

## Agency Details

County: [Richland](#)

Number of SNAP Staff: 8 FTE

E&T Plan Contacts:

Title	Name	Email	Phone
Eligibility/ Referral Supervisor	Heather Mosley	<a href="mailto:Heather.Mosley@jfs.ohio.gov">Heather.Mosley@jfs.ohio.gov</a>	419-774-5308
Assistant Director	Lori Bedson	<a href="mailto:Lori.Bedson@jfs.ohio.gov">Lori.Bedson@jfs.ohio.gov</a>	419-774-5403

## Assurances

**The following statements should be reviewed by the county agency Director and a fiscal representative. Each box should be checked to indicate that parties have read and understand each statement.**

### Budget

- ☒ The county agency is accountable for the content of the county E&T plan and will provide oversight of any sub-grantees.
- ☒ The county agency is fiscally responsible for E&T activities funded under the plan and is liable for repayment of unallowable costs.
- ☒ County or state education costs will not be supplanted with federal E&T funds.
- ☒ 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.
- ☒ 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.
- ☒ Documentation of county agency costs, payments, and donations for approved E&T activities are maintained by the county agency and available for USDA review and audit.
- ☒ Steps are taken to ensure that SNAP E&T funds are not spent on individuals who also receive Title IV-A funds.
- ☒ Program activities and expenses are reasonable and necessary to accomplish the goals and objectives of SNAP E&T.
- ☒ The county agency maintains its own operating budget and narrative which can be made available upon request by state or federal reviewers.

### Contracts

- ☒ Contracts are procured through competitive bid procedures governed by State and/or local procurement regulations.
- ☒ WEP site agreements and third-party contracts all contain language that requires notification of failed participation within 10 days.
- ☒ The county agency has a procedure that ensures a contractor or agency operating a component of its SNAP E&T notifies the county agency and participant of the failed date(s) within 10 days of when a required participant fails to comply with the employment and training requirements (including when the county agency is operating the component of SNAP E&T). The notification to the participant directs any information of good cause regarding the failure to the county agency for a determination of good cause to be made.
- ☒ WEP sites are monitored and/or their agreements are reviewed at least once per year.
- ☒ WEP site agreements and third-party contracts are available upon request by State or Federal reviewers.
- ☒ The county agency notifies the State whenever it enters or terminates a third-party contract.

### Components

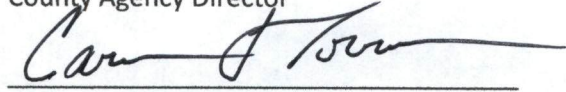


- ☒ Program activities are conducted in compliance with all applicable Federal and State laws, rules, and regulations including Civil Rights and OMB regulations governing cost issues.
- ☒ E&T education activities directly enhance the employability of the participants; there is a direct link between the education activities and job-readiness.

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



County Agency Director



County Agency Fiscal Reviewer

9/10/19

Date

9/10/19

Date

## Eligibility Determination

OAC Rules 5101:4-3-11, 5101:4-3-20, 5101:4-6-04

The county must determine if a client is subject to SNAP work requirements. Work registrants must be screened to determine if they are required SNAP E&T participants (ABAWDs).

### **1. Describe how work registrants and required E&T participants (ABAWDs) are identified.**

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 possible SNAP exemptions with the individual, identifying the 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 appropriate Work Activities Unit so an assessment can be scheduled. At the time of the screening, the eligibility worker determines if the applicant needs to regain eligibility due to the 3 of 36 rule, explaining the ABAWD requirements and how to regain eligibility to the individual.

The following policies must be provided verbally and in writing to each work registrant and E&T participant (ABAWD), as applicable, at the eligibility interview:

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

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

Yes ☒ No ☐

**3. Describe how your county informs work registrants about services available through Ohio Means Jobs (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. 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 first informs clients that there are basic services offered at the OMJ-Richland County Center during the initial interview. They inform work registrants of their requirement to register with OhioMeansJobs and comply with unemployment requirements, if applicable. If required, during the group and/or individual assessment meetings, the employment service case-workers 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 in the OhioMeansJobs Richland County Center to provide the work registrants with an opportunity to familiarize themselves with the Center.

Some counties allow educational activities in vocational and post-secondary programs to qualify students enrolled at least half-time for SNAP if, at the time of application, they are already enrolled and all other eligibility requirements are met. Education and training must be an E&T component offered by the county. An appraisal must be completed; the student must be assigned to education and training in the statewide eligibility system and coded as a SNAP E&T volunteer.

**4. Does your county allow self-enrolled students as volunteers into the SNAP E&T Program?**

Yes ☐ No ☒

Appraisal

OAC Rules 5101:4-3-29, 5101:4-3-11

Required SNAP E&T participants (ABAWDs) must be appraised to determine the best assignment to help them achieve self-sufficiency.



**1. Employability plans are required for every participant assigned to a SNAP E&T activity. Does your county use the state employability plan template?**

Yes ☒ No ☐ \*If no, please attach your county's employability plan.

**2. Describe your county's appraisal process.**

Richland County Jobs and Family Services refers and schedules all SNAP E&T required participants within 30 days of application and at each re-application. All scheduled required participants receive an appraisal appointment letter that includes an Information Request Form as a pre-assessment that is to be completed and brought to the appraisal appointment. The Information Request Form and the OMJ 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. 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 for those who have used 3 of 36 months of assistance, when the county is not on state waiver. 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, and work experience. 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.



Please indicate which of the following are explored during a comprehensive appraisal in your county:	
Work history	<input checked="" type="checkbox"/>
Education and Training	<input checked="" type="checkbox"/>
Skills	<input checked="" type="checkbox"/>
Aptitude	<input checked="" type="checkbox"/>
Interests	x <input type="checkbox"/>
Strengths	<input checked="" type="checkbox"/>
Goals	x <input type="checkbox"/>
Barriers	<input checked="" type="checkbox"/>
Family Waiver Screening (domestic violence)	<input checked="" type="checkbox"/>

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

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

**4. Do you ensure the policies listed above are provided verbally and in writing during the appraisal/assessment?**

Yes ☒ No ☐

## Components

OAC Rule 5101:4-3-29

Every county must offer at least one E&T Program component.

- 1. Use the boxes below to indicate which component(s) your county offers, who provides it, and how many participants are expected to be enrolled per component in FFY 2020. Expected enrollment is based on average monthly enrollment numbers for FFY 2019 per JFSR 5201-D-SNAPET- ABAWD Assignment Detail Report (SNAP). \*You can request your average monthly participation number by contacting [Outcomes And Analysis@jfs.ohio.gov](mailto:Outcomes And Analysis@jfs.ohio.gov).**



Component	Description		Check all that apply	Average Monthly Participation
Supervised Job Search	Requires participants to make inquiries to prospective employers. Time spent in supervised job search activities must be tracked within the case record.		<input type="checkbox"/> Not Offered <input checked="" type="checkbox"/> Offered by County <input type="checkbox"/> Offered by Provider	270
	All job search activities are completed in the OhioMeansJobs Center where there is a case worker on duty to supervisor activities and assist with technical difficulties when needed. Participants are to check in with the receptionist upon arrival. Participants are required to print off verification of submission of each application to verify that it was completed (i.e. the Thank You for Applying page). Participants may also fax or email copies of their resume to employers and provide the confirmation page or email from an employer that verifies 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 turned into the Employment Services Counselor (ESC) by the requested date to verify activities were completed within allotted time frame.			
Education and Training	Education and Training	<p>Educational programs or activities to improve basic skills or otherwise improve employability; vocational training in a skill or trade allowing the participant to move directly into employment. ABLE/GED services through Mansfield City Schools; ESL services through Mansfield City Schools; Adult Diploma Programs through Pioneer Career &amp; 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, but individuals without GEDs or high school diplomas are encouraged to participate in a GED or Adult Diploma program.</p> <p>The OhioMeansJobs Center offers WIOA Adult and Dislocated Worker training opportunities to SNAP E&amp;T recipients who meet WIOA eligibility guidelines for training.</p>	<input type="checkbox"/> Not Offered <input checked="" type="checkbox"/> Offered by County <input checked="" type="checkbox"/> Offered by Provider	270
	Job Readiness Training Activities	<p>Enhances the job readiness of participants by providing instruction in job seeking techniques and increasing motivation and self confidence. RCJFS, the OhioMeansJobs Center operator, incorporates resources made available to the universal customer into the SNAP E&amp;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.</p>	<input type="checkbox"/> Not Offered <input checked="" type="checkbox"/> Offered by County <input type="checkbox"/> Offered by Provider	



<b>Work Experience Program (WEP)</b>	<p>Designed to improve the employability of participants through actual work experience and/or training and to enable them to move into regular employment.</p> <p><i>RCJFS has WEP agreements with various non-profit agencies in Richland County for participants to gain various employability, soft, and transferable skills. Participants are assigned based on information gained from the assessment on a by case-by-case bases. Hours of participation are figured by fair labor standard Act (FLSA). Case workers make all attempts to assign participants to sites that most closely fit the type of employment the participant is interested in this is to assist in gaining skills in their specific area of interest, when available. Work site provide attendance and failed hours of participation to RCJFS weekly. Participants have 7 days to provide good cause for all missed hours.</i></p>	<p><input type="checkbox"/> Not Offered</p> <p><input checked="" type="checkbox"/> Offered by County</p> <p><input type="checkbox"/> Offered by Provider</p>	<p>270</p>
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## Participant Tracking & Monitoring

OAC Rule 5101:4-3-29

Participants 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 according to CFR and OAC.

**1. Which of the following methods does your county use to prevent overpayments to ABAWDs who reach their time limit (3 of 36 months)?** Select all that apply.

- ☒ ABAWD Countable Months Detail Report (OB)
- ☒ ABAWD Time Limit Month (OB)
- ☐ Other: *Describe any other methods, processes, or technology used.*

**2. How does your county ensure that the participant is informed of an alleged failure prior to imposing a timely sanction to ABAWDs who fail to participate in a SNAP E&T activity for the appropriate number of hours?** Select all that apply.

- ☒ Sample notification form
- ☐ Email
- ☒ Phone call
- ☐ Other reasonable means (please explain)
- ☐ Other: Face-to-face contact with participants when they are in the OhioMeansJobs Center

**3. 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?** Select all that apply.

- ☒ Report (OB)
- ☒ Activity Progress Detail (OB)
- ☐ Other: *Describe any other methods, processes, or technologies used.*



## Supportive Services

OAC Rule 5101:4-3-32

The county agency is responsible for providing supportive services that are reasonably necessary and directly related to participation to SNAP E&T participants.

**1. Check the boxes next to all supportive services that are offered, indicate the maximum monthly amount allowed per participant, and provide a recent total monthly cost for each supportive service offered. Please specify the calendar month for which the total amount spent on each service was accumulated February 2019.**

Service	Offered	Max \$ per person/month	Total amount spent	Service	Offered	Max \$ per person/month	Total amount spent
Automobile repairs	<input type="checkbox"/>	\$_____	\$_____	Licensing/bonding fees	<input checked="" type="checkbox"/>	\$200	\$_____
Background checks	<input checked="" type="checkbox"/>	\$66.25	\$_____	Medical services	<input type="checkbox"/>	\$_____	\$_____
Books	<input type="checkbox"/>	\$_____	\$_____	Personal safety items	<input checked="" type="checkbox"/>	\$25	\$_____
Clothing – for interview	<input type="checkbox"/>	\$_____	\$_____	Student activity fees	<input type="checkbox"/>	\$_____	\$_____
Clothing – for job (not uniform)	<input checked="" type="checkbox"/>	\$200	\$831.80	Test fees	<input checked="" type="checkbox"/>	\$150	\$203.50
Course registration fees	<input type="checkbox"/>	\$_____	\$_____	Tools	<input checked="" type="checkbox"/>	\$200	\$_____
Dependent Care costs	<input type="checkbox"/>	\$_____	\$_____	Training materials	<input type="checkbox"/>	\$_____	\$_____
Drug tests	<input type="checkbox"/>	\$_____	\$_____	Transportation expenses (not gasoline)	<input checked="" type="checkbox"/>	\$50.00	\$65.00
Equipment	<input type="checkbox"/>	\$_____	\$_____	Tuition & fees	<input checked="" type="checkbox"/>	\$150.00	\$_____
Fingerprinting	<input type="checkbox"/>	\$_____	\$_____	Uniforms	<input checked="" type="checkbox"/>	\$200.00	\$_____
Gasoline	<input checked="" type="checkbox"/>	\$125.00	\$_____	Union dues	<input type="checkbox"/>	\$_____	\$_____
Legal services	<input type="checkbox"/>	\$_____	\$_____				

## Contracts

OAC Rule 5101:9-6-09

Counties must have budgets that track expenditures. Budgets and narratives must be kept on file and made available upon request by state or federal reviewers.

### 1. Total SNAP E&T Operating Budget:

\$ \$142,599 (FFY 2019 100% funds- \$36,129 and FFY 2019 50/50 funds \$106,470)

### 2. Number of monetary contracts for E&T services (excluding WEP sites)?

0

3. For each contract, complete the below table. For additional tables, click the plus sign at the bottom right, before entering any information. *\*The county is to notify the State whenever it enters or terminates a third-party contract.*

<b>Contractor Name</b>	<i>Enter the name of the contractor.</i>
<b>Effective Dates</b>	<i>Enter the start date and end date of the contract.</i>
<b>Cost of Contract</b>	<i>Enter the total cost of the contract.</i>
<b>Component(s)</b>	<i>List the SNAP E&amp;T component(s) being contracted out.</i>
<b>Description of Services</b>	<i>Describe the services offered by the contractor (placement, assessment, tracking, etc.).</i>



## 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

### 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
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#### **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:

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



**Notes/Special Instructions:**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
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 ÷ \$8.10. 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](mailto: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
RCJFS Representative	Date