includes attending an appraisal where skills and barriers will be assessed, being assigned to an E&T activity that will be documented in an employability plan, signing the employability plan, accepting supportive services, reporting to activity sites, and reporting changes to participation. An individual is also required to follow these SNAP E&T requirements:

- Reporting to the appraisal and other appointments with the county JFS office program staff or E&T program providers.
- Reporting to the work experience program (WEP), education, training, supportive service, or job search sites at the scheduled dates and times.
- Obeying the rules at the work site, following instructions, and otherwise demonstrating acceptable work habits and behavior.
- Providing the county JFS office with information relevant to securing or retaining employment and providing supplemental information as requested.
- Notifying the immediate supervisor, other designated individual, or the county JFS office staff of the reason for nonparticipation as scheduled.
- Participating in SNAP E&T activities for the scheduled number of hours as assigned.
- Accepting necessary supportive services determined to be needed for participation.
- Reporting any changes which would affect the individual's ability to participate in SNAP E&T.
- Providing the county JFS office with documentation of attendance and participation in a SNAP E&T activity as requested.
- Providing good cause verification for nonparticipation.
- Contacting the county JFS office, unless otherwise instructed by the county JFS office, if a monthly scheduling notice or the participant expense allowance has not been received.
- Reporting to a job site, to an employer for a scheduled job interview or to any related subsequent interviews or testing appointments when referred by the county JFS office or its designee.
- Accepting an offer of employment outlined in the work registration requirements listed above.
- Signing and complying with the employability plan developed with the county agency.

Can an individual be excused from the SNAP E&T requirement?

An individual may be excused from the ABAWD work requirement if they are:

- Excused from the work registration requirement;
- A victim of domestic violence;
- Under age 18 years old;
- 50 years of age or older;
- A parent (natural, adoptive or step) of an assistance group member (eligible or ineligible) who is under age 18;
- Residing in an assistance group where an assistance group member (eligible or ineligible) is under age 18;
- Not working because of a physical or mental health reason (as determined by a medical provider or by the county JFS office); or
- Pregnant.

What happens if an individual does not meet the SNAP E&T Requirements?

If an individual does not meet the SNAP E&T requirements without good cause, they may be sanctioned, which means they will be denied benefits for a period of time or terminated from the program.

- The first time they do not meet the SNAP E&T requirements without good cause, they will be sanctioned for a minimum of 1 month.
- The second time they do not meet these requirements, they will be sanctioned for a minimum of 3 months.
- The third time, they will be sanctioned for a minimum of 6 months. In addition to serving the sanctioned months, the "Ohio Works First/Supplemental Nutrition Assistance Program (SNAP) Sanction Compliance Agreement" (JFS 3804), must be signed and returned to the county JFS office before eligibility for benefits can begin.

Good Cause

What if an individual has good cause for not meeting any of the work requirements above?

Good cause includes things out of your control like illness, illness of a family member that requires your presence, family emergency, domestic violence, not having available transportation or not having childcare for children ages 6 to 12. These are some examples of good cause. If the county JFS office determines that you have good cause, there will be no change to your SNAP benefits.

If you think you have good cause, contact your county JFS office as soon as possible but no later than 7 days after you have been informed that you did not meet a work requirement at the number listed above.

Supportive Services

What must the county JFS office provide to help an individual participate in the SNAP E&T Program?

Your county JFS office must provide an individual with supportive services for the SNAP E&T program when necessary. Examples of supportive services include but are not limited to bus passes, help getting uniforms, necessary equipment, or childcare. Talk with your county JFS office to discuss what supportive services are a good fit for you. If the county JFS office is unable to give you the necessary supportive services for the SNAP E&T program, the county JFS office will excuse you from participating in E&T. **If you need supportive services, contact your county JFS office at the number listed above.**

Other Helpful Information

What else do you need to know?

- If you have questions or need more information, please call your county JFS office listed at the number above. You may also visit our website www.jfs.ohio.gov for more information. Have your Case ID number ready when you call. Your Case ID number is also listed on the first page of this notice.
- If you need free legal help, contact your local legal aid office. If you don't know the phone number, call 1-866-LAW-OHIO (1-866-529-6446), toll-free, or search the Legal Aid directory at ohiolegalseverices.org/programs.

Your right to a fair hearing

You have the right to request a county conference and a state hearing, if you disagree with the action taken on your case. To request a county conference you should contact your county JFS office. A county conference is a meeting between you and a representative of the county JFS office who may settle the issue quicker than a state hearing. You may also request a state hearing by submitting the state hearing request form that is attached to each eligibility notice. At the state hearing, a hearing officer will listen to your testimony and determine if your case was completed correctly.

- You can email your request to the Bureau of State Hearings at BSH@jfs.ohio.gov;
- Call 1-866-635-3748, option 1; Fax your request to 614-728-9574; or
- Mail your request to: State Hearings, Ohio Department of Job and Family Services, P.O. Box 182825, Columbus, Ohio 43218.

Additional information on State Hearings is found in the Program Enrollment and Benefit Information guide.

RICHLAND COUNTY JOB & FAMILY SERVICES

Main Office
171 Park Avenue East
Mansfield OH 44902
Fax: 419-774-0051
419-774-5400

Sharlene Neumann, Director

Ohio Relay Voice/TDD: 800-750-0750
RCJFS Toll Free: 1-888-774-5400

OhioMeansJobs
183 Park Avenue East
Mansfield OH 44902
Fax: 419-774-5380
419-774-5300

Date _____
OB # _____

INDIVIDUAL ASSESSMENT/REASSESSMENT LETTER

Dear _____

I need to meet with you to discuss your
education and unemployment goals.

Date: 06/30/2022

Time: _____

Case Manager: _____

Conference Phone#: _____

Code: _____

Case Manager Phone # 419-774-

**Please complete the enclosed form(s) & bring them
with you to your scheduled appointment.**

☐ Form 434 (Information Request — Level I)

☐ Form 435 (Family Assessment - Level II)

Location of Appointment: _____

You are required to attend this assessment or reassessment interview at the date and time listed above.

- The interview will last approximately 1 hour if you are on a Food Stamps only case and 2 hours if you are on an Ohio Works First case.
- Because of the length of time, you will be here and the complexity of the interview, we recommend that you make childcare arrangements for your children.
- ABAWDS that have lost eligibility due to 3/36M requirements will need to complete an assessment and 80 hours work requirements prior to regaining eligibility.

Important Notice

It is your responsibility to contact your Work Activities case manager and provide required documentation of good cause within one (1) hour of failure to keep your scheduled appointment. If you fail to keep your scheduled appointment without good cause, your cash assistance and food assistance benefits may be reduced or terminated per O.A.C. 5101:4-3-09, 5101:4-3-11, 5101:4-3-29, and O.R.C. 5101:1-3-15.

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For RCJFS use only:

INFORMATION REQUEST FORM

Date Rec'd _____
Workers Assigned _____
Appt. Date _____
CRISE# _____ OB#: _____

This information will allow our agency to assist you more effectively.

Name _____ SS# _____

Address (Street) _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ Message Phone _____

I am applying for the following assistance: _____

Is anyone in your household currently receiving Public Assistance, Medicaid, and/or Food Stamps? ☐ Yes ☐ No

Do you currently receive or do you have a claim for Unemployment Compensation? ☐ Yes ☐ No

Do you currently receive or have you applied for other income/assistance programs such as SSI? ☐ Yes ☐ No

What are your sources of income? _____

Were you ever in the Armed Services? ☐ Yes ☐ No

Please list everyone living in your household, including yourself.

Name	Birth Date	SS#	Relationship to you	Pregnant	Sex M or F	Race
			Self	<input type="checkbox"/> Y <input type="checkbox"/> N Due Date _____		
				<input type="checkbox"/> Y <input type="checkbox"/> N Due Date _____		
				<input type="checkbox"/> Y <input type="checkbox"/> N Due Date _____		
				<input type="checkbox"/> Y <input type="checkbox"/> N Due Date _____		
				<input type="checkbox"/> Y <input type="checkbox"/> N Due Date _____		
				<input type="checkbox"/> Y <input type="checkbox"/> N Due Date _____		

(Complete other side of this form)

I need help with: (check all that apply)

- ☐ Basic Emergency Needs ☐ Food ☐ Shelter ☐ Clothes ☐ Car Repair ☐ Home Repair
- ☐ Job search, resume preparation, interviewing skills
- ☐ Transportation
- ☐ Medical care for myself or others in my family
- ☐ Child care for my children
- ☐ Alcohol/drug problem
- ☐ Counseling
- ☐ Domestic Violence
- ☐ Bills and budgeting
- ☐ Preparation of meals and taking care of my home
- ☐ Furthering my education, and/or vocational assessment & training
- ☐ Other (specify) _____

Employment/Work History

Are you or anyone else in your household currently employed? ☐ Yes ☐ No

Please complete the boxes below for each employed person.

Name	Employer Name & Address	Hourly Rate	# Hours Week	Time/Shift

Have you graduated from High School or received your GED? ☐ Yes ☐ No If Yes, the date: _____

Are you disabled or have any medical limitations? Explain: _____

Doctor's Name _____ Medications _____

Have you been convicted of a crime in the past four years? ☐ YES ☐ No

Check the outcome: ☐ paid a fine ☐ received probation ☐ served jail/prison time

What type of work do you enjoy? _____

What skills/duties can you perform? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Typing _____ wpm | <input type="checkbox"/> Child Care | <input type="checkbox"/> Trucking |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Elderly/Handicap Care | <input type="checkbox"/> Auto Mechanics |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Waiter/waitress | <input type="checkbox"/> Auto Body |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Heavy Equipment Operator |
| <input type="checkbox"/> Computer entry | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Machinist |
| <input type="checkbox"/> Sales Clerk | <input type="checkbox"/> Electrical | <input type="checkbox"/> Lawn Care |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Farm Work |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Painting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Kitchen Work | <input type="checkbox"/> Welding | |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Stocking/Warehouse | |
| <input type="checkbox"/> Nurse's Aide | <input type="checkbox"/> Factory Work | |

(Complete other side of this form)

OhioMeansJobs

Career Plans Assessment

Name: _____

Date: _____

Program: ☐ Cash ☐ SNAP

1. What are your future employment plans? (Choose all that apply)	Goal		Activity			County Services
	Long	Short	JSR	JRD	JSK	
<input type="checkbox"/> Seek immediate full-time employment in my current field						
<input type="checkbox"/> Seek immediate full-time employment in a new field						
<input type="checkbox"/> Seek immediate part-time employment in my current field						
<input type="checkbox"/> Seek immediate part-time employment in a new field						
<input type="checkbox"/> Attend school/training						
<input type="checkbox"/> Obtain additional certification						
<input type="checkbox"/> I already have a job lined up						
<input type="checkbox"/> Retirement/leaving the workforce						
<input type="checkbox"/> Undecided						
<input type="checkbox"/> Other						

2. Where do you look to find employment opportunities? (Choose all that apply)	Goal		Activity			County Services
	Long	Short	JSR	JRD	JSK	
<input type="checkbox"/> OhioMeansJobs.com						
<input type="checkbox"/> Newspapers						
<input type="checkbox"/> Facebook						
<input type="checkbox"/> Twitter						
<input type="checkbox"/> LinkedIn						
<input type="checkbox"/> Other						

OhioMeansJobs

Career Plans Assessment

3. Would you like assistance with any of the following? (Choose all that apply)	Goal		Activity			County Services
	Long	Short	JSR	JRD	JSK	
<input type="checkbox"/> I am not interested in receiving assistance						
<input type="checkbox"/> Finding out what jobs are available						
<input type="checkbox"/> Understanding how my skills and experience relate to new jobs						
<input type="checkbox"/> Deciding what jobs I can do						
<input type="checkbox"/> Learning how to find a new job						
<input type="checkbox"/> Developing a resume						
<input type="checkbox"/> Filling out job applications						
<input type="checkbox"/> Dealing with my loss of employment						
<input type="checkbox"/> Paying moving expenses						
<input type="checkbox"/> Budgeting and paying my bills without a job						
<input type="checkbox"/> Helping my family through this current situation						
<input type="checkbox"/> Deciding which school would be best for me						
<input type="checkbox"/> Tuition and books						
<input type="checkbox"/> Paying for child care while going to school						
<input type="checkbox"/> Transportation expenses to and from school						
<input type="checkbox"/> Other						

4. What training or education would you be interested in? (Choose all that apply)	Goal		Activity			County Services
	Long	Short	JSR	JRD	JSK	
<input type="checkbox"/> I am not interested in additional training or education						
<input type="checkbox"/> Reading skills						
<input type="checkbox"/> Writing skills						
<input type="checkbox"/> Basic computer skills						
<input type="checkbox"/> Finishing/Obtaining a Trade/Vocational Certificate or Licensure						
<input type="checkbox"/> Finishing/Obtaining a GED/High School Equivalency						
<input type="checkbox"/> Finishing/Obtaining an Associate Degree						
<input type="checkbox"/> Finishing/Obtaining an Undergraduate Degree						
<input type="checkbox"/> Finishing/Obtaining a Graduate Degree						
<input type="checkbox"/> Other						

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SNAP EMPLOYABILITY PLAN

This SNAP Employability Plan is entered into between the Richland County Department of Job and Family Services (RCJFS) and the following individual:

Participant	Case Number
-------------	-------------

Program Overview:

I understand that the SNAP Employment and Training Program requires mandatory nonexempt work registrants applying for and in receipt of SNAP to participate in employment and training. The goal of the Employment and Training Program is to help move me toward self-sufficiency and personal responsibility.

Appraisal/Assessment Requirement:

I understand that as a condition of SNAP eligibility, I am required to be assessed in order to determine the best assignment for me based on my skills and needs. I must fully cooperate in completing a thorough assessment process that will be used to develop this employability plan to help me move toward self-sufficiency and personal responsibility. I may be assigned to one or more employment and training activities determined by the RCJFS. This assessment process may include an evaluation of employment, educational, physiological, and psychological abilities or limitations, or both. It will include screening for domestic violence. The RCJFS shall complete an appraisal any time reinstatement of eligibility is completed and at any time the RCJFS determines my circumstances warrant an additional appraisal.

Employability Plan:

I understand that my plan to become self-sufficient will be developed with my RCJFS Employment Service Counselor will be based on the information that I provide during the assessment process. **(I must sign this contract as part of the appraisal process. By signing this contract,)** I acknowledge that I have been an active participant in its development, I agree to all the terms and conditions outlined in this plan, and I understand the consequences to my SNAP benefits if I don't fully cooperate with this agreement and I don't have good cause for not cooperating. I understand only RCJFS Staff can authorize services and/or assignments. I understand if I am an ABAWD I can only receive 3 of 36 months of SNAP assistance without participating in the SNAP E&T program before penalties are imposed. I understand, if this occurs, I may be required to complete a compliance activity to regain eligibility.

While I am applying for or participating in SNAP, I understand that I have the right to:

- Receive copies of all employability plans.
- Receive Notification of the right to request a state hearing on issues related to participation in the SNAP Employment and Training Program and failure or refusal to participate.
- Nondiscrimination in SNAP Employment and Training Program assignments.
- Receive supportive services, as determined by the RCJFS, to assist me with completing my Employment and Training Program activity(s).
- File a conciliation request.
- Accept suitable employment.
- Receive an explanation of my rights under the Americans with Disabilities Act, including the right to request reasonable modification in my work and/or alternative activity assignments;
- Receive an accurate and complete assessment of my language needs;
- Receive free and competent translation services if my primary language is not English or if I am hearing-impaired. The agency will provide vital documents in my primary language or someone will be provided to translate the information on the documents into my primary language;
- Receive services and reasonable accommodations, if necessary, to provide for equal access to the benefits of SNAP and all other benefits and services for which I am eligible to help me achieve self-sufficiency.

While I am applying for or participating in SNAP, I understand that failing the requirements of the Employment and Training Program listed below without good cause will result in my being sanctioned from SNAP according to Section E of this employability plan:

- Reporting to and participating thoroughly in the appraisal process;
- Responding to a request for supplemental information regarding employment status or availability for work;
- Reporting to an employer when referred by the RCJFS unless the potential employment meets the unsuitability criteria described in Section D of this employability plan;
- Accepting a bona fide offer of suitable employment when referred by the RCJFS;
- Continuing suitable employment until it is no longer considered suitable, I am terminated for reasons beyond my control; or I becomes exempt from work registration; and
- Participating in an employment and training (e.g. job search/job readiness, education and training or the work experience program) assignment as assigned by the RCJFS.

Furthermore, I understand that while I am applying for or participating in SNAP, I have the responsibility to:

- Report to and participate thoroughly in other appointments with the RCJFS program staff or providers.
- Report to the work experience program (WEP), education, training, supportive service, or job search sites at the scheduled dates and times and provide any/all required verifications to the Employment Services Counselor.
- Obey the rules at the work site, follow instructions and not cause myself to be terminated from my work site, and otherwise, demonstrating acceptable work habits and behavior.
- Notify my Employment Services Counselor or other designated RCJFS staff of the reason for nonparticipation (must be an acceptable, good cause reason as defined by RCJFS) in writing within 7 days of the failure date(s). Scheduled appointments, job interviews, etc. that may result in a period of non-participation must be discussed with my Employment Services Counselor ahead of time. Only my Employment Services Counselor or designated RCJFS staff may approve good cause.
- Participate in SNAP Employment and Training Program activities for the scheduled number of hours as assigned.
- Accept necessary supportive services determined to be needed for participation.
- Report any changes which would affect my ability to participate in the SNAP Employment and Training Program within 10 days of any change.
- Provide the Employment Services Counselor with documentation of attendance and participation in a SNAP Employment and Training Program activity as requested.
- Contact the RCJFS, unless otherwise instructed by the RCJFS, if a monthly scheduling notice or my participant expense allowance has not been received.
- Report to a job site, to an employer for a scheduled job interview or to any related subsequent interviews or testing appointments when referred by the RCJFS or its designee.
- Report to OMJ-Richland for all required Job Searches, completing all the required number of employer contacts and providing verification of each contact (applying to multiple openings with one employer counts as one employer contact or job search).

A. POSSIBLE CHALLENGES TO ACHIEVING SELF-SUFFICIENCY

I understand that providing information about what I believe to be challenges which prevent me from becoming self-sufficient is voluntary. Information provided is used to determine what employment and training activities are most appropriate and whether modifications or specific accommodations to my assignment(s) are needed. The RCJFS will make every effort to work with me in determining appropriate activities to help move me toward self-sufficiency and consistent with the information I provide and to the extent the information can be substantiated.

I have identified the following challenges that may hinder me in becoming self-sufficient and the steps I am taking to address these challenges:

- ☐ Learning disabilities _____
- ☐ Educational or Training _____
- ☐ Child Care _____
- ☐ Transportation _____
- ☐ Primary language is not English (list primary language) _____
- ☐ Hearing or visually-impaired – Do you need an interpreter or other aid? ☐ Yes ☐ No
- ☐ Domestic or child abuse _____
- ☐ Substance abuse _____
- ☐ Other _____

B. MY WORK RESPONSIBILITIES AND ACTIVITY PLAN

The RCJFS and I have determined that the following employment and training activities, if completed as assigned and with the supportive services listed, will help me become self-sufficient:

<i>Work Activity & Location</i>	<i>Assignment Begin Date</i>	<i>Assignment End/Verification(s) Due Date</i>	<i>Days and Hours Assigned</i>	<i>Monthly Hours</i>
OhioMeansJobs Registration Must be completed @ OMJ Richland – Print off OMJ Registration page and 5 Initial jobs searches.				
<input type="checkbox"/> Attend Interviewing Class at OMJ Richland				
<input type="checkbox"/> Attend FoodWiSe Class at OMJ-Richland				
<input type="checkbox"/> ETWA Assignment at OMJ-Richland [monthly Tutorial Assignment Sheets available at Resource Room desk] <u>OR</u> <input type="checkbox"/>				
<input type="checkbox"/> Job Search _____ employers per week/ _____ employers per month. Due the last Monday of each month- All hours must be completed at OMJ.				

Client Signature

06/30/2022

Date

Notes/Special Instructions:

Client Signature

06/30/2022

Date

COUNTY USE ONLY

- ☐ This individual is not subject to the ABAWD work requirement.
- ☐ This individual is subject to the ABAWD work requirement. The ABAWD work requirement is intended to be met through:
- ☐ Participation in the following activity(s) for 20 or more hours/week (80 hours/month):

- ☐ If you are completing an ABAWD compliance activity you must complete 80 hours prior to Food assistance eligibility.

OR

- ☐ Participation in WEP as assigned to meet SNAP requirement above equal to the total FA allotment ÷ current minimum wage. The maximum allowable hours must be completed. If multiple ABAWDs in the same AG, the maximum allowable hours must be shared. Hours are not required to be shared equally among AG members participating in WEP.

In order to successfully participate in the activities outlined above and agreed by me, it has been determined through a thorough assessment by my medical provider(s) that the following accommodations/modifications be made to my assignments and consistent with the recommendation(s) of my medical provider(s):

- ☐ No modification/accommodation was requested/recommended.

C. GOOD CAUSE FOR FAILURE TO COMPLY WITH THE E & T PROGRAM

The RCJFS shall be responsible for determining good cause at any time I fail or refuse to complete the appraisal process or comply with an Employment and Training Program assignment listed in Section B. In determining whether or not good cause exists, the RCJFS shall take into account the facts and circumstances, including information submitted by the employer or work site and me.

It is my responsibility to provide good cause within seven (7) calendar days of my non-participation to show good cause for my failure. If I do not contact the RCJFS within seven (7) calendar days, my failure will be determined to be without good cause. Good cause shall include circumstances beyond my control, such as, but not limited to:

- Personal illness;
- Illness of another assistance group member requiring my presence;
- Previously scheduled appointment of work eligible individual for job interview, including subsequent interviews and/or testing requirements;
- Court ordered appearances;
- Appointments with another social service agency or program;
- Death of an immediate family member (as defined in the Good/Just Cause Plan)
- A school, place of work or worksite is closed due to weather or other emergency;
- Lack of adequate child care for children who have reached age six but are under age twelve;
- Domestic violence; or
- Other circumstances determined on a case by case basis by the RCJFS.

It is my responsibility to provide the necessary verification, but the RCJFS may assist me if I request help. If good cause is questionable and I fail or refuse to provide verification of the questionable information, good cause shall not be determined.

D. UNSUITABLE EMPLOYMENT

Employment shall be considered unsuitable under any of the following conditions:

- The wage offered is less than the highest of:
 - The applicable federal or **state minimum wage**; or
 - Eighty per cent of the federal minimum wage, if neither the federal nor the state minimum wage is applicable;
- The employment offered is on a piece-rate basis, and the average hourly yield the employee can reasonably be expected to earn is less than the applicable hourly wages;
- As a condition of employment or continuing employment, you are required to join, resign from, or refrain from joining any legitimate labor organization; or The work offered is at a site subject to a strike or lockout at the time of the offer.

E. SANCTIONS

If I fail or refuse without good cause to meet the Employment and Training requirements outlined in bold on page 2 or my assignments as listed in Section B of this employability plan, the RCJFS shall sanction me:

- for a first failure/refusal, by denying or terminating my FA benefits for a minimum of one (1) benefit month;
- for a second failure/refusal, by denying or terminating my FA benefits for a minimum of three (3) benefit months;
- for a third failure/refusal, by denying or terminating my FA benefits for a minimum of six (6) benefit months.

F. ENDING A SANCTION & REGAINING ELIGIBILITY

In order to regain eligibility in SNAP, I am required to sign the JFS 03804, "Ohio Works First/Food Assistance Sanction Compliance", which indicates I agree to participate in the work program and to comply with my employability plan.

I may regain eligibility into the rest of my assistance group no earlier than the month following the month I sign and return the JFS 03804 after serving the minimum sanction period or meeting a work registration exemption whichever is sooner.

If my assistance group's benefits have been terminated, I will be required to file a new application if I wish to receive SNAP. If I have served the minimum sanction period prior to the month I apply and I do not meet a work registration exemption, my eligibility may begin no earlier than the date of application, but may be later, depending on when I sign and return the JFS 03804.

G. CONCILIATION PROCESS

I understand that either the RCJFS or I may request a meeting to try to resolve disputes regarding any of the following:

- Disputes over assignments.
- Inappropriate treatment by a county agency employee or worksite supervisor.
- Irregular work hours that create a severe hardship on me.
- Worksite assignments that deviate from the normal duties of the job.
- Disagreement with disciplinary action against me at the worksite.
- Other areas of concern to me relating to participation.
- Disputes concerning working conditions and workers' compensation coverage.
- Wage rate calculations to determine the hours of participation.
- Disputes concerning failure to participate in the SNAP Employment and Training Program.

The request may be made verbally or in writing by either the RCJFS or me, but the request must be made within seven (7) calendar days following the day I do not participate according to this plan.

Following the conclusion of the conciliation process, the RCJFS will notify me of the outcome in writing no more than fifteen (15) days following the date the process was started. No negative action can be taken on my case until the conciliation process is completed.

Exercising my right to have this meeting, known as "conciliation", does not preclude my right to request a county conference and/or state hearing with the Ohio Department of Job and Family Services (ODJFS) if I am not satisfied with the outcome of the meeting.

I also have the right to request a county conference and/or state hearing. To ask for a hearing, write to the Ohio Department of Job and Family Services, State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825 or e-mail the Bureau of State Hearings at BSH@jfs.ohio.gov . You may also fax your hearing request to State Hearings at (614)728-9574.

H. SIGNATURE

By signing this, I am stating that I understand the requirements in this plan and what will happen if I do not follow this plan. Failure/refusal to sign this employability plan may result in my being sanctioned from SNAP according to Section E of this plan.

Participant	Date 06/30/2022
RCJFS Representative	Date 06/30/2022

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RELEASE OF INFORMATION

Professional ethics and the Ohio Department of Job & Family Services regulations prohibit the exchange of information concerning an individual without the written permission of the individual involved. (Ref: ODJFS MTL #s 8, 2552 and 242; ORC 1347.01 and 1347.99 and 2151.421)

Permission has been granted for the Richland County Job & Family Services and potential employers and those checked below to exchange information concerning the Work Activities Program and/or the Comprehensive Case Management Employment Program (CCMEP)

The information to be exchanged is as follows: Potential employment possibilities, employment and/or barriers to employment, medical, work history or case data as needed and when applicable, school/training enrollment, status of grants, scholarships, course work, tuition and fees, attendance, and grades.

The information will not be transferred to a third person or agency without the written permission of the individual involved or that of their parent or legal guardian.

I am voluntarily signing this Release of Information. I hereby grant permission for the above parties, named and implied, to exchange pertinent information surrounding my job readiness and public assistance case. The purpose of the release is to allow the department to assist me in my job search/placement and training. I understand my right to privacy and hereby waive the right solely for the above purpose. This release is valid from _____ until _____.

- ☐ CCMEP Partners
- ☐ One-Stop Partners
- ☐ References
- ☐ Employment & Training Agencies
- ☐ Employers
- ☐ School and Training Institutions
- ☐ WEP Work Site
- ☐ Prospective Employers
- ☐ Medical Information
- ☐ The Center
- ☐ Other Mental Health Agencies
- ☐ Others _____

Signature

Date

Authorized Signature

Date

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GOOD CAUSE, SANCTIONS, COMPLIANCE FOR FOOD STAMPS

Richland County Job & Family Services will consider the following documented (submitted in writing within 7 days) good cause reasons for refusing or failing to comply with the employability Plan for Food Stamps:

1. Illness of the work eligible individual or another family member, if care by the work eligible individual was necessary
2. for either the work eligible individual or a family member, a previously scheduled appointment necessary for medical, dental or vision care
3. Previously scheduled appointment for work eligible individual for a job interview, including any subsequent interviews and/or testing requirements
4. Court ordered appearances
5. Appointment with another social service agency or program
6. Death in the immediate family as defined in the Good/Just Cause Plan
7. A School, place of work or worksite is closed due to weather or other emergency
8. Lack of child care
9. A failure of RCJFS to provide supportive services
10. A failure of RCJFS to provide the individual with all information necessary about the assignment
11. Other absences excused at the discretion of the RCJFS Director, such as Domestic Violence, Employer discrimination, Unreasonable work demands or conditions, Unsuitable employment, Household emergency, Acceptance of a better job & Religious convictions

An individual who fails or refuses to comply will be sanctioned on Food Stamps for:

- One payment month or until compliance, whichever is longer, for a first failure or occurrence
- Three payment months or until compliance, whichever is longer, for a second failure or occurrence
- Six payment months or until compliance, whichever is longer, for a third failure or occurrence

An individual may comply by returning to the Richland CJFS to cooperate and agree to participate in Work Activities. Benefits will be reinstated the month following the month of compliance, provided that the minimum sanction period has been served and all other eligibility factors have been met.

I agree to participate in Work Activities

CRISE#: _____ OB#: _____

Participant _____

Date 06/30/2022

Case Manager _____

Date 06/30/2022

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Documentation of Transportation/Incidental Needs Allowances

All Work Activities required recipients of OWF and/or Food Stamps should receive a minimum work allowance of \$25.00 per month for transportation/incidental costs resulting from participation. The Work Activities Case Manager will determine the true costs for transportation and incidentals (i.e., laundry, lunch, toiletries, etc.) and assign an appropriate work allowance. If the client walks to work or the assigned work activity, the work allowance will be \$25.00 for incidentals. **Note: When assistance is terminated, the WA must be removed in OIES.**

OWF participants who have become employed and are no longer in need of cash assistance may be issued a transportation work allowance under the Food Stamp AG to enable them to get back and forth to their places of employment.

Name _____

OB# _____

Date _____

1. Type of transportation you are using to get to assignment. ☐ Car ☐ Taxi ☐ Bicycle ☐ Walk ☐ Bus
Other _____

2. Work/Employment Site Name & Address _____
days/hours/week _____ Child Care Provider/Address _____

3. Number of miles one way to assignment (including mileage to day care) _____

4. If your transportation is a car: Do you provide a ride to another participant? ☐ Yes ☐ No Who? _____

Do you receive a ride from another participant? ☐ Yes ☐ No Who? _____

5. Do you pay anyone to provide transportation? ☐ Yes ☐ No Amount? _____

6. Do you receive transportation money from another source/agency? ☐ Yes ☐ No
Who? _____ Amount? _____

The number of miles round trip from home to the childcare site _____ + the number of additional miles round trip to the work/employment site _____ = _____ x _____ days per week = _____ x 4.3 weeks per month = _____ divided by 15 (miles per gallon) = _____ (gallons) x \$2.00 = \$ _____ total transportation allowance (rounded up or down to the nearest dollar). The incidental allowance of \$25.00 is issued under Other Allowance. When issuing a bus pass, note the amount on the total transportation allowance line item and indicate it is a bus pass. The Total Work Allowance issued (transportation allowance + incidental allowance) shall not exceed \$125.00 per month. There will be no exceptions.

Number of miles to childcare and work/employment sites can be determined using Map Quest or a similar map site on the Internet. Transportation will be reimbursed at \$2.00 per gallon using 15 miles per gallon as a standard rate.

Approved by _____

/ _____
Date

Client signature _____

/ _____
Date

RICHLAND COUNTY JOB & FAMILY SERVICES

Main Office
171 Park Avenue East
Mansfield OH 44902
Fax: 419-774-0051
419-774-5400

Sharlene Neumann, Director

Ohio Relay Voice/TDD: 800-750-0750
RCJFS Toll Free: 1-888-774-5400

OhioMeansJobs
183 Park Avenue East
Mansfield OH 44902
Fax: 419-774-5380
419-774-5300

Ohio Department of Job and Family Services
**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
NOTIFICATION OF ALLEGED FAILURE**

Name	Date 06/30/2022
Address	Case Number
City, State, Zip Code OH	County RICHLAND
Assignment/Worksite	Date(s) failed to cooperate with work requirement(s)

The Supplemental Nutrition Assistance Program (SNAP) requires an individual to participate in a SNAP employment and training (E&T) activity for a determined number of hours.

This notice is to inform you it has been reported you failed to comply with your employment and training requirements of the SNAP E&T program. In order to determine if good cause will be given for the failure, verification of why you were unable to attend will be required.

If you wish to provide good cause for the fail date(s) listed above, you may submit the information within seven days to Richland County Job & Family services to provide any information regarding the failure.

Be advised that failing to provide the requested good cause verification may result in a sanction to your benefits and your SNAP benefits may stop. To ensure there is no break in your SNAP benefits, please provide good cause within 7 days from above date to the address listed below:

WA Case worker:
Address: 183 Park Ave E, Mansfield, Ohio 44902-1829
Phone Number:
Fax Number:
Website: N/A

RICHLAND COUNTY JOB & FAMILY SERVICES

Main Office
171 Park Avenue East
Mansfield OH 44902
Fax: 419-774-0051
419-774-5400

Sharlene Neumann, Director

Ohio Relay Voice/TDD: 800-750-0750
RCJFS Toll Free: 1-888-774-5400

OhioMeansJobs
183 Park Avenue East
Mansfield OH 44902
Fax: 419-774-5380
419-774-5300

WORK EXPERIENCE PROGRAM (Cooperative Agreement)

I. PURPOSE

This agreement shall set forth the responsibilities of the Richland County Job & Family Services (hereinafter referred to as the RCJFS") and:

Name: _____
Address: _____
Company Name: _____ FEIN# _____
Contact Person: _____
Address: _____
Phone: _____
eMail: _____

(hereinafter referred to as the "sponsor") as mutually agreed to under guidelines established by the Ohio Department of Job & Family Services for the *Work Experience Program* (hereinafter referred to as "WEP"). Participation at this worksite shall provide participants with experience and training to assist them in securing employment.

II. RESPONSIBILITIES OF THE RCJFS

1. Assign participants to the sponsor's worksite to perform duties set forth in the appropriate job description provided by the sponsor.
2. Assist sponsor, as needed, in preparing job descriptions for WEP positions to be established by the sponsor.
3. Provide necessary information concerning participant's grievance procedures.
4. Provide sponsor with participant's monthly work schedule.
5. Investigate complaints from the participant or sponsor and ensure appropriate and timely resolutions to complaints.
6. Visit worksite at least annually to ensure compliance of WEP regulations.
7. Provide workers compensation coverage for assigned participants.
8. Inform sponsor's worksite of Ohio Dept. of Health workplace requirements to ensure safety for all participants during COVID-19 pandemic.

III. RESPONSIBILITIES OF THE SPONSOR

1. Provide participant with applicable work rules (written/oral) along with health and safety standards. Provide training or orientation/supervision vital to efficient performance of work assignment, ensuring that the participant is always under qualified supervision.
2. Provide tools, equipment, supplies and transportation required on the worksite.
3. Offer Behavior and Job Skills.
4. Supervise the participant, track attendance & submit attendance report weekly.
5. **In accordance with 7 CFR 273.7(c)(4), the sponsor's worksite will notify RCJFS of any failed participation hours within 10 days.**
6. Notify Agency within 10 days of determination if a person is unfit for placement with a brief explanation and date in accordance with OAC 5105:4.3-11.2(c).
7. Evaluate the participant quarterly using the WEP Worker Performance Evaluation. This evaluation should be sent to the Work Activities Case Manager with the completed work assignment sheet that month.

RICHLAND COUNTY JOB & FAMILY SERVICES

Main Office
171 Park Avenue East
Mansfield OH 44902
Fax: 419-774-0051
419-774-5400

Sharlene Neumann, Director

Ohio Relay Voice/TDD: 800-750-0750
RCJFS Toll Free: 1-888-774-5400

OhioMeansJobs
183 Park Avenue East
Mansfield OH 44902
Fax: 419-774-5380
419-774-5300

IV. CONFIDENTIALITY

Each sponsor ensures that confidentiality will be observed as a basic right of each participant. No records or information concerning a participant may be divulged for any purpose not directly connected to the WEP program. Any release of such information is strictly prohibited except upon written consent of the participant.

V. LIABILITY

The sponsor agrees that the Ohio Department of Job & Family Services, Richland County Job & Family Services, and the Richland County Board of Commissioners shall be held harmless against any and all liability, loss, damage or related expenses incurred through provisions of sponsorship under this agreement.

The sponsor realizes that there are penalties under law for any sponsor who knowingly obtains a benefit to which he is not entitled. If such violation occurs, this agreement shall be rendered null and void.

Terms of this agreement shall be in effect as of _____
and shall remain in effect until _____ unless otherwise terminated.

WEP Sponsor/Representative

07/15/2022

Date

RCJFS Work Program Representative

07/15/2022

Date

RICHLAND COUNTY JOB & FAMILY SERVICES

Main Office: 171 Park Avenue East, Mansfield, Oh 44902

OhioMeansJobs: 183 Park Avenue East, Mansfield, Oh 44902

Toll Free: 1-888-774-5400

Sharlene Neumann

Director

419-774-5400/Fax: 419-526-4802

OhioMeansJobs: 419-774-5300/Fax: 419-774-5380

RCJFS Work Experience Program (WEP)

This is a program in which individuals work without pay at a job site in a public, private-non-profit or private-for-profit organization in order to gain work experience and training. It may include activities ensuring that participants become familiar with workplace expectations and exhibit work behavior and attitudes necessary to compete successfully in the labor market. The goal of WEP is to enable each customer to develop work skills (both behavior and job skills) that will enable that individual to obtain and retain employment and work toward a better job.

A true WEP assignment would have the following:

- A planned, structure activity with defined goals
- Time Limited
- Meaningful tasks that help the person gain good work habits and job skills for employment and/or advancement to a better job
- A corresponding larger plan for the person to obtain employment and reach self-sufficiency
- Adequate supervision
- Actual work as main part of the activity
- Hours of participation that are monitored and tracked by a supervisor
- Periodic evaluation of progress in gaining good work habits and skills on a regular basis
- Periodic evaluation of progress leading toward employment on a regular basis

WEP sites are required to offer the following:

- ☐ Behavior Skills (Soft Skills)

All WEP sites must be willing and able to address behavior skills (soft skills) with their assigned participants. The WEP assignment will allow individual to practice those skills.

Examples are: Show up to work on time
 Work when assigned

Dress/Act appropriately
Communicate effectively

☐ Job Skills

The site must be willing and able to help individuals develop and practice job skills. Job skills will be unique to the site. A job description will be developed for each type of job at the site that lists the type of skills that will be developed and practiced.

☐ Supervision and Tracking

The WEP site must be willing and able to supervise individuals placed at the site, provide instruction and feedback, track the hours of participation, and report participation back to RCJFS. The WEP site must be willing to provide the extra support and direction that a WEP participant may need while the participant adjusts to working at the site and learning a new job task. The WEP site will report all failed participation hours within 10 days, in accordance with 7CFR 273.7(c)(4).

☐ Support

The site needs to understand the types of problems that participants face, such as instability with housing, transportation, and child care. The site should also understand the types of disabilities that frequently occur and recognize the indicators of those disabilities. If the site suspects the participant has a barrier or disability that is affecting their performance and/or making participant unfit for work, the site must be willing to report that information back to RCJFS within 10 days of determination, in accordance with 5101:4.3-11.2(c).

☐ Outcomes

Clear, measurable and written outcomes will be developed for each WEP site. These would include skills learned while participating (i.e., learning to use office equipment or a lawnmower, the number of individuals hired at the site and the number of individuals who obtain a job with another employer as a result of the experience gained at the WEP site.)

The above requirements have been explained to me. I agree to work with RCJFS to develop the soft and job skills of the participants assigned to this site, to supervise and track the participation of each person assigned to this site, to report barriers or problems, and to provide the needed support to enable each individual assigned to this site to succeed.

Site Representative

Date



Case Info

Eligibility

Empl.
ServicesResource
Databank

Fiscal

Special
Units

Reports

Document
ControlAdmin
Tools

Workload Inventory

Case Summary

Activities

Supportive Services

Distributed Documents

Verification

Appraisal

- ☒ Case Number
☐ Request ID

Go

Select Activity

► Refine Your Search

Search Results Summary

Results 1 - 25 of 62

1 2 3 Next

Select

Person Search

- Case Summary
- TANF Work Activities
- SNAPET
- Employment
- Degrees
- SIP
- Needs
- Skills
- Strengths
- Barriers
- Test Scores
- Goals
- Customer Activities
- Action Plan
- Family Plan
- Relationships
- Time Limits
- **WIC** Child Under One
 - Voc/Ed
 - JS/JR

Number▽	Provider▽	Dates▽	Address	Contract County▽	Open Slots▽	Status▽
<input checked="" type="radio"/> 249	RCJFS/WEP/CORE	09/11/2006	53 W 4TH STREET MANSFIELD, OH 44902-1210	Richland	0	Active
<input type="radio"/> 382	VOLUNTEERS OF AMERICA	09/28/2006	111 W MAIN ST SHELBY, OH 44875- 1410	Richland	0	Active
<input type="radio"/> 929	VOLUNTEERS OF AMERICA	09/28/2006	111 W MAIN ST SHELBY, OH 44875- 1410	Richland	0	Active
<input type="radio"/> 249	VOLUNTEERS OF AMERICA	09/28/2006	1788 W 4TH ST MANSFIELD, OH 44906-0000	Richland	1	Active
<input type="radio"/> 219	VOLUNTEERS OF AMERICA	09/28/2006	1788 W 4TH ST MANSFIELD, OH 44906-0000	Richland	0	Active
<input type="radio"/> 249	RICHLAND COUNTY COMMISSIONERS	07/01/1990	171 PARK AVE E MANSFIELD, OH 44901-0188	Richland	2	Active
<input type="radio"/> 092	RCJFS/WEP/CORE	03/01/1991	53 W 4TH STREET MANSFIELD, OH 44902-1210	Richland	0	Active
<input type="radio"/> 222	THE SALVATION ARMY	01/06/2010	47 S MAIN ST MANSFIELD, OH 44902-0000	Richland	0	Active
<input type="radio"/> 229	VOLUNTEERS OF AMERICA	09/28/2006	113 W 4TH ST MANSFIELD, OH 44902-7317	Richland	0	Active
<input type="radio"/> 249	RICHLAND COUNTY COMMISSIONERS	07/01/1990	750 N HOME RD MANSFIELD, OH 44906-1400	Richland	4	Active
<input type="radio"/> 249	PEACE FELLOWSHIP	09/20/2006	106 STURGES AVE MANSFIELD, OH 44903-2313	Richland	38	Active
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<input type="radio"/> 5062	RICHLAND COUNTY COMMISSIONERS	04/09/2007	3220 OLIVESBURG RD MANSFIELD, OH 44903-8243	Richland	1	Active
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<input type="radio"/> 929	SALVATION ARMY	11/01/1993	752 ASHLAND RD MANSFIELD, OH 44905-2536	Richland	0	Active
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			MANSFIELD, OH 44906-0000				
<input type="radio"/> 999	RICHLAND COUNTY COMMISSIONERS	10/01/2006	171 PARK AVE EAST MANSFIELD, OH 44902-0000	Richland	38	Active	
<input type="radio"/> 382	RICHLAND COUNTY COMMISSIONERS	09/14/2006	750 N HOME RD MANSFIELD, OH 44906-1400	Richland	4	Active	
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<input type="radio"/> 249	RICHLAND COUNTY COMMISSIONERS	07/01/1990	161 PARK AVE E MANSFIELD, OH 44901-0000	Richland	0	Active	
<input type="radio"/> 092	SUCCESS UNLIMITED/WEP/CORE/5TH	07/01/2007	2441 KENWOOD CIRCLE MANSFIELD, OH 44906-0000	Richland	60	Active	
<input type="radio"/> 249	SUCCESS UNLIMITED/WEP/CORE/5TH	07/01/2007	2441 KENWOOD CIRCLE MANSFIELD, OH 44906-0000	Richland	56	Active	

Select

1 2 3 Next



Case Info Eligibility Empl. Services Resource Databank Fiscal Special Units Reports Document Control Admin Tools

Workload Inventory Case Summary Activities Supportive Services Distributed Documents Verification Appraisal

- ☒ Case Number
☐ Request ID

Go

Select Activity

Refine Your Search

Search Results Summary

Results 26 - 50 of 62

Previous 1 2 3 Next

Select

Person Search

- Case Summary
- TANF Work Activities
- SNAPET
- Employment
- Degrees
- SIP
- Needs
- Skills
- Strengths
- Barriers
- Test Scores
- Goals
- Customer Activities
- Action Plan
- Family Plan
- Relationships
- Time Limits
- ☒ WPI Child Under One
 - Voc/Ed
 - JS/JR

Number	Provider	Dates	Address	Contract County	Open Slots	Status
<input checked="" type="radio"/> 301	SUCCESS UNLIMITED/WEP/CORE/5TH	07/01/2007	2441 KENWOOD CIRCLE MANSFIELD, OH 44906-0000	Richland	61	Active
<input type="radio"/> 382	RCJFS/WEP/CORE	08/01/2000	53 W 4TH ST MANSFIELD, OH 44902-1012	Richland	2	Active
<input type="radio"/> 249	RCJFS/WEP/CORE	08/01/2000	171 PARK AVE EAST MANSFIELD, OH 44902-0000	Richland	5	Active
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<input type="radio"/> 389	THE SALVATION ARMY	01/06/2010	47 S MAIN ST MANSFIELD, OH 44902-0000	Richland	1	Active
<input type="radio"/> 319	MANSFIELD CHRISTIAN SCHOOL	09/25/2006	500 LOGAN RD MANSFIELD, OH 44907-0000	Richland	0	Active
<input type="radio"/> 099	MANSFIELD CHRISTIAN SCHOOL	09/25/2006	500 LOGAN RD MANSFIELD, OH 44907-0000	Richland	0	Active
<input type="radio"/> 100	MANSFIELD CHRISTIAN SCHOOL	09/25/2006	500 LOGAN RD MANSFIELD, OH 44907-0000	Richland	1	Active
<input type="radio"/> 249	MANSFIELD CHRISTIAN SCHOOL	09/25/2006	500 LOGAN RD MANSFIELD, OH 44907-0000	Richland	0	Active
<input type="radio"/> 406	MANSFIELD CHRISTIAN SCHOOL	09/25/2006	500 LOGAN RD MANSFIELD, OH 44907-0000	Richland	0	Active
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<input type="radio"/> 229	VOLUNTEERS OF AMERICA	09/28/2006	280 N MAIN ST MANSFIELD, OH 44902-7317	Richland	0	Active
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<input type="radio"/> 406	RCJFS/WEP/CORE	09/11/2006	53 W 4TH ST MANSFIELD, OH 44902-1012	Richland	0	Active
<input type="radio"/> 382	VOLUNTEERS OF AMERICA	09/28/2006	280 N MAIN ST MANSFIELD, OH 44902-7317	Richland	1	Active
<input type="radio"/> 209	VOLUNTEERS OF AMERICA	02/01/2002	113 W 4TH ST MANSFIELD, OH 44902-7317	Richland	0	Active
<input type="radio"/> 249	RICHLAND COUNTY COMMISSIONERS	11/01/2009	171 PARK AVE EAST MANSFIELD, OH 44902-0000	Richland	369	Active
<input type="radio"/> 382	HUMANE SOCIETY OF RICHLAND CO	09/22/2006	PO BOX 3931 MANSFIELD, OH 44901-0000	Richland	1	Active

Select

Previous 1 2 3 Next



Case Info Eligibility Empl. Services Resource Databank Fiscal Special Units Reports Document Control Admin Tools

Workload Inventory Case Summary Activities Supportive Services Distributed Documents Verification Appraisal

- ☒ Case Number
☐ Request ID

Go

Select Activity

Refine Your Search

Search Results Summary

Results 51 - 62 of 62

Previous 1 2 3

Select

Person Search

- Case Summary
- TANF Work Activities
- SNAPET
- Employment
- Degrees
- SIP
- Needs
- Skills
- Strengths
- Barriers
- Test Scores
- Goals
- Customer Activities
- Action Plan
- Family Plan
- Relationships
- Time Limits
- WIC Child Under One
 - Voc/Ed
 - JS/JR

Number	Provider	Dates	Address	Contract County	Open Slots	Status
<input checked="" type="radio"/> 382	VOLUNTEERS OF AMERICA	09/28/2006	280 N MAIN ST MANSFIELD, OH 44902-7317	Richland	1	Active
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<input type="radio"/> 099	RCJFS/WEP/CORE	09/11/2006	53 W 4TH STREET MANSFIELD, OH 44902-1210	Richland	4	Active
<input type="radio"/> 099	RCJFS/WEP/CORE	09/14/2006	171 PARK AVE EAST MANSFIELD, OH 44902-0000	Richland	6	Active
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<input type="radio"/> 381	MANSFIELD CHRISTIAN SCHOOL	09/25/2006	500 LOGAN RD MANSFIELD, OH 44907-0000	Richland	0	Active

Select

Previous 1 2 3