WORK FIRST PARTICIPATION SUMMARY

Date _____

_____   _____   _____   _____
Client's Name   Age   Case Number   Worker's Name

_____   _____   _____
Case Number   # of Months Remaining on   Educational Level
                                                   60-Month Time Clock

_____   _____
Employment Goal   Assessment Date

Is client currently employed? ☐Yes ☐No Needs related to employment: _____

_____

_____

_____

_____

Were the needs resolved? ☐Yes ☐No   If "No," explain why: _____

_____

_____

Were employment referrals made (ESC, employers)? ☐ Yes ☐No

Comments: _____

What were the results of the employment search? _____

Did client: refuse services or employment? ☐ Yes ☐No Terminate a job without good cause? ☐Yes ☐No

Comments: _____

Were appropriate services available to support client's participation? ☐ Yes   ☐No

If "No," explain: _____

Did client follow through with conditions of the MRA Plan of Action? ☐ Yes   ☐No

Comments: _____

_____

Were there months in which participation was not met due to good cause factors? ☐ Yes   ☐No

Circumstances? _____

_____

Proper documentation to support ? ☐ Yes   ☐No

List agencies/resources used to support client's participation: _____

_____

_____

Does client possess a degree, certificate, or a skill?   ☐ Yes (specify)_____

☐ No   If "No," was short-term skills training available? ☐ Yes   ☐ No

Did client complete short-term skills training? ☐ Yes   ☐ No
If "No," why? _____

_____

Is client receiving child support? ☐ Yes   ☐ No   Last Received _____ Amount $_____

Is client eligible for SSI/Social Security Disability? ☐ Yes   ☐ No   Applied? ☐ Yes   ☐ No

Is child eligible for Social Security from absent disabled or deceased parent? ☐ Yes   ☐ No
 Applied? ☐ Yes   ☐ No

Were sanctions applied? ☐ Yes   ☐ No   How many to date? _____

Sanction Reasons and Periods: _____

During times of sanction, describe follow-up attempts made: _____

_____

_____

How many times and dates was termination requested for refusal to sign MRA? _____

_____

Was follow-up accomplished to initiate subsequent plans? ☐ Yes   ☐ No

OUTCOME OF THE CASE STAFFING

Client's Plan of Action: _____

_____

Agency (DSS) Plan of Action: _____

_____

NOTE: Attach   1) Confidentiality Agreement with names/agencies of those attending staffing.
                   2) Copies of all MRA Plans of Action and documentation of active participation, e. g., EPIS client histories, time cards,
                       etc.
                   3) Eligibility Tracking Screen
                   4) Sanction Tracking Screen