

## Comprehensive Evaluation (CE) Documentation Guidelines

To best serve and fully engage families in the WorkFirst Program, it is imperative that the WorkFirst staff and partners gather and share information that best supports each family’s movement to self-sufficiency.

To assist staff in this important endeavor, the WorkFirst Partnership has developed documentation guidelines for each section of the Comprehensive Evaluation. These guidelines are intended to:

- Assist staff in fully engaging parents during the CE.
- Help the respective partners by providing information that will be useful in developing long and short-term goals for parents.
- Stimulate further discussion with parents.

It is important to gather as much information as possible to assist with the development of a meaningful plan for all families.

Thorough documentation will save time in the long-run and connect parents with appropriate services. Developing employment plans that include successive and progressive steps will also prevent parents from having to repeat the CE.

DSHS General Questions Section Documentation		
For each radio button question, document “Yes” or “No” as appropriate.		
Topic	Question	Document
<b>Returner</b>	<b>Why were you able to leave assistance?</b>	<ul style="list-style-type: none"> <li>• If the family exited due to employment, other income, etc.</li> </ul>
	<b>What caused you to have to re-apply for assistance?</b>	<ul style="list-style-type: none"> <li>• The circumstances that caused need for assistance such as divorced, laid off, position eliminated, fired, etc.</li> <li>• The specific reasons or circumstances if the parent was terminated or laid-off.</li> </ul>
	<b>What do you need in order to return to job search, work, or other WorkFirst activities?</b>	<ul style="list-style-type: none"> <li>• What is needed for the parent to reengage in WorkFirst activities or employment, such as professional clothing, job specific tools or clothing such as steel-toed boots, eyeglasses, hearing aid, hearing protection, other accommodations, transportation, training, job-search classes, GED, adult basic education, etc.</li> </ul>
	<b>Is this a two parent household?</b>	Select “Yes” or “No”
	<b>You and your partner will both be required to participate in activities. Prior</b>	<ul style="list-style-type: none"> <li>• Who the primary care taker of the children is.</li> <li>• How does the family get the children to and</li> </ul>

Comprehensive Evaluation Documentation Guidelines  
 WorkFirst Partnership  
 July 30, 2009

<b>Two Parent Household</b>	<b>to being on TANF how did you coordinate your family's daily activities, school, work medical or other appointments?</b>	<p>from school/daycare/medical appointments?</p> <ul style="list-style-type: none"> <li>How will this occur when both are required to participate full time in WorkFirst activities?</li> </ul>
	<b>How will you and your partner support each other while participating in WF activities?</b>	<ul style="list-style-type: none"> <li>WorkFirst takes time and energy for both parents. How will they support one another during this time (i.e.: taking turns watching the children, one will use public transportation while the other uses the family vehicle).</li> </ul>
<b>Employment</b>	<b>How many months have you worked, anywhere in the USA, in the last 18 months? What type of work did you do?</b>	<ul style="list-style-type: none"> <li>Types and location of jobs during the last 18 months.</li> <li>Duration of each job.</li> </ul>
	<b>Are you currently working?</b>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>What type of work and how many hours per week.</li> </ul>
	<b>If you are not currently working and you have worked, why did your job end?</b>	Laid off, fired, quit, etc.
	<b>When you job ended, did you file for unemployment benefits?</b>	<ul style="list-style-type: none"> <li>Verification that the parent applied for unemployment benefits or was requested to apply.</li> <li>Status of the application or why not eligible for the benefits.</li> </ul>
	<b>If you are not working, could you go to work now?</b>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>What type of work and what steps will the parent take to become employed?</li> <li>If not, why ?</li> </ul>
<b>Educational Background</b>	<b>Do you have a college degree or certificate?</b>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>What type of degree/certificate, and when did they get it?</li> <li>If no, what is the highest grade the parent completed?</li> </ul>
	<b>If less than HS Diploma/GED, What prevented you from completing and what do you think it would take for you to finish?</b>	<ul style="list-style-type: none"> <li>Reasons the parent was unable to complete high school or GED courses.</li> <li>Successful completion, "one more test", support with disability, etc.</li> </ul>
	<b>Have you taken any adult education, job training, or college credit courses?</b>	<ul style="list-style-type: none"> <li>If yes, what type, how much and when did the parent take them.</li> </ul>
	<b>When you were in school, what were the class activities that were easiest for you or that you were best at?</b>	<ul style="list-style-type: none"> <li>Parent statement of what subject or projects they enjoyed while in school.</li> </ul>

	<p><b>Was there anything that was challenging for you in school? For example writing reports, reading different kinds of books, math, understanding instructions, etc?</b></p>	<ul style="list-style-type: none"> <li>• If yes, did the parent get any special help with that?</li> </ul>
	<p><b>Is there a job you are interested in that you would need training for?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• What job the parent would like to get more education or training for.</li> </ul> <p><b>Note:</b> If parent would like to get more education or training, mention. SBCTC and ESD Staff are available to discuss further.</p>
<p><b>Legal</b></p>	<p><b>Would your results from a background check limit your opportunities to participate in WorkFirst activities?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• What type of offenses would be found and how would these affect specific jobs.</li> </ul>
	<p><b>Do any of your family members have legal issues or felony convictions that would limit your opportunities to participate in WorkFirst activities</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Identity of family member(s) with legal issues.</li> <li>• All specific legal issues.</li> <li>• How legal issues impacts participation.</li> <li>• Expected duration of impact.</li> <li>• Whether or not there are court fines.</li> <li>• Whether or not the legal issue has affected driving privileges and whether or not there has been a loss of Driver’s License.</li> <li>• Whether or not the legal issue has caused any limitations on the types of occupations the parent could have such as providing childcare, working with children or vulnerable adults, monetary transactions, etc.</li> <li>• Whether or not there is pending incarceration</li> <li>• Any other legal issues.</li> </ul>
	<p><b>Do you have any legal obligations that would limit your opportunities to participate in WorkFirst activities, such as: probation, community service or court appearance dates?</b></p>	
<p><b>Supports Needed to Participate</b></p>		
<p><b>Transportation</b></p>	<p><b>What kind of transportation will you use to participate in WorkFirst activities?</b></p>	<ul style="list-style-type: none"> <li>• Whether or not transportation is readily available.</li> <li>• Whether or not transportation is reliable and dependable.</li> <li>• If the parent is using public transportation and if it is limited by times/routes.</li> <li>• Any rural isolation issues.</li> <li>• Any other transportation issues such as insurance, valid driver’s license, etc.</li> </ul>
	<p><b>What would you do if your normal means of transportation were not</b></p>	<ul style="list-style-type: none"> <li>• The details of the backup plan.</li> </ul> <p><b>Note:</b> If parent has no back-up plan, assist parent in developing a plan.</p>

	<b>available?</b>	
<b>Child care</b>	<b>Who takes care of your children when you have appointments?</b>	<ul style="list-style-type: none"> <li>• Who is providing child care:</li> <li>• Relative</li> <li>• Neighbor/Friend</li> <li>• Licensed provider</li> <li>• Whether or not the child care is reliable and dependable.</li> </ul> <p><b>Note:</b> If child care is unstable if not assist parent in determining what needs to occur to find dependable child care.</p>
	<b>What kind of child care services are you planning to use to participate in WorkFirst activities or work?</b>	<ul style="list-style-type: none"> <li>• Type of child care the parent is planning to use:</li> <li>• Relative</li> <li>• Neighbor/Friend</li> <li>• Licensed Provider</li> </ul>
	<b>What would you do if the child care you normally use was not available?</b>	<ul style="list-style-type: none"> <li>• Parent's backup plan.</li> <li>• Any anticipated changes in child care when parent becomes employed.</li> </ul> <p><b>Note:</b> If parent does not have a back-up plan, assist in development of back-up plan.</p>
<b>Housing</b>	<b>Tell me about your housing.</b>	<ul style="list-style-type: none"> <li>• The actual living arrangement such as: living in an apartment with one child, renting a house with another single parent, living with boyfriend, etc.</li> <li>• Whether or not the housing is affordable.</li> <li>• Whether or not the housing arrangement is stable/permanent or temporary and non-stable.</li> </ul>
<b>Adult Dependent Care</b>	<b>Are there any adults living with you that are under your care?</b>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Specific care provided.</li> <li>• Length of time each day or hours of care provided each week and the specific health care needs of the adult.</li> <li>• Whether or not there is a backup plan and if so describe the plan.</li> <li>• How the provision of this care impacts employment or WorkFirst participation.</li> </ul> <p><b>Note:</b> If no back-up plan exists, assist parent in developing a plan.</p>
<b>Financial Literacy</b>	<b>It can be tough to make ends meet. At the end of the month, do you usually have some bills left that didn't get paid?</b>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• List the bills and how the parent finds ways to pay for them (borrow from friends or family, etc.) or,</li> <li>• Collection agency involvement.</li> </ul>
	<b>In the past six months have you used payday loans or cash advance loans?</b>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• How often does the parent use this service?</li> </ul>

	<p><b>In the past twelve months have you been denied credit?</b></p> <p><b>Worker Determination: Money management training is beneficial to the parent. Parent wants to be referred to the money management training</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• What was the parent trying to purchase?</li> <li>• Worker documents their determination and if referrals were made</li> </ul>
<b>Involvement with Other Agencies/Tribal</b>		
<b>Child Welfare</b>	<p><b>Tell me about any other issues concerning your children such as having in problems in school or legal issues that may make it hard for you to participate in WorkFirst activities.</b></p>	<ul style="list-style-type: none"> <li>• If child is enrolled in special education, has hyper-activity attention deficit disorder, medical, or behavioral issues that were not documented in the Child General Health/Child with Special Needs section.</li> <li>• Any juvenile delinquency, gang involvement, or legal issues.</li> <li>• If the child is “bullied” by others.</li> <li>• If the child “bullies” others.</li> <li>• Whether or not the children attend school regularly.</li> <li>• Whether or not the children are involved with alcohol or drugs.</li> </ul>
<b>Other Agency/Tribal</b>	<p><b>Tell me about any other agencies you are working with or other services you may be receiving.</b></p>	<ul style="list-style-type: none"> <li>• Specific agencies and services such as; Children’s Services, Developmental Disabilities, Vocational Rehabilitation, Juvenile Courts or Juvenile Rehabilitation, Community Action Program, Head Start or Early Childhood Assistance Programs, health care services, or other faith or community-based services.</li> <li>• Specifically how the agencies are helping the parent such as; providing additional support such as help with utilities, food, clothing, early childhood education, legal issues, mental or physical health services.</li> <li>• All other activities that requires participation such as court-ordered community service activities.</li> </ul>
<b>Health and Wellness</b>		
<b>Pregnancy, Parenting and Family Planning</b>	<p><b>Are you caring for a child 12 months of age or younger?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Child’s age.</li> <li>• Any special needs of the child/children.</li> <li>• Any child care concerns.</li> </ul>
	<p><b>Are you or a family member pregnant?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• The date child is due.</li> </ul>
	<p><b>Would you like to talk to the Family Planning worker/nurse today or be</b></p>	<ul style="list-style-type: none"> <li>• Whether or not a Family Planning referral is made.</li> </ul>

	<p><b>contacted at a later date?</b></p>	<ul style="list-style-type: none"> <li>• Whether or not Family Planning material is provided.</li> <li>• Any other Family Planning issues.</li> </ul>
	<p><b>Here is information on family planning. This information will explain the family planning services available to you with your medical ID card.</b></p>	
<p><b>Child General Health/Children with Special Needs</b></p>	<p><b>Do your children have any health, emotional or behavioral issues that will affect your participation in WorkFirst activities?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Specifics of the reported issues and how they will inhibit participation either in part or full with WorkFirst requirements.</li> </ul>
<p><b>Adult General Health</b></p>	<p><b>Do you have any health conditions that would make it hard for you to participate in WorkFirst activities?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Specific health issues and diagnosis.</li> <li>• Prognosis.</li> <li>• All treatments such as physical therapy, counseling, or other medical treatments.</li> <li>• Whether or not there is documentation of the health conditions.</li> </ul> <p><b>Note:</b> Ask the parent to sign a DSHS 14-012 Consent form, complete a DSHS 14-050 form, and use the “OR” IRP to require medical evidence from a secondary or primary care provider, such as the Medical/Disability Documentation form DSHS 10-353 (<a href="#">Link to form</a>)</p> <p><b>Note:</b> See WFHB 6.6, Disabilities, for more information</p>
	<p><b>Are you receiving doctor's care or treatment that would make it hard for you to participate in WorkFirst activities?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Specific care and treatment(s).</li> <li>• Prognosis and expected duration of treatment</li> <li>• All special accommodations required in order to get treatment:</li> <li>• The required accommodations, and</li> <li>• How those accommodations are being provided</li> <li>• Whether or not the parent can participate at some level while also receiving treatment.</li> <li>• If any specific WF participation or work-related accommodations are needed</li> <li>• The required accommodations</li> <li>• How the accommodations will be provided</li> <li>• Any other issues related to receiving treatment for a condition such as frequent</li> </ul>

		<p>appointments, transportation needs etc.</p> <p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• All specific types of care and treatments.</li> <li>• Duration of care and treatments.</li> <li>• Whether or not the person can participate in activities at some level while also receiving care and treatments.</li> <li>• Any special accommodations required that are necessary to receive care and treatment</li> <li>• What is needed</li> <li>• How it is provided</li> <li>• Other issues related to receiving treatment for a condition such as frequent appointments, transportation needs etc.</li> </ul>
<p><b>HIV/AIDS/STD Screening/Evaluation (Optional Special Record)</b></p>	<p><b>Do you or your partner have an AIDS/HIV/STD related condition(s) that you think makes it hard for you to get or keep a job?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Specify the type of condition.</li> <li>• Prognosis.</li> <li>• How the condition impact participation and employment.</li> </ul>
	<p><b>Are you currently being treated for this condition?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Whether or not the HIV/AIDS/STD condition being treated.</li> <li>• Whether or not the needed medications available.</li> <li>• Any special needs or required accommodations needed to receive treatment.</li> <li>• How the treatment will impact WorkFirst participation and employment.</li> </ul>
	<p><b>Do you have any type of documentation of this condition from a medical provider?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Type of documentation.</li> </ul> <p><b>Note:</b> Ask the parent to sign a DSHS 14-012 Consent form, complete a DSHS 14-050 form, and use the “OR” IRP to require medical evidence from a secondary or primary care provider, such as the Medical/Disability Documentation form DSHS 10-353 (<a href="#">Link to form</a>)</p> <p><b>Note:</b> See WFHB 6.6, Disabilities, for more information</p>
<p><b>Special Records</b></p>		
<p><b>Family Violence Screening/ Evaluation</b></p>		<ul style="list-style-type: none"> <li>• Whether or not the parent is currently in a dangerous situation?</li> <li>• How the parent wants to be contacted by the Case Manager/Social Worker.</li> <li>• Whether or not the parent reports FV and</li> </ul>

		<p>if he or she agrees to be referred to Social Worker for an assessment.</p> <ul style="list-style-type: none"> <li>• Whether or not the parent reports FV and if he or she agrees to be referred to a Family Violence Advocate for safety plan.</li> </ul> <p><b>Note:</b> If the parent answers “Yes” to any of the questions, inform the parent that there are specialists who can help with safety issues as well as tailoring plans within WorkFirst to help to avoid danger and promote success in the program.</p>
<b>Mental Health</b>	<b>Do you have any emotional or mental health issues that would make it hard for you to participate in WorkFirst activities or work?</b>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• What is involved in treatment (counseling, medication, group therapy, etc.)</li> <li>• Frequency and duration of treatment.</li> <li>• How the treatment impacts WorkFirst participation or employment.</li> <li>• Prognosis of the disorder.</li> <li>• Whether or not the parent can participate or work while receiving treatment.</li> </ul>
	<b>What kind of treatment are you getting for this condition?</b>	<ul style="list-style-type: none"> <li>• What type of medication is the parent taking?</li> <li>• Does the parent have regular visits with a Doctor, Psychologist? If so, with whom and how often.</li> </ul>
<b>Chemical Dependency</b>		<ul style="list-style-type: none"> <li>• The circumstances surrounding the Substance Abuse issue such as: DUI citations, loss of Driver’s License or job, could not attend school because of loss of transportation, etc.</li> <li>• Whether or not there is court-ordered treatment and if the person is attending treatment.</li> <li>• Any problems that may interfere with getting or attending treatment.</li> <li>• Types of job loss, training, or school that was not completed.</li> </ul>
	<b>Have you ever felt you should cut down on your drinking or drug use?</b>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Response such as, “Parent quit drinking for several months but now drinks occasionally.”</li> </ul>
	<b>Have people annoyed you by criticizing your drinking or drug use?</b>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Response such as “My wife nags about me going out with my friends to play pool and drink beer”.</li> </ul>
	<b>Have you felt bad or guilty about your drinking or drug use?</b>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Response such as, “I do sometimes feel guilty about my drinking”.</li> </ul>

	<p><b>Have you had difficulty at work, school or had legal problems because of the use of alcohol or other substances?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Response such as, “I often missed morning classes because of my drinking”.</li> </ul>
	<p><b>Is alcohol or substance use by another family member making it hard for you to find or keep a job? If so, what do you need to do so you can go to work?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• Response such as, “My roommate often brings friends home after the bars closes and wants me to get up and party with them. I need to move if I get a job.”</li> </ul>
<b>Customer Concerns</b>	<p><b>Are there any problems or concerns that we have not discussed that may affect your ability to participate in WorkFirst activities or work?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• All problems or issues that may impact WorkFirst participation or employment that have not previously been documented.</li> <li>• Specific circumstances that affects the parent’s ability to participate in WorkFirst activities or employment.</li> </ul>
	<p><b>Are there other services that you need but have been unable to get?</b></p>	<p><b>If the answer is yes, document:</b></p> <ul style="list-style-type: none"> <li>• All problems or issues, except chemical dependency, family violence, or mental health issues that may impact WorkFirst participation or employment that have not previously been discussed or documented.</li> <li>• Specific circumstances that could affect the parent’s ability to participate in WorkFirst activities or employment.</li> <li>• Cause of problem and what supports or actions are needed to address the issue</li> <li>• Other services or supports that may be needed such as:           <ul style="list-style-type: none"> <li>• Public Housing</li> <li>• Bus pass</li> <li>• Child care</li> <li>• Other support services</li> </ul> </li> </ul> <p><b>Note:</b> Ensure all issues relating to Alcohol or Substance Abuse, Family Violence, or mental health is documented only in the Special records section.</p>
	<p><b>What supports or services will help you participate in WorkFirst activities?</b></p>	<ul style="list-style-type: none"> <li>• List support services that were discussed and/or issued.</li> </ul>
	<p><b>What are your long term and short term goals?</b></p>	<ul style="list-style-type: none"> <li>• List parent’s goals if known.</li> <li>• Help to identify and establish if unknown.</li> </ul>
<b>Social Worker Referral Section Documentation</b>		
For each radio button question, document “Yes” or “No” as appropriate.		
<b>Question</b>	<b>Document</b>	
<b>Does the client need a referral to the</b>	<ul style="list-style-type: none"> <li>• No documentation needed.</li> </ul>	

<p><b>Social Worker to immediately resolve an issue?</b></p>	
<p><b>Does the client need a referral to the Social Worker for other issues (e.g. Pregnancy to Employment, other required assessment, housing, etc.)?</b></p>	<p><b>Document on the Social Worker Referral screen:</b></p> <ul style="list-style-type: none"> <li>• The situation and circumstances.</li> <li>• The parent's needs relating to the situation and circumstances.</li> <li>• Referrals to other agency.</li> <li>• Any information that would be helpful to the Social Worker, except information that relates to the Special Records section.</li> <li>• Provide as much information as possible to assist the parent in resolving issues and completing the CE.</li> </ul> <p><b>Note:</b> Ensure all issues relating to Alcohol or Substance Abuse, Family Violence, or mental health is documented only in the Special Records section.</p>
<p><b>DSHS Final Decision Participation Plan &amp; Justification</b></p>	
<p><b>Select appropriate pathway(s)</b></p>	<ul style="list-style-type: none"> <li>• Document which pathways were chosen and the justification for them.</li> <li>• Parent agreed.</li> </ul>
<p><b>College Evaluation Section Documentation</b></p>	
<p><b>Upon completion of testing/CASAS section document:</b></p> <ul style="list-style-type: none"> <li>• Previous education and training experience</li> <li>• Previously achieved education level</li> <li>• Previous use of financial aid, including WF financial aid</li> <li>• Previous work experience, either employment or volunteer</li> <li>• Barriers to education/training (i.e. legal issues)</li> <li>• Personal strengths and interests</li> <li>• The role of education and training in meeting career goals</li> </ul>	
<p><b>In the Recommendation section document:</b> Specifically state a plan that is based on the parent's skills, abilities, education, training, and experience. The recommended education and training options should be:</p> <ul style="list-style-type: none"> <li>• Clearly identified</li> <li>• Supported by the documentation above</li> <li>• Reflective of the parent's interests and the parent's ability to benefit from available program options</li> <li>• In line with education and training policies</li> <li>• Realistic (available time frame, the parent appears motivated)</li> <li>• Clearly demonstrate parent involvement in the development of recommended options</li> <li>• Start and anticipated completion dates for all education and training activities</li> <li>• If the parent is not interested in education and training at this time, please indicate.</li> </ul>	

Comprehensive Evaluation Documentation Guidelines

WorkFirst Partnership

July 30, 2009

<b>ESD Employment Plan Evaluation and Recommendation Documentation</b>	
<b>Assessment Result</b>	<ul style="list-style-type: none"> <li>• Assessment results are uploaded from CATS and Start Date is entered</li> <li>• <b>Interests:</b> Specific occupation from assessment results</li> <li>• <b>Work Values:</b> Specific occupation from assessment results</li> <li>• <b>Skills:</b> Specific Occupation from assessment results</li> <li>• <b>Work History:</b> List occupations, skills, and years/months experience</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Uploaded from CATS</li> </ul>
<b>Labor Market Information (uploaded from CATS)</b>	<ul style="list-style-type: none"> <li>• <b>Possible Occupations:</b> Occupation in local area</li> <li>• <b>Prevailing Wage:</b> Wage for occupation is listed</li> <li>• <b>Potential Employers:</b> Specific local employers are listed</li> </ul>
<b>Short Term Goal</b>	<ul style="list-style-type: none"> <li>• Immediate next steps relating to a specific job or activity that relates to becoming employed or wage progression.</li> </ul>
<b>Long Term Goal</b>	<ul style="list-style-type: none"> <li>• Future activities (while on or off TANF) relating to a specific job or activity that relates to becoming employed or wage progression.</li> </ul>
<b>Recommendation</b>	<ul style="list-style-type: none"> <li>• The evaluation includes the type of work the parent is seeking as it relates to their employment goals.</li> <li>• List steps for achieving employment goals as appropriate.</li> <li>• Provides information on how labor market information supports the parent's employment goals.</li> <li>• The evaluation indicates that the parent was involved in determining their employment goals and how they will achieve them.</li> </ul>