Transforming
Lives

Basic Food Employment & Training

Building Strong Partnerships that Transform Lives and Communities in Washington State
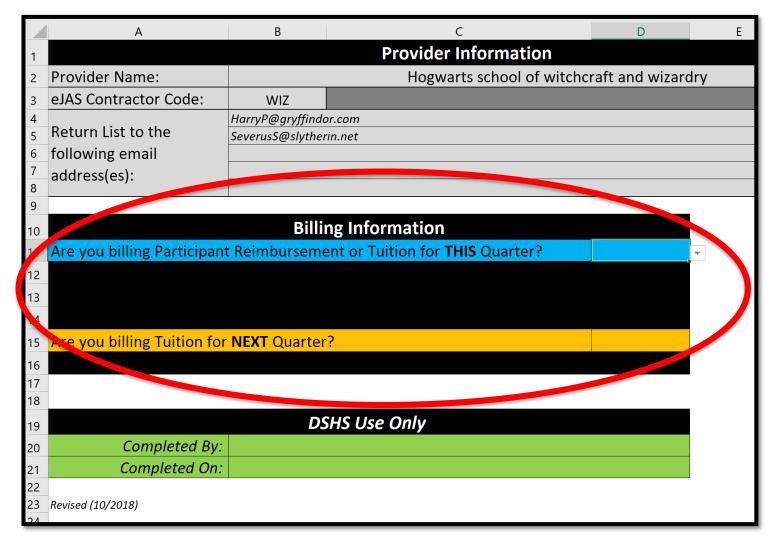

Washington State
**Department of Social
& Health Services**
Transforming lives

Overview

- When to submit a Billing Roster

- Determining Component Hours

- Students in 6 credits or less

- Entering Employment Information

- Q & A

Billing Rosters

Required only when tuition was paid the month prior to the start of the quarter

- Tuition paid in August for classes starting in September Billing Roster needed

- Winter quarter: tuition paid in December and classes start January Billing Roster needed

- Tuition paid in October for classes that started in September   No Billing Roster
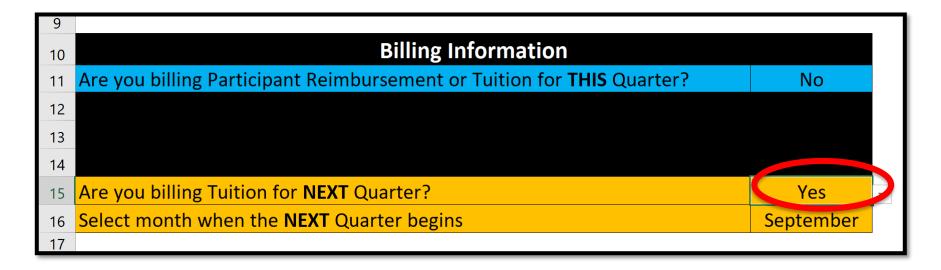
Billing Rosters

	A	B	C	D	E
1	**Provider Information**				
2	Provider Name:	Hogwarts school of witchcraft and wizardry			
3	eJAS Contractor Code:	WIZ			
4		HarryP@gryffindor.com			
5	Return List to the	SeverusS@slytherin.net			
6	following email				
7	address(es):				
8					
9					
10	**Billing Information**				
11	Are you billing Participant Reimbursement or Tuition for **THIS** Quarter?				
12					
13					
14					
15	Are you billing Tuition for **NEXT** Quarter?				
16					
17					
18					
19	*DSHS Use Only*				
20	*Completed By:*				
21	*Completed On:*				
22					
23	*Revised (10/2018)*				
24					

Billing Rosters

If the tuition you are billing for is in the **current** quarter

	Billing Information	
9		
10	**Billing Information**	
11	Are you billing Participant Reimbursement or Tuition for **THIS** Quarter?	Yes
12	Select the FFY for this Billing	FFY 2019
13	Select the month for this Billing	September
14	Select the current Quarter for this Billing	Fall
15	Are you billing Tuition for **NEXT** Quarter?	
16		
17		

No Billing Roster needed

Billing Rosters

If the tuition you are billing for is in the **Next** quarter

9		
10	**Billing Information**	
11	Are you billing Participant Reimbursement or Tuition for **THIS** Quarter?	No
12		
13		
14		
15	Are you billing Tuition for **NEXT** Quarter?	Yes
16	Select month when the **NEXT** Quarter begins	September
17		

Billing Roster **needed**

Component Hours

- Component hours = the number of hours per week the student is expected to participate in the component. This includes in-class instruction, lab and homework.

- Component can only have a maximum of 40 hours including all BFET components.

Component Hours

- BFET Case Manager determines the necessary homework hours needed for each class.

- BFET Case Manager should consider the instructor's homework recommendations and the student's abilities when determining hours needed to complete the homework.

Component Hours

- Childcare will only count a maximum of 10 homework/study time for child care purposes.

- Travel time is not included in component hours but can be included in child care schedule in case notes.

Component Hours

Class

Criminal Justice 101

3 credits

Tu 8:30am – 11:20 am

Component Hours

3 hours classroom time
(component hours)

+ 3 homework time*

= 6 component hours

*BFET Case Manager determines the student needs 3 hours each week to complete the required homework.

Component Hours

Class with Lab

Biology 160 - 5 credits

W & F 8:30am – 10:20am

Wed 1:45pm – 3:35pm

Component Hours

4 hours classroom time

+ 2 hours lab time

+ 12 hours homework time*

= 18 component hours

*BFET Case Manager determines the student needs 12 hours each week to complete the required homework. Childcare will only consider 10 hours in determining childcare needs.

Component Hours

Hybrid:

Accounting 142 3 credits

M 8:30 am – 9:50 am

and Online

Component Hours

1.5 hours classroom time

+ 2.5 hours online time*

+ 6 hours homework time*

= 10 component hours

*BFET Case Manager determines the student will be working online 2.5 hours each week and need 6 hours to complete the required homework.

Childcare

Document the BFET participant's schedule in eJAS notes include:

- Activity (school, job search, job training, etc.)
- Hours of participation (ex: 32 hours per week)
- Exact days and times of the activity (ex: M-F 8 am – 5 pm)
- Travel time (ex: 1 hour before and after school for bus travel)
- Study time up to 10 hours per week (ex: student needs study time M-F 12 pm – 2 pm)
- Location of where online classes are completed (ex: online class is completed at the school library)

Childcare

- Example:

Judy will be participating in the BFET program for Fall19 with dates of 9/23/19 - 12/12/19. She is enrolled in the Business Technology program. Her class schedule requires 14 hours/week according to the following schedule: ACCT 113 MTWTh 10-10:50am, BTECH 131 MTWThF 1-1:50pm and CIS 125(a 5cr hybrid class meeting 4 times/qtr and 5 hrs/wk online, to be done in a college computer lab). Additional childcare time of 10 hours/week of study time and 5 hours/week of travel are requested.

Student in 6 credits or less

Question: Is a student enrolled in 6 credits or less BFET eligible?

Answer: YES. As long as all other BFET eligibility is met, the number of credits a student is enrolled in does not impact BFET eligibility.

Student in 6 credits or less (continue)

With less than 6 credits, DSHS **does not** require additional student eligibility requirements for Basic Food eligibility.

With more than 6 credits, DSHS requires additional verification to evaluate student eligibility requirements for Basic Food eligibility.

DSHS 10-501

Tells DSHS that if the student's BFA is approved they will be participating in your BFET program.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

Referral to DSHS for Basic Food Employment and Training (BFET)

STUDENT'S NAME	CLIENT ID (OR SSN IF NONE)	DATE OF BIRTH

ADDRESS	CITY	STATE	ZIP CODE
		WA	

TELEPHONE (INCLUDE AREA CODE)	EMAIL ADDRESS

PROGRAM OF STUDY	START DATE	END DATE	NUMBER OF CREDITS

COLLEGE'S NAME	CONTACT PERSON

TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	EMAIL ADDRESS

COLLEGE COMMENTS (OPTIONAL)

COLLEGE SIGNATURE	DATE

REFERRAL VALID FOR UP TO TWO WEEKS FROM DATE SIGNED.

Note to Student

- DSHS must give final approval in order to complete BFET acceptance.
- If you have been approved for financial aid, **provide verification of your financial aid** (such as your award letter) to DSHS.
- You may fax, mail or take this Referral and any other verifications to your local DSHS Community Services Office as proof of acceptance into the school's BFET.

Note to DSHS

This student is enrolled in an approved program of study and will be accepted into the BFET program **contingent upon DSHS approval** of Basic Food.

College does not discriminate on the basis of race, religion, creed, color, national origin, age, sex, sexual orientation, marital status, disability, genetic information, or veteran status.
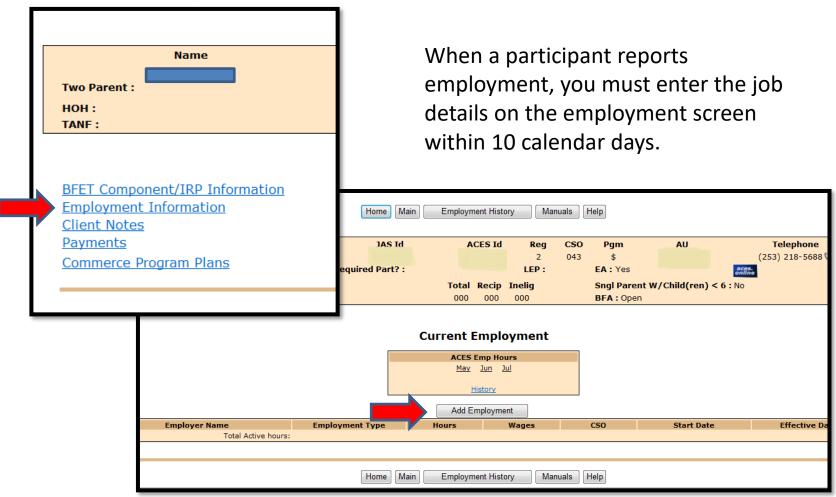
REFERRAL TO DSHS FOR BASIC FOOD EMPLOYMENT AND TRAINING (BFET)
DSHS 10-501 (04/2014)

Employment Information

- EJAS must be updated to reflect changes that result in a reduction in component hours or termination of components. This must be completed within seven business days of discovery of the change. Changes reported through eJAS include, but not limited to the following:
    - Changes in component participation
    - Non-participation
    - Increase in participation hours
    - Entering or change in employment

- The employment screen in eJAS must be updated within seven business days of the participant reporting a job to the Provider including employment changes, such as new employment with wages/hours/etc. and termination of old employment already input into eJAS.

(BFET Provider's Handbook: FFY 2020, page 25)

Entering Employment Information

When a participant reports employment, you must enter the job details on the employment screen within 10 calendar days.

BFET Component/IRP Information
Employment Information
Client Notes
Payments
Commerce Program Plans

Entering Employment Information

Employer/Worksite Name:	PRANCING PONY	**Employer/Worksite Address:**	123 STREET		
City:	BREE	**State:**		**Zip:**	
Employment Code:	P ❓	**Subsidized Code:**	N ❓	**Job Code:**	❓
Insurance Code:	❓	**Hours per Week:**	20	**Reported Wage:**	15.50
Contact Person:		**Contact Phone:**		**Actual Start Date:**	
UBI:		**Work-Based Learning:**	⦿ Paid ○ Unpaid		
Termination Date:		**Termination Code:**		**Effective Date:**	
Job Type: *For CJ users only		**Benefits*:**			
Transaction Date:					

Got any questions?

Please contact the BFET Operations Team @

BFETHELP@dshs.wa.gov