

**Rule Summary and Fiscal Analysis (Part A)****Department of Job and Family Services**

Agency Name

**Division of Workforce Development**

Division

**Michael Lynch**

Contact

**OFC- 4200 E. 5th Ave., 2nd fl. J6-06 P.O. Box****614-466-4605****614-752-8298****183204 Columbus OH 43218-3204**

Agency Mailing Address (Plus Zip)

Phone

Fax

**Michael.Lynch@jfs.ohio.gov**

Email

**5101:14-1-04**

Rule Number

**NEW**

TYPE of rule filing

Rule Title/Tag Line

**Comprehensive case management and employment program: referral, comprehensive assessment, individual service strategy and individual opportunity plan.****RULE SUMMARY**

1. Is the rule being filed for five year review (FYR)? No

2. Are you proposing this rule as a result of recent legislation? Yes

Bill Number: 49

General Assembly: 132

Sponsor: Ryan Smith

3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: 119.03

4. Statute(s) authorizing agency to adopt the rule: 5116.06

5. Statute(s) the rule, as filed, amplifies or implements: 5116.01, 5116.25, 5116.24, 5116.23, 5116.22, 5116.21, 5116.20, 5116.12, 5116.11, 5116.10, 5116.06, 5116.03, 5116.02

6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

To implement provisions of Chapter 5116. of Am. Sub. H.B. 49, 132nd G.A., relating to the administration of the Comprehensive Case Management and Employment Program (CCMEP). This new rule is replacing a rescinded rule of the same number.

7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

This rule describes the referral, comprehensive assessment, individual service strategy, and individual opportunity plan (IOP) processes. This rule is being updated with

the following changes: minor language changes for clarity; added paragraph (A) to define referral for CCMEP; added language in paragraph (B) from rule 5101:14-1-02 of the Administrative Code to this rule for clarity and to specify a timeframe for completion of the JFS 03002 "WIOA Youth Program Eligibility Application"; updated language in paragraph (D) to specify when the Ohio workforce case management system (OWCMS) must be utilized and when the JFS 03003 "Comprehensive Case Management and Employment Program (CCMEP) Comprehensive Assessment" and the JFS 03006 "Comprehensive Case Management and Employment Program (CCMEP) Comprehensive Assessment - Secondary School" may be utilized; added language that describes the IOP process in paragraphs (F) and (G) from rule 5101:14-1-05 of the Administrative Code for clarity; and added paragraphs (H) and (I) to describe other requirements related to the comprehensive assessment and IOP based on permanent law and for clarity.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(3).

The rule incorporates one or more dated references to an ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the "Info Center" link on the ODJFS web site (<http://jfs.ohio.gov/>) in accordance with 121.75.

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

*Not Applicable.*

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

Paragraph (B)(2)(f) regarding TANF eligibility was updated for clarity.

12. Five Year Review (FYR) Date:

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

**FISCAL ANALYSIS**

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

\$0.00

This rule will have no impact on the current budget.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not applicable.

15.

Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your information/estimated costs, e.g. industry, CFR, internal/agency:

No new costs.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

**S.B. 2 (129th General Assembly) Questions**

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **No**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **No**

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **No**

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **No**

**COMPREHENSIVE CASE MANAGEMENT EMPLOYMENT PROGRAM (CCMEP)  
COMPREHENSIVE ASSESSMENT - SECONDARY SCHOOL**

Name		Last four digits of SSN or Case Number	
Case Manager Name		Date	
Please take a minute to introduce yourself and explain your role with the agency: <i>Today we are here to talk about your goals and how we can work together to create a plan to achieve those goals. First, we need to talk about your current situation. All of the information obtained is confidential, but it can be used for the purposes of program administration, which would include sharing information as needed for service or treatment referrals, or as otherwise required by law. The individual should answer the following questions to the best of their ability.</i>			
<b>CONTACT INFORMATION</b>			
Address		Phone	Email
OhioMeansJobs.com username or email			
<b>EDUCATION</b>			
<i>Tell me about your education background.</i>			
<i>Secondary Education</i>			
Are you currently in junior high or high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where are you attending?	Current grade level	Are you on target to graduate/complete grade? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been tested for a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	If yes, what were the results?	Do/did you have an Individualized Education Plan (IEP) while in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what?	
What career opportunities are you interested in exploring?			
<b>EMPLOYMENT</b>			
<i>Tell me about your work experience.</i>			
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date	Hours per week	Hourly Wage
If yes, current employer	Current Position and Duties	What do you like most?	What do you like least?

<b>Previous Work Experience</b>		Do you have work experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, previous employer	
Previous position and duties		Start Date		Hours per week	
				Hourly Wage	
What did you like most?				What did you like least?	
<b>Tell me about your volunteer experience.</b>					
Are you currently volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, organization		What do you like most?	
				What do you like least?	
<b>Employability</b>					
Is anything preventing you from working?				Have you created a resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have valid state-issued identification or driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type		Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If no, why?	
Do you know how to use a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Computer software programs			
Notes					
<b>PERSONAL WELL-BEING</b>					
<i>Now we will be talking about your personal well-being. These questions will help identify any situation(s) in your life, or the lives of people who live with you, that make going to school or working more difficult. This information is confidential and will not be shared with anyone else except as needed for program referrals or services, or as required. We will use this information to help create your individual opportunity plan.</i>					
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when is your due date?		If you are pregnant, are you receiving prenatal healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you are a parent, please tell me about your children.</b>					
Do you have any minor children (under 18)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have safe, stable child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Barriers</b>					
Do you have any physical barriers or disabilities that keep you from working? <input type="checkbox"/> Yes <input type="checkbox"/> No				What accommodations could help you work?	
Do you or anyone in your household have a medical problem/condition that keeps you from working? <input type="checkbox"/> Yes <input type="checkbox"/> No			Who		What accommodations could help you work?

### *Mental Health*

Have you ever been diagnosed with a mental illness that required treatment or medication?

☐ Yes      ☐ No

Diagnosis

Diagnosis date

### *Substance Abuse*

Do you feel like you would benefit from drug or alcohol treatment?

☐ Yes      ☐ No

### *Safety*

Are you afraid for your safety or your children's' safety at home?

☐ Yes      ☐ No

### *Housing*

Describe your housing situation

Are you concerned about being homeless?

☐ Yes      ☐ No

Describe your relationship with your family.

Please identify three people you can use for support and encouragement as we work together on your individual opportunity plan goals.

Notes

## INTERESTS AND APTITUDES

*Tell me about you.*

Do you prefer being alone or with other people?

What are your hobbies or interests?

What groups/organizations/clubs are you involved in?

What are your strengths?

What are your weaknesses?

What is your career goal?

How do you plan to meet this career goal?

Notes

## CLIENT RELEASE

*I give my approval for JFS staff, OhioMeansJobs Center staff and partner agencies to exchange and disclose necessary information about me for services to be provided to me by all programs administered via the JFS, OhioMeansJobs Center and/or partner agencies. I attest that the information stated above is true and accurate, and I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination of services and/or penalties as specified by law.*

**Participant Signature**

**Date**

**Parent or Guardian Signature** (If applicant is under age 18)

**Date**

*Note: As part of the new CCMEP program(s) in which you are participating, ODJFS is working with an independent evaluator (Ohio State University) to study the effectiveness of the program(s) and services being offered and to learn more about employment outcomes, including job placement. Ohio State University may contact you to gather information about your occupation, wages, working hours and other feedback. The purpose of this contact will be to help ODJFS improve its program(s) and services. Your participation in the evaluation will be voluntary and any personal, identifying information about you that is obtained or shared by Ohio State University will be kept confidential.*

## SUMMARY

Participant Strengths: *(Include supports and resources that will help the individual meet education and employment goals.)*

Participant Barriers: *(Include barriers that impact the individual's ability to obtain or maintain education and employment goals.)*

Summarize how the individual's strengths mitigate barriers to employment. *(Include barriers that must be addressed in the individual opportunity plan and identify program and other community resources available to help the individual achieve his/her education and employment goals.)*



**COMPREHENSIVE CASE MANAGEMENT EMPLOYMENT PROGRAM (CCMEP)  
COMPREHENSIVE ASSESSMENT**

Name		Last four digits of SSN or Case Number	
Case Manager Name		Date	
Please take a minute to introduce yourself and explain your role with the agency: <i>Today we are here to talk about your employment goals and how we can work together to create a plan to achieve those goals. First, we need to talk about your current situation. All of the information obtained is confidential, but it can be used for the purposes of program administration, which would include sharing information as needed for service or treatment referrals, or as otherwise required by law. The individual should answer the following questions to the best of their ability.</i>			
<b>CONTACT INFORMATION</b>			
Address		Phone	Email
OhioMeansJobs.com username or email			
<b>EDUCATION</b>			
<i>Tell me about your education background.</i>			
<b>Secondary Education</b>			
Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of attainment	If no, would you like to obtain your HS diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, would you like to obtain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently in junior high or high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where are you attending?	Current grade level	Are you on target to graduate/complete grade? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what is the highest grade you completed?	Have you ever been tested for a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know		If yes, what were the results?
Do/did you have an Individualized Education Plan (IEP) while in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what?	Is English your primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, would you be interested in ESL/ESOL classes? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Post-Secondary Education</b>			
Are you enrolled in post-secondary education or other job-related occupational skills training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where are you attending?	If yes, what are you studying?		If yes, are you on target to graduate/complete program? <input type="checkbox"/> Yes <input type="checkbox"/> No

If no, are you interested in obtaining additional education, training or credentials? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what would you like to obtain?	
What career opportunities are you interested in exploring?			
Have you participated in other job readiness/support programs in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type?	
Have you completed basic skills testing or career assessments?		If yes, what type?	
		What were the results?	
Insert results of basic skills assessment (participants are required to complete a basic skills assessment):			
Notes			
<b>EMPLOYMENT</b>			
<i>Tell me about your work experience.</i>		Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Start Date	
If yes, current employer	Current Position and Duties	What do you like most?	
Hours per week	Hourly Wage	What do you like least?	
<i>Previous Work Experience</i>		Do you have work experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Position and Duties	Start Date	If yes, previous employer	
		Hours per week	Hourly Wage
What did you like most?		What did you like least?	
<i>Previous Work Experience</i>		Do you have work experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Position and Duties	Start Date	Previous employer	
		Hours per week	Hourly Wage
What did you like most?		What did you like least?	

*Tell me about your volunteer experience.*

Are you currently volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, organization	What do you like most?	What do you like least?
Do you have volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, organization	What did you like most?	What did you like least?

*Employability*

Have you ever quit /not returned to a job or been fired from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain	Have you had difficulty finding employment? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain		
Are you interested in working <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filled out a job application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you used a computer for job searching? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you created a resume? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you had a job interview in the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is anything preventing you from working?		
Do you have valid state-issued identification or driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	If no, do you have a suspension/revocation? <input type="checkbox"/> Yes <input type="checkbox"/> No	What must be done to reinstate?
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?	If yes, main source of transportation? <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Other	
Do you know how to use a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Computer software programs		

Notes

**MILITARY SERVICE**

Veteran Status <input type="checkbox"/> Active <input type="checkbox"/> Reserved <input type="checkbox"/> Discharged <input type="checkbox"/> Retired		Military Branch <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input type="checkbox"/> US Merchant Marine	
Discharge Character <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other		Years in Military	Military M.O.S. (job description)
Applied for Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Rating	Chapter 31 Referral <input type="checkbox"/> GI Bill <input type="checkbox"/> Training Opportunity <input type="checkbox"/> Not Applicable	

Notes

## LEGAL BARRIERS

Have you been involved in a juvenile court system? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, tell me about it.	
Has a court determined you an unruly or delinquent youth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you successfully complete your terms? (Probation, community service, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been involved in an adult court system? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, tell me about it.	
Do you currently have any restrictions based on your court involvement/criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No	What are your restrictions?	
Have you been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Charge and Date of Conviction	Release date of Conviction
Are you on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Information for Supervising Officer or Court	
Have you been turned down for a job based on your legal record? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain?	

Notes

## PERSONAL WELL-BEING

*Now we will be talking about your personal well-being. These questions will help identify any situation(s) in your life, or the lives of people who live with you, that make getting or keeping a job more difficult. This information is confidential and will not be shared with anyone else except as needed for program referrals or services, or as required. We will use this information to help create your individual opportunity plan.*

Do you and your family have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a regular doctor or wellness clinic that you visit for routine checkups? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when is your due date? If you are pregnant, are you receiving prenatal healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> No

*If you are a parent, please tell me about your children.*

Do you have any minor children (under 18)? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children?	Are your children in your house? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your relationship with the other parent?
Do you have safe, stable child care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have back-up child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Is there a court order for you to receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you receive full payments on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current child support order you need help with? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a court order for you to pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you able to make full payments on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need help modifying your child support order? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your children attending school regularly, if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why not?	
Do you or any of your children receive services that require you to frequently miss work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details	
Do you currently have an open case with Child Protective Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details	
<b>Barriers</b>			
Do you have any physical barriers or disabilities that keep you from working? <input type="checkbox"/> Yes <input type="checkbox"/> No		What accommodations could help you work?	
Do you or anyone in your household have a medical problem/condition that keeps you from working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	What accommodations could help you work?	
Do you or anyone in your household have any conditions that limit the type of work you can do? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	What accommodations could help you work?	
Do you or anyone in your house have any conditions that keep you from driving? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	What accommodations could help you drive?	
Have you or anyone in your house applied for disability benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	Application (date) and for what?	
Do you or anyone in your house receive disability benefits from Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who	Receiving (date) and for what?	
<b>Mental Health</b>			
Have you ever been diagnosed with a mental illness that required treatment or medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		Diagnosis	Diagnosis date
Over the last month, how often have you felt nervous or anxious? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have you felt hopeless? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have you felt restless or fidgety or unable to concentrate? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have you felt so depressed that nothing could cheer you up? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have you felt worthless? Rate 0-5, 0 being never and 5 being nearly every day			
Over the past month, how often have the simplest things felt like an effort? Rate 0-5, 0 being never and 5 being nearly every day			
Total for the last 6 questions. It is recommended that a score of 20 or more should result in a referral to the local mental health agency		Score <i>Click here to enter text.</i>	

## Substance Abuse

Are you or anyone in your house participating in drug or alcohol treatment?

☐ Yes ☐ No

Who, for what?

Do you feel like you would benefit from drug or alcohol treatment?

☐ Yes ☐ No

Would you commit to remaining substance free throughout your participation in this program?

☐ Yes ☐ No

In the last three months, have you felt you should cut down or stop drinking or using drugs?

☐ Yes ☐ No

In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or doing drugs?

☐ Yes ☐ No

In the last three months, have you felt guilty or bad about how much you drink or use drugs?

☐ Yes ☐ No

In the last three months, have you been waking up wanting to have an alcoholic beverage or use drugs?

☐ Yes ☐ No

*If the client answered yes to at least two of the last four questions, it is recommended they be referred to a substance abuse provider for further assessment.*

## Safety

Are you afraid for your safety or your children's' safety at home?

☐ Yes ☐ No

Is your partner (anyone) doing anything to make it difficult for you to work or do other activities in your daily life? ☐ Yes ☐ No

If yes, please explain.

Is someone abusing you?

☐ Yes ☐ No

Is someone abusing your children?

☐ Yes ☐ No

If yes, please explain.

Are you involved with the court system due to domestic violence or abuse?

☐ Yes ☐ No

Where is the perpetrator now?

Have you ever had a protection order filed against you?

☐ Yes ☐ No

If yes, is this order still in place?

## Housing

Describe your housing situation

Are you concerned about being homeless?

☐ Yes ☐ No

Do you or your family have enough money to cover your monthly expenses?

☐ Yes ☐ No

Do you or your family rely on community resources to meet needs? If yes, what resources? (Example: food banks, community meals, rental assistance, payday lending, etc.)

Describe your relationship with your family.

Please identify three people you can use for support and encouragement as we work together on your individual opportunity plan goals.

Notes

## INTERESTS AND APTITUDES

*Tell me about you.*

Do you prefer being alone or with other people?

What are your hobbies or interests?

What groups/organizations/clubs are you involved in?

What are your strengths?

What are your weaknesses?

Do you consider yourself to be a leader?

☐ Yes ☐ No

If yes, why? If no, why not?

Do you have a goal in life?

☐ Yes ☐ No If yes, what is it?

How do you plan to meet this life goal?

What is your career goal?

How do you plan to meet this career goal?

Explain why you want that career.	Is there anything in your life right now preventing you from achieving your goals? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain.
Notes	

CLIENT RELEASE	
<i>I give my approval for JFS staff, OhioMeansJobs Center staff and partner agencies to exchange and disclose necessary information about me for services to be provided to me by all programs administered via the JFS, OhioMeansJobs Center and/or partner agencies. I attest that the information stated above is true and accurate, and I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination of services and/or penalties as specified by law.</i>	
Participant Signature	Date
Parent or Guardian Signature <i>(If applicant is under age 18)</i>	Date
<i>Note: As part of the new CCMEP program(s) in which you are participating, ODJFS is working with an independent evaluator (Ohio State University) to study the effectiveness of the program(s) and services being offered and to learn more about employment outcomes, including job placement. Ohio State University may contact you to gather information about your occupation, wages, working hours and other feedback. The purpose of this contact will be to help ODJFS improve its program(s) and services. Your participation in the evaluation will be voluntary and any personal, identifying information about you that is obtained or shared by Ohio State University will be kept confidential.</i>	



## SUMMARY

Participant Strengths: *(Include supports and resources that will help the individual meet education and employment goals.)*

Participant Barriers: *(Include barriers that impact the individual's ability to obtain or maintain education and employment goals.)*

Summarize how the individual's strengths mitigate barriers to employment. *(Include barriers that must be addressed in the individual opportunity plan and identify program and other community resources available to help the individual achieve his/her education and employment goals.)*



Ohio Department of Job and Family Services

**COMPREHENSIVE CASE MANAGEMENT AND EMPLOYMENT PROGRAM (CCMEP)  
INDIVIDUAL OPPORTUNITY PLAN**

CCMEP provides employment, training and supportive services to mandatory and voluntary program participants based on a comprehensive assessment of each individual's employment and training needs using the CCMEP Comprehensive Assessment (OWCMS, JFS 03003, and/or JFS 03006).

<b>Name</b>		<b>Last four digits of SSN or Case Number</b>	
<b>Case Manager Name</b>		<b>Date</b>	
<b>What are my long-term goals for self-sufficiency?</b>		<b>Link to a CCMEP performance goal (check at least one)</b>	
<b>Career Goal (Career Pathway)</b>		<input type="checkbox"/> Obtain employment (full or part-time)	
		<input type="checkbox"/> Obtain a recognized post-secondary credential	
<b>Training and/or Education Goal</b>		<input type="checkbox"/> Obtain a secondary school diploma or its recognized equivalent	
		<input type="checkbox"/> Complete training or certification	
		<input type="checkbox"/> Increase earnings	
<b>Goals, Services, and Activities</b>			
<b>Goal 1:</b>	<b>Type</b>	<b>Goal 2:</b>	<b>Type</b>
<b>In-Demand Jobs</b>		<b>In-Demand Jobs</b>	
Is this goal for an in-demand field? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this goal for an in-demand field? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Service</b>		<b>Service</b>	
<b>Activity/Action Step(s)</b>		<b>Activity/Action Step(s)</b>	
<b>Location</b>		<b>Location</b>	
<b>Schedule/Frequency</b>		<b>Schedule/Frequency</b>	
<b>End Date</b>		<b>End Date</b>	
<b>Supportive Services</b>		<b>Supportive Services</b>	
<b>Follow-Up Services</b>		<b>Follow-Up Services</b>	
<b>Additional Instructions</b>		<b>Additional Instructions</b>	
<b>ADA Modifications</b>		<b>ADA Modifications</b>	

<b>Goal 3:</b>	<b>Type</b>	<b>Goal 4:</b>	<b>Type</b>
<b>In-Demand Jobs</b> Is this goal for an in-demand field? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>In-Demand Jobs</b> Is this goal for an in-demand field? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Service</b>		<b>Service</b>	
<b>Activity/Action Step(s)</b>		<b>Activity/Action Step(s)</b>	
<b>Location</b>		<b>Location</b>	
<b>Schedule/Frequency</b>		<b>Schedule/Frequency</b>	
<b>Begin Date</b>		<b>Begin Date</b>	
<b>Supportive Services</b>		<b>Supportive Services</b>	
<b>Follow-Up Services</b>		<b>Follow-Up Services</b>	
<b>Additional Instructions</b>		<b>Additional Instructions</b>	
<b>ADA Modifications</b>		<b>ADA Modifications</b>	
<b>How often will my plan be changed?</b>			
I understand that my case manager will check-in with me at least every 30 days to assess and discuss my progress. I am responsible for responding to my case manager and providing information as requested. Based on my progress and ongoing discussions with my case manager, this.			
<b>What are my rights and responsibilities? plan will be changed as needed</b>			
<ul style="list-style-type: none"> <li>• I agree that the only way to achieve my goals and successfully complete this program is by fulfilling my commitment to this plan.</li> <li>• I understand that this plan can be changed if something in my situation changes and that any changes will be in writing and signed by me and my caseworker.</li> <li>• I have the right to receive assistance and services needed to help me find and keep employment or to become self-sufficient.</li> <li>• I have the right to request to be referred to an alternative provider or worksite if I object to a faith-based provider or worksite. I understand that the alternative provider or worksite must be reasonably accessible and be able to provide comparable services. I understand that the provider or worksite and services will reasonably meet timeliness, capacity, accessibility and equivalency requirements.</li> </ul>			
<b>How will my case manager help me to achieve my goals?</b>			
My case manager will: <ul style="list-style-type: none"> <li>• Treat me with courtesy, dignity, respect and without discrimination.</li> <li>• Provide me with a full, complete and appropriate assessment of employability and barriers to employment.</li> <li>• Help devise a plan that allows participation in activities even though I may have a disability.</li> <li>• Provide an accurate and complete assessment of my language needs and provide free and competent translation services if my primary language is not English or if I am hearing-impaired. My case manager will provide vital documents in my primary language or someone will be provided to translate the information on the documents into my primary language.</li> <li>• Consider my disabilities when developing my plan and make reasonable accommodations to provide for equal access to the benefits of CCMEP and all other benefits and services for which I am eligible.</li> <li>• Provide me with a free copy of my plan, including any future amendment(s).</li> </ul>			

- Provide for a grievance process if I feel that my assignment is wrong because I am replacing a person who was laid off or involved in a dispute between a labor organization and the employer.

**What if I receive Ohio Works First benefits? - NOTE: This section applies *ONLY* to Ohio Works First Recipients.**

If I receive a monthly cash benefit as part of the Ohio Works First (OWF) program, I understand that:

- This is my plan to become self-sufficient and this plan is my self-sufficiency contract.
- If I fail or refuse without good cause to comply in full with any provision of this plan, my entire assistance group will not receive a cash benefit for:
  - *If it is my first failure/refusal:* One (1) month or until I stop failing or refusing to comply, whichever is longer. I also may receive less SNAP benefits.
  - *If it is my second failure/refusal:* Three (3) months or until I stop failing or refusing to comply, whichever is longer. I also may receive less SNAP benefits but I will not lose Medicaid coverage.
  - *If it is my third (or more) failure:* Six (6) months or until I stop failing or refusing to comply, whichever is longer. I also may receive less SNAP and, I may lose my Medicaid coverage (but may regain Medicaid coverage at any time (even before the 6 months is up) if I begin to comply again with the CCMEP/work activity).

A sanction of my OWF benefits will not necessarily end my eligibility for this program as long as I work with my case manager during the sanction period.

- I understand that if I voluntarily terminate employment without "just cause", I will not receive cash assistance for my entire family for six months and I may receive less SNAP benefits. "Just cause" for voluntarily terminating employment includes, but is not limited to the following:
  - Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs or national origin;
  - Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule;
  - Employment that has become unsuitable due to any of the following:
    - The wage is less than the federal minimum wage;
    - The work is at a site subject to a strike or lockout;
    - The documented degree of risk to my health and safety is unreasonable;
    - I am physically or mentally unfit to perform the employment, as documented by medical evidence or by reliable information from other sources.
      - Documented illness for myself or another assistance group member that requires my presence;
      - A documented household emergency;
      - Lack of adequate child care for my child(ren) who are under six years of age.
      - Other reasons as determined by my case manager.
- I agree to cooperate with the Child Support Enforcement Agency (CSEA) in establishing paternity and establishing, modifying, and enforcing a support order. While on OWF, I will assign support rights to the CSEA, if required. Cooperation includes, but is not limited to, the following:
  - Identifying the parent(s) of my child(ren) and telling everything I know about him/her;
  - Assisting the CSEA in establishing paternity (fatherhood) for each child;
  - Attending required meetings;
  - Repaying any child support money that I received but was not eligible to receive;
  - Assisting the CSEA in getting support payments and any other payments and property for which my child(ren) are eligible; and
  - Other

I may not have to cooperate if I believe cooperation may reasonably result in physical or emotional harm to myself or my child; or if my child was conceived as a result of incest or rape; or if legal proceedings for adoption are pending before a court; or if I am currently being assisted by an agency to decide whether to keep my child or give my child up for adoption. I understand that the CSEA will need documents to show that I have "good cause" and will let me know if I have to cooperate or if I have "good cause."

- I understand that under state law, there is an initial 36-month time limit for getting OWF payments, and the 36 months do not have to run continuously. After I have received OWF for 36 months, I cannot get any more OWF payments unless I qualify under the CDJFS's rules for "extensions." There are three kinds of extensions: (1) "hardship" (2) "good cause" and (3) "domestic violence waiver." The CDJFS will discuss extensions with me before my initial 36-month time limit expires. **I understand that I have received (enter number of state months used) months of OWF).**

- I understand that I can request a county conference and/or state hearing with the Ohio Department of Job and Family Services (ODJFS) if I do not agree with any action taken on my case, including but not limited to activities in my self-sufficiency contract and plan, CCMEP/work activities and supportive services.
- I have the responsibility to meet my commitments in this plan and I may fail to meet my commitments only when I have good cause. If I fail to meet my commitments on multiple occasions I may lose my services in the program. I understand that it is my responsibility to notify my case manager within of when I am unable to report for an assignment. It is my responsibility to provide written documentation to my case manager within of the first missed/failed hour of participation of each assigned day missed/failed in order to verify my claim of good cause.
- I understand that good cause is limited to:
  - If I am ill; if it was necessary for me to take care of an ill family member that is related by blood, marriage or adoption and living in my household.
  - If I or a family member living in my household, have a previously scheduled appointment necessary for medical, dental, or vision care.
  - I have a previously scheduled job interview, including any subsequent interviews and/or testing requirements.
  - I have a court ordered appearances.
  - I have an appointment with another social service agency or program.
  - I have a death in my family. I understand that my case manager will work with me to determine the length of absence and that "family" includes a spouse, domestic partner (domestic partner is defined as one who stands in place of a spouse and who resides with the program participant), child, grandchild, parents, grandparents, siblings, stepchild, stepparent, step-siblings, great-grandparents, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, or legal guardian or other person who stands in the place of a parent.
  - The school, place of work or worksite was closed the day I was supposed to go.
  - I am a single custodial parent caring for a minor child under age six and did not have child care. I understand that my case manager will work with me to determine if my lack of child care was due to the unavailability or unsuitability of:
    - A licensed or certified child care provider within a reasonable distance of my home or work site.
    - Informal child care by a relative or other arrangements.
    - Appropriate and affordable formal child care arrangements.
  - A failure by my case manager to provide supportive services.
  - A failure by my case manager to provide me with all information necessary about the assignment.
  - Circumstances involving domestic violence that make it difficult for me to comply in full with a provision of this plan.
  - Other circumstances determined on a case-by-case basis by my case manager.

I agree to follow this plan and understand that the plan can be changed if something in my circumstances change. Any plan changes will be in writing and signed by myself and my case manager. By signing this plan, I certify that I participated in the collaborative development of this plan and that I am committed to successfully achieving the goals and objectives outlined in this plan.

<b>Participant Signature</b>	<b>Date</b>
<b>Parent or Guardian Signature</b> <i>(If applicant is under age 18)</i>	<b>Date</b>

I understand that this plan can be changed if something in the participant's situation changes. Any plan changes will be in writing and signed by myself (or another case manager) and the participant. By signing this plan, I certify that I participated in the collaborative development of this plan and that I am committed to assisting the participant to successfully achieve the goals and objectives outlined in this plan.

<b>Case Manager Signature</b>	<b>Date</b>
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**WIOA YOUTH PROGRAM ELIGIBILITY APPLICATION**

Applicant Name (First, MI, Last)			
Mailing Address	City	State	Zip Code
Phone Number (###) ### - ####	Alt Phone Number (###) ### - ####		
Additional Contact	Contact Person's Phone Name (###) ### - ####		
Applicant Email Address	Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	
<b>Demographic Information</b>		<b>WIOA Eligibility Information</b>	
<p>1. What is your date of birth? _____</p> <p>2. What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>3. What is your ethnicity? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino</p> <p>4. What is your race? (check all that apply) <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian Islander or Other Pacific Islander <input type="checkbox"/> Other _____</p> <p>5. What is your native or primary language? _____</p> <p>6. If you are a male over 18 years old, have you registered Selective Service <input type="checkbox"/> Yes SSR #: _____ <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>7. Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Documented <input type="checkbox"/> Undocumented <input type="checkbox"/> Refugee <input type="checkbox"/> Other Legal Alien <input type="checkbox"/> Other _____</p>		<p>1. Have you been or are you a member of a family who received public cash assistance or SNAP in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ADA Major Life Activity Impairment <input type="checkbox"/> ADA and Employment Impediment</p> <p>3. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have any minor children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. If English is not your native or primary language, do you need help learning to speak/write/use English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Are you in foster care or were you previously in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Are you involved or were you involved in the juvenile court or adult justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you receive or are you eligible to receive free or reduced price lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<b>Educational Information</b>		<b>Additional WIOA Intake Information</b>	
<p>1. What is your education level? <input type="checkbox"/> Withdrew from high school, no HS diploma <input type="checkbox"/> Current high/junior high school student <input type="checkbox"/> Completed 12<sup>th</sup> grade, but no HS diploma <input type="checkbox"/> Obtained GED or equivalent <input type="checkbox"/> High school graduate <input type="checkbox"/> Some post high school education, no degree <input type="checkbox"/> College degree – <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters/Prof.</p> <p>2. What is your education status? <input type="checkbox"/> I am not a student <input type="checkbox"/> I am a student at a college or technical school <input type="checkbox"/> I am a student in a GED program <input type="checkbox"/> I am a high school student, at grade level <input type="checkbox"/> I am a high school student, behind grade level <input type="checkbox"/> I am not attending high school</p>		<p>1. Do you need reliable child care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you have stable housing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you use recreational drugs regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Do you drink alcohol regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you caring for an adult relative with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you need reliable dependent care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

**WIOA Eligibility Information** - This section determines eligibility for the WIOA program.

1. Please answer the following questions. (You must complete this section regardless of your age)

Do you provide more than 50% of your own support?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you married or separated but not divorced?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have children who receive more than half of their support from you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you live in your own residence or in a residence without support from a parent(s) or a guardian(s)?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently serving on active duty in the U.S. Armed Forces or are you serving on active duty as an enlistee of the National Guard or Reserve for purposes other than training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Did you answer "Yes" to any of the questions above? ☐ YES ☐ NO

\*If you answered "Yes", you are independent of a parent or guardian and only your income will be used to determine WIOA youth eligibility. Additionally, if you are disabled, only your income will be used.

2. Including yourself, who is in your family? What is their relationship to you? What is their income within the past 6 months? If you are not attending high school or college/technical school, skip this question.

Name	Relationship	6 Month Income
	Self	

3. Disclosure of Relationship - Do you have a business/personal relationship with any individual who is a:

- Local elected official (mayor or county commissioner);
- Workforce Development Board member or subcommittee member;
- WIOA executive, supervisor or employee;
- OhioMeansJobs center partner employee, WIOA sub-recipient and/or contractor; or
- CDJFS or other county employee?

☐ YES If yes, provide name: \_\_\_\_\_

☐ NO

**TANF Funding Eligibility** - This section determines initial and ongoing eligibility for TANF-funded services.

1. Are you currently receiving cash assistance or SNAP? ☐ YES ☐ NO

\*If your answer is "No" you can verify your income by self-attesting that your household income is less than 200% of the federal poverty level guidelines for TANF funding eligibility in question two. If your answer is "Yes" skip question two.

2. Find your household size below. Was your household's gross income during the past 30 days less than the monthly amount shown below for your household size? ☐ YES ☐ NO

200% of Federal Poverty Guidelines (2017)	
Household Size	Monthly
1	\$2,010
2	\$2,707
3	\$3,404
4	\$4,100
5	\$4,797
6	\$5,494
7	\$6,190
8	\$6,887
9	\$7,584
10	\$8,280

3. Do you have a child under age 18? ☐ YES ☐ NO
4. Are you part of a household that contains a minor child, a pregnant woman, or a non-custodial parent?  
☐ YES ☐ NO
5. Have you been given the opportunity to register to vote? ☐ YES ☐ NO
6. Are you currently repaying fraudulent public assistance (cash)? ☐ YES ☐ NO

**Acknowledgement**

By signing, I attest that the information stated above is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law. If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

**Parent/Guardian Signature:** (Required if applicant is under age 18)

Parent/Guardian Signature (If applicant is under age 18)	Date
Applicant Signature	Date



**To be completed by eligibility staff person only:**

**WIOA Funding Eligibility Determination:**

Is the individual attending school? ☐ Yes ☐ No

If yes, is the individual low-income or live in a high-poverty area under WIOA? ☐ Yes ☐ No

Does the individual have a documented barrier to employment? ☐ Yes ☐ No

Is the individual basic skills deficient? (If yes, may need income data) ☐ Yes ☐ No

Does the individual require additional assistance as defined by your local area policy? ☐ Yes ☐ No

Is the individual authorized to work in the United States? ☐ Yes ☐ No

If the individual is a male over age 18, has he registered for Selective Service? ☐ Yes ☐ No

**TANF Funding Eligibility Determination:**

Is the household's monthly income under 200% of the Federal Poverty Guidelines? Please use the current year's *table* if different from above. ☐ Yes ☐ No

Does the individual have a child under age 18? ☐ Yes ☐ No

Does the individual owe any fraudulent TANF assistance paid to the individual? ☐ Yes ☐ No

Is the individual part of a household that contains a minor child, a pregnant woman, or a non-custodial parent?  
☐ Yes ☐ No

**WIOA Funding Eligibility Decision:**

☐ WIOA In-School Youth Program eligible and low income (Note: 25% limit on expenditures)

☐ 5% low-income exception for WIOA In-School Youth Program

☐ WIOA Out-of-School Youth Program eligible

☐ Ineligible for WIOA Funding

**TANF Funding Eligibility Decision:**

☐ TANF Funding Eligible

☐ Ineligible for TANF Funding

**Signature of Eligibility Staff**

**Date**