



**NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE**

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ALBANY, NY 12243-0001

Andrew M. Cuomo
Governor

Administrative Directive

Section 1

Transmittal:	11-ADM-06
To:	Local District Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	July 19, 2011
Subject:	New York State Employment Assessment
Suggested Distribution:	Employment Coordinators Temporary Assistance Directors
Contact Person(s):	Employment Services Advisor or the Employment and Advancement Services Bureau at (518) 486-6106
Attachments:	Attachment A - LDSS-4980 New York State Employment Assessment Attachment B-LDSS-4978 New York State Employment Plan Attachment C - LDSS-4979 New York State Employment Assessment and Employment Plan Guide
Attachment Available On – Line:	<input type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
06 ADM 05 06 INF 17 09-ADM-14 09-ADM-16		18NYCRR §351 18NYCRR §385.2 18NYCRR §385.6 18NYCRR §385.7	SSL Title 9-B	Employment Policy Manual Sections 2, 6, and 7	

Section 2

I. Summary

The New York State Employment Assessment (Assessment), Employment Plan (Plan) and related Guide have been developed to provide social services districts (districts) with a rigorous model to help districts gather relevant information about an individual's strengths and barriers as part of a comprehensive strategy to help the individual obtain meaningful employment or otherwise help the family become economically secure. Districts must comply with assessment and employment plan requirements as established in State regulation (18 NYCRR §385.6 and §385.7). Districts are provided and may choose to use the model State Assessment and Plan to support and enhance these efforts.

II. Purpose

The purpose of this Administrative Directive is to provide districts with the LDSS-4980 New York State Employment Assessment (see Attachment A), the LDSS-4978 New York State Employment Plan (Attachment B), and the LDSS-4979 New York State Employment Assessment and Employment Plan Guide (Attachment C) and related policy guidance.

III. Background

Each social services district is responsible for developing effective strategies to help individuals applying for or receiving Temporary Assistance (TA) achieve financial independence through participation in meaningful work preparation activities while providing necessary and appropriate services and supports. Additionally, federal and State regulations include specific requirements for completing employment assessments and engaging recipients in appropriate work preparation activities. The documents included with this release are intended to help districts identify strengths and barriers, including health issues that may not be readily apparent, that can affect an individual's ability to engage in productive work activities and employment. The Assessment collects all of the information required by State and federal regulation, as described below, and collects additional information that may help districts identify factors that may affect an individual's ability to successfully sustain participation in work preparation activities and employment. For example, a housing barrier is often not addressed until the issue becomes a crisis that requires the individual's immediate attention, which can cause employment absences and job loss or disrupt participation in work preparation activities. Inquiring about areas (e.g. housing) that have the potential to interfere with full time participation in employment activities serves to both address potential issues before they become barriers and can also help individuals learn to address problems before they rise to the level of a crisis.

Assessment Requirements for Public Assistance Recipients

Districts are required to complete an employment assessment for all exempt and non-exempt adults aged 18 and older residing in households with dependent children (and 16 and 17 year olds not attending secondary school without a high school diploma or its

equivalent) no later than 90 days from when the individual is determined eligible for public assistance (see Social Services Law [SSL] §335 and 18 NYCRR §385.6). These individuals are required to comply with employment assessment requirements (SSL §335 and 18 NYCRR §385.6(a) (6)).

Districts are required to complete an employment assessment for all non-exempt adults in households without dependent children no later than a year following the recipient's application for Safety Net Assistance (see SSL §335-a, and 18 NYCRR §385.7) to the extent that resources are available. All adults (exempt and non-exempt) in households without dependent children applying for or receiving temporary assistance may be required to comply with employment assessment requirements (see SSL §335-a and 18NYCRR §385.7(a)(6)).

Districts describe local assessment and employment plan procedures in their biennial Temporary Assistance and Food Stamp Employment Plan, including when assessments are conducted and what information they collect. While districts are encouraged to provide assessments that are more detailed and comprehensive than what is required, assessments must include, at a minimum, a review of an individual's:

- education level, including literacy and English language proficiency;
- basic skills proficiency;
- child care and other supportive services needs;
- skills and prior work experience;
- training and vocational interests; and,
- family circumstances, including any special needs of a child.

As described above, districts are required to complete employment assessments within 90 days of the date on which eligibility is determined for households with dependent children and no later than 1 year of the application date for households without dependent children. However, districts are encouraged to complete the employment assessment as soon after an individual has applied for temporary assistance as is practicable and to thereafter reassess individual circumstances and work activity assignments as relevant changes occur, no less frequently than annually.

The purpose of the employment assessment is to identify an individual's abilities, skills, interests, experience (both work and life) and barriers to support the development of the individual's employment plan. The Employment Plan considers the information collected through the Assessment and outlines appropriate work activity assignment(s) based on an individual's abilities, available opportunities and supportive service needs. For example, if the employment assessment indicates an individual has prior work experience in a particular occupational field and retains the ability and interest in this field, it would be appropriate for the district to help the individual identify local employment opportunities in that occupational field. Additionally, when the employment assessment indicates that an individual has not attained a "basic literacy level," districts must encourage and may require non-exempt public assistance recipients to participate in educational activities as part of their work requirement as included in their employment plan, and non-exempt individuals who have attained a "basic literacy level," but who have not attained a high

school diploma or equivalent must be offered the opportunity to participate in educational activities consistent with the requirements described in 09-ADM-16.

All of the information collected during the employment assessment process, including the basic required elements, should be considered when developing an individual's employment plan and determining appropriate work activity assignments. The employment plan must be developed in writing in consultation with the individual and, at a minimum, must include:

- the services which the district will provide, including child care;
- the work activities to which the recipient will be assigned; and,
- the recipient's employment goal.

Additionally, the plan must take into account:

- the recipient's supportive services needs;
- the available program opportunities;
- the local employment opportunities;
- if the recipient is assigned to an education program, his/her liability for student loans, grants and scholarship awards; and,
- the need for the district to meet federal and state work activity participation rates.

For individuals residing in households with dependent children, districts are required to consider an individual's preferences when developing the employment plan and, if the preferences cannot be accommodated, the employment plan must describe the reasons. Additionally, for individuals residing in households with dependent children, districts are required to explain an individual's employment plan to the individual and discuss any changes to the employment plan and document the changes in writing. While districts are not required to do the same for individuals residing in households without dependent children, they are encouraged to consider individual preferences, explain employment plans and discuss and document any changes to the employment plan in writing for individuals residing in households without dependent children; doing so helps ensure the individual's investment in and compliance with the employment plan activities. For all households, districts should update employment plans as updated employment assessment information warrants.

To address the required elements and develop a meaningful employment plan that is most suitable to an individual's specific circumstances, districts should collect accurate and complete assessment information. For example, it is important to assess an individual's education level, basic skills proficiency (including literacy level and English language proficiency), skills and prior work experience and training and vocational interests in order to determine appropriate work activity assignments and develop a relevant and appropriate employment goal. Additionally, before addressing supportive services in the employment plan, the district must assess an individual's child care and other supportive services needs.

Additional Requirements

Districts are required to determine the employability of each public assistance applicant/recipient and inquire at application and recertification if there is any physical or mental health impairment that may prevent the individual from working. Additionally, districts are required to review employability whenever there is reason to believe an individual might have a physical or mental impairment that may prevent or limit participation in work activities, including employment (see SSL §332-b (1) and 18 NYCRR §385.2(d)). Districts must also determine the employability of an individual who is the caretaker of a disabled/incapacitated household member based on an evaluation of the medical documentation and the extent to which the caretaker is required to be available to provide care and then periodically review employability consistent with the requirements described in 08-ADM-07. For example, districts are responsible for obtaining updated medical documentation for situations which involve caring for a disabled household member with a permanent disability at least annually. While districts often conduct the employability determination concurrently with the employment assessment and collect physical and mental health related barriers information as part of the employment assessment process, any information regarding health related barriers and the need for accommodations obtained separate from their employment processes should be addressed in the employment plan if appropriate.

Districts are required to continue to address domestic violence (DV) and drug and alcohol issues consistent with the applicable requirements. Districts must administer the LDSS-4583 *Domestic Violence Screening Form* consistent with the requirements described in 98 ADM 03 *Domestic Violence: Family Violence Option under the WRA of 1997*. If DV is an issue, clients must be provided with the opportunity to discuss their situation with the domestic violence liaison (DVL). If an individual checks “yes” on the DV screening form and/or wants to meet with the DVL, he/she should be referred to the DVL using local procedures. All assignments to work activities are pended until the DVL meets with the individual and determines the waiver status. The assessment and plan may not include any reference to DV for individuals granted either full or partial DV waivers by the DVL. Individuals granted full DV waivers cannot be required to participate in any public assistance work activities for the duration of the waiver. Once the district confirms with the DVL that a waiver has ended, the district must determine employability and update the assessment and employment plan appropriately. Individuals granted partial DV waivers may only be assigned to work activities determined to be safe by the DVL and, as stated above, no reference to DV may be included in either the Assessment or the Employment Plan. Additionally, individuals who have disclosed DV but have chosen not to see a DVL and/or who have not requested a waiver may be assigned to appropriate work activities consistent with their Assessment; however, districts must consider known safety concerns when developing the employment plan.

Districts must administer the LDSS-4571 *Alcohol and Drug Abuse Screening and Referral Form* consistent with the applicable drug/alcohol requirements, including guidance provided in 01-ADM-10, 97-ADM-23 and 96-INF-28. Substance use information collected through the application of drug/alcohol requirements, including barriers and treatment requirements, should be noted when conducting the employment assessment and developing the employment plan.

IV. Program Implications

Administering the Assessment

The NYS Employment Assessment consists of several sections, each which contains questions designed to identify strengths and barriers in areas that may influence an individual's ability to attain and retain employment and achieve economic independence. Sections I and II collect the employment assessment information required by SSL §335, SSL §335-a, 18 NYCRR §385.6 and 18 NYCRR §385.7 including, as described above:

- education level, including literacy and English language proficiency;
- basic skills proficiency;
- child care and other supportive services needs;
- skills and prior work experience;
- training and vocational interests; and,
- family circumstances including the special needs of a child.

The State model Assessment expands the scope of the employment assessment to include additional areas (e.g. housing and financial management) that may not have been addressed from an employment perspective and which may be posing barriers to an individual's ability to find or keep a job. By considering the factors addressed in the model Assessment, districts may be able to better identify factors interfering with full-time stable employment and develop strategies along with the recipient to address these factors. Districts are encouraged to complete the entire Assessment, to the extent that local resources permit, for individuals who would most benefit from a more comprehensive approach, including for example:

- Individuals who have received assistance for 12 months or more;
- Individuals who have had multiple sanctions;
- Individuals who have repeatedly failed at work assignments or frequently lost jobs; and,
- Individuals who seem to have unstable circumstances that might interfere with employment (e.g. criminal backgrounds, frequent emergencies, CPS involvement).

The questions included in the Assessment are intended to help guide discussions between a worker and client in specific areas (e.g. education and training, the availability of family and community resources) and a worker is required to complete the Assessment with the client. Districts may not fulfill employment assessment requirements by solely having an individual complete a self-assessment; it is the district's responsibility to conduct and complete employment assessments and they may incorporate a pre or self-assessment as a component of their employment assessment processes. Consistent with this requirement, districts may give sections of the Assessment to individuals to first complete alone and then review together when the worker conducts the employment assessment, unless there are indications the individual may have difficulty completing the form without assistance. Additionally, if the individual requests reasonable accommodations because of a disability to participate in the employment assessment, the

district must address the request consistent with its Americans with Disabilities Act (ADA) related policies (see 06 ADM 05) including maintaining a record of the request and how it was addressed.

The information collected during the employment assessment process provides relevant information that should be considered when developing an individual's employment plan and determining appropriate work activity assignments. Districts should therefore collect accurate and detailed assessment information as described above in order to develop a meaningful employment plan that is most suitable to an individual's specific circumstances.

In addition to the basic employment assessment information that districts are required to collect and address when developing the employment plan, Section III (*Health Review*) of the NYS Employment Assessment includes questions that inquire about current medical conditions and barriers to work as well as treatment history to allow the worker to assess the extent to which there may be health related barriers to employment requiring further evaluation. Districts are required to inquire at application, recertification or whenever there is reason to believe an applicant or recipient might have a physical or mental health condition which would limit his/her ability to participate in work activities consistent with the requirements of SSL § 332-b and 18 NYCRR 385.2(d). As part of this inquiry districts may choose to have trained staff administer validated screening tools to specifically identify the possibility of specific health related barriers (e.g. mental health, learning disabilities) to participation in work activities and employment. For example, the Learning Needs Screening Tool from Washington State identifies individuals who are likely to have learning disabilities. To the extent that the screening indicates the individual may have an issue, the district should obtain a qualified professional's evaluation of the extent to which a barrier exists, how it affects the individual's ability to participate in work activities, how long it might continue and how it can best be alleviated and/or accommodated. Once any physical and mental health limitations are documented, any corresponding accommodations should be included in the individual's employment assessment and plan.

Districts are encouraged to use the State model Assessment and Plan provided with this release. At a minimum, districts should develop processes to administer employment assessments that address the level of services and case management that families with significant barriers to employment may need to become economically independent. For example, districts may incorporate the State model Employment Assessment into employment assessment processes and:

- dedicate specialized staff to administer the State model Employment Assessment and provide follow up case management;
- incorporate multi disciplinary case conferencing for cases identified through the employment assessment as having multiple program and service attachments and requirements (e.g. child welfare services, probation, treatment); or
- administer the State model Employment Assessment during home visits when appropriate.

Applicant and Recipient Noncompliance with Assessment Requirements

Districts need an accurate understanding of an individual's strengths and barriers to develop an employment plan that will best help the individual become self-sufficient. To obtain information important to developing an employment plan, districts should encourage cooperation by explaining how the information they are collecting will be used to support appropriate services, and conduct the employment assessment in an environment where the individual is likely to feel comfortable disclosing personal information. As described above, adults residing in either households with or households without dependent children are required to comply with employment assessment requirements and may be required to cooperate with the district to complete sections I, II, IV, V, VI, and VII of the Assessment. Failure to comply with employment assessment requirements will result in a denial for the entire applicant household and conciliation and a pro-rata reduction for a recipient household (regardless of household composition) consistent with SSL §335, SSL §335-a, 18 NYCRR §385.6 and 18 NYCRR §385.7. However, the requirements governing Section III (*Health Review*) of the Assessment differ as described below.

Assessment Requirements and Voluntary Disclosure: Section III

An individual cannot be required to disclose a disability (physical or mental impairment) unless he/she claims to be unable to engage in work activities because of a medical issue, or demonstrates an inability to successfully participate in work activities consistent with the voluntary disclosure requirements described in Section Two of the Temporary Assistance and Food Stamp Employment Policy Manual. Because Section III (*Health Review*) of the Assessment asks the individual to disclose health related, and possibly ADA protected disability information, an individual may only be required to cooperate with the district to complete the section (and comply with any corresponding referral and documentation requirements) if he/she claims or demonstrates an inability to engage in work activities due to physical or mental limitations. To encourage disclosure of medical health information and to facilitate the completion of Section III, districts must discuss the following with the individual:

- disclosure of a disability is voluntary and the individual cannot be required to answer the questions in Section III if he/she can successfully participate in work activities without accommodation;
- the steps the district will take to document an impairment if indicated appropriate by the answers provided to questions in Section III;
- the benefits of making the district aware of health related factors that affect the ability to work, including the accommodations and services which are available to individuals with documented disabilities; and,
- that if he or she chooses to not answer any of the questions in Section III, he or she may be required to participate fully in work activities without accommodation.

Districts may want to use the state model "What You Should Know About Your Rights If You Have a Disability" form included in Section 15 of the TA and FS Employment Policy Manual and discuss the benefits of disclosure when asking an individual if he/she has any health related barriers to encourage the individual to disclose.

Districts must document in writing when an individual chooses to not disclose health related issues. Districts can document this information through the inquiry in Section III by checking the selection immediately following the introductory note indicating that the client has chosen to not complete Section III and agrees to participate in work activities without accommodations for any undisclosed disabilities. However, there are circumstances when identification and treatment for a disability is critical to program administration. Under these circumstances, an individual may be required to participate in efforts to evaluate a suspected disability and participate in necessary treatment. Therefore, districts may require an individual to answer the questions in Section III and comply with an evaluation of a suspected disability under the following circumstances:

- If an individual claims to be unable to work, or limited in his or her ability to work due to a health limitation, the district may require the individual to answer the questions in Section III and comply with an evaluation to verify the alleged disability/work limitation and to identify appropriate services. Failure to participate in efforts to document an alleged disability is considered to be failure to comply with an eligibility requirement and subject to public assistance case closure in accordance with 18 NYCRR §351 and 18 NYCRR §385.2(d).
- If an individual has demonstrated a recurring inability to successfully participate in work activities or employment and the district has reason to believe this is due to a disability/work limitation, the district may require the individual to answer the questions in Section III and/or comply with an evaluation and failure to participate in efforts to document a suspected disability is considered to be a failure to comply with an eligibility requirement and subject to public assistance case closure in accordance with 18 NYCRR §351 and 18 NYCRR §385.2(d).
- If an individual has been determined through a qualified evaluation/assessment to need treatment, he/she may be required to participate in necessary treatment in order to improve his or her ability to meaningfully engage in work activities as a condition of eligibility for public assistance in accordance with 18 NYCRR §385.2(e).

Individuals with confirmed disabilities must be provided with reasonable accommodations and services to support their participation in employment activities and programs.

Staff Considerations

Many district staff have considerable experience and are proficient at interviewing and administering employment assessments; however, developing comprehensive strategies to address the needs of individuals with significant, multiple, and possibly hidden barriers is particularly challenging. The model Assessment was developed to help workers identify and address many of the elements that may affect a family's ability to achieve financial independence. While a less thorough employment assessment may adequately address the needs of many, some families require a more comprehensive approach.

The New York State Employment Assessment and Employment Plan Guide which is included as Attachment C has been developed to provide a resource to workers when using the model Assessment and explains in detail:

- the purpose and format of the model Assessment;
- employment assessment policies and requirements;
- the Assessment sections;
- the purpose of the questions within each section, including which questions may require follow up (designated by arrows);
- questions which identify potential strengths (designated by diamonds); and,
- follow up guidance and resources based on the information collected.

OTDA began providing Conducting an Effective Employment Assessment training in Fall 2009 for workers which focuses on developing effective interview strategies to maximize the quality of information gathered through an assessment and to apply that information to support quality employment plans. Through the combined use of the interview and the model Assessment, the training will help district staff develop in depth interviewing skills as a means of becoming competent and skilled at listening and responding. Regional offerings of the training for 2011 have been posted on the Statewide Training Automated Registration System (STARS) and districts are encouraged to work with their Staff Development Coordinators to enroll staff whose job duties include conducting employment assessments.

Employment Plan

The model New York State Employment Plan is provided as Attachment C to this release. Districts may choose to use the State Employment Plan, a locally developed plan or the WTCMS or NYCWAY Employment Plan functions to facilitate the use of information collected through the employment assessment to develop appropriate employment plans intended to help individuals achieve economic independence through employment. The Plan is composed of 7 sections and addresses all of the required employment plan elements including the supportive services the district will provide, the work activity assignment(s) and the individual's employment goal. Additionally, the State Employment Plan includes a section to summarize an individual's challenges and barriers as determined through the employment assessment and describe how the barriers are to be addressed. The Outcomes and Client Activity Assignment(s) sections record the actions taken once the employment assessment and employment plan have been completed, including recording why an individual's preferences could not be accommodated, if applicable. The State Employment Plan will be reflected in the upcoming CMS employment plan changes.

V. Required Action

Districts are required to complete employment assessments within 90 days of the date on which eligibility is determined for households with children and 1 year of the application date for households without children consistent with the requirements of SSL § 335, 18 NYCRR 385.6, SSL § 335-a and 18 NYCRR 385.7. Districts are encouraged to fulfill these requirements by completing Sections I and II of the State model Employment

Assessment for all required households. Districts are also required to inquire at application, recertification or whenever there is reason to believe an applicant or recipient might have a physical or mental impairment which would limit his/her ability to participate in work activities consistent with the requirements of SSL § 332-b and 18 NYCRR 385.2(d) and may fulfill this requirement by completing Section III of the Assessment. Please note that while districts must inquire about medical conditions at application, recertification, or whenever there is reason to believe a medical condition exists, they should also ensure that information regarding medical barriers is current when conducting or updating the employment assessment and developing the employment plan. Additionally, districts are also encouraged to conduct employment assessments using the entire State model Employment Assessment tool for households that would most benefit from a more comprehensive approach including; for example, households with repeated failures to comply with program requirements, long term receipt of assistance, or a history of ongoing household instability.

VI. Systems Implications

Although districts are currently not required to record Assessment information into WTCMS and may maintain Assessments in alternate format(s), they are encouraged to utilize the WTCMS Evaluation function to record assessment information. Many of the questions included in the Tool are included in the current WTCMS Evaluation optional areas and districts currently have the ability to enter much of the information the Assessment collects into WTCMS. WTCMS is scheduled to be updated to incorporate the State model Employment Assessment and Plan. The Evaluation (assessment) area will be arranged in a manner consistent with the State model Employment Assessment and will maximize the use of quantifiable entries to simplify data entry by reducing the need to type narrative (although the ability to do so will be maintained) and to support improved reporting capabilities. Once WTCMS is updated, districts will be required to record approximately 11 quantifiable data elements from the State model Employment Assessment in WTCMS (or NYCWAY for the Human Resources Administration). The requirement to store the information on WTCMS or NYCWAY will permit State and local reporting and analysis of certain client characteristics. Additional guidance, including mandatory system entries, will be provided to districts upon the completion of changes to the WTCMS Evaluation function.

VII. Additional Information

These documents will be available for ordering in July 2011. When ordering forms, include the form number and the number of copies you require in the request. Please allow approximately three weeks from the receipt of the request for delivery.

- To order forms online, submit a completed OTDA-876EL (Rev.2/00) ‘Request for Forms or Publications’ to GG7359@otda.state.ny.us. Include the form number and the number of copies you require in the request.
- To order forms by mail, submit a completed OTDA-876 (Rev.6/98) ‘Request for Forms or Publications’ to:

Office of Temporary and Disability Assistance
Document Services
P.O. Box 1990
Albany, New York 12201

- Electronic versions of these documents will be available on the OTDA Intranet E-Forms website at: http://otda.state.nyenet/ldss_eforms/default.htm.

VIII. Effective Date

The State model Employment Assessment Tool, Employment Plan and corresponding guide are being made available to districts effective immediately. The Conducting an Effective Employment Assessment training has been available as of September 2009. While districts are not required to use the State model Employment Assessment Tool, they are encouraged, at a minimum, to complete Sections I, II and III of the Assessment consistent with the requirements in SSL § 335, 18 NYCRR §385.6, SSL § 335-a, and 18 NYCRR §385.7. Additionally, districts are encouraged to complete the entire State model Employment Assessment for households they believe may most benefit from the more comprehensive approach (e.g. sanctioned, long term exempt, long term cases).

Issued By

Name: Russell Sykes

Title: Deputy Commissioner

Division/Office: Center for Employment and Economic Supports

New York State Employment Assessment

Client Name: _____

Date: _____

- ➔ Arrows: These questions may require attention and/or follow up.
- ◆ Diamonds: Questions that are denoted with a diamond indicate potential strengths, resources, abilities or experience that should be considered when developing the employability plan and self sufficiency goals.

Introduction: This is your Employment Assessment. We are asking these questions so that we can work together with you to find out what services, programs and activities are most able to help you to obtain and maintain employment. You are required to answer most of the questions you will be asked; however, some questions are voluntary. We will tell you when you do not have to answer a question and why. If you do not answer the questions you are required to answer, or otherwise cooperate with this Assessment, your Temporary Assistance benefits may be reduced or terminated. If you have any questions now or as we are going through this assessment, please ask. We will ask you questions about your health, but if you need any reasonable accommodations to complete this interview, please let me know at this time. Do you have any questions before we begin?

Section I: Abilities, Experience and Training

English/Language Proficiency

1. **What is your primary language?** _____

- ◆ 2. **Identify fluency in any other languages.** _____

3. **Have you taken English for Speakers of Other Languages (ESOL) classes in the past?**

<input type="checkbox"/> Completed: <i>(describe where and when)</i> _____	Program Name: _____
<input type="checkbox"/> Attended but did not complete: <i>(describe where and when)</i> _____	Dates attended: _____ to _____ Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I need to learn English but have never enrolled in ESOL class	Program Name: _____
<input type="checkbox"/> N/A not applicable	Dates attended: _____ to _____
<input type="checkbox"/> other	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No

4. **Describe your comfort level with your ability to do the following in English:**

Read	<input type="checkbox"/> very comfortable	<input type="checkbox"/> somewhat comfortable	<input type="checkbox"/> not at all comfortable
Write	<input type="checkbox"/> very comfortable	<input type="checkbox"/> somewhat comfortable	<input type="checkbox"/> not at all comfortable
Speak	<input type="checkbox"/> very comfortable	<input type="checkbox"/> somewhat comfortable	<input type="checkbox"/> not at all comfortable
Understand	<input type="checkbox"/> very comfortable	<input type="checkbox"/> somewhat comfortable	<input type="checkbox"/> not at all comfortable

- ➔ 5. **Do you need language interpretation services to complete this Employment assessment interview?** Yes No

Client Name: _____

Date: _____

Education and Training

6. What is the highest level of education you completed? _____

7. What is the last school you attended/years of attendance? _____

◆ 8. Are you a High School graduate? Yes No
If No, Do you have a General Equivalency Diploma (GED)? Yes No
Do you have an Individual Education Plan (IEP) diploma? Yes No

9. If you do not have a High School diploma/do not have a GED, are you:
 currently attending secondary school interested in enrolling in a GED or ABE program
 currently attending GED or Adult Basic Education (ABE) program not interested in participating in education
 interested in enrolling in secondary school (if applicable) other

10. Are you currently attending an education or training activity? If yes, describe where attending, when program completion is expected, course of study, and funding source (including grants or loans) if applicable:

<input type="checkbox"/> Apprenticeship program	Provider Name, address and phone: _____	Enrollment date: _____
<input type="checkbox"/> College	_____	Expected completion date: _____
<input type="checkbox"/> GED/ABE Program	Course of Study: _____	
<input type="checkbox"/> High School	Funding Source: _____	
<input type="checkbox"/> Training	Provider Name, address and phone: _____	Enrollment date: _____
<input type="checkbox"/> Other	_____	Expected completion date: _____
<input type="checkbox"/> None	Course of Study: _____	
	Funding Source: _____	

◆ 11. Have you received any of the following? If yes, describe:

<input type="checkbox"/> Apprenticeship training	Date received: _____
<input type="checkbox"/> College degree	Status: _____
<input type="checkbox"/> Military training	Describe if applicable: _____
<input type="checkbox"/> Professional license or certification	
<input type="checkbox"/> Vocational certificate or diploma	Date received: _____
<input type="checkbox"/> Vocational training	Status: _____
<input type="checkbox"/> Other	Describe if applicable: _____
<input type="checkbox"/> None	

Client Name: _____

Date: _____

12. Basic Literacy and Math Proficiency Levels if applicable: N/A- Individual has not had or does not need testing

Test Name	Subject Area	Score	Test Date	Grade Level/Test Results
<input type="checkbox"/> TABE	_____	_____	_____	_____
<input type="checkbox"/> TABE language	_____	_____	_____	_____
<input type="checkbox"/> TABE language mechanics	_____	_____	_____	_____
<input type="checkbox"/> TABE reading	_____	_____	_____	_____
<input type="checkbox"/> TABE applied mathematics	_____	_____	_____	_____
<input type="checkbox"/> TABE math computation	_____	_____	_____	_____
<input type="checkbox"/> TABE spelling	_____	_____	_____	_____
<input type="checkbox"/> TABE vocabulary	_____	_____	_____	_____
<input type="checkbox"/> BEST Plus	_____	_____	_____	_____
<input type="checkbox"/> BEST Literacy	_____	_____	_____	_____
<input type="checkbox"/> WRAT	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____	_____

Current Employment/Volunteer Status

◆ 13. Are you currently working? Full time Part time unemployed no recent attachment to labor force

If you are currently working, what kind of work do you do? _____

◆ 14. Do you currently spend time helping out in the community (child's school, hospital, church, community agency, food pantry, library etc)?

Full time Part time not currently volunteering

15. If you are not currently working or volunteering, what do you believe is preventing you from doing so?

n/a currently working or volunteering

- | | | |
|---|---|---|
| <input type="checkbox"/> Criminal record | <input type="checkbox"/> Needs more education | <input type="checkbox"/> Religious restrictions |
| <input type="checkbox"/> Family member objections | <input type="checkbox"/> No adequate jobs available | <input type="checkbox"/> Scheduling conflicts |
| <input type="checkbox"/> Health problems - family | <input type="checkbox"/> No child care | <input type="checkbox"/> Wants to stay home with children |
| <input type="checkbox"/> Health problems-individual | <input type="checkbox"/> No jobs available | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> No references | <input type="checkbox"/> No reason given |
| <input type="checkbox"/> Lack of work experience | <input type="checkbox"/> Past work history | |

16. Are you a union member? Yes No

If yes, are you subject to recall rights? Yes No Union name if applicable: _____

Client Name: _____

Date: _____

17. Are you currently receiving unemployment insurance benefits (UIB)?

Yes No Describe start date if applicable, including when they are expected to end: _____

18. Have you completed UIB job seeker registration, if applicable? Yes No

Employment/Volunteer Experience
(Includes Military experience if applicable)

19. Have you ever been employed, served in the military, or volunteered in your community? Yes No

Employer/Site Name and address	Dates of Participation	Type of work	Hours/week And Hourly rate	Benefits	Reason for Leaving (if applicable)	Type of Experience
	___/___ to ___/___			<input type="checkbox"/> Health insurance <input type="checkbox"/> Paid sick/vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other		<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Military
	___/___ to ___/___			<input type="checkbox"/> Health insurance <input type="checkbox"/> Paid sick/vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other		<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Military
	___/___ to ___/___			<input type="checkbox"/> Health insurance <input type="checkbox"/> Paid sick/vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other		<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Military
	___/___ to ___/___			<input type="checkbox"/> Health insurance <input type="checkbox"/> Paid sick/vacation <input type="checkbox"/> Retirement <input type="checkbox"/> Other		<input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Military

◆ 20. Describe the best job you ever had and what you liked about it. _____

21. Describe the worst job you ever had and what you did not like about it. _____

Client Name: _____

Date: _____

Job Skills

◆ 22. What job skills have you gained through training, education, employment, volunteer or life experience? Check all that apply:

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Assembly | <input type="checkbox"/> Bartending | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Building Maintenance |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Cashier | <input type="checkbox"/> Certified Nurse's Aide | <input type="checkbox"/> Child Care | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Computer Repair | <input type="checkbox"/> Construction | <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Delivering Goods | <input type="checkbox"/> Dietary Aide | <input type="checkbox"/> Dishwashing | <input type="checkbox"/> Drafting/Drawing |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Electrical Repair | <input type="checkbox"/> Equipment Operator | <input type="checkbox"/> Farming | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Foreign Language Translation | <input type="checkbox"/> Fork Truck Operator | <input type="checkbox"/> Fundraising | <input type="checkbox"/> HVAC | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Heavy Equipment Operator Landscaping | <input type="checkbox"/> Housekeeper | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Lab Technician | <input type="checkbox"/> Lawn Care/ |
| <input type="checkbox"/> Loading Unloading | <input type="checkbox"/> Machine Operator-CNC | <input type="checkbox"/> Machine Operator-non CNC | <input type="checkbox"/> Machine Repair | <input type="checkbox"/> Management |
| <input type="checkbox"/> Mechanic/Car Repairs | <input type="checkbox"/> Painting | <input type="checkbox"/> Paralegal | <input type="checkbox"/> Photography | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Record Keeping | <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Roofer | <input type="checkbox"/> Sales | <input type="checkbox"/> Secretarial/Paraprofessional |
| <input type="checkbox"/> Security | <input type="checkbox"/> Sewing | <input type="checkbox"/> Taking Inventory | <input type="checkbox"/> Teacher | <input type="checkbox"/> Telephone Operator |
| <input type="checkbox"/> Telephone Sales | <input type="checkbox"/> Telephone Work | <input type="checkbox"/> Training Others | <input type="checkbox"/> Typing | <input type="checkbox"/> Waiter/Waitress |
| <input type="checkbox"/> Warehouse Worker | <input type="checkbox"/> Welding | <input type="checkbox"/> None | <input type="checkbox"/> Other – Describe: _____ | |

◆ 23. Describe personal strengths you have that would be valuable to an employer.

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Get along well with others | <input type="checkbox"/> Good attendance | <input type="checkbox"/> Hard working | <input type="checkbox"/> On time, punctual |
| <input type="checkbox"/> Pay attention to details | <input type="checkbox"/> Polite, work well with public | <input type="checkbox"/> Responsible | <input type="checkbox"/> Well organized | <input type="checkbox"/> Other, Describe - _____ |

Employment Preferences and Goals

◆ 24. Based on your interests (including hobbies), abilities, experience and skills, what kinds of jobs interest you and what are your employment goals?

Job Readiness

25. Are you authorized to work in the United States? Yes No, Describe _____

◆ 26. Will any previous employers/supervisors provide a good reference for you? Yes No, If No, why? _____

◆ 27. Do you have a current resume? Yes No

◆ 28. Will you be able to get positive personal references from a good source? Yes No

29. Do you have a phone or contact number to arrange job interviews and work? Yes No

Client Name: _____

Date: _____

30. Do you have an email address and access to the Internet? Yes No Describe if applicable: _____

◆ 31. Does your preferred employment field (e.g. cosmetology, carpentry) require that you provide your own tools? Yes No

If yes, do you own or have access to the necessary tools? Yes No

(Note: If tools are required, see Section II, Other Support Services)

Occupational Skills Testing Results

32.

Subject/Test Name	Test Date	Test Results	Grade/Level

Worker Notes:

Client Name: _____

Date: _____

Section II: Supportive Services and Resources

Note: This section includes questions asking if you need help with things such as child care or transportation in order to participate in work activities, including employment. Supportive services are provided consistent with the applicable requirements and district policies. Not all of the specific services and programs listed below may be available in your district. If you indicate that you need help with any work activity related expenses, your worker will explain what services are available to you.

Child Care

➡ 1. Please list all your children, their ages, if they have any special needs (including problems in school or day care or frequently missing school or day care), and their child care arrangements: no children

Child's Name	Age	Special Need(s) Describe	Child care arrangements	Child care provider information
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Needed <input type="checkbox"/> Made <input type="checkbox"/> n/a	Name: _____ Address: _____ Phone: _____ Type: _____ Start date: _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Needed <input type="checkbox"/> Made <input type="checkbox"/> n/a	Name: _____ Address: _____ Phone: _____ Type: _____ Start date: _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Needed <input type="checkbox"/> Made <input type="checkbox"/> n/a	Name: _____ Address: _____ Phone: _____ Type: _____ Start date: _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Needed <input type="checkbox"/> Made <input type="checkbox"/> n/a	Name: _____ Address: _____ Phone: _____ Type: _____ Start date: _____

Client Name: _____

Date: _____

- 2. Are there any problems with current child care arrangements? Yes No If yes, describe problems with child care: _____
- 3. What are the child care arrangements if your children are sick or school is closed? _____

Transportation

- 4. Do you have reliable transportation to attend work activities and/or employment? Yes No n/a
 If yes, describe mode of transportation:
bicycle drive own vehicle get rides from other people public transportation taxi walk other
- ◆ 5. Are you legally able to operate a motor vehicle? Yes No Describe why not if applicable:
 License Type: Permit License License Status: Active Suspended Revoked Other
 Issuing State: _____ License Class: _____
 Restrictions/Endorsements: _____ Expiration Date: _____
- ◆ 6. Do you have access to public transportation? Yes No n/a
 Nearest bus/public transit stop? _____
- 7. Describe any transportation related supportive services that you need in order to work:
carpool or vanpool program driver education program public transportation allowance (e.g. bus pass, taxi fare, subway card)
vehicle insurance vehicle inspection vehicle fuel allowance (e.g. gas card or voucher, mileage reimbursement)
vehicle registration vehicle repairs other (Describe) _____
none

Other Supportive Services

- 8. Describe anything you need besides child care and transportation assistance to enable you to work.
Clothing License renewal Tools
Uniform None Other/describe

Client Name: _____

Date: _____

Family/Community Resources

- ◆ 9. Do you have reliable friends or family in the area on whom you can depend to help with emergencies (e.g. back up child care if child or provider is sick, back up transportation, help when food/money runs short)? Yes No Describe if applicable _____
- ◆ 10. Do your family and friends support your efforts to get a job/go to school? Yes No
- ◆ 11. Are you working with other programs or agencies now? Yes No If yes, Describe _____
- 12. Have you received help from community agencies in the past? Yes No
Describe, including the type of assistance received and what made it helpful: _____

Worker Notes:

Client Name: _____

Date: _____

Section III: Health Review

Note: You are not required to answer the questions in this section if you do not want to tell us about your disability and you can participate in work activities without accommodations. If you need accommodations, or you want us to know how your disability affects your ability to participate in work activities, you must answer these questions. If you choose not to disclose a disability and answer these questions, you will be assigned to work activities without accommodations for any undisclosed disabilities (disabilities that you have not told us about).

worker discussed note above with individual and individual has chosen not to complete this section and/or disclose a disability. The individual also understands that he/she will be required to participate in work activities without accommodations for any undisclosed disabilities (if applicable).

Medical Conditions

➔ 1. Do you have a physical or mental condition that greatly limits what you are able to do or that requires treatment? Yes No
Describe if applicable.

- | | |
|--|--|
| <input type="checkbox"/> Arthritis/Rheumatism | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Gynecological Disorder |
| <input type="checkbox"/> Back/Arm/Leg | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Brain/Head Injury | <input type="checkbox"/> Mental/Emotional/Nerves |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Circulatory/Blood Disease | <input type="checkbox"/> Stroke/Heart |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Substance Use Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Other |

Medical Limitations

➔ 2. How does your health affect your ability to work and how long is the limitation expected to last (if applicable)? Describe:

➔ 3. Do you need accommodations to enable you to work (e.g. shortened work hours, refrigeration and/or time for taking medications, regularly scheduled breaks, assistive technology)? Yes No If yes, describe: _____

Current Medical Care/Treatment/Rehabilitation

4. Are you currently being treated for or are you taking medication for any health related issues or problems (including pregnancy)? Yes No

If yes, describe. _____

If pregnant include due date: _____

Client Name: _____

Date: _____

5. How often do you see doctor(s)/attend treatment? Describe medical care/treatment, frequency and anticipated end date (including date last seen):

Provider name: _____

Treatment: _____

Frequency: _____

Date last seen: _____

Anticipated end date: _____

Provider name: _____

Treatment: _____

Frequency: _____

Date last seen: _____

Anticipated end date: _____

6. Do you have health insurance? Yes No If yes, describe: _____

Treatment History

7. Have you ever received treatment for health related problems, including have you ever been hospitalized? Describe if applicable.

received treatment/hospitalized for physical health problem

no history of treatment for health problems

received treatment/hospitalized for mental health problem

other

8. Have you ever received alcohol or substance use treatment? Yes No If yes, describe: _____

Learning Disabilities

9. Do you have a learning disability? Yes No Unknown If yes, describe: _____

➔ 10. If you have a learning disability, does it affect your ability to work? Yes No n/a If yes, describe: _____

Caretaker Status

➔ 11. Are you caring for an ill household member or a household member with special needs? Yes No If yes, describe: _____

12. Does the household member who requires your assistance attend school, day program, rehabilitation or other program during the day?
 Yes No Describe if applicable: _____

➔ 13. If answered yes to #11, how does caretaker status affect ability to work? _____

Client Name: _____

Date: _____

Disability Benefits/Rehabilitation Services

➔ 14 Have you ever applied for any of the following:

Benefit

Application date

Outcome

SSI/SSD

VA disability benefits

NYS disability benefits

worker's compensation benefits

rehabilitation services (e.g. VESID services)

other

none

Worker Notes:

Section IV: Housing

➔ 1. What is your current living arrangement? (check all that apply)

Drug/alcohol facility

Homeless

Hotel/motel

Live with family/not tenant of record

Live with others (not related)/
not tenant of record

Medical facility

Own home

Rent-private

Rent-public

Roomer/boarder

Section 8

Shelter

Other/describe

2. If you live in public housing, are you required to participate in community service activities? Yes No n/a

Describe if applicable: _____

3. In the past 12 months, describe how many places you have lived? _____

4. How long have you lived at your current address? _____

➔ 5. Are you behind in rent/mortgage or are you facing the loss of your current housing? Yes No If yes, describe: _____

➔ 6. Is your current housing unsuitable, unstable or in an unsafe environment? Yes No Describe: _____

7. If yes to #6, have you thought about what you can do to change your housing situation? Yes No Describe

Worker Notes:

Client Name: _____

Date: _____

Section V: Financial Management

1. Do you have any bank accounts or credit cards?

- Certificate of Deposit (CD)
 Checking account
 Credit cards
 IRA
 Money market account
 Savings account
 none
 Other/describe _____

2. Are you responsible for paying child support?
 Yes, court ordered
 Yes, I pay informally
 No
 N/A
 Other

3. If yes, are you:
 up to date
 in arrears
 other

Worker Notes:

Section VI: Legal Barriers

1. Will any of the following affect your ability to work? Describe if applicable.

- felony conviction
 misdemeanor conviction
 violation
 sex offender registry
 none
 Other/describe

2. Please describe your involvement with any of the following if applicable:
 none

Requirement	Contact name, phone #, address	Frequency of required contact	Describe (including end date) requirement(s)/restrictions(s)
<input type="checkbox"/> Adult protective services	_____	_____	_____
<input type="checkbox"/> Child protective services	_____	_____	_____
<input type="checkbox"/> Community service	_____	_____	_____
<input type="checkbox"/> Court ordered treatment	_____	_____	_____
<input type="checkbox"/> Foster care	_____	_____	_____
<input type="checkbox"/> Parole	_____	_____	_____
<input type="checkbox"/> Probation	_____	_____	_____
<input type="checkbox"/> Work release	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

Worker Notes:

Client Name: _____

Date: _____

Section VII: Military Service

1. Are you a veteran? Yes No If yes, describe below.

Branch of service _____

Combat zone? _____

Service dates _____

Type of discharge _____

Military title _____

Selective service registration number _____

Registered with Veteran's Placement? _____

2. Are you receiving or eligible for any of the following veteran's benefits?

disability benefits

disability services

employment services

none

don't know

other

Worker Notes:

New York State Employment Plan

Client Name: _____

Date: _____

Based on the information collected in the **New York State Employment Assessment** (Assessment), complete the following:

A. Goals and preferences

Describe the individual's employment goals and preferences, and any additional goals if applicable (e.g. educational, personal, family)

1. **Employment goal(s):** *(see Assessment Section I, question #24)* _____

2. **Additional goal(s):** _____

B. Challenges/barriers to client's ability to attain goals (describe):

1. Based on the Assessment, indicate challenges/barriers to the individual's ability to attain goals:

- | | | |
|--|--|--|
| <input type="checkbox"/> language barrier | <input type="checkbox"/> lacks necessary license | <input type="checkbox"/> lacks necessary job skills |
| <input type="checkbox"/> literacy levels | <input type="checkbox"/> lacks necessary credential | <input type="checkbox"/> health related barrier/disability |
| <input type="checkbox"/> lacks necessary education | <input type="checkbox"/> criminal history/restrictions | <input type="checkbox"/> other (Describe) _____ |
| <input type="checkbox"/> lacks necessary training | <input type="checkbox"/> lacks necessary work experience | <input type="checkbox"/> none |

2. Describe how barriers are to be addressed, including any reasonable accommodations that are needed:

C. Supportive Services

1. **Child Care Services:** Is client in need of district supported child care services? *(See Section II, questions 1-3)*

Yes If yes, then is district providing child care services?

Yes

No If client has been unable to secure needed child care in order to participate in required activities, has the client satisfactorily tried to arrange needed child care:

Yes, however client unable to secure appropriate childcare within a reasonable distance from home or work site

Yes, however informal child care unavailable or unsuitable

Yes, however appropriate, affordable formal child care unavailable

No, client has not tried to arrange needed child care

No Reason child care is not needed:

In receipt of child care not provided through district

Child care not required

2. Transportation Services: Indicate any transportation related support services that the district is providing. *(See Section II, questions 4-7)*

- | | |
|--|--|
| <input type="checkbox"/> public transportation pass/tokens | <input type="checkbox"/> car repairs or tires |
| <input type="checkbox"/> mileage reimbursement | <input type="checkbox"/> driving permit/license fees/renewal |
| <input type="checkbox"/> taxi fare | <input type="checkbox"/> driving lessons |
| <input type="checkbox"/> county provided transportation | <input type="checkbox"/> other (Describe) _____ |
| <input type="checkbox"/> car insurance | <input type="checkbox"/> none |

3. Other Supportive Services: Indicate any support services besides child care and transportation that the district is providing. *(See Section II, question 8)*

- | | |
|--|---|
| <input type="checkbox"/> work related clothing/shoes | <input type="checkbox"/> professional licensing fee |
| <input type="checkbox"/> license renewal | <input type="checkbox"/> tools |
| <input type="checkbox"/> fingerprinting fee | <input type="checkbox"/> other (Describe) _____ |
| <input type="checkbox"/> books | <input type="checkbox"/> none |

D. Outcomes

- Enrolled in/referred to applicable education/training activity
- Enrolled in/referred to applicable work activity
- Currently unable to participate in work activities, become exempt or in the process of employability determination review
- Preferences/goals cannot be accommodated; do not reflect local employment opportunities; describe
- Preferences/goals cannot be accommodated; are inconsistent with assessment results; describe
- Preferences/goals cannot be accommodated; will adversely impact the district's ability to meet participation rates;
- Other (Describe) _____

E. Client Activity Assignment(s)

<u>Activity Assignment</u>	<u>Activity start date</u>	<u>Anticipated end date</u>

F. Worker Notes

Client Signature: _____

Date: _____

Worker Signature: _____

New York State Employment Assessment and Employment Plan Guide

Introduction

Each social services district is responsible for developing effective strategies to help all individuals applying for or receiving Temporary Assistance achieve financial independence through participation in meaningful activities together with the provision of appropriate services and supports. A range of factors may affect an individual's ability to work. In order to develop effective strategies for individuals and families, it is important to identify strengths and skills that could facilitate economic security and any barriers that could impede it. There has been growing recognition of the existence and effects of "hidden" or unidentified barriers that may interfere with an individual's ability to obtain and maintain employment. These barriers are recognized to be more prevalent within the long term welfare population and typically influence many areas of an individual's life. Individuals may be unaware of the barrier and/or how to mitigate its interference on efforts to enter and retain employment.

Purpose of the NYS Employment Assessment

The New York State Employment Assessment (Assessment) has been developed to provide districts with a State model employment assessment tool and includes questions that help identify an individual's abilities, skills, interests, experience (both work and life) and barriers which should be considered when developing the employment plan. For example, an individual who volunteers at his/her church or child's school may have obtained skills (e.g. time management, clerical, soft skills) from this participation that are transferable to employment and should be considered when developing the employment plan and job resume.

Screening, as described in this guide, is the process of asking an applicant or recipient a series of questions as part of the employment assessment that are designed to determine if an individual is likely to possess a barrier that could affect his/her ability to work or comply with employment program rules. The Assessment includes questions in each section that help screen for potential barriers including, for example, medical, legal and housing barriers. The Assessment also includes questions to identify potential strengths that should be considered when developing employment goals, determining appropriate work assignments, and making job referrals. The Assessment is separated into sections which are explained in the section descriptions below.

A primary goal of administering public assistance programs is to provide services to help individuals prepare for and engage in work to the extent they are capable. Additionally, federal and State regulations require that districts engage public assistance recipients in appropriate work or work preparation activities consistent with the individual's abilities. Therefore, it is important for districts to take advantage of an individual's strengths and address any barriers to facilitate full, productive engagement that will help individuals achieve economic independence.

Who should receive an employment assessment and when?

Districts are required to provide employment assessments within 90 days of the date on which eligibility is determined for households with children and one year of the application date for households without children. (More specific employment assessment requirements are outlined below.) Additionally, districts are required to inquire at application, recertification and whenever there is reason to believe that an individual has a physical or mental impairment, whether the individual has a medical condition which would limit his/her ability to participate in work activities. Completing Sections I, II and III of the Assessment fulfills these minimum employment assessment and medical limitations inquiry requirements. Districts are encouraged to complete employment assessments as soon after an individual has applied for Temporary Assistance as is practicable and to thereafter reassess individual circumstances and activity assignments as circumstances warrant, no less frequently than annually.

Social Services Law (SSL) § 335 and 18 NYCRR § 385.6 require that individuals applying for or receiving Temporary Assistance (TA) who are members of a household with dependent children and are 18 years or older, or 16 or 17 years of age and not attending secondary school (who have not completed high school or an equivalency program) are provided an employment assessment within 90 days of eligibility. These individuals are required to comply with the employment assessment consistent with SSL § 335-a(4) and 18 NYCRR 385.6.

Social Services Law (SSL) § 335-a and 18 NYCRR § 385.7 require that non-exempt individuals applying for or receiving TA who are members of a household without dependent children are provided an employment assessment within one year of the application for assistance to the extent that resources are available. Additionally, all adults applying for or receiving TA who are members of a household without dependent children may be required to comply with an employment assessment consistent with SSL § 335-a(4) and 18 NYCRR § 385.7(a)(6).

The basic employment assessment must include, but is not limited to, a review of the individual's:

- Education level, including literacy and English language proficiency;
- Basic skills proficiency;
- Child care and other supportive services needs;
- Skills and prior work experience;
- Training and vocational interests; and,
- Family circumstances including the special needs of a child.

State Policy – Employment Assessments and Employment Plans

These basic requirements are addressed in the questions in Sections I and II of the Assessment and the district may fulfill the minimum employment assessment requirements by administering these two sections within the required timeframes (within 90 days of eligibility for households with children and 1 year of application date for households without children). Additionally, consistent with SSL § 335(6) and § 335-a(6) and 18 NYCRR § 385.6(e) and § 385.7(d), districts are encouraged to and may provide employment assessments that are more detailed and comprehensive than what is required. Districts are also required consistent with SSL § 332-b and 18 NYCRR 385.2(d) to inquire at application, recertification and whenever there is reason to believe an individual might have a physical or mental impairment if the individual has a medical condition which would limit his/her ability to participate in work activities and can fulfill this requirement by administering Section III of the Assessment. Any information about medical barriers, limitations and required accommodations must be considered when conducting the employment assessment and developing the employment plan. Districts are encouraged to complete the entire Assessment, to the extent that local resources permit, for individuals who would most benefit from a more comprehensive approach, including for example,

- Individuals who have received assistance for 12 months or more;
- Individuals who have had multiple sanctions;
- Individuals who have repeatedly failed at work assignments or repeatedly lost jobs;
- Individuals with uneven work histories; and,
- Individuals who seem to have unstable circumstances that might interfere with employment (e.g. criminal backgrounds, frequent emergencies, CPS involvement).

The State model Assessment expands the scope of the employment assessment to include additional areas (e.g. housing and financial management) that may not have been addressed from an employment perspective and which may be posing barriers to an individual's ability to find or keep a job. By considering the factors addressed in the full Assessment, districts may be able to better identify factors interfering with full-time stable employment and develop strategies along with the recipient to address these factors.

An employment plan is also required, based on the employment assessment, and must include:

- The services which the district will provide, including child care;
- The work activities to which the recipient will be assigned; and,
- The recipient's employment goal.

The plan must take into account:

- The recipient's supportive services needs;
- The available program opportunities;
- The local employment opportunities;
- If the recipient is assigned to an education program, his/her liability for student loans, grants and scholarship awards; and,
- the need for the district to meet federal and state work activity participation rates.

For individuals residing in households with dependent children, districts are required to consider an individual's preferences when developing the employment plan and, if the preferences cannot be accommodated, the employment plan must describe the reasons. Additionally, for individuals residing in households with dependent children, districts are required to explain an individual's employment plan to the individual and discuss any changes to the employment plan and document the changes in writing. While districts are not required to do the same for individuals residing in households without dependent children, they are encouraged to consider individual preferences, explain employment plans and discuss and document any changes to the employment plan in writing for individuals residing in households without dependent children; doing so helps ensure the individual's investment in and compliance with the employment plan activities. For all households, districts should update employment plans as updated employment assessment information warrants.

All of the information collected during the employment assessment process should be considered when developing an individual's employment plan. The New York State Employment Plan (Plan) summarizes the information collected through the Assessment and includes all of the elements required for the employment plan. Districts may use the State model Employment Plan, a local equivalent or the Welfare to Work Caseload Management System (WTWCMS) or (New York City Work Accountability and You) NYCWAY employment plan functions so long as the required elements are included. The State model Employment Plan is providing the template for changes to the WTWCMS employment plan.

Administering the Assessment

The questions included in the Assessment are intended to help guide discussions between worker and client in specific areas (e.g. education and training, the availability of family and community resources) and in order for the district to effectively assess the individual, a worker is required to complete the Assessment with the client. While districts may not fulfill employment assessment requirements through "self-assessment" alone whereby an individual completes an assessment form without a worker meeting with the individual to conduct the assessment, districts may incorporate elements of "self-assessment" into their employment assessment processes. For example, districts may give entire sections or question sets from the Assessment to individuals to first complete alone and then review together when the worker meets with the individual to conduct the employment assessment, unless there are indications the individual may have difficulty completing the form without assistance. Additionally, if the individual requests reasonable accommodations because of a disability to participate in the employment assessment, the district must address the request consistent with its Americans with Disabilities Act (ADA) related policies (see 06 ADM 05) including maintaining a record of the request and how it was addressed. However the Assessment is administered, the worker should address all areas that are indicated as being possible barriers as appropriate. The Assessment elements are scheduled to be incorporated into WTWCMS; however, much of the information collected through the Assessment can be accommodated in the applicable areas currently available in WTWCMS. Additional guidance will be provided to districts upon the completion of changes to the WTWCMS Evaluation function, including the requirement to record on WTWCMS or NYCWAY systems certain employment assessment data elements.

Voluntary Disclosure of a Disability

Workers should routinely explain to clients that the employment assessment interview is intended to help develop an employment goal and identify the factors that support that goal or that must be addressed to support the employment goal. Workers should present the employment assessment as an opportunity to identify skills and preferences to help develop appropriate, specific goals and also to identify needs and barriers that the district can help address to help the individual achieve his/her goals in order to encourage all individuals to fully participate in the interview. An individual may

be required to cooperate with completing the Assessment, but an individual may not be required to disclose a disability or answer any of the health related questions included in Section III (Health Review) of the Assessment unless he/she:

- agrees to answer the questions;
- claims to be unable to participate fully in work activities because of a health related issue; or,
- demonstrates an inability to successfully participate in work activities consistent with the voluntary disclosure requirements included in Section 2 of the Welfare-To-Work Employment Policy Manual.

Districts may want to use the state model “What You Should Know About Your Rights If You Have a Disability” form and discuss the benefits of disclosure when asking an individual if he/she has any health related barriers to encourage the individual to disclose.

Confidentiality Requirements

Districts are reminded that they must adhere to the confidentiality provisions required by SSL § 136 when collecting and recording employment assessment information, including health related information. Districts must also protect the confidentiality and privacy of information regarding an individual’s disability and may only share the accommodations required, not the nature of a disability, to individuals and entities providing client services. An individual’s medical information may only be re-disclosed to a third party if the district has obtained the individual’s signature and the re-disclosure is consistent with the purposes described in the signed authorization (see 06-INF-17). Districts must also ensure that persons acting as interpreters for persons with Limited English Proficiency (LEP) understand their obligation to maintain client confidentiality.

Section Descriptions

There are various conditions and circumstances that may interfere with an individual’s ability to achieve or maintain self-sufficiency and all may need to be explored at some point. An individual may also possess strengths, abilities or experience that could facilitate self-sufficiency. Each section of the Assessment includes questions which are intended to allow the worker to help the individual uncover strengths and potential barriers that may influence his/her ability to become self sufficient. The sections are described below.

Introduction

The Assessment begins with an Introduction that the worker must read to the individual before beginning to ask any of the Assessment questions. If the individual indicates that he/she needs reasonable accommodations to complete the interview, the district must address the request prior to beginning the Assessment consistent with its ADA related procedures regarding the provision of reasonable accommodations.

Arrows

Certain questions throughout the Assessment are denoted with an arrow. These questions require attention and/or follow up. For example, question 5 in Section I asks if an individual needs a language interpreter. If an individual indicates “yes”, then the district is required to address the request and provide language interpretation services if appropriate before proceeding. Other questions denoted with arrows require districts to follow up (e.g. address child care) before an individual may be assigned to a work activity. The denoted questions are described further in each section description below.

Diamonds

Questions that are denoted with a diamond indicate potential strengths, abilities or experience that should be explored and considered when developing the employment plan.

Worker Notes

Each section contains an area to summarize additional notes including actions taken as a result of the information gathered in that section. The Worker Notes area at the end of each section allows workers to record any additional information or observations gathered during the assessment interview.

Domestic Violence

Districts must administer the LDSS-4583 *Domestic Violence Screening Form* consistent with the requirements described in 98-ADM-03 "*Domestic Violence: Family Violence Option under the WRA of 1997*". If domestic violence (DV) is an issue, clients must be provided with the opportunity to discuss their situation with the DV liaison (DVL). If an individual checks "yes" on the DV Screening form and/or wants to meet with the DVL, he/she should be referred to the DVL using local procedures. All assessments, including the employment assessment, are pended until the DVL meets with the individual and determines the waiver status. No reference to domestic violence may be noted in either the employment assessment or plan for individuals granted waivers. However, districts must also consider safety concerns when developing the employment plan for individuals who have disclosed DV and have chosen not to see a DVL and/or have not requested a waiver.

Drug and Alcohol Screening and Referral

Districts must administer the LDSS-4571 *Alcohol and Drug Abuse Screening and Referral Form* consistent with the applicable drug/alcohol requirements, including guidance provided in 01-ADM-10, 97-ADM-23 and 96-INF-28. Any documented drug/alcohol barriers and treatment requirements must be considered when determining employability (see also 01-INF-08), conducting the employment assessment and developing the employment plan.

Section I – Abilities, Experience and Training

This section contains the following areas:

- English/Language Proficiency; collects information regarding the individual's ability to read, write and speak English, whether language interpretation services are needed, past participation in English for Speakers of Other Languages (ESOL) classes, and fluency in additional languages. Districts must provide meaningful access to benefits, programs and services for individuals with limited English proficiency (LEP) consistent with the requirements described in 06-ADM-05. This includes, for example, providing interpreter services when necessary. The worker should consider the individual's comfort with his/her ability to read, write, speak and understand English, the worker's observations of these abilities, and past ESOL participation when determining whether it is appropriate to include ESOL participation in the employment plan.
- Education and Training; collects information regarding the client's education level, current education and training participation, interest in continuing secondary school education or GED, and prior training (including military training) and accreditations. Question 8 asks if the individual is a High School graduate, has a General Equivalency Diploma (GED) or has completed an Individual Education Plan (IEP). Completing an IEP alone is not considered to be the equivalent of completing high school and receiving a high school diploma. Individuals who have completed an IEP but who have not attained either a high school diploma or GED diploma should be treated consistent with all individuals who do not have a high school diploma or GED for purposes of work activity assignments and access to education activities as described in 09-ADM-16. Also included is an area to record basic literacy and math proficiency levels testing results (e.g. TABE scores). Question 12 lists the most commonly used proficiency tests, as well as an "other" option if the district uses a test not included on the list. The worker should discuss referring the individual to an education activity based on education history, math and literacy levels, and interest information collected in this section. Please note, consistent with the requirements 18 NYCRR 385.6 and 18 NYCRR 385.7 and 09-ADM-16 districts are required to encourage (and may require) nonexempt recipients who have not attained a "basic literacy level" to enroll in a basic literacy program, high school equivalency program or other educational program in combination with work activities consistent with the employment plan; and, offer (and may require) nonexempt recipients who have attained a "basic literacy level" but have not attained a high school diploma or the equivalent the opportunity to enroll in an educational program designed to improve basic literacy level and/or prepare an individual for attainment of a high school diploma or the equivalent in combination with other work activities and consistent with the employment plan. Basic literacy level has been defined in regulation as a literacy level equivalent to the ninth grade. When developing the employment plan, if the individual is assigned to an education program, the worker must take into account the individual's liability for student loans, grants and scholarship awards.

- Current Employment/Volunteer Status; collects information about current employment or volunteer activities, union membership and receipt of unemployment benefits (UIB). Allows the worker to record and utilize current employment (e.g. enter schedule into WTWCMS, updating resume, discussing advancement opportunities) and volunteer activities (e.g. adding to resume, counting activity as community service, exploring employment opportunities at volunteer site or someplace similar). Also asks why the individual is not currently working or volunteering if he/she is not currently engaged in such activities (WTWCMS will include the menu of choices included on the Assessment).
 - Employment/Volunteer Experience; collects specific information regarding employment and volunteer experience including the employer/site name and address, dates of participation, type of work performed, schedule and salary information and reasons why the job/volunteer activity ended (if applicable). Once changes are completed, WTWCMS will offer the worker a menu of choices to describe the type of work and reason for leaving. The section also includes 2 questions which collect information about the individual's perceptions of past employment experiences. This area is intended to provide an individual the opportunity to reflect on prior employment experiences to identify strengths, barriers and preferences. The discussion can allow the worker to assist the individual to identify the elements that contributed to a past positive employment experience and how to incorporate and build upon these elements in future employment. The worker can also assist the individual to identify strategies for dealing with negative employment experiences that may arise in the future.
 - Job Skills; collects information about the individual's job skills obtained through training, education, employment, volunteer and life experiences and personal strengths. The menu of choices included in the Assessment will be available on WTWCMS once changes are completed.
 - Employment Preferences and Goals; collects information about employment goals based on the interests, abilities, experience and skills information collected throughout Section I. Once WTWCMS changes are complete, workers will be provided with a menu of occupational areas from which any combination of choices may be selected. When helping an individual determine his/her employment preferences and goals, workers should consider, in addition to the individual's skills, interests, history and abilities, information about the occupational area of interest including whether it is locally in-demand, the long term prospects and minimum required qualifications. Such information is available on the NYS Department of Labor website at <http://www.labor.ny.gov/stats/lproj.shtm>.
 - Job Readiness; collects information about whether the individual has a current resume, tools, positive references, the ability to be contacted by prospective employers, including by email, and access to the internet. Allows the worker to explore the need for services and programs to address deficiencies (e.g. resume preparation class, phone card), and discuss developing positive reference sources with the individual.
 - Occupational Skills Testing Results; collects any occupational skills testing results provided by the individual or conducted by the district.
- ➔ **Arrows**
- Question 5*; if the individual indicates the need for language interpretation services, the district must address the request before proceeding consistent with the requirements included in 06-ADM-05.

Section II – Support Services and Resources

This section contains questions intended to determine the household's need for supportive services and ability to identify and access available community resources. If applicable, the worker may need to also discuss the district's definition of "reasonable distance" for going from home to child care to employment as included in the district's child care plan.

- Child Care; collects information about children in the household, whether they have special needs, and child care arrangements. Allows the worker to explore and address any child care issues and discuss the need to arrange back up child care with the individual. If back up child care is not available, the worker should discuss with the individual some ways to handle child care issues that may arise.
- Transportation; collects information about transportation arrangements, access, needs, and licenses. If applicable, the reasons an individual is unable to legally operate a motor vehicle, including license suspensions or revocations, should be discussed and addressed if possible if the individual's ability to drive would help his/her employment efforts. Workers should assess an individual's ability to access employers and work activity sites, including assessing the availability of public transportation, when developing the employment plan, providing transportation related support services and determining work activity assignments.

- Other Support Services; collects information about the need for additional support services (e.g. tools, uniforms).
- Family/Community Resources; collects information about the individual's ability to access local resources and allows the worker to discuss the benefits of identifying and utilizing the family and community resources that are available.

⇒ Arrows

Question 1; if the individual indicates child care is needed, it must be made available and the individual is responsible for making appropriate arrangements consistent with the applicable employment and child care requirements before assigning the individual to a work activity. Additionally, if the family has a child with special needs, it should be considered when determining the individual's employability and while the individual arranges appropriate child care. For example, the individual may need additional time to identify and arrange for appropriate child care. The worker should consider the need for additional services (e.g. case management) that may be available to help the individual address issues that may present themselves as a result of the special needs of the child.

Question 2; if there are problems with current child care arrangements that will interfere with the individual's ability to obtain or maintain employment, the worker should discuss how the individual plans to address them, including whether alternate arrangements should be explored.

Questions 4 and 7; the district should address any transportation related supportive services needs and barriers to transportation consistent with the policies described in the district's Temporary Assistance and Food Stamp Employment Plan and the requirements included in 18 NYCRR § 385.4. Districts must also provide reasonable accommodations (e.g. cab fare if individual is medically unable to access the bus or subway, alternate work sites) for individuals with confirmed barriers to transportation as a result of a disability consistent with Department Policy section 385.2 Part B and 06-ADM-05.

Question 8; if the individual is trained to work in a particular profession but is unable to work because he/she requires something to become employed in that profession (e.g. tools, renewed certification) the worker should consider providing what is necessary and reasonable to enable the individual to work.

Section III – Health Review

This section contains questions intended to determine whether an individual has any health related barriers to participating in work activities, if worksite accommodations are needed, and whether the individual is the caretaker of a disabled household member. Districts are required to ask (screen) clients at application, recertification and whenever there is reason to believe an individual might have a physical or mental impairment, whether the individual has any medical condition that would limit his/her ability to participate in work activities. Districts also may choose to have trained staff administer screening tools whose purpose is to identify individuals most likely to have certain medically related conditions (e.g. mental illness, learning disability). Because screening tools are only intended to identify the likelihood and not the existence of an issue and do not provide a diagnosis or any information about limitations, individuals whose screening results indicate some likelihood that he/she has the particular issue being screened for must be referred to an appropriate qualified professional for an evaluation. Unlike the requirement in New York State to comply with drug/alcohol screening, an individual cannot be required to disclose a disability and provide medical information or participate in a screening unless the individual alleges a medical issue would interfere with his/her ability to participate in work activities, or the district suspects a medical issue is a barrier to participation because the individual has demonstrated an inability to successfully participate in work activities or employment.

The script at the beginning of the section should be read to the individual and the worker should address any questions before proceeding. The worker may also provide the sample model document "What You Should Know About Your Rights If You Have a Disability" found in Section 15 of the Welfare-to-Work Employment Policy Manual and found at <http://otda.state.ny.net/dta/Manuals/employmentmanual.pdf> to the individual for additional information about voluntary disclosure. There is an area immediately following the Note allowing the district to record when an individual has chosen not to complete Section III and/or disclose a disability and that the individual understands that he/she will be required to participate in work activities without accommodations for any undisclosed disabilities.

An individual may not be required to disclose a disability or answer any of the health related questions included in this section unless he/she agrees, claims to be unable to participate fully because of a medical issue, or demonstrates an inability to successfully participate in work activities consistent with the voluntary disclosure requirements included in Section 2 of the Welfare-To-Work Employment Policy Manual.

The areas included in Section III are as follows:

- Medical Conditions; collects information about the individual's current medical conditions. The complete menu of choices available on the Tool will be available in WTWCMS once changes to the Evaluation section are completed. Workers should discuss and determine what documentation is needed to determine employability, identify treatment recommendations for inclusion in the employment plan, and to identify limitations that may require reasonable accommodations if appropriate.
- Medical Limitations; collects information about health related barriers to participation and allows the worker to explore the need for reasonable accommodations when making work activity assignments. Information collected in Question 3 about accommodations should be included in the individual's employment plan (Section B, 2 of the NYS Employment Plan). Once WTWCMS changes are completed, information entered for these two questions in the Evaluation function (employment assessment) will automatically feed into the WTWCMS employment plan. This area also allows the worker to discuss how the individual can address the need for reasonable accommodations with an employer and provide information about resources (e.g. see websites below) that provide ADA guidance for individuals with disabilities. (www.dol.gov/odep, <http://www.eeoc.gov/facts/jobapplicant.html>)
- Current Medical Care/Treatment/Rehabilitation; collects information about current treatment and health insurance. Workers should obtain current information and any prescribed treatment or follow up (e.g. evaluation frequency, type and frequency of therapy or rehabilitation) should correspond with the documented severity of any medical conditions. For example, an individual whose medical documentation indicates he/she is unable to work at all due to a bad back, but for whom no treatment is prescribed and is only seen by the treating physician annually should be evaluated further. The district may contact the treating practitioner for more detailed diagnostic and limitations information, or may choose to refer the individual to another practitioner or specialist for additional information.
- Treatment History; collects information about past physical and mental health treatment and alcohol or substance use treatment. Workers have discretion determining how much information to collect and record based on discussions with the individual and whether hidden barriers are suspected based on lack of success attending to program requirements or moving forward. This section also allows the worker to discuss and determine whether or not issues continue to pose a barrier and warrant a referral for further evaluation. Districts must administer the LDSS-4571 *Alcohol and Drug Abuse Screening and Referral Form* consistent with the applicable drug/alcohol requirements, including guidance provided in 01-ADM-10, 97-ADM-23, and 96-ADM-28. Substance use information collected through the application of drug/alcohol requirements, including barriers and treatment requirements, should be noted when conducting the employment assessment and developing the employment plan. The drug/alcohol treatment question (question #8) is not intended to replace current drug/alcohol requirements or screening and assessment processes; it is intended to help the worker determine whether issues warrant a referral for further evaluation. For example, if the individual indicates he/she has attended treatment a number of times in the past or has recently completed treatment, the worker might want to check with Temporary Assistance to confirm the individual's current status with drug/alcohol screening, assessment and treatment requirements or consider whether a referral to the district's CASAC is warranted consistent with the district's drug/alcohol referral processed.
- Learning Disabilities; collects information about learning disabilities and the worker should provide any reasonable accommodations that are identified as necessary when making work activity assignments. Districts may also choose to have trained staff administer the Learning Needs Screening Tool from Washington State to screen individuals who are not known currently to have a learning disability who are suspected of having barriers to work as a result of a learning disability.
- Caretaker Status; collects information about whether or not the individual is the caretaker of an ill or disabled household member and how such responsibilities affect the individual's ability to work, including gathering information about whether the disabled household member receives alternate care or services during the day which might allow the caretaker to participate in some capacity.
- Disability Benefits/Rehabilitation Services; collects information about application for or receipt of disability benefits and rehabilitation services including VESID and social security benefits. The worker should follow up on any new information that has not previously been addressed and determine whether continued follow up is warranted.

⇒ **Arrows**

Questions 1, 2, 3 and 10; if the individual indicates that he/she is limited in his/her ability to participate in work activities because of a health issue (including a learning disability), or requires reasonable accommodations to participate, the individual must provide relevant documentation and cannot be assigned to a work activity until the district has completed the disability review procedure as described in 18 NYCRR 385.2 and in corresponding policy information included in Section 2 of the Welfare-to-Work Employment Policy Manual unless the individual agrees to an assignment that accommodates the alleged limitation. Additionally, individuals with disabilities may need additional time and/or assistance to gather documents and other information to document their disability and/or reasonable accommodation needs. When completing questions 1, 2, 3 and 10, workers should clearly explain the requirement to document an impairment and its effect on the individual's ability to work and determine what assistance, if any, the individual needs to comply. Information about any identified limitations and accommodations should be included in the employment plan.

Questions 11 and 12; if the individual indicates he/she is unable to participate in work activities because he/she is caring for a disabled household member, the individual must provide relevant medical documentation and the district must consider the documentation when determining the individual's ability to participate in work activities.

Question 13; similar to treatment history above, if the individual indicates having applied for disability benefits or rehabilitation services, consider if barriers to participation still exist or if follow up is warranted.

VESID Referrals

Some outcomes the worker might consider to help address any issues or barriers identified in this section may include:

- Consult the Job Accommodations Network (JAN) which provides assistance determining appropriate work site accommodations for individuals with disabilities. JAN may be reached at 1-800-526-7234 or at <http://www.jan.wvu.edu>.
- Refer to SSA. If the district determines it is appropriate to refer an individual to apply for federal disability benefits because the individual reasonably appears to qualify, the individual cannot be assigned to any work activities. For additional information regarding requiring application for federal disability benefits, refer to 06-ADM-06.
- Refer to VESID (Vocational and Educational Skills for Individuals with Disabilities.) A variety of VR services are available from VESID or VESID service providers.
- The following are guidelines for making a referral to VESID:
 - ✓ Vocational rehabilitation (VR) services are designed to help individuals with disabilities prepare for obtain, retain or regain employment.
 - ✓ In order to be eligible for VR services an individual must have a documented physical or mental impairment that is a substantial barrier to employment.
 - ✓ The individual must be able to benefit from VR services.
 - ✓ The individual must require VR services prepare for, retain or regain employment.
 - ✓ An individual who receives SSI or SSDI is presumed to be eligible for VR services.

Section IV – Housing

This section contains questions intended to determine if a household has any emergency or ongoing housing issues. The section allows the worker to discuss how housing issues may affect employment and gives the individual an opportunity to begin to think about what he/she can do to improve the situation. If the individual is a resident of public housing and performing community service or self-sufficiency work as required by the Quality Housing and Work Responsibility Act (question 2), the worker should consider whether to include them in the employment plan and schedule work activity assignments that do not conflict when possible.

⇒ **Arrows**

Questions 1, 5 and 6; if the individual indicates his/her living situation is unsuitable, unstable or in an unsafe environment, or the individual is homeless, the district must consider when assigning to work activities and/or determining good cause for failing to comply with work requirements. Additionally, homelessness must be addressed consistent with the applicable Temporary Assistance requirements.

Section V – Financial Management

This section provides the basis for a discussion about long term planning, financial management, credit history, and budgeting, and the availability of community resources, including financial literacy instruction or counseling. Workers do not have to gather specific credit history information; however, if an individual indicates the possibility of credit problems when discussing credit cards in Question 1, the worker could refer the individual to the Federal Trade Commission website at <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre13.shtm> for information and resources to help address credit issues. Additionally, the Cornell Cooperative Extension (CCE) Financial Economics and Resource Management (FERM) program helps individuals and families adopt management behaviors which lead to more secure financial situations and affordable use of resources through education and practice. Workers can contact the local CCE at <http://www.cce.cornell.edu/> for more information about the availability of financial literacy and household management resources. Additional financial literacy information and resources may also be found at <http://www.financeproject.org/publications/FESunbanked.pdf>.

Section VI – Legal Barriers

This section collects information about any legal issues, including services, and obligations that may pose scheduling conflicts or interfere with employment or work activity assignments for the individual. The section also allows the individual and the worker to discuss disclosure issues that may arise when applying for employment. Provided below are links to non-profit groups that provide employment guidance for individuals with criminal backgrounds. These organizations include:

- The National H.I.R.E. Network, Washington DC, <http://www.hirenetwork.org/>
- Legal Action Center, New York, NY <http://www.lac.org/>
- Re-entry Net, Bronx, NY <http://www.reentry.net/>
- National Institute of Corrections www.nicic.org/oes

Additionally, the New York State Department of Labor provides “The Prime Objective, A Guide to Preparing the Job Seeking Ex-Offender” http://www.labor.state.ny.us/formsdocs/does/ES302_1.pdf.

Staff should review the applicable guidance with individuals with criminal histories during the assessment process and employment planning and should provide the individual with the information necessary to appropriately address the individual’s criminal history as it relates to applying for and maintaining employment (e.g. completing applications and during interviews)

Section VII – Military Service

This section collects information about military experience that should be considered when developing a resume and employment goals. The worker should also confirm that the availability of veteran’s benefits, programs and assistance for the individual have all been sufficiently explored.

NEW YORK STATE EMPLOYMENT PLAN

The New York State Employment Plan (Plan) uses the information obtained through the Assessment to identify:

- employment and other goals;
- challenges and barriers to the individual’s ability to attain his/her goal(s);
- how the barriers are to be addressed, including any reasonable accommodations that are needed;
- supportive services provided in response to needs identified in the Assessment; and,
- Assessment outcomes, including work activity assignment(s).

The Plan begins by summarizing the employment and other goals identified through the Assessment. Once WTWCMS changes are completed, any options chosen in Employment Preferences and Goals in Section I of the Assessment will automatically feed into the corresponding section of the WTWCMS Employment Plan and there will be additional space to elaborate further, describe short term and long term goals, and include additional goals. Both short term and long term goals can be identified in this section. The Goals and Preferences section also includes an area to record additional goals (educational, personal, family, etc) that have been identified during the assessment. The worker is then directed to indicate any challenges and barriers to the individual's ability to attain the goal(s), including for example, language barriers, medical barriers, criminal history and lack of appropriate training or education and how the barriers are to be addressed, including any reasonable accommodations that are needed. The next section addresses the supportive services provided to the individual in response to the needs identified through the Assessment.

The outcomes section records the decisions made regarding the individual's next steps and includes choices allowing for a description of why an individual's preferences and goals could not be accommodated if applicable. Workers may choose more than one outcome and should include additional information to describe the choice(s) as appropriate. The Plan then includes sections to record work activity assignments and worker notes. When determining appropriate work activity assignments, the worker should consider the following:

- information collected in the Assessment (e.g. scheduling conflicts, medical limitations);
- the individual and family goals;
- the individual's preferences (including training and education);
- the supportive services that are needed and available;
- the available programs;
- the local employment opportunities; and
- the need for the district to meet minimum participation rate requirements.

Work activity assignments should support the district approved goals and preferences identified through the Assessment. If an individual's goals and preferences cannot be accommodated, the Plan should describe why not and the district should work with the individual to develop appropriate goals that can be accommodated. Individuals who have not attained a basic literacy level and who are not otherwise subject to educational requirements should be encouraged to enroll in appropriate educational activities consistent with the requirements described in 09-ADM-16. The worker should also discuss an individual's liability for student loans, grants and scholarship awards if the individual is assigned to an education program.

An individual is not required to sign the Plan, and cannot be penalized for refusing to do so; however the Worker Notes section should include an explanation if this occurs. The individual should also be given a copy of the completed Plan.