



# ABAWD Navigation Manual

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Workforce Education

Washington State Board for Community and Technical Colleges

PO Box 42495

Olympia, WA 98504

[SBCTC.edu](http://SBCTC.edu)

## Table of Contents

Table of Contents.....	2
ABAWD Overview .....	5
USDA Food & Nutrition Service’s ABAWD Overview .....	5
SNAP supports work.....	5
Who is considered an ABAWD? .....	5
What is the ABAWD time limit?.....	5
Why did the ABAWD time limits go away? Why are they coming back? .....	6
ABAWD Policy .....	6
ABAWD Waivers.....	6
Washington State ABAWD Policies.....	7
Approved Work Requirement Activities .....	7
Basic Food Employment and Training - BFET* .....	7
ORIA (Office of Refugee and Immigrant Assistance) BFET* .....	7
Limited English Proficiency (LEP) Pathway* .....	8
Career Ladder for Educated and vocationally Experienced Refugees (CLEVER)*.....	8
Programs included in the Workforce Innovation and Opportunity Act - WIOA .....	8
AmeriCorps Programs .....	8
Division of Vocational Rehabilitation.....	8
Additional Resources .....	8
Navigation Model.....	9
Purpose .....	9
Principle Elements .....	9
Supporting ABAWDs .....	9
Enhancing Community Collaboration .....	10
Expanding Resource Availability .....	10
Staffing .....	11
SBCTC Team .....	11
DSHS Team .....	11
College Teams .....	12
ABAWD Support (Element 1) .....	15
Referral Process .....	15
Referral Process without Trumba .....	15

Referral Process with Trumba.....	15
Contact Information.....	16
Outreach .....	16
No Shows .....	16
Orientation Process .....	16
DSHS Consent Form .....	17
Initial Individual Employment Plan (Initial IEP).....	17
Activity Referrals & Warm Hand-offs.....	18
Referral Form .....	18
Warm Hand-offs.....	19
BFET Providers .....	19
Tracking System .....	22
ABAWDS.....	22
Other people.....	22
Requirements to Maintain SNAP Eligibility.....	22
Work Requirements.....	23
Case Reviews.....	24
Activity Reporting Form .....	25
Activity Options.....	25
Exemption Review Requests.....	25
College and Community Resources .....	26
Check-ins.....	26
Follow-up with ABAWDs engaged with an activity provider .....	26
Follow-up with ABAWDs not engaged with an activity provider.....	26
Outreach to Individuals Experiencing Food Insecurity .....	27
Documenting Interactions on the Tracking Sheet .....	27
Washington Connection.....	27
ABAWD Record Requirements.....	27
BFET Case Management (optional).....	28
eJAS .....	28
Entering BFET Case Notes .....	28
Employment Security Department – WorkSource Navigators .....	28
WorkSource Centers without ESD Navigators and Waived Counties.....	29

WorkSource Centers with ESD Navigators in Non-waived Counties .....	29
Community Collaboration (Element 2) .....	29
Enhancing Community Partnerships.....	29
BFET Provider Collaboration .....	30
Guided Pathways .....	30
Workforce Development System.....	30
Resource Expansion (Element 3) .....	30
Full Menu of Resources.....	30
Integrated Service Delivery.....	30
Non-federal Funds for BFET Providers.....	31
Partnerships for New Resources.....	31
Promote Apprenticeship Pathways .....	31
Appendix A: Sample Referral Forms .....	32
Appendix B: Sample IEPs.....	36
Appendix C: Sample Activity Tracker .....	42
Acronyms & Initialisms .....	44

## ABAWD Overview

Able-Bodied Adults without Dependents (ABAWD) are a Supplemental Nutrition Assistance Program (SNAP) population category that are required to meet work requirements or exemption criteria in order to receive basic food assistance.

A rule change is effective April 1, 2020. When implemented, some individuals receiving Basic Food benefits will be required to participate in a work-related activity to remain eligible for those benefits. Those individuals will receive information from the Department of Social and Health Services (DSHS) regarding eligible work-related activities that meet the requirement for continuing to receive Basic Food. Regardless of the rule change's impact on county waivers across our state, Washington has pledged to provide services to ABAWDs.

The DSHS intends to begin sending referrals to Navigators March 17, 2020.

## USDA Food & Nutrition Service's ABAWD Overview<sup>1</sup>

### SNAP supports work.

While SNAP is intended to ensure no one in our land of plenty should fear going hungry, it also reflects the importance of work and responsibility. SNAP rules require all recipients meet work requirements unless they are exempt because of age or disability or another specific reason. (Children, seniors, and those with disabilities comprise almost two-thirds of all SNAP participants.) Forty-three percent of SNAP participants live in a household with earnings.

Some of these working individuals are ABAWDs, or able-bodied adults without dependents. ABAWDs must meet special work requirements, in addition to the general work requirements, to maintain their eligibility.

### Who is considered an ABAWD?

An ABAWD is an able-bodied adult who:

- Is aged 18-49;
- Has no dependent children living with them;
- Is physically and mentally able to work; and
- Has no exemptions from work registration.

### What is the ABAWD time limit?

ABAWDs can only receive SNAP for 3 months in 3 years if they do not meet certain special work requirements. This is called the time limit.

To be eligible beyond the time limit, an ABAWD must work at least 20 hours per week or 80 hours per month, participate in qualifying education and training activities at least 80 hours per month, or comply with a workfare program. Workfare means that ABAWDs can do unpaid work through a special state-approved program. For workfare, the amount of time worked depends on the amount of benefits received each month. Another way for an individual to fulfill the ABAWD work requirement is through a SNAP Employment and Training Program. ABAWDs may also do unpaid work to meet the requirement.

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<sup>1</sup> <https://www.fns.usda.gov/snap/ABAWD>

The time limit does not apply to people who are unable to work due to physical or mental health reasons, pregnant, care for a child or incapacitated family member, or are exempt from the general work requirements.

### Why did the ABAWD time limits go away? Why are they coming back?

The time limit on ABAWDs is part of the law that governs the operation of SNAP. It has been part of the law since 1996. Under the law, states can request to temporarily waive the ABAWD time limit when unemployment is high or when there are not enough jobs available.

Due to the economic downturn, many states qualified for and chose to waive time limits in all or part of the state. (Even when ABAWD time limits are waived, general work requirements still apply.) Some parts of the country still have waivers in place. But, as the economy continues to improve, many places no longer qualify for time limit waivers, unless they have high unemployment or not enough jobs available.

ABAWDs participating in SNAP in locations where time limits are no longer waived need to take steps to meet the special ABAWD work requirements in order to maintain their benefits.

### ABAWD Policy

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) limits the receipt of SNAP benefits to 3 months in a 36-month period for able-bodied adults without dependents (ABAWDs) who are not working at least 80 hours per month, participating in qualifying education and training activities at least 80 hours per month, or complying with a workfare program. Individuals are exempt from the time limit if they are:

- Under 18 or 50 years of age or older,
- Responsible for the care of a child or incapacitated household member,
- Medically certified as physically or mentally unfit for employment, pregnant, or
- Already exempt from the general SNAP work requirements.

States can assign individuals subject to the ABAWD time limit to their SNAP Employment and Training (E&T) Program. Participation in certain E&T activities is one-way individuals subject to the time limit can fulfill the ABAWD work requirement, maintain their eligibility to receive SNAP, and learn the skills they need to obtain gainful employment.

### ABAWD Waivers

States may request to waive the ABAWD time limit in areas with an unemployment rate above 10 percent or a lack of sufficient jobs. SNAP regulations provide a number of ways states can demonstrate that an unemployment rate above 10 percent or a lack of sufficient jobs. Below is a summary of the common criteria by which states can qualify for a time limit waiver:

- A recent 12-month unemployment rate above 10 percent;
- A recent 3-month unemployment rate above 10 percent;
- Designation as Labor Surplus Area (LSA) by the Department of Labor;
- Qualification for extended unemployment benefits; or
- A recent 24-month average unemployment rate 20 percent above the national average for the same 24-month period.

An ABAWD time limit waiver does not waive the general SNAP work requirements. County waivers are normally calculated in August or September for the next calendar year. County waivers may change mid-year if there are justifiable circumstances. ABAWDs in waived counties do not need to provide proof of activities, even if they are meeting the requirements.

## Washington State ABAWD Policies

Washington ABAWD Policies can be found in the ABAWD chapter of the [DSHS EAZ manual](#) at the following link: <https://www.dshs.wa.gov/esa/basic-food-work-requirements/abawds-able-bodied-adults-without-dependents>

Additional information can be found at the [DSHS ABAWD website](#): <https://www.dshs.wa.gov/esa-1>

## Approved Work Requirement Activities

In addition to unsubsidized employment, ABAWDs can meet work requirements through the following Employment and Training, Job Search and Workfare activities (updated January 2019). This list and any updates are posted at [www.dshs.wa.gov/ABAWD](http://www.dshs.wa.gov/ABAWD).

\*For the programs marked with an asterisk, DSHS can help refer and enroll you.

### Basic Food Employment and Training - BFET\*

Activities are 20 hours per week and meet the requirement. BFET offers employment and training services to recipients of Basic Food. BFET partners are colleges and community-based organizations across the state. Individuals can receive Job Training, Vocational Education, Basic Education (High School Diploma or G.E.D), and Job Search (can complete up to 9 hours per week only).

### ORIA (Office of Refugee and Immigrant Assistance) BFET\*

The BFET program through [ORIA](#) (sometimes referred to as ORIA BFET) offers the same services statewide as the general or mainstream BFET program with a focus on providing culturally and linguistically appropriate employment and training services to refugees and immigrants.

An individual is eligible to receive ORIA BFET services if they are:

- 16 years or older
- A federal food recipient
- A refugee or immigrant
- Not a U.S. citizen
- Not receiving refugee cash assistance (former RCA recipients are eligible for ORIA BFET)

Services under the ORIA BFET program include:

- Job Search
- English as a Second Language (ESL) training
- Vocational education and training
- Case management
- Job retention services
- Support services

## Limited English Proficiency (LEP) Pathway\*

The [Limited English Proficiency \(LEP\) Pathway](#) serves refugees and immigrants receiving public assistance (TANF, SFA, or RCA) as well as refugees who are not receiving cash assistance and have resided in the U.S. for five years or less. The Office of Refugee and Immigrant Assistance (ORIA) partners with Washington State colleges and community-based organizations to provide culturally and appropriate language services statewide.

## Career Ladder for Educated and vocationally Experienced Refugees (CLEVER)\*

Career Ladder for Educated and Vocationally Experienced Refugees (CLEVER) is a program administered by the Department of Social and Health Services' Office of Refugee and Immigrant Assistance designed to assist highly educated and/or vocationally skilled refugees to re-enter their profession in the United States.

To participate in this program, please contact:

*Employment & Training Specialist, TRAC Associates*

Ginny To

206.355.5901

[Ginney.to@kingcounty.gov](mailto:Ginney.to@kingcounty.gov)

*Highline Welcome Back Center*

Linda Faaren

206.592.3670

[lfaaren@highline.edu](mailto:lfaaren@highline.edu)

*Jewish Family Service*

Paige Vogel

253.850.4065x11

[pvogel@jfsseattle.org](mailto:pvogel@jfsseattle.org)

*DSHS ORIA*

Artur Arakelyan

[artur.arakelyan@dshs.wa.g](mailto:artur.arakelyan@dshs.wa.g)

## Programs included in the Workforce Innovation and Opportunity Act - WIOA

Participation can be met through any programs identified under the [Workforce Innovation Opportunity Act](#) (WIOA). WIOA is the nation's principal workforce development legislation, providing funds to address the employment and training needs of dislocated workers, and low-income adults and youth. The funding for WIOA comes from the US Department of Labor.

### AmeriCorps Programs

Visit the [AmeriCorps website](#) for more information on these programs.

### Division of Vocational Rehabilitation

Visit the [Division of Vocational Rehabilitation website](#) for complete information on the program services and requirements.

## Additional Resources

- DSHS Eligibility A-Z Manual (EA-Z): <https://www.dshs.wa.gov/esa/manuals/eaz>
- DSHS ABAWD Information Website: <https://www.dshs.wa.gov/abawd>
- Basic Food Eligibility Requirements: What You Need to Know:* [https://www.dshs.wa.gov/office-of-the-secretary/forms?field\\_number\\_value=11-034&title=](https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=11-034&title=)
  - o This form is available in multiple languages.
- FNS SNAP Eligibility webpage: <https://www.fns.usda.gov/snap/recipient/eligibility>
- FNS SNAP Overview webpage: <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>



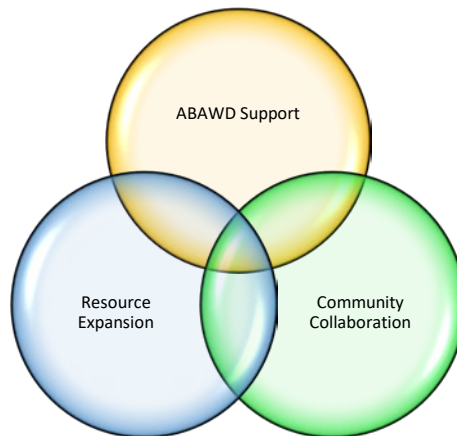
## Navigation Model

### Purpose

The Able-Bodied Adult Without Dependents (ABAWD) Navigator position will create a single point of contact for immediate engagement of ABAWDs in activities that matter and fulfill the work requirement for Basic Food eligibility. This includes providing intake, assessment, referrals and support in accessing activities at community colleges or with other community partners. The ABAWD Navigator will also work to enhance collaborations with community partners and increase resources for colleges to support low-income students.

### Principle Elements

The ABAWD Navigation Model requires work in three principle areas: Supporting ABAWDs, Enhancing Community Collaboration, and Expanding Resource Availability.



### Supporting ABAWDs

- Provide an intake process for ABAWDs that includes appropriate assessment and presentation of the full menu of options to meet work requirements and individualized career goals
- Support all students' access to Basic Food assistance and the Basic Food Employment and Training (BFET) program, and support the reduction of student food insecurity
- Manage an ABAWD tracking system to ensure accurate program data and reporting
- Provide ABAWDs with referrals for supportive services within the college and with community partners
- Ensure ABAWDs are aware of their Work Participation Verification reporting requirements and provide assistance when appropriate
- Ensure ABAWDs are provided with options for immediate engagement in Basic Education, Vocational Education, or other approved activities within the college or with community partners, including BFET providers
- Conduct regular check-ins with ABAWDs and support the BFET program with case management for increased enrollments when needed

### Enhancing Community Collaboration

- Facilitate local or regional BFET Provider service delivery integration and collaboration meetings
- Assist efforts to strengthen transition supports, especially continued access to Basic Food, for students exiting Temporary Assistance for Needy Families
- Participate in the Guided Pathways initiative at the college
- Work with other ABAWD Navigators and the SBCTC to enhance community partnerships to support students and increase options for individuals to meet work requirements
- Provide a local focus and work with other ABAWD Navigators and the SBCTC to enhance integration with the workforce development system

### Expanding Resource Availability

- Provide a local focus and work with other ABAWD Navigators and the SBCTC to secure non-federal resources for all BFET Providers to increase and enhance capacity to serve Basic Food recipients in employment and training activities
- Ensure a full menu of college and community resources is available and communicated
- Seek new community partnerships to increase resources for participants
- Support the promotion of apprenticeship pathways for low-income populations
- Support efforts to integrate student support programs at the college and enhance leveraging of college resources

## Staffing

The ABAWD Navigation Model will be supported with staffing at the state and local levels. Navigators at each of the colleges will be members of a statewide cohort, working together on regional and statewide efforts in addition to their local efforts as needed.

### SBCTC Team

*ABAWD Navigation Program Administrator*

Kathi Medcalf

360.704.1838

[kmedcalf@sbctc.edu](mailto:kmedcalf@sbctc.edu)

*Program Support*

Dylan Jilek

360.704.1027

[djilek@sbctc.edu](mailto:djilek@sbctc.edu)

*Resource Expansion Lead*

Jessica Porter

360.704.3902

[jporter@sbctc.edu](mailto:jporter@sbctc.edu)

*BFET Integrations Lead*

Jennifer Dellinger

360.704.3925

[jdellinger@sbctc.edu](mailto:jdellinger@sbctc.edu)

*Policy Lead*

Erin Frasier

360.704.4339

[efrasier@sbctc.edu](mailto:efrasier@sbctc.edu)

### DSHS Team

*ABAWD Food Program Manager*

Corinna Adams

360.725.4609

[AdamsC2@dshs.wa.gov](mailto:AdamsC2@dshs.wa.gov)

*ABAWD Food Program Consultant*

Cindy Stallsworth

425.339.1863

[StallCM@dshs.wa.gov](mailto:StallCM@dshs.wa.gov)

*ABAWD Statewide Policy Team Email*

[ABAWD@dshs.wa.gov](mailto:ABAWD@dshs.wa.gov)

## College Teams

This table is updated with each revision release of the manual or at least annually. Navigators are responsible for keeping their information up to date in the [ABAWD Navigation Google Drive](#).

College	Navigator	Administrator
Bates Technical College	Taylor Griffin <a href="mailto:tgriffin@batestech.edu">tgriffin@batestech.edu</a> 253-680-7281	Pavel Samoylenko <a href="mailto:psamoylenko@batestech.edu">psamoylenko@batestech.edu</a> 253-680-7033
Bellevue College	Stephen Will <a href="mailto:Stephen.will@bellevuecollege.edu">Stephen.will@bellevuecollege.edu</a> 425-564-4108	Yolanda Ibarra <a href="mailto:yolanda.ibarra@bellevuecollege.edu">yolanda.ibarra@bellevuecollege.edu</a> 425-564-2517
Bellingham Technical College	Chantel Fields <a href="mailto:cfields@btc.edu">cfields@btc.edu</a> 360-752-8320	Chantel Fields <a href="mailto:cfields@btc.edu">cfields@btc.edu</a> 360-752-8320
Big Bend Community College	Carmen Ramirez <a href="mailto:carmenr@bigbend.edu">carmenr@bigbend.edu</a> 509-793-2081	Faviola Barbosa <a href="mailto:faviolab@bigbend.edu">faviolab@bigbend.edu</a> 509-793-2305
Cascadia College	Kris Van Dyke <a href="mailto:kvandyke@cascadia.edu">kvandyke@cascadia.edu</a> 425-352-8139	Erik Tingelstad <a href="mailto:etingelstad@cascadia.edu">etingelstad@cascadia.edu</a> 425-352-8277
Centralia College	Jackie Garrett <a href="mailto:jackie.garrett@centralia.edu">jackie.garrett@centralia.edu</a> 360-623-8177	Margret Friedley <a href="mailto:margret.friedley@centralia.edu">margret.friedley@centralia.edu</a> 360-623-8410
Clark College	Tavish Bell <a href="mailto:tbell@clark.edu">tbell@clark.edu</a> 360-992-2307	Kevin Thomas <a href="mailto:kthomas@clark.edu">kthomas@clark.edu</a> 360-992-2038 or 2321
Clover Park Technical College	Hayley Saucedo <a href="mailto:hayley.saucedo@cptc.edu">hayley.saucedo@cptc.edu</a> 253-589-5503	Cristeen Crouchet <a href="mailto:cristeen.crouchet@cptc.edu">cristeen.crouchet@cptc.edu</a> 253-589-5895
Columbia Basin College	Leslie Sandoval <a href="mailto:lsandoval@columbiabasin.edu">lsandoval@columbiabasin.edu</a> 509-542-4650	Scott Koopman <a href="mailto:skoopman@columbiabasin.edu">skoopman@columbiabasin.edu</a> 509-542-4443
Edmonds Community College	Kama Lemay <a href="mailto:kama.lemay@edcc.edu">kama.lemay@edcc.edu</a> 425-640-1909	Charles Thompson <a href="mailto:charles.thompson@edcc.edu">charles.thompson@edcc.edu</a> 425-640-1008
Everett Community College	Kelsey Lindstrom <a href="mailto:klindstrom@everettcc.edu">klindstrom@everettcc.edu</a> 425-388-9989	Angelic Sedivec <a href="mailto:asedivec@everettcc.edu">asedivec@everettcc.edu</a> 425-388-9372
Grays Harbor College	Patricia Rider <a href="mailto:patricia.rider@ghc.edu">patricia.rider@ghc.edu</a> 360-538-4231	Peter Keller <a href="mailto:peter.keller@ghc.edu">peter.keller@ghc.edu</a> 360-538-4262
Green River College	Jaylin Wyrwitzke <a href="mailto:jwyrwitzke@greenriver.edu">jwyrwitzke@greenriver.edu</a> 971-260-6543	Cathy Alston <a href="mailto:CAlston@greenriver.edu">CAlston@greenriver.edu</a> 253-333-4943
Highline College	Saido Alinur <a href="mailto:salinur@highline.edu">salinur@highline.edu</a> 209-592-4416	Nou Lee <a href="mailto:nlee@highline.edu">nlee@highline.edu</a> 206-592-4438

<b>College</b>	<b>Navigator</b>	<b>Administrator</b>
Lake Washington Institute of Technology	<u>Crystal McKeag</u> <a href="mailto:crystal.mckeag@lwtech.edu">crystal.mckeag@lwtech.edu</a> 425-739-8100 ext.8474	<u>Demetra Biros</u> <a href="mailto:demetra.biros@lwtech.edu">demetra.biros@lwtech.edu</a> 425-739-8315
Lower Columbia College	<u>Steven Boyer</u> <a href="mailto:sboyer@lcc.ctc.edu">sboyer@lcc.ctc.edu</a> 360-442-2335	<u>Dani Trimble</u> <a href="mailto:dtrimble@lowercolumbia.edu">dtrimble@lowercolumbia.edu</a> 360-442-2622
North Seattle College	<u>Teresita Capuli</u> <a href="mailto:teresita.capuli@seattlecolleges.edu">teresita.capuli@seattlecolleges.edu</a> 206-934-6154	<u>Jeanette Miller</u> <a href="mailto:jeanette.miller@seattlecolleges.edu">jeanette.miller@seattlecolleges.edu</a> 206-934-3727
Olympic College	<u>Jackie Brickham</u> <a href="mailto:jbrickham@olympic.edu">jbrickham@olympic.edu</a> 360-475-7849	<u>Amy Hatfield</u> <a href="mailto:ahatfield@olympic.edu">ahatfield@olympic.edu</a> 360-475-7264
Peninsula College	<u>Emma Jones</u> <a href="mailto:ejones@pencol.edu">ejones@pencol.edu</a> 360-417-6357	<u>Brian Kneidl</u> <a href="mailto:bkneidl@pencol.edu">bkneidl@pencol.edu</a> 360-417-6263
Renton Technical College	<u>Taqwo Mohamoud</u> <a href="mailto:tmohamoud@rtc.edu">tmohamoud@rtc.edu</a> 425-235-2352 ext. 2182	<u>Tami Rable</u> <a href="mailto:trable@rtc.edu">trable@rtc.edu</a> 425-235-2352 Ext. 5542
Seattle Central College	<u>Riley Sorensen</u> <a href="mailto:riley.sorensen@seattlecolleges.edu">riley.sorensen@seattlecolleges.edu</a> 206-934-5455	<u>Adria Harris</u> <a href="mailto:adria.harris@seattlecolleges.edu">adria.harris@seattlecolleges.edu</a> 206-934-6309
Shoreline Community College	<u>Laura Drake</u> <a href="mailto:ldrake@shoreline.edu">ldrake@shoreline.edu</a> 206-546-7618	<u>Savena Garrett</u> <a href="mailto:sgarrett@shoreline.edu">sgarrett@shoreline.edu</a> 206-546-6967
Skagit Valley College	<u>Maria Galindo</u> <a href="mailto:maria.galindo@skagit.edu">maria.galindo@skagit.edu</a> 360-416-7948	<u>Maria Galindo</u> <a href="mailto:maria.galindo@skagit.edu">maria.galindo@skagit.edu</a> 360-416-7948
South Puget Sound Community College	<u>Johanna Dwyer</u> <a href="mailto:jdwyer@spscc.edu">jdwyer@spscc.edu</a> 360-596-5234	<u>Johanna Dwyer</u> <a href="mailto:jdwyer@spscc.edu">jdwyer@spscc.edu</a> 360-596-5234
South Seattle College	<u>Kerri Sudthisa</u> <a href="mailto:kerri.sudthisa@seattlecolleges.edu">kerri.sudthisa@seattlecolleges.edu</a> 206-934-6822	<u>Patrice Davis</u> <a href="mailto:patrice.r.davis@seattlecolleges.edu">patrice.r.davis@seattlecolleges.edu</a> 206-934-5226
Spokane Community College	<u>Erin Maggart</u> <a href="mailto:erin.maggart@scc.spokane.edu">erin.maggart@scc.spokane.edu</a> 509-867-8184	<u>Amme Paluch</u> <a href="mailto:amme.paluch@scc.spokane.edu">amme.paluch@scc.spokane.edu</a> 509-533-8210
Spokane Falls Community College	<u>Tracey Osso</u> <a href="mailto:tracey.osso@sfcc.spokane.edu">tracey.osso@sfcc.spokane.edu</a> 509-533-4107	<u>Lane Anderson</u> <a href="mailto:lane.anderson@sfcc.spokane.edu">lane.anderson@sfcc.spokane.edu</a> 509-533-3511
Tacoma Community College	<u>Lorrie Ann</u> <a href="mailto:lann@tacomacc.edu">lann@tacomacc.edu</a> 253-566-5247	<u>Kelli Johnston</u> <a href="mailto:kjohnston@tacomacc.edu">kjohnston@tacomacc.edu</a> 253-460-3978
Walla Walla Community College Main Campus	<u>Stacy Jacobs</u> <a href="mailto:stacy.jacobs@wwcc.edu">stacy.jacobs@wwcc.edu</a> 509-527-4339	<u>Debra Erikson</u> <a href="mailto:debra.erikson@wwcc.edu">debra.erikson@wwcc.edu</a> 509-527-1865

<b>College</b>	<b>Navigator</b>	<b>Administrator</b>
Walla Walla Community College Clarkston Campus	<u>Marci Nixon</u> <a href="mailto:marci.nixon@wwcc.edu">marci.nixon@wwcc.edu</a> 509-751-4078	<u>Debra Erikson</u> <a href="mailto:debra.erickson@wwcc.edu">debra.erickson@wwcc.edu</a> 509-527-1865
Wenatchee Valley College	<u>Kris King</u> <a href="mailto:kking@wvc.edu">kking@wvc.edu</a> 509-682-6613	<u>Riva Morgan</u> <a href="mailto:rmorgan@wvc.edu">rmorgan@wvc.edu</a> 509-682-6847
Whatcom Community College	<u>Ryan Simonis</u> <a href="mailto:rsimonis@whatcom.edu">rsimonis@whatcom.edu</a> 360-383-3128	<u>Monique Stefens</u> <a href="mailto:mstefens@whatcom.edu">mstefens@whatcom.edu</a> 360-383-3183
Yakima Valley College	<u>Bertha Gonzalez</u> <a href="mailto:bgonzalez@yvcc.edu">bgonzalez@yvcc.edu</a> 509-574-4728	<u>Yesenia Rodriguez</u> <a href="mailto:yrodriguez@yvcc.edu">yrodriguez@yvcc.edu</a> 509-574-4744

## ABAWD Support (Element 1)

As a result of collaboration at the Navigation Design Forum and ongoing feedback, we have built a strong foundation for the ABAWD Navigation program. Processes, requirements, resources and recommendations related to the first element of this program model are outlined in this section. We will continue to work together, along with DSHS, to further clarify details about supporting ABAWDs in this program. This section is broken into five main components: 1) Referral Process, 2) Orientation Process, 3) Check-ins, 4) Outreach to Individuals Experiencing Food Insecurity, and 5) BFET Case Management (optional).

### Referral Process

The DSHS, SBCTC and ESD are currently working on the development of a shared scheduling system, called Trumba. The intention is to allow ABAWDs to directly schedule their orientation appointments online based on the Navigator's availability. However, we will not have the system in place when referrals begin.

Below, please find outlines of the referral process we will be using before we have Trumba in place and after Trumba is in use.

#### Referral Process without Trumba

- 1) ABAWD receives notification of requirements during eligibility determination or change in status.
- 2) ABAWD contacts DSHS call center or goes into CSO office.
- 3) DSHS Public Benefits Specialist asks questions to determine if there are potential exemptions for the client.
- 4) If the ABAWD is not exempt, a list of the closest CTC Navigator/s to the ABAWD's physical address will be populated on the screen.
- 5) ABAWD will select the Navigator location they want to be referred to.
- 6) DSHS worker will cut and paste the information from Barcode (Barcode is the DSHS system for intake) into a letter to give to the ABAWD for them to schedule their appointment with the Navigator.
- 7) ABAWD schedules appointment.
- 8) Once a month, a list of the ABAWDs that have contacted DSHS and been referred to a Navigator will be sent to SBCTC.
- 9) SBCTC will sort the list and send to the appropriate Navigator their list of ABAWDs that were referred.
- 10) The Navigator compares the list to the ABAWDs they have actually seen or scheduled to determine the no-shows.
- 11) Navigator contacts no-shows.

#### Referral Process with Trumba

- 1) ABAWD receives notification of requirements during eligibility determination or change in status.
- 2) ABAWD contacts DSHS call center or goes into CSO office.
- 3) DSHS Public Benefits Specialist asks questions to determine if there are potential exemptions for the client.
- 4) If the ABAWD is not exempt, a list of the closest CTC Navigator/s to the ABAWD's physical address will be populated on the screen.

- 5) ABAWD will select the Navigator location they want to be referred to.
- 6) DSHS worker will click on the link to the Navigator’s calendar and schedule the ABAWD for their orientation. The ABAWD will be given information about the appointment and location in a letter.
- 7) No-shows are determined by Navigator if ABAWD doesn’t show up to appointment.

### Contact Information

The SBCTC has provided DSHS with a chart identifying all Navigators, their contact information, their supervisors and their contact information, the location and time of orientations, and the counties served. This information is available in the shared [ABAWD Navigation Google Drive](#).

CSO offices can be found using [this link: https://bit.ly/2Ucstow](https://bit.ly/2Ucstow)

### Outreach

Navigators will not be conducting outreach to existing ABAWDs, nor will they be promoting the ABAWD program to potential ABAWDs. All outreach efforts to individuals falls within the scope of promotion of the Supplemental Nutrition Assistance Program (SNAP) to potentially eligible individuals experiencing food insecurity. It is the responsibility of DSHS to do outreach to existing ABAWDs and provide referrals. It is also DSHS’s responsibility to determine ABAWD status. Therefore, Navigator outreach efforts should focus on increasing access to SNAP for food insecure individuals only. This type of outreach is further described in the [Outreach to Individuals Experiencing Food Insecurity](#) section.

### No Shows

The DSHS will provide a list of referred ABAWDs to SBCTC who will provide the list to the Navigator. This will be the process until Trumba software is in place. Upon receipt of referral lists, any ABAWDs that did not make contact with the Navigator to schedule an orientation are deemed ‘No Shows’. Any ABAWD who makes an appointment and doesn’t come or reschedule is also considered a ‘No Show’. At that time, the Navigator will attempt to make contact with the ABAWD. This will be documented in the ‘No Show’ section of the Tracking Sheet and this information will be reported to DSHS. There is no consequence for an ABAWD not meeting with a Navigator. It is the ABAWD’s responsibility to meet participation requirements to maintain their SNAP benefits. The Navigator is there for the ABAWD but DSHS does not require that the ABAWD meet with a Navigator. Once the scheduling system is in place, any ABAWD who doesn’t show up for their appointment will be considered a ‘No-Show’.

### Orientation Process

Navigators will administer an orientation for each ABAWD referred to them by the DSHS. The goal of the orientation is to ensure ABAWDs understand the requirements to maintain their food assistance, assist them in selecting an option that best fits their needs, connect them to an activity that will meet work requirements and inform them of additional resources. There is no required amount of time for an orientation, but it is assumed at least an hour should be scheduled. Each orientation will be unique and you will need to adjust to accommodate the needs of the individual you are assisting.

The orientation is comprised of the following steps:

- 1) Fill out the DSHS Consent Form before beginning
- 2) Cover the requirements to maintain SNAP eligibility
- 3) Conduct the interview



- a) Complete an Initial IEP
- b) Complete entries in the Tracking Sheet
- c) Share potential resources
- d) Share all activity options
- 4) Assist the ABAWD in selecting an activity
  - a) Update the consent form with the selected provider
- 5) Complete a referral
  - a) Do a warm-hand off
  - b) Share a copy of the Initial IEP with the provider
- 6) Check-in with the ABAWD
  - a) Complete entries in the Tracking Sheet

This orientation must include completion of:

- 1) [DSHS Consent Form](#)
- 2) [Initial Individual Employment Plan](#) (Initial IEP)
- 3) [Activity Referral and Warm Hand-off](#)
- 4) Data entry into the [Tracking System](#)

The orientation must also include informing ABAWDs of:

- 1) [Requirements to Maintain SNAP Eligibility](#)
- 2) [Activity Reporting Form](#)
- 3) [Activity Options](#)
- 4) [College and Community Resources](#)

Further information about each required component of the orientation is provided below.

#### DSHS Consent Form

Before the orientation meeting can begin, the Navigator must obtain the ABAWD's signature on a DSHS Consent form identifying both the college and DSHS. The activity provider the ABAWD has selected to request engagement with must also be identified on the Consent Form. This provider can be added after the ABAWD selects one, and the ABAWD can initial next to the provider's name. The Consent Form must be kept in the ABAWD's individualized file.

The DSHS Consent Form is located on [DSHS's website](#). It is Form 14-012.

#### Initial Individual Employment Plan (Initial IEP)

Navigators are required to complete an Initial Individualized Employment Plan (Initial IEP) in order to have a comprehensive conversation with the individual before assisting them in choosing an activity to engage in. This Initial IEP will be kept in the individual's file with the Navigator and a copy will be shared directly with the activity provider the ABAWD selects to engage with. Do not send the copy of with the ABAWD to deliver to the activity provider.

The ABAWD Navigator can use the IEP their college currently uses for their BFET program. All BFET IEPs are vetted and approved by the SBCTC. The Initial IEP format does not need to match the format of the activity provider's IEP. The activity provider can populate the information into their own IEP format if

they need to do so. The Initial IEP does not need to be signed. Navigators can also create their own Initial IEP forms to include at minimum:

- i. Title of form must include 'Initial Individual Employment Plan'
- ii. Date
- iii. Any assessed employment barriers
- iv. Employment goal(s)
- v. Activity and provider selected by the ABAWD
- vi. Referrals, if any, made to other support service providers
- vii. Any other relevant information about employment and training

You can find a sample [form on the DSHS website](#). You can also find sample IEP forms created by ABAWD Navigators in Appendix B. **Please submit your form to the [Program Administrator](#) for approval.**

### Activity Referrals & Warm Hand-offs

The Navigator will refer the ABAWD to the activity of their choice. Only one referral will be made. The Navigator will complete a Referral Form and maintain a copy in the ABAWD's individualized file. A copy will also be provided to the ABAWD.

### Referral Form

Each Navigator should create a referral form that meets their needs.

#### **What the Form Should Include:**

- Name of provider referred to or option chosen, with address and phone number.
- If available, the contact person's name and phone number
- If applicable, program orientation dates/times. For example, DVR and ESD don't usually have initial contact with one specific person, but have individuals start a process.
- Include statement or similar comment, "Activity Form needs to be turned in by the 10<sup>th</sup> of the following month" or "Activity Form Due Date"
- Navigator contact information should be included on the referral form or the Navigator's business card can be stapled to the form to ensure the ABAWD can easily contact you if they have questions.
- ABAWD's signature that they understand the referral
- Date of when referral signed or given

#### **Colleges May Also Want to Add the Following to Their Referral Form:**

- Listed options and BFET providers specific and adjusted to the services provided in the College's area.
- Statements to initial:  
\_\_\_\_\_ I will contact the above selected agency within \_ ( 10, or 5 or 3) business days.  
\_\_\_\_\_ I will report my participation to DSHS.  
\_\_\_\_\_ If I cannot make it to the referral/agency I will contact Navigator "name" at "phone" or "email"
- Include appointment time if an appointment time is made during the warm handoff.
- Career goal. This provides a visual reminder for the ABAWD individual.
- The colleges are encouraged to have the forms pre-filled with options to minimize writing.
- Encourage ABAWD to take a photo of their referral with their phone

- College logo
- There is a suggestion that if you are going to send the form onto a provider, that other resources you indicate on the form for the ABAWD be listed on the back as the ABAWD many not want the provider to know. (Alternatively, you could ask the ABAWD about forwarding the information)

Sample referral forms are available on the [Google Drive](#), and in Appendix A.

### *Warm Hand-offs*

The Navigator will provide a warm hand-off of the ABAWD to the work activity provider. Navigators should establish relationships with points of contact for each provider to ensure a smooth transition. At a minimum, Navigators will email and/or leave the provider with a voicemail that includes specific details about the referral and how to contact the ABAWD. Preferably, the Navigator will call the provider in the presence of the ABAWD to do an introduction and make sure they are connected. An alternative preference, when available, is to walk the ABAWD over to the provider in person to make the introduction and connection. If feasible, it may be beneficial to the ABAWD for the Navigator to be present in person or by phone at the initial meeting with the provider to support the connection and engagement. Alternatively providing the ABAWD with a script for their first meeting with the provider may ease the transition for some. Merely providing the ABAWD with a referral and letting them make the connection on their own is not allowable.

### *BFET Providers*

If the ABAWD is referred to a BFET provider, it is important to distinguish requirements for CTC BFET programs and CBO BFET providers. A copy of the Initial IEP will be provided to that provider. It is the responsibility of the BFET provider to report on IEP progress. Navigators will not report on progress. It is the responsibility of the BFET provider to transfer information from the Initial IEP to an alternate IEP format if they deem it necessary.

### *CTC BFET Provider*

ABAWDs participating in Community and Technical College (CTC) BFET programs and enrolled half-time or more, meet both student and ABAWD requirements. If an ABAWD participating in a CTC BFET program is enrolled less than half time, and therefore not meeting student requirements (WAC 388-482-0005), DSHS is responsible for determining if the ABAWD requires additional activities. If DSHS requires the ABAWD to complete additional activities, it is the ABAWD's responsibility to find additional activities to meet their 80 hour/month work requirement and to turn in their Activity Reporting Form.

When an ABAWD is referred to a CTC BFET Program:

- BFET staff complete and submit the Reverse Referral Form. Completed Reverse Referral Forms can be submitted to DSHS by:
  - Faxing to: 1-888-388-7410, or
  - Taking it to your local Community Services Office (CSO), or
  - Mailing to:
    - DSHS CSD Customer Service Center
    - PO Box 11699
    - Tacoma WA 98411-6699
- Once enrolled into the BFET program, the initial eJAS case note should identify the following information (in addition to standard BFET case note requirements):

- Statement the client was an ABAWD and is now a student
- Breakdown of the total amount of hours the client is expected to participate
- ABAWDs participating in the BFET program and enrolled at least half-time, have no obligations beyond standard BFET requirements (i.e. no additional monthly tracking or Activity Report form).
- As with any BFET student, they continue to be a student during breaks if they intend to be enrolled for the next quarter.
- If an ABAWD student drops below half-time, or does not take any summer classes, the ABAWD would not be referred back to the Navigator. It is the ABAWD's responsibility to meet their work requirement some other way and to file an Activity Report Form.
  - Creative suggestions: Think about offering JS/LS activities during the summer, partner with a CBO that provides JS/LS or anything else that meets the work requirement guidelines.
  - If the BFET program cannot meet their needs, the ABAWD will need to find a way to meet their 80-hour work requirement.

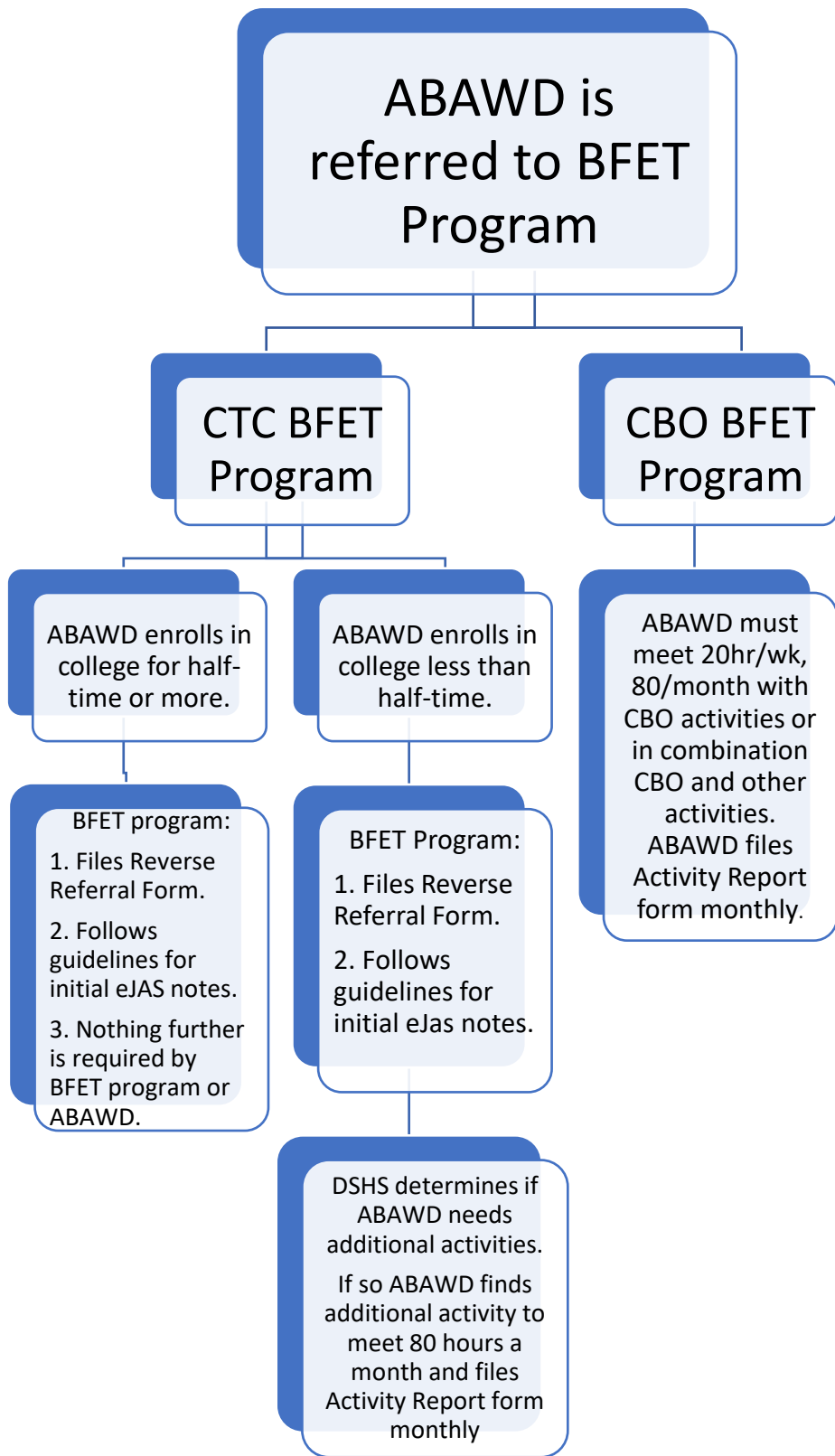
A student would return to ABAWD status and would need to meet work requirements if they chose to stop participating in BFET.

#### [CBO BFET Provider](#)

ABAWDs participating in CBO BFET programs must meet the 80-hour per month work requirement. These hours can be attained completely through the CBO or can be stacked with additional activities. ABAWDs in this situation must report activities and hours monthly on the Activity Verification Form.

#### [BFET Provider Flowchart](#)

On the following page, please find a flow chart that visually illustrates the requirements for ABAWDs and BFET Providers, depending on the ABAWD's choice of BFET Provider.



## Tracking System

An essential task of the Navigator is to collect data to inform policy and practice about the ABAWD population and access to work activities and supportive services. An Excel tracking spreadsheet will be provided to the Navigators by SBCTC. Please contact [Dylan Jilek](#) for access to this document.

There are two types of people that will be tracked on the Tracking Sheet; ABAWDS and other people (community members and students at your CTC). Based on the type of person they require different types of information on the tracking sheet.

### ABAWDS

Navigators will track basic contact information and other identifying information including the DSHS Client ID. Additionally, Navigators will track dates and methods of contacts, the date an orientation was completed and referral to additional resources (see Tracking Sheet).

The Tracking Sheet is designed to follow the flow of the referral, orientation and check-in processes. For further details about completing the tracking form, view the **Key** tab of the workbook.

For each ABAWD you need to fill out as much as possible after the orientation. This includes:

Tracking Sheet Section	Columns required
Individual Identification	A-I
Orientation	L, R-V
Orientation (No-Show)	L-Q
Activity Referrals	Any appropriate columns
Other Resources Needed	Any appropriate columns
Check-Ins (30 days after orientation)	AZ-BB

### Other people

Document people other than ABAWDs that you help as Student 1, Student 2, or Community 1, or Community 2, etc. If you help someone apply for SNAP benefits, we need their first and last name.

Tracking Sheet Section	Columns required
Individual Identification	A, I, J, K
Activity Referrals	Any appropriate columns
Other Resources Needed	Any appropriate columns

Navigators will submit the Tracking Sheet by the 10<sup>th</sup> of the following month to [Dylan Jilek](#) at the SBCTC through the [WA Secure Email site](#). If you do not have a secure email account, please contact Dylan.

When submitting your Tracking Sheet please save the file with this naming convention:

Collegename.Month.Year. Ex: Bates.December.2019.

Please keep running track of the people you serve. In other words, do not remove anyone from your tracking sheet over the course of the fiscal year (October 1 – September 30).

### Requirements to Maintain SNAP Eligibility

The Navigator is expected to ensure the ABAWD understands all requirements to maintain their SNAP eligibility, including work requirements and 6-month and annual case reviews with DSHS.

### Work Requirements

- ABAWDs will learn about their work requirements from DSHS staff prior to receiving a referral to a Navigator. However, the Navigator will review these requirements to make sure the ABAWD understands the requirements, implications of noncompliance and choices they need to make. At a minimum, share the following work requirement information with ABAWDs:
  - Must complete 20 hours per week averaged monthly (80 hours per month) in an approved activity.
  - Must not reach 3 nonsequential non-qualifying months within the state 36-month timeframe. Current 36-month time limit period began January 1, 2018 and ends December 31, 2020. Another 36-month period will begin January 1, 2021.

The following are examples of activities that meet the hour requirement.

### Supervised Job Search

Assists you with finding employment. Activities include:

- Contacting potential employers
- Searching job listings or participating in a job club
- Obtaining IDs, professional licenses or certifications

### Job Search Training

Helps you seek and obtain employment. Services include:

- Resume writing, interview skills, preparing a master application
- Instruction and support related to seeking employment
- Workplace workshops and career planning

### Basic Education

Helps you to increase your employability. Activities include:

- Basic computer skills, reading or math assistance
- High School Equivalency (formerly GED)
- Basic Education for Adults (BEAd)
- English as a Second Language (ESL)

### Life Skills

Increases your ability to meet the demands and challenges of working and everyday life. Some WorkSource locations and Basic Food Employment & Training providers offer these services.

### Vocational Education

Provides programs requiring specialized training such as welding or computer programming. These programs result in recognized credentials. The activity must be:

- Credentialed
- Recognized by an independent third party
- Accepted by local industry employers

### Job Retention Services

Assists and supports employed adults through the Basic Food Employment & Training program to achieve better job performance and increase earnings. Activities may include:

- Counseling or coaching
- Case management
- Assistance with expenses related to keeping a job

### Unpaid Work

This is an opportunity for an ABAWD to meet participation requirements by volunteering with a state, local, religious, or community non-profit organization. Unpaid work can also occur in other formats within the community.

### Workfare

This is a volunteer program for ABAWDs to increase overall employability by developing basic job skills and confidence. Participants must volunteer a certain number of hours monthly at Workfare sites. DSHS will refer ABAWDs to Workfare sites.

Note: ABAWD Navigators can help a client connect to the Workfare Unit quickly to get a client a referral. *Please do not widely distribute this email address or post it anywhere public. It is for use by ABAWD Navigators to the Workfare Unit only.*

Include the following information in an email and send it to: [ESAWorkfareUnit@dshs.wa.gov](mailto:ESAWorkfareUnit@dshs.wa.gov).

- Location/ area they can travel to
- Type of volunteer work they are interested in.
- Hours available to volunteer.
- Client contact info (phone).
- Able to pass a background check – Yes/No  
(It's ok if they cannot, it just narrows down the sites we can refer them to)

The current list of Workfare providers is here: <https://www.dshs.wa.gov/esa/community-services-offices/workfare>. This list will be updated as new sites are approved.

### Case Reviews

- 6 Month Reviews – these are called [Mid-Certification Reviews](#) (Form 14-467 on the [DSHS website](#)). They are mailed out one month in advance of the due date, and are usually one page with updates. The client can complete this document over the phone or by going into a local office and meeting with a PBS. You can encourage the client to bring the letter and assist them to complete and return the document as early as possible. Then follow through with the process.
- Annual Reviews – these documents are called [Eligibility Reviews](#) (Form 14-078 on the [DSHS website](#)). They are mailed out approximately forty-five days in advance of the due date. To complete the interview process, the client completes this document, then completes a review over the phone with a PBS, or goes into a local office and meets with a PBS. Navigators can assist clients with completion of the form and the interview. Navigators can encourage the client to provide the form by one of the three options described below:



Mailing to the HUB at: CSD- Customer Service Center P.O. Box 11099 Tacoma WA  
98411-9905

Drop off at their local Community Service Office

Faxed to 888-338-7410

You will want to ensure the client has their client ID on the forms provided so there will be no delays in the processing of their case.

### Activity Reporting Form

Navigators will ensure ABAWDs understand the requirement to complete an Activity Report Form and submit them to DSHS by the 10<sup>th</sup> of the following month. It is the ABAWD's responsibility to complete and submit this form. Navigators are encouraged to assist ABAWDs with submission of these forms if needed, but they are not accountable for their submission. [Note: The Activity Report Form was previously referred to as the Work Participation Verification Form.] The form is # 01-205 and can be found on the [DSHS website: https://www.dshs.wa.gov/office-of-the-secretary/forms](https://www.dshs.wa.gov/office-of-the-secretary/forms). It is in DSHS's 8 supported languages.

DSHS **cannot** require a particular type or form of verification. See [WAC 388-490-0005](#). So alternative formats can be used. However, the alternative form must meet the minimum requirements in order to be accepted:

- Client name identification
- Calendar month reporting
- Activities performed
- Number of hours in the month participating in activity
- Name and signature of the person verifying the information

Activity Report Forms are due by the tenth of the following month and must be submitted to DSHS. The completed forms can be provided by either: Mailing to the HUB at CSD – Customer Service Center P.O. Box 11699 Tacoma WA 98411-9905, dropping off at a local CSO, or if the assistor is sending can be faxed to 888-338-7410.

### Activity Options

The Navigator will collect information and build relationships with partners to ensure a full menu of activity options is available and communicated to ABAWDs. State-wide information about allowable activities is included in this manual in the [Approved Work Requirement Activities](#) section. In addition to the state-wide summary, Navigators must develop and maintain an inventory of all local options.

### Exemption Review Requests

The authority to grant exemptions to the ABAWD requirements for SNAP eligibility resides solely with DSHS staff. Exemptions will be determined prior to referring an ABAWD to a Navigator. If, in the rare occasion, an ABAWD discloses additional information about their inability to meet work requirements and is requesting a review of their case, the Navigator can refer them back to DSHS. Prior to proceeding, the Navigator should fully share all activity and resource options with the ABAWD to ensure they do not want the supports toward a future career goal. Keep in mind homelessness is not an exemption and not cause for a return referral. College and community providers are serving homeless individuals, and Navigators can make sure they are aware of all the resources available to support them.

## College and Community Resources

As the ABAWD discloses challenges during the orientation conversation, the Navigator will provide possible resources for support in the college and/or community based on the activity they choose to engage in.

## Check-ins

Navigators are required to conduct a minimum of one check-in with the ABAWD within 30-days of referral to an activity provider. The check-in is meant to ensure the ABAWD made it to the activity provider, and see if they need any additional resources. Navigators may find it beneficial to check-in with the ABAWD much sooner and additional times to make sure they have what they need to be successful. During the check-in(s), the Navigator will document any status updates they are informed of in the Tracking Sheet. Additional check-ins are highly recommended, but not required. Based on the conversation, decide if you should have an additional check-in with this individual and when.

### Follow-up with ABAWDs engaged with an activity provider

If the ABAWD did connect with the provider and is engaged in their activity, the check-in should focus on how they are doing with the activity, any additional resources they may need to be successful, and a reminder about completing their Activity Form. Sample questions and topics to cover include:

- How is it going with your [workfare position, job search, classes, etc]?
- Do you feel you need any additional support to be successful in this activity?
- Do you need any additional resources?
- Are you ready to fill out your first Activity Form? Do you know when it is due and do you have any questions about completing or submitting it?
- Would you like me to check in with you again in the future? How soon?

### Follow-up with ABAWDs not engaged with an activity provider

If the ABAWD did not connect with the activity provider, their check-in should focus on reengaging them with resources and the activity provider or a new activity provider. Sample questions and topics to cover include:

- For all not engaged in their work activity:
  - Ensure they are aware of the result of not participating in a work activity
  - Remind them about the Activity Form and DSHS Check-ins
  - Identify any barriers to engagement that could be supported
- If they did not meet with the activity provider:
  - Why were you not able to meet with the provider?
  - Would you like to schedule a new meeting to meet with the provider?
  - Would you like a referral to a different activity?
  - What do you need to make sure you can meet with a provider and engage in an activity?
  - Is there anything I can do to help facilitate the connection?
- If they did meet with the provider and did not engage [or continue] in the activity:
  - What concerns did you have about beginning [or continuing] your activity?
  - Would you like to reconnect with the provider and how can I help facilitate the connection?

- Would you like to find a different activity? How do you plan to meet your activity requirement?

## Outreach to Individuals Experiencing Food Insecurity

In addition to supporting referred ABAWDs already receiving SNAP, Navigators will conduct outreach to students and individuals experiencing food insecurity and assist them with accessing the application process through Washington Connection.

### Documenting Interactions on the Tracking Sheet

Navigators will record information on the Tracking Sheet for any individual they assist with access to SNAP. Navigators please enter information on Tracking Sheet columns: A, B, J and possibly K.

### Washington Connection

Washington Connection offers a fast and easy way for families and individuals to apply for a variety of services such as Food, Cash, Child Care, Long-Term Care, and Medicare Savings Programs. Individuals that are age 65 or older, blind or disabled may also apply for medical assistance. Washington Connection is able to do a prescreening to see what programs or services an individual may be qualified to receive from various State, Federal, or Local sources.

In addition to prescreening, clients receiving services can complete an online renewal (or Eligibility Review) for current benefits that are due to expire soon, report changes, and upload required verification documents.

Through a public-private partnership, the Washington State Benefit Portal Partnership Project launched the Washington Connection benefit portal via a series of releases between December 2010 and August 2011. The web-based portal makes it easier for low-income individuals and families to explore options, screen for eligibility and apply for a broad array of services and benefits online. These services include food, cash, and medical assistance; childcare subsidies; long-term care services and support; and drug and alcohol treatment. Washington Connection is available in both English and Spanish.

Contact Stephanie (Hill) Hart, Community Access Administrator, [Stephanie.hill@dshs.wa.gov](mailto:Stephanie.hill@dshs.wa.gov) for assistance with Washington Connection and to become a Hosting Organization.

In addition to a tool for accessing SNAP in Washington State, Washington Connection is a statewide and community-level resource tool. As Navigators are conducting partner outreach, as outlined in the Community Collaboration section, they should be informing community organizations about the tool and how they can be included.

You can access information and links to training tutorials on how to navigate and assist clients on the DSHS website.

## ABAWD Record Requirements

Colleges will maintain client information records to include at minimum:

- a) First and last name of the client
- b) DSHS Client Identification Number
- c) Date of Birth (Consent form)
- d) Confirmation of Consent form
- e) Confirmation of Orientation Meeting
- f) Confirmation of Individual Employment Plans (initial)

- g) Referral details

Colleges will also maintain, and make available upon request, Individual client files that include at a minimum:

- a) Signed Consent Form
- b) Individual Employment Plan (Initial)
- c) Referral documentation

### BFET Case Management (optional)

Navigators will not fulfill case management duties within the ABAWD Navigation program. However, if it is necessary to expand the college BFET programs capacity to serve SNAP recipients, Navigators may carry an ABAWD-only BFET caseload. If this option is implemented, ABAWD Navigation program and BFET program duties must be clearly delineated.

To efficiently engage an ABAWD in the college's BFET program, an ABAWD orientation may transition directly into a BFET intake. However, program records must remain separate. For example, in addition to beginning the BFET documentation and records, the Tracking Sheet used by the ABAWD Navigation program must be fully completed and the individualized ABAWD file created and kept with the ABAWD Navigation program files.

If a Navigator is supporting the college BFET program by carrying an ABAWD-only BFET caseload, all duties for this optional scope of work are under the BFET program guidelines and requirements.

#### eJAS

Navigators will only have access to eJAS if they are supporting the BFET program by carrying an ABAWD-only BFET caseload. To be granted access, the Navigator should contact their BFET administrator. You must submit a DSHS Non-Disclosure Form with the BFET Administrator's signature to [Dylan Jilek](#), Program Coordinator, Workforce Education. Please allow five business days for processing. Once the SBCTC has processed your request, you will receive an email with log in instructions.

#### Entering BFET Case Notes

Navigators carrying an ABAWD/BFET case load must follow the criteria outlined in the DSHS Provider's Handbook and the SBCTC BFET Grant Guidelines when entering case notes in eJAS for ABAWDs enrolled in BFET. Case notes are subject to DSHS Audits and SBCTC monitoring processes and must meet all BFET required elements for initial opening, on-going, and closing notes. eJAS Help Desk

To reset your eJAS password, please email [Dylan Jilek](#), or call 360-704-1027.

Please provide your User ID when requesting a password reset.

For technical assistance other than password resets, please email [Jennifer Dellinger](#) or call 360-704-3925.

### Employment Security Department – WorkSource Navigators

The ESD will be deploying Navigators to WorkSource Centers around the state in non-waived counties. The placement will be determined by the ESD based on their contract with DSHS and the need in communities.

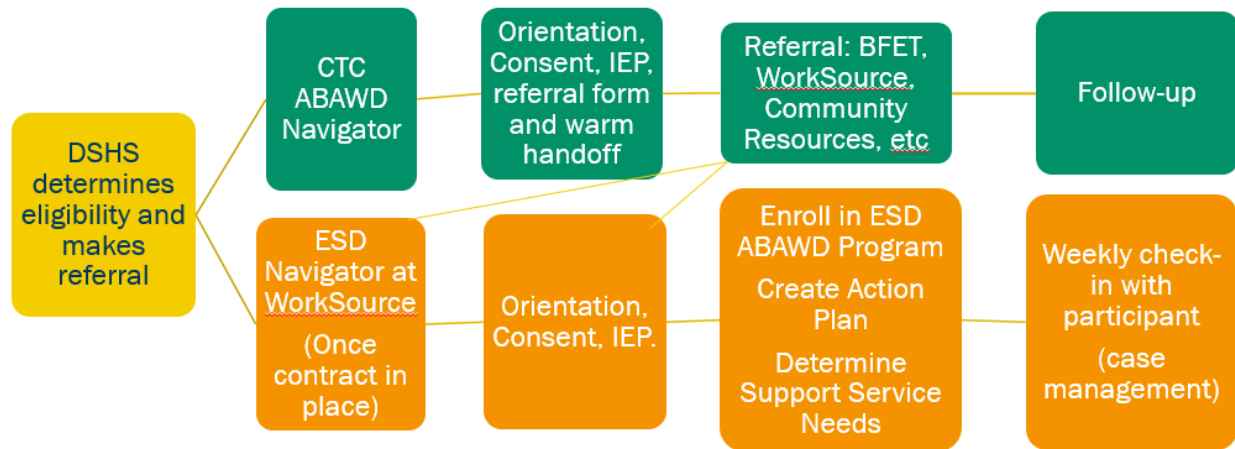
## WorkSource Centers without ESD Navigators and Waived Counties

ABAWDS will be served as general WorkSource Customers. They will be oriented to the Center like anyone else. The WorkSource center will have an ABAWD Activities Tracker (Job Search Log) for ABAWDS to use to track their hours of job search participation. Each WorkSource Center will provide general guidance to ABAWD customers on how to access services within the center. DSHS should advise ABAWDS to identify themselves as ABAWDs to ensure they are given the ABAWD Activities Tracker form. ABAWDs that are enrolled in BFET for 20 hours weekly or participating in the Workforce Innovation and Opportunities Act.

ABAWDs that live in waived counties are not required to complete the ABAWD Activities Tracker form.

## WorkSource Centers with ESD Navigators in Non-waived Counties

ABAWDS should be given a warm hand-off to the ESD Navigator. The Navigator will work with the ABAWD to get oriented to the services at the WorkSource Center and will be providing case management services to the ABAWD.



## Community Collaboration (Element 2)

Program requirements for Element 2 are supportive and secondary to Element 1. Navigators will need to connect to other service providers to fulfil their obligations in Element 1, however additional capacity building efforts will occur after the program is established and time allows. Information below is intended to provide an overview of the objectives of this Element.

### Enhancing Community Partnerships

It requires participation from many actors within the community and state to ensure individuals have access to what they need to be successful. ABAWD Navigators will need to identify all potential partners in this work and work to build relationships and partnerships. Navigators will initially focus on local community partnerships, but may, in time, be able to work with other Navigators on regional and statewide efforts to increase access to support services and options for individuals to meet work requirements.

The DSHS will provide materials about Washington’s ABAWD program to conduct community outreach.

## BFET Provider Collaboration

Washington's SNAP Employment and Training Program, BFET, is nationally recognized and has produced a statewide network of college and community-based organization providers. It is essential to the growth of the BFET program and its successful support of SNAP recipient's pursuit of sustainable careers that an increased level of collaboration be achieved between all BFET providers. There is a varying degree of local collaboration amongst college and CBO providers across the state. There is also minimal capacity for many BFET staff to engage in collaborative engagements with other providers. It is our hope the ABAWD Navigators will provide the needed capacity to advance these efforts.

## Guided Pathways

Guided Pathways is a research-based approach that simplifies choices for students. Students get intensive, targeted advising to choose a path, stay on the path, learn what they need to know and graduate. In Washington state, our Guided Pathways efforts are focused on helping more of our students — especially low-income, first-generation students and students of color — earn credentials to prepare them for entry into higher-paying, high-demand fields with value in the labor market.

There is much opportunity to engage in this college initiative to ensure equitable access to postsecondary education for individuals experiencing food insecurity, and the supports they need to be successful.

## Workforce Development System

The Workforce Innovation and Opportunity Act (WIOA) regulates the public workforce development system. There are numerous partners including the Employment Security Department, DSHS, Labor, Business, and K-12 for example. The WorkSource centers are the public facing facilities providing services to job seeker and offers access to many supports and services through partnering organizations and agencies.

We hope to work together in the future to identify how we can better connect ABAWDs to the public workforce development system and how we can partner with business, labor and other agencies to increase supports and work opportunities for individuals.

## Resource Expansion (Element 3)

Elements 1 and 2 take precedence over Element 3 and additional capacity building efforts will occur after the program is established and time allows. Information below is intended to provide an overview of the objectives with this Element.

## Full Menu of Resources

After developing a menu of options for ABAWDs to engage in work activities in their local communities, Navigators will identify gaps in options or areas of possible expansion to ABAWDs have a full menu of options. Navigators will also make available and communicate this information to other staff and community providers to strengthen college and community-wide efforts to support individuals.

## Integrated Service Delivery

Navigators should focus on opportunities to integrate services and leverage resources for the benefit of individuals experiencing food insecurity. There are many efforts underway across the state, on college

campuses and throughout the workforce development system, to do this for individuals seeking education and training. Supporting these efforts and expanding the scope to equitable access should be foundational to the Navigators interactions with other providers and programs.

### Non-federal Funds for BFET Providers

Washington's SNAP Employment and Training Program, BFET, is nationally recognized and has produced a statewide network of college and community-based organization providers. It is essential that adequate non-federal resources are available to sustain and grow the BFET program and its successful support of SNAP recipient's pursuit of sustainable careers. There are no upfront funds for the college BFET programs to operate or support students. Instead, colleges must utilize other non-federal sources of funding and then they can request a reimbursement of 50%. Each year, the college system does not access all the federal funds budgeted to them because they are at capacity with non-federal resources. It is our hope the ABAWD Navigators will provide the needed capacity to advance these efforts, when time allows.

### Partnerships for New Resources

To increase access to resources for individuals, Navigators will promote the ABAWD, BFET and other programs aim to reduce food insecurity. As needed, this effort will include adding new organizations to local partnerships.

### Promote Apprenticeship Pathways

In the future, Navigators will be asked to support efforts to promote apprenticeship pathways for low-income populations. This will include ensuring both ABAWDs and partner service providers are aware of this opportunity. The SBCTC is currently partnering with DSHS and the Construction Center of Excellence to lead an investigation of apprenticeship pathways for low-income populations. Once this work is complete, the findings and opportunities to engage in next steps will be shared with Navigators.

## Appendix A: Sample Referral Forms

# Step Forward & Find Your Success

ABAWD Referral



Career Goal: \_\_\_\_\_

ABAWD Option Chosen:    Work    Workfare    Training

Seeking Program Information For:    BFET    WIOA    Trade Act

Next Contact:    DSHS    WorkSource    DVR    SCC    Continuing Ed.    SFCC    YWCA  
                         AmeriCorps    Apprenticeship    Goodwill    Next Gen Zone    Other

Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Activity form due by 10<sup>th</sup> of the month. Next due date: \_\_\_\_\_

**Commitment Statement:** "I understand that I have the options and opportunities explained above. I will contact the above selected agency within 5 business days. If I cannot contact the provider or agency, I will contact my ABAWD navigator."

ABAWD Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_

---

**Questions?** Contact Tracey Osso, ABAWD Program Manager, P: 509-533-4107 Bldg. 17, Rm 226  
Spokane Falls Community College, 3410 W Fort George Wright Dr, MS 3011, Spokane 99224



**ABAWD Referral**

Name: \_\_\_\_\_ Career Goal: \_\_\_\_\_

<input type="checkbox"/> <b>Goodwill</b> <b>Tori Skinner</b> <b>360.425.7520</b> 1030 15th Ave, Longview, WA 98632	<input type="checkbox"/> <b>CAP</b> <b>Jani Carver</b> <b>360.425.3430</b> 1526 Commerce Ave, Longview, WA 98632	<input type="checkbox"/> <b>Worksource</b> <b>Et Vath</b> <b>360.577.2250</b> 305 S Pacific Ave b, Kelso, WA 98626	<input type="checkbox"/> <b>Lower Columbia</b> <b>College BFET</b> <b>Breanna Henson</b> <b>360.442.2333</b> 1600 Maple St, Longview, WA 98632	<input type="checkbox"/> <b>Resource</b> _____ _____ _____
---	--	---	--	--

I understand and agree that:  
(Please initial each statement below)

- \_\_\_\_\_ I will go to my appointment on \_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_\_\_
- \_\_\_\_\_ I will contact the above selected agency within 10 business days.
- \_\_\_\_\_ I will report my participation to DSHS at 1.877.501.2233
- \_\_\_\_\_ **If I cannot make it to the referral/agency I will contact Steven Boyer at 360.442.2335.**

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**White = Client Copy   Pink = Navigator Copy   Yellow = Referred Agency Copy**

**ABAWD Referral**

Name: \_\_\_\_\_ Career Goal: \_\_\_\_\_

<input type="checkbox"/> <b>Goodwill</b> <b>Tori Skinner</b> <b>360.425.7520</b> 1030 15th Ave, Longview, WA 98632	<input type="checkbox"/> <b>CAP</b> <b>Jani Carver</b> <b>360.425.3430</b> 1526 Commerce Ave, Longview, WA 98632	<input type="checkbox"/> <b>Worksource</b> <b>Et Vath</b> <b>360.577.2250</b> 305 S Pacific Ave b, Kelso, WA 98626	<input type="checkbox"/> <b>Lower Columbia</b> <b>College BFET</b> <b>Breanna Henson</b> <b>360.442.2333</b> 1600 Maple St, Longview, WA 98632	<input type="checkbox"/> <b>Resource</b> _____ _____ _____
---	--	---	--	--

I understand and agree that:  
(Please initial each statement below)

- \_\_\_\_\_ I will go to my appointment on \_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_\_\_
- \_\_\_\_\_ I will contact the above selected agency within 10 business days.
- \_\_\_\_\_ I will report my participation to DSHS at 1.877.501.2233
- \_\_\_\_\_ **If I cannot make it to the referral/agency I will contact Steven Boyer at 360.442.2335.**

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**White = Client Copy   Pink = Navigator Copy   Yellow = Referred Agency Copy**



# Pierce Pathways to the Future

## ABAWD REFERRAL FORM

<b>Full Name:</b>	
-------------------	--

### ACTIVITY REFERRAL

<i>Activity</i>	<i>Activity Sites</i>		
<b>Workfare</b>	<input type="checkbox"/> Lakewood DSHS <input type="checkbox"/> Puyallup DSHS	<input type="checkbox"/> Pierce North DSHS	<input type="checkbox"/> Pierce South DSHS
<b>Education/Training</b>	<input type="checkbox"/> Bates Technical <input type="checkbox"/> Clover Park Technical	<input type="checkbox"/> Pierce College <input type="checkbox"/> Tacoma Comm. College	<input type="checkbox"/> Goodwill <input type="checkbox"/> TRAC Associates
<b>Employment</b>	<input type="checkbox"/> Valeo Vocation <input type="checkbox"/> Adonai	<input type="checkbox"/> Career Path Services <input type="checkbox"/> Division of Voc. Rehab	<input type="checkbox"/> TRAC Associates <input type="checkbox"/> WorkSource Pierce (WIOA)
<b>Other</b>	<input type="checkbox"/> AmeriCorps <input type="checkbox"/> LEP Pathway	<input type="checkbox"/> CLEVER (DSHS) <input type="checkbox"/> Other ( <i>indicate below</i> )	<input type="checkbox"/> Strategies for Success ( <i>ESD</i> )

### SITE INFORMATION

<input type="checkbox"/> <b>I have an appointment</b>		<input type="checkbox"/> <b>I need to schedule an appointment</b>	
<b>Address:</b>		<b>Appointment Time:</b>	
<b>Contact Person:</b>		<b>Contact Number:</b>	
<b>Activity Form must be submitted to DSHS no later than the 10<sup>th</sup> of each month.</b>		<b>Next Due Date:</b>	
<b>Was the Common Referral Tool utilized?</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>Additional Referral Notes:</b>			

### DECLARATION AND SIGNATURE

By signing this document, I certify that I understand the following expectations:

- \_\_\_\_\_ I will contact the above selected agency within 5 business days.
- \_\_\_\_\_ I will report my participation to DSHS by the 10<sup>th</sup> of each month.
- \_\_\_\_\_ If I cannot make it to the referral/agency I will contact the Navigator.

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

\_\_\_\_\_  
Date

## SITE DIRECTORY

### **Lakewood DSHS**

5712 Main St. SW #100  
Lakewood, WA 98499

### **Pierce South DSHS**

1301 E 72<sup>nd</sup> St.  
Tacoma, WA 98408

### **Bates Technical College**

1101 South Yakima Ave., Tacoma WA 98405  
253-680-7286 | [www.batestech.edu](http://www.batestech.edu)

### **Pierce College – Fort Steilacoom Campus**

9401 Farwest Drive SW, Lakewood WA 98498  
253-964-6265 | [www.pierce.ctc.edu](http://www.pierce.ctc.edu)

### **Tacoma Community College**

651 S. 19<sup>th</sup> Street, Tacoma WA 98466  
253-566-5188 | [www.tacomacc.edu](http://www.tacomacc.edu)

### **TRAC Associates**

4301 S Pine St. #519 Tacoma, WA 98049  
253-472-1727 | [www.tracassoc.com](http://www.tracassoc.com)

### **Valeo Vocation**

1224 Tacoma Ave. S. Tacoma, WA 98402  
253-301-2184 | [www.valeovocation.org](http://www.valeovocation.org)  
*Orientations every Tuesday at 1PM*

### **Adonai**

4101 South M. St., Tacoma, WA 98418  
253-777-1434 | [adonaicounseling.wixsite.com](http://adonaicounseling.wixsite.com)

### **AmeriCorps**

[www.Nationalservice.gov/programs/AmeriCorps](http://www.Nationalservice.gov/programs/AmeriCorps)

### **Pierce North DSHS**

1949 S. State Street  
Tacoma, WA 98405

### **Puyallup DSHS**

201 W. Main  
Puyallup WA 98371

### **Clover Park Technical College**

4500 Steilacoom Blvd., Lakewood WA 98499  
253-589-4311 | [www.cptc.edu](http://www.cptc.edu)

### **Pierce College – Puyallup Campus**

1601 39<sup>th</sup> Ave. Puyallup, WA 98374  
253-964-6265 | [www.pierce.ctc.edu](http://www.pierce.ctc.edu)

### **Goodwill of Olympics and Rainier Region**

714 S. 27<sup>th</sup> St. Tacoma, WA 98409  
253-573-6500 | [goodwillwa.org](http://goodwillwa.org)  
*Meet & Greet Orientation every 2<sup>nd</sup> Thursday at 1PM*

### **WorkSource Pierce**

2121 S. State Street #300, Tacoma, WA 98405  
253-593-7300 | [www.worksourcewa.com](http://www.worksourcewa.com)

### **Career Path Services**

10828 Gravelly Lake Dr. SW, Lakewood, WA 98499  
360-704-3600 | [careerpathservices.org](http://careerpathservices.org)

### **Division of Voc. Rehab**

1949 S. State Street, Tacoma, WA 98405  
253-983-6500 | [DSHS.wa.gov/DVR](http://DSHS.wa.gov/DVR)

### **DSHS Customer Service Call Center**

1-877-501-2233 | [DSHS.wa.gov](http://DSHS.wa.gov)



# Appendix B: Sample IEPs

## Pierce County Abled-Bodied Adults Without Dependents (ABAWD)

### INITIAL INDIVIDUAL EMPLOYMENT PLAN (IEP)

CLIENT INFORMATION		
Name:		Client ID:
Home Phone:	Cell Phone:	Alt. Phone:
Alt. Phone Notes:		
Email:		Birthdate:
County: <input type="checkbox"/> Pierce <input type="checkbox"/> Other: _____		Initial & Date:

EMPLOYMENT GOALS	
Employment Goals:	
Looking for work: Yes <input type="checkbox"/> No <input type="checkbox"/>	Training needed: Yes <input type="checkbox"/> No <input type="checkbox"/>

WORK EXPERIENCE	
Limited work experience? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you need job search assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
EMPLOYMENT & EDUCATION/TRAINING BARRIERS <i>(select all that apply)</i>	
<input type="checkbox"/> High School Diploma/ Equivalency <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Skills Deficiency <input type="checkbox"/> Lack of Qualification for Desired Employment <input type="checkbox"/> Lack of Employment History	<input type="checkbox"/> Childcare <input type="checkbox"/> Transportation <input type="checkbox"/> Housing <input type="checkbox"/> Medical / Health Well-Being <input type="checkbox"/> Disabilities
<input type="checkbox"/> Resource Deficiency (Clothing, personal hygiene, food, etc.) <input type="checkbox"/> Employment documentation (driver's license, state ID, etc.) <input type="checkbox"/> Background Records	

EDUCATION & TRAINING HISTORY		
Please select your highest level of education/training. <i>select all that apply</i>		
<input type="checkbox"/> Some High School <input type="checkbox"/> High School or equivalent <input type="checkbox"/> Some College	<input type="checkbox"/> College/Vocational Training <input type="checkbox"/> 2 - year Degree <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other : _____
Additional Training: <input type="checkbox"/> Professional Trainings <input type="checkbox"/> Equipment <input type="checkbox"/> Licenses <input type="checkbox"/> Certification		
<input type="checkbox"/> High School Equivalency Referral	Natalie Archer Pierce County BEdA Navigator	Phone: 253-433-0781 Email: narcher@tacomacc.edu
Education & Training Goals:		



# Pierce County Abled-Bodied Adults Without Dependents (ABAWD)

## INITIAL INDIVIDUAL EMPLOYMENT PLAN (IEP)

ACTIVITY SELECTION			
<i>Activity</i>	<i>Activity Sites (select one)</i>		
<b>Workfare</b>	<input type="checkbox"/> Lakewood DSHS <input type="checkbox"/> Puyallup DSHS	<input type="checkbox"/> Pierce North DSHS	<input type="checkbox"/> Pierce South DSHS
<b>Education/Training</b>	<input type="checkbox"/> Bates Technical <input type="checkbox"/> Clover Park Technical	<input type="checkbox"/> Pierce College <input type="checkbox"/> Tacoma Comm. College	<input type="checkbox"/> Goodwill <input type="checkbox"/> TRAC Associates
<b>Employment</b>	<input type="checkbox"/> Valeo Vocation <input type="checkbox"/> Adonai	<input type="checkbox"/> Career Path Services <input type="checkbox"/> Division of Voc. Rehab	<input type="checkbox"/> TRAC Associates <input type="checkbox"/> WorkSource Pierce (WIOA)
<b>Other</b>	<input type="checkbox"/> AmeriCorps <input type="checkbox"/> LEP Pathway	<input type="checkbox"/> CLEVER ( <i>DSHS</i> ) <input type="checkbox"/> Other ( <i>indicate below</i> )	<input type="checkbox"/> Strategies for Success( <i>ESD</i> )

**ADDITIONAL NOTES & REFERRALS**



**Initial Individual Employment Plan (IEP)**

---

Client Name:  
 Client Age:  
 DSHS Referral #:  
 Date of Orientation:

Activity:  
 Provider Agency:  
 Provider Contact Person:  
 Provider Contact Info:

**If Applicable (BFET only):**

BFET Provider:	EJAS ID:
Case Manager:	Contractor Code:
	Date of Intake:

**Employment Goals**

Career Plan:	
Wage Expectation:	
Immediate Job Goal(s):	
Target Employment Date:	

**Skills and Qualifications**

**Education**

<input type="checkbox"/> High School Diploma or Equivalent	
<input type="checkbox"/> College Education	Degree:
<input type="checkbox"/> Vocational Training	Certificate:

**Work Experience**

Number of employers in past 5 years: <i>List Employment History on separate sheet</i>	
<input type="checkbox"/> No work experience in the past year	

**Transferrable Skills**

**Check** those you have experience with, **Circle** those you are interested in improving

<input type="checkbox"/> Customer service	<input type="checkbox"/> Solve problems	<input type="checkbox"/> Organized
<input type="checkbox"/> Write clearly	<input type="checkbox"/> Calculate, compute	<input type="checkbox"/> Manage people
<input type="checkbox"/> Speak in public	<input type="checkbox"/> Listening	<input type="checkbox"/> Run meetings
<input type="checkbox"/> Speak multiple languages	<input type="checkbox"/> Managing time	<input type="checkbox"/> Direct projects
<input type="checkbox"/> Communicate verbally	<input type="checkbox"/> Being punctual	<input type="checkbox"/> Other:
<input type="checkbox"/> Handle food	<input type="checkbox"/> Cooperating	<input type="checkbox"/> Other:
<input type="checkbox"/> Manage money	<input type="checkbox"/> Follow instructions	<input type="checkbox"/> Other:
<input type="checkbox"/> Take orders	<input type="checkbox"/> Construct or repair	<input type="checkbox"/> Other:
<input type="checkbox"/> Operate office equipment	<input type="checkbox"/> Drive or operate vehicles	<input type="checkbox"/> Other:
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Operate tools and machinery	<input type="checkbox"/> Other:

**Other Qualifications**

Certificate:	
Professional License:	
Other:	

## Assessed Employment Barriers

Client Employment Barriers	Services to Address Barriers
<input type="checkbox"/> Skill Deficiency (Ex. Computer skills)	
<input type="checkbox"/> High School Diploma or Equivalency	
<input type="checkbox"/> Lack of Qualifications for Desired Employment	
<input type="checkbox"/> Lack of Employment History	
<input type="checkbox"/> Limited English Proficiency	ESL Level:
<input type="checkbox"/> Physical Health	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Chemical Dependency	
<input type="checkbox"/> Criminal Record affecting Employment	
<input type="checkbox"/> General Identification (i.e. ID / Birth Certificate, Driver's License, SSN Card)	
<input type="checkbox"/> Resource Deficiency (i.e. childcare, transportation, personal hygiene)	
<input type="checkbox"/> Housing	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

### Additional Questions

Are you active military, military spouse, or a veteran?	
Do you have the training or education you need for a job, but need help with things like interviews, resumes, and applications?	
Do you have previous training in a field, but it needs to be updated?	
Do you have interest in on-the-job training?	
Do you have interest in learning a new trade?	
Do you want to start work as soon as possible?	
Are you willing to relocate?	
How far are you willing to commute?	

### Employment History

Employer:			
Employment Dates	From:	To:	
Wages:	Hours Per Week:		
Job Title:			
Work Performed:			
Reason for Leaving:			
Employer:			
Employment Dates:	From:	To:	
Wages:	Wages:		
Job Title:			
Work Performed:			
Reason for Leaving:			
Employer:			
Employment Dates:	From:	To:	
Wages:	Wages:		
Job Title:			
Work Performed:			
Reason for Leaving:			
Employer:			
Employment Dates:	From:	To:	
Wages:	Wages:		
Job Title:			
Work Performed:			
Reason for Leaving:			
Employer:			
Employment Dates:	From:	To:	
Wages:	Wages:		
Job Title:			
Work Performed:			
Reason for Leaving:			



## If Applicable ( BFET only)

## Employment Plan

 Education/Training Plan VE  BE (Including ESL)

Educational Institution

Dates of Training:

From:

To:

Academic Goal:

Degree/Certification:

 Job Readiness Training (JT)

Job Search Training (i.e. resume writing; interview skills, master application, workplace etiquette)

From:

To:

Work Experience (i.e. internship, OJT)

From:

To:

 Job Search (JS)

Independent Job Search:

From:

To:

Job Search with Assistance:

From:

To:

 Job Retention (BR)

Ensure employment is verified. Component must be approved by the BFET program.

From:

To:

 Life Skills / Strategies For Success (SL)

Training that increases adaptive abilities and positive behavior that enable participants to deal effectively with the demands and challenges of everyday life and employment.

From:

To:

## Declaration and Signature

The following are the requirements to participate in the Basic Food Employment &amp; Training (BFET) program:

- Receive Basic Food Assistance from DSHS;
- Be able to work at least 20 hours per week;
- Cooperate with the requirements of this Individual Employment Plan; and
- Meet with your BFET case manager at least monthly.


I, \_\_\_\_\_, have read the requirements and agree to abide by them.  
(Print Name)

Yes  No I understand this form and the contents have been explained to me in my primary language.

\_\_\_\_\_  
Client Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Case Manager Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Interpreter Signature (required if client cannot understand this form in English)\_\_\_\_\_  
Date

# Appendix C: Sample Activity Tracker

## ABAWD ACTIVITIES TRACKER

 I am registered and receiving services at WorkSource

Name (print): Jane Jobseeker DSHS Client ID: 123456

Month/Year: March 2020

**COMPLETE BOTH SIDES OF THIS FORM**  
**Record your time in 30 minute increments**  
**Example: .5, 1.0, 1.5 hrs**

You must complete 80 hours per month of approved work or training activities. Questions? Contact DSHS.

**Track activities that help you prepare to seek and accept work, including but not limited to:**

- Workshops or one-on-one help with resume writing, interview skills, preparation of a master job application, etc.
- Career Planning • Assessments • Skill building activities on sites like GCFlearnfree.org
- Creating or updating resumes, applications, cover letters and other employment documents at a WorkSource office
- Life Skills classes such as Strategies for Success, Financial Literacy, Workplace Etiquette, and more

Date	Job Search Training Activities	Facilitator/Staff Name & Signature	Time
3/2/20	Taking a career assessment in Resource Room	Kyrie / <i>Kyrie (Resource Room staff)</i>	.5 hours
3/3/20	Basic Computer Use Workshop	Ellie / <i>Ellie</i>	2 hours
3/3/20	Meeting with an Employment Specialist	Brian / <i>Brian</i>	1 hour
3/4/20	Strategies for Success class	Terry / <i>Terry</i>	4 hours
3/4/20	Financial Capabilities class	Terry / <i>Terry</i>	2 hours
3/6/20	Effective Résumés Workshop	Marlow / <i>Marlow</i>	3 hours
Total hours this page			12.5
Total hours from back page			7.5
<b>Grand Total</b>			<b>20</b>

I declare the information I am giving on all pages of this form is true and complete.

Client Signature: Jane Jobseeker Date of Signature: 3/6/2020

**By the 10<sup>th</sup> of the following month:**

- Fax completed form to DSHS at 1-888-388-7410, or
- Take it to your local DSHS Community Services Office (CSO), or
- Mail to: DSHS CSD Customer Service Center, PO Box 11699, Tacoma WA 98411-6699

**Job Search Activities:**

- Contacting potential employers and applying for job openings
- Attendance at hiring events, job fairs or employer networking events
- Online Job Search (WorkSourceWA.com, Indeed.com, etc.)

**Record time in 30-minute increments**  
**Round to nearest hour or half hour**

Date	Activity Description / Employer Name	Contact Name / Location	Job Title	Outcome	Time
03/02	Online Application	Comcast.com	Customer Service	<input checked="" type="checkbox"/> Submitted application <input checked="" type="checkbox"/> Submitted Résumé <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Inquiry <input type="checkbox"/> Interview	2 hours
03/02	In person application	Target North Division	Cashier	<input checked="" type="checkbox"/> Submitted application <input type="checkbox"/> Submitted Résumé <input checked="" type="checkbox"/> Follow-up Call <input type="checkbox"/> Inquiry <input type="checkbox"/> Interview	1 hour
3/05	Online job search at WorkSourceWA.com	WorkSource Spokane	Receptionist	<input type="checkbox"/> Submitted application <input type="checkbox"/> Submitted Résumé <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Inquiry <input type="checkbox"/> Interview	1 hour
3/05	Submit résumé & application	Hayden Lake Physical Therapy	Receptionist	<input checked="" type="checkbox"/> Submitted application <input checked="" type="checkbox"/> Submitted Résumé <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Inquiry <input type="checkbox"/> Interview	0.5 hours
3/06	Job fair	Kootenai County Fairgrounds	Receptionist	<input type="checkbox"/> Submitted application <input type="checkbox"/> Submitted Résumé <input type="checkbox"/> Follow-up Call <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> Interview	1.5 hours
03/06	In-person Interview	Comcast	Customer Service	<input type="checkbox"/> Submitted application <input type="checkbox"/> Submitted Résumé <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> Interview	1 hour
03/06	Phone Call	Target	Cashier	<input type="checkbox"/> Submitted application <input type="checkbox"/> Submitted Résumé <input checked="" type="checkbox"/> Follow-up Call <input type="checkbox"/> Inquiry <input type="checkbox"/> Interview	0.5 hour
<b>Total hours</b>					<b>7.5</b>

## Acronyms & Initialisms

ABAWD - Able-Bodied Adult without Dependents

ABD – Aged, Blind, or Disabled

ACES – Adverse Childhood Experiences

AU – Assistance Unit

BEaA- Basic Education for Adults

BFA – Basic Food Assistance

BFET – Basic Food Employment and Training

CBO – Community-Based Organization

CSD – Community Services Division (of ESA, DSHS)

CSO – Community Service Office

CSOA – Community Service Office Administrator

CTC – Community and Technical College

DSHS – Department of Social and Health Services

E&T – Employment and Training

EBT – Electronic benefit transfer

ESA – Economic Services Administration (of DSHS)

ESD – Employment Security Department

FAFSA – Free Application for Federal Student Aid

FLSA- Fair Labor Standards Act

FNS – Food and Nutrition Service

HEN – Housing and Essential Needs

IEP – Individual Employment Plan

L&I – Labor & Industries

LEP – Limited English Proficiency

LPA – Local Planning Area

ORIA – Office of Immigrant Assistance

PBS – Public Benefits Specialist

RCA – Refugee Cash Assistance

SAW – Secure Access Washington

SBCTC – State Board for Community and Technical Colleges

SFA – State Family Assistance

SNAP – Supplemental Nutrition Assistance Program

TANF – Temporary Assistance for Needy Families

USDA – United States Department of Agriculture

WAC – Washington Administrative Code

WIC – Women, Infants and Children

WIOA – Workforce Innovation and Opportunity Act