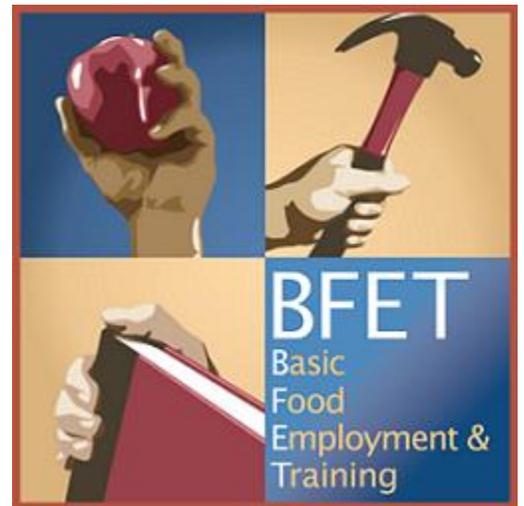


BASIC FOOD EMPLOYMENT AND TRAINING PROGRAM

BFET PROVIDER'S HANDBOOK



Revised October 2015

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INTRODUCTION

Basic Food Employment and Training (BFET) helps individuals receiving Basic Food benefits obtain employment through voluntary participation in job search, training, education, or workfare activities that promote self-sufficiency. The program delivers services through a third party reimbursement model. This model consists of contractual partnerships between the Washington State Department of Social and Health Services (DSHS), Washington State Board for Community and Technical Colleges (SBCTC), and several community-based organizations (CBO). The 34 colleges represented by SBCTC and the CBOs provide direct services to participants.

This handbook (also known as the BFET Partner's Manual) provides a standard set of procedures and guidelines to deliver services under the BFET program. This handbook does not cover every situation or scenario a contractor (Provider) may encounter in their day-to-day case management activities. Providers receive face-to-face training that provides more detailed instructions and examples of common and some rare case actions. This handbook is typically updated at the start of every calendar quarter.

PROGRAM CONTACTS

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Mat Carlisle	Program Administrator, SBCTC	(360) 704-4341	mcarlisle@sbctc.edu
BFET email at DSHS HQ	Invoices, program inquiries, eJAS access questions and program concerns		SWBFETPolicy@dshs.wa.gov
Direct Client Inquiries	Listed on client marketing such as postcards and website		JobHelp@dshs.wa.gov
BFET Eligibility	Eligibility lists, participant eligibility issues and audit issues		BFETHelp@dshs.wa.gov
BFET Billing	Billing Rosters		BFETBilling@dshs.wa.gov
ORIA	ORIA - Invoice packet and program inquiries		Lisa.Pan@dshs.wa.gov

BASIC FOOD (SNAP)

Overview

Washington State administers the Supplemental Nutrition Assistance Program (SNAP) as authorized by the Agricultural Act of 2014, as the Washington Basic Food Program. The Basic Food Program includes the federally funded SNAP and the state-funded Food Assistance Program for legal immigrants (FAP). FAP provides food assistance for individuals who are legal immigrants and meet federal income requirements, but do not meet federal immigrant eligibility criteria for SNAP. FAP recipients are not eligible for BFET.

The Washington Basic Food Program helps low-income individuals obtain a more nutritious diet by supplementing their income with Basic Food benefits issued on an electronic benefits transfer (EBT) card.

States must provide employment and training services to program participants as a part of administering SNAP. BFET is the SNAP corresponding employment and training program in Washington.

Federal Regulations require some Basic Food recipients to register for work and participate in approved activities, if asked to do so, to maintain their eligibility for food assistance. Mandatory participants can meet the participation requirement by participating in approved employment and training activities like those provided by BFET. Washington State's BFET program is voluntary; there are no mandatory participation requirements.

Basic Food Zero Eligibility

Persons eligible for Basic Food **are eligible** for BFET services. This includes people that receive zero benefits or a very low monthly issuance. Please be aware that besides being eligible for BFET services, all Basic Food eligible clients may also be eligible for:

- Low-cost cell phone service; and
- Women, infants, and children (WIC) services.

GENERAL INFORMATION

Confidentiality/Non-Disclosure

As a provider organization, you must require all employees (or other persons) with access to DSHS information complete and sign an approved DSHS Non-Disclosure form. You will find a preapproved form (03-374E) on the Provider Page of the public website www.basicfoodet.org. Appendix III has an example of an approved non-disclosure form. Please email/scan all completed forms to SWBFETPolicy@dshs.wa.gov.

You must only access BFET cases in eJAS through the BFET model, and access DSHS data at the “**minimum [level] necessary**.” Using BVS, the eJAS “COLLEGES” model, or other means not explicitly approved, is prohibited.

DSHS policy prohibits using DSHS information or access to eJAS for personal gain or potential conflicts of interest. For example: working on the case of a family member or friend.

Mandatory Reporting

Because you do business with the state, you are a mandatory reporter of abuse. As a mandatory reporter, you **MUST** by law make a report if you have reason to believe abuse, abandonment, neglect, or financial exploitation of a vulnerable adult has occurred, by calling 1-866-END HARM. The law defines a vulnerable adult as:

- a person 60 years of age or older who lacks the functional, physical, or mental ability to care for him or herself;
- an adult with a developmental disability per [71A.10.020](#);
- an adult with a legal guardian per [11.88 RCW](#);
- an adult living in a long-term care facility (an adult family home, boarding home or nursing home);
- an adult living in their own or their family's home that receives services from an agency or contracted individual provider; or

- an adult self-directing their care per law ([74.39.050 RCW](#))

Additionally, we require you to report knowledge of welfare fraud to 1-800-562-6906, <http://www.dshs.wa.gov/Fraud/> or SWBFETPolicy@dshs.wa.gov.

You must train staff in Abuse and Fraud reporting, and document the training in writing. Abuse-reporting training can be through reading the DSHS 22-163 publication, or viewing the video on [YouTube](#).

Data Security

You must securely transfer, store and dispose of participant data. You and your staff must familiarize yourselves with the data security provision contained in Exhibit A and the Special Terms / Confidentiality section of the BFET contract. You must not use portable devices or portable media without first obtaining written permission from DSHS, as outlined in the contract.

Provider Liability

You must have appropriate [liability] insurance to conduct all business that relates to DSHS services. For example, if you offer direct transport for clients, your vehicle and driver must have the proper insurance. DSHS is not liable for damages or costs associated with not having proper insurance.

Outreach/Marketing

You will conduct marketing and outreach. DSHS may refer participants to Providers at the participant's request.

Non-Covered Services

- 4-year college;
- Transfer degrees;
- On the job training wages;
- Work experience;
- Workfare; or
- Stipends provided in certain training programs.

Civil Rights/Non-Discrimination

The U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) requires recipients of their federal funds to comply with FNS 113-1. FNS 113-1 requires complying and enforcing the "prohibition against discrimination in all FNS nutrition programs and activities, whether federally funded in whole or not."

Additionally, "training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures and directives." To comply with this rule, your frontline staff and their supervisors must take an approved civil rights training annually. The civil rights training currently approved is "**Understanding and Abiding by Title VI of the Civil Rights Act of 1964.**" The link to this training is on the Provider Page on the public BFET website.

You must document the annual civil rights training completed by each staff person. You must retain this documentation for future monitoring visits and/or auditing. The appendix has a sample form that staff can sign.

BFET ELIGIBILITY

An eligible individual may receive BFET services if he/she:

- Receives federal food assistance ; and
- Is age 16 or older (there are additional requirements to serve 16-17 year olds); and
- Has the physical and mental ability to work at least 20 hours per week, or able to do so within the next year. For clients with a verified disability, such as active SSI recipients or temporary workers compensation recipients, you will use the client's statement or client-provided documentation needed to determine BFET eligibility; and
- Can participate in BFET immediately.

An individual will not receive BFET services if he/she:

- Receives FAP benefits;
- Receives Temporary Assistance for Needy Families (TANF) or other cash assistance under Title IV such as Tribal TANF;

*Note –Office of Refugee and Immigrant Assistance (ORIA) participants must not be U.S. citizens.

Encourage individuals to apply for SNAP if they appear eligible. However, DSHS cannot expedite Basic Food applications for participants unless they meet specific criteria. Basic Food applications may take up to 30 days before a determination of eligibility is made.

Components

Eligible individuals can participate in the following activities (components):

Food Indicator (FI) - All BFET participants must have this component opened. This will distinguish the case from WorkFirst in eJAS and allow you access to the participant's eJAS case. This activity has no associated component.

Job Search (JS) - JS activity is assistance provided to participants to secure employment. This may include access to job listings, email, fax, telephone or assistance in preparing applications and resumes. The participant must make six employer contacts per month.

You can open this component for a maximum of 90 days, with a total of up to 270 days. You cannot extend JS past 90 days. You must close the JS after 90 days, and open a new JS if the client will participate in JS again. JS components cannot start with a future date.

Job Search Training (JT) - JT activity is education and assistance provided to participants to secure employment. This may include education in a career setting, assistance in preparing application, resume writing, interview skills, and general computer instruction related to seeking employment. Though BFET cannot fund paid and subsidized work, unpaid internships and unpaid Work Experience (WEX) may fall under JT.

You can open JT for a maximum of 91 days, with a total of up to 273 days (through extensions) without further DSHS review.

Adult Basic Education/English as a Second Language (BE) - BE activity is education provided to participants with low reading, writing or math skills in order to raise their overall employability. High School Equivalency (formerly GED), Adult Basic Education (ABE), and English as a Second Language (ESL) fall under the BE component. See Appendix II for further information.

ORIA Providers can approve BE for ESL only when providing ESL to participants to gain language skills needed to get and keep employment. Follow these requirements to approve BE for ESL:

- Determine the recipient's initial ESL level by administering the Comprehensive Adult Student Assessment System (CASAS) test for reading and listening and ORIA-approved assessments for writing and speaking; and
- CASAS- qualified staff that have knowledge and experience in applying Washington ESL Adult Learning Standards skill indicators for writing and speaking testing must perform the ESL assessment scoring.

ESL instructors must have the following:

- A Bachelor's degree in Linguistics, Liberal Studies or Liberal Arts with an ESL, Teaching English to Speakers of Other Languages (TESOL) or Adult Education endorsement; or
- Credentials approved by a community college or by the ORIA Program Manager.

ORIA Providers must:

- Provide ESL Classroom instruction and document weekly class attendance,
- Provide ESL classroom instructional services in an appropriate teaching and learning environment,
- Utilize the Washington State ESL Adult Learning Standards as the basis for all learning goals and measures, as stated by the Washington State Board for Community and Technical Colleges, http://www.sbctc.ctc.edu/college/e-abe_learningstandards.aspx, and
- Ensure that instruction and curriculum include work-related topics to help prepare Participants for employment while they learn English.

You can open BE for a maximum of 120 days, with a total of up to 365 days (through extensions) without further DSHS review.

Vocational Education (VE) - VE activity is education or instruction in specific skills and abilities required in an occupational field. This may include occupational assessment, remedial and entry level job skills training, customized and institutional skill training, and upgrade training.

Open this component for a maximum of 150 days, with a total of up to 2 years without further DSHS review. Open a new component after the first 365 days.

Job Retention Services (BR) - BR activity is assistance and support provided to employed participants to achieve satisfactory performance, and increase earnings over time. This activity may include counseling, coaching, case management and participant reimbursements.

Participants must provide verification of employment to you and you must update the Employment Screen before requesting the BR component. The participant must verify his or her employment monthly to continue to receive retention services. The BR component must not open through BFET eligibility (automation). You must submit all BR requests through a manual eligibility list.

You can provide retention services for a maximum of 90 days from the first day of employment or from the day Basic Food ended, whichever is sooner. Employment does not need to directly relate to BFET participation, but the client had to receive non-BR BFET services within the last 90 days. DSHS allows up to two BR components of up to 90 days each in a rolling year. If you approve a second 90 day BR component : a) the second BR must be for a different job than the first BR; and b) client services must never exceed 90 days after the last day the client received Basic Food assistance.

Component Hours

You should input component hours based on the number of hours you expect the participant to participate. For example, if a client attends Vocational Education for 6 hours per week and has an estimated 10 hours of homework or study time per week, the VE should show 16 hours per week. Note – the total maximum activity hours per week is 40, including all activities.

DSHS considers participants enrolled in 19 hours or less per week as part time. DSHS considers participants enrolled in at least 20 hours per week as more than half time.

The BR component hours are the number of hours the client participates in actual retention activities with the agency, not the number of hours the client works. For example, if the client has a 2 hour weekly meeting with the agency to discuss the client's new job and to pick up a gas voucher, the BR component will be 2 hours.

FNS E&T Toolkit

You must also follow rules included in the most recent version of the FNS E&T Toolkit. You will find this online at [www.fns.usda.gov/sites/default/files/ET Toolkit 2013.pdf](http://www.fns.usda.gov/sites/default/files/ET_Toolkit_2013.pdf).

ELIGIBILITY AND ENROLLMENT

If the individual meets above criteria, use eJAS to confirm eligibility and complete electronic enrollment.

Prior to determining BFET eligibility, obtain (and retain per terms in the contract) a signed DSHS Consent form 14-012 (or other consent form approved in writing by DSHS) from all individuals who are subject to the verification process, even if he/she does not enroll in BFET.

You may open components with future start dates (except JS) up to one calendar month in advance. Day one of the component time limits begin on the [future] start date. For example, open a September component as early as August 1st. When opening future components you must recheck eligibility before providing services as client's eligibility can terminate without notice.

eJAS BFET Eligibility and Enrollment Process (Automation)

To determine BFET eligibility, select the hyperlink [BFET Eligibility](#).

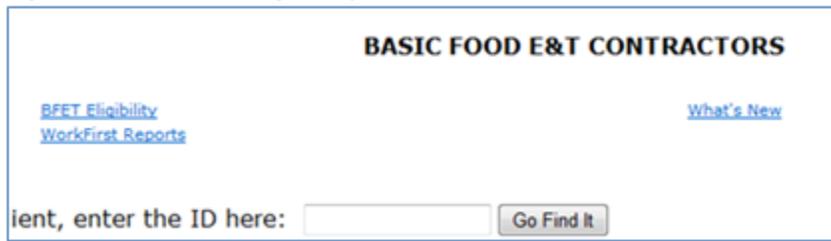
When you check BFET eligibility the system will make a note under Eligibility Determination indicating eligibility was checked, along with the result of the check. There are 4 possible outcomes for the note:

- BFET Eligibility Auto-Checked: Participant not auto-opened on BFET due to existing BFET-related activity. (When the participant has an active or expired FI component);
- BFET Eligibility Auto-Checked: Participant not auto-opened on BFET due to not meeting BFET criteria;
- BFET Eligibility Auto-Checked: Participant eligible for BFET; or
- BFET Eligibility Auto-Checked: Participant eligible for BFET/ORIA BFET.

If eJAS finds the individual eligible and not already a BFET participant, you can enroll the individual by auto-opening the FI component for 12 months by adding a component. If no component is selected, the FI will not auto-open. You cannot backdate beyond the first of the current month using the auto process. However DSHS staff can still use the manual process to backdate further, when necessary.

Step-by-Step Directions

1. From your home page, select BFET Eligibility

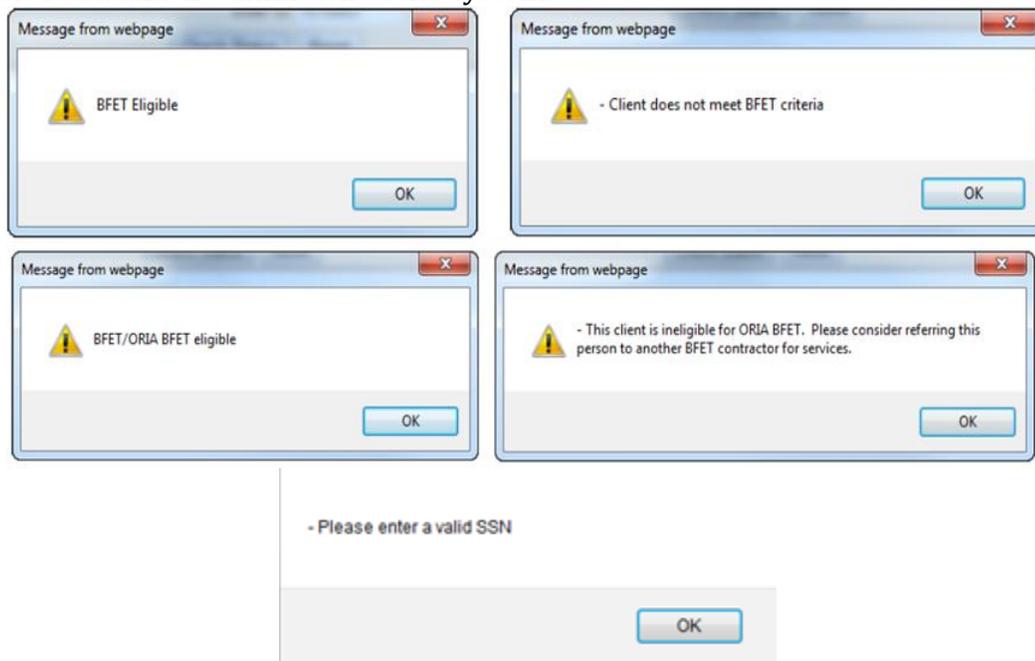


2. Check Eligibility: Enter the Provider ID and the participant's SSN or eJAS ID



3. Click on Check Status

Eligibility Results show in a pop-up message. These results also generate a new note to eJAS. If the system finds the client ineligible, then you may submit a manual eligibility list. The following are examples of pop-ups. The denial reason “Please enter a valid SSN” occurs when the client does not receive Basic Food and are unknown to the system.



4. Complete the eJAS process (if the individual requires a component):
 - a. If the participant is eligible for BFET,
 - i. Open the Provider requested component in eJAS. This will auto-generate the FI component for 12 months from the system date or the activity start date (if earlier than the system date).

Component	Start Date	Hours	Scheduled End
VE	01/14/2014	20	03/15/2014

- ii. Complete the participant notes as appropriate per Case Management section of this Handbook. (*The auto-note alone is not sufficient.*)

JAS Notes

[Add New JAS Notes](#)
[Notes Summary](#)
[Print](#)

[Open General Search Options](#)
[Note/CE/Assessment Search](#)

Notes

Literacy/Learning Referral
JOYCE HENSEN CSD 01/14/2014 09:56:05
[Click here to view Literacy/Learning Referral](#)

Literacy/Learning Referral
JOYCE HENSEN CSD 01/14/2014 09:55:54
[Click here to view Literacy/Learning Referral](#)

BFET Eligibility Auto-Checked
JOYCE HENSEN CSD 01/14/2014 09:29:20
Client eligible for BFET

Auto-note added when eligibility was checked.
Add a component note, too.

Manual Eligibility and Enrollment Process

Step 1: Review BFET eligibility. If unable to enroll the individual through BFET eligibility (automation), go to step 2.

Step 2: Upon confirmation that participant receives SNAP, submit a BFET Eligibility List (see appendix III) to BFETHelp@dshs.wa.gov.

Eligibility List process:

- DSHS works all eligibility lists in the order received;
- Colleges - Submit lists a minimum of 10 days prior to start of academic quarter unless you have approved students for late registration;
- Typically, DSHS completes eligibility lists within 10 business days;
- Send only one eligibility list of no more than 30 names per list, per email;
- You must send all eligibility lists through the secure e-mail; and
- DSHS will return lists via the secure e-mail system.

All individuals submitted for BFET eligibility must include the following information:

- The component activity code;
- Components start and end date; and
- The hours of participation for each component.

Step 3: Once you confirm BFET eligibility, complete an individual employment plan (IEP). You do not need to input the IEP into eJAS; however, you do need to document in eJAS that an IEP was conducted.

Enrollment with Multiple BFET Providers

In some situations, you may share participants with other providers. For example, a Community Based Organization (CBO) may work with a college to help the same participant achieve his/her IEP goals.

These participants are referred to both Providers but receive different service component codes. It is your responsibility to coordinate services for co-enrolled participants to eliminate/prevent duplication of service. Duplication of services means the participant receives the same component or the same support service from multiple providers even if the component is different. You must follow the Component Hours guidance such as having a maximum of 40 hours scheduled per week between all components.

DSHS encourages collaborating referrals for services that a client cannot receive at their current provider. For example, if a client nears the end of their VE goals at a college, the college may refer to a CBO to provide JS if the college does not have adequate job search assistance available.

RISE Collaboration

The Resources to Initiate Successful Employment (RISE) three year pilot offers expanded BFET services such as Comprehensive Case Management, Work-Based Learning and structured Life Skills. RISE will offer services in King, Pierce, Yakima and Spokane counties as of December 1, 2015. RISE will co-enroll many clients with BFET, and will consider the BFET program participants the control group for research purposes. Because of this, BFET providers must cooperate with the research and documentation requirements of RISE.

BFET providers agree by contract to work with Mathematica and its subcontractors. The Mathematica subcontractors are:

- Manpower Demonstration Research Corporation (MDRC);
- Insight Policy Research;
- KC; and
- DIR

ORIA Providers Collaboration

Participants served by another program such as Limited English Proficiency (LEP) Pathway or Refugees with Special Employment Needs (RSEN) may or may not qualify for BFET services at the same time. Contact the ORIA Program Manager if you need further information/clarification before starting service to a participant who also works with another BFET or non-BFET provider. If you see notes in a client's case that indicate open LEP Pathway or RSEN services, you must consult with the LEP Pathway or RSEN provider.

BFET Ongoing Eligibility

The caseload screen provides the prime source of verification of ongoing BFET eligibility. The demographic screen provides information on:

- Basic Food program status;
- TANF status (Diversion Cash Assistance is not considered TANF);
- The effective date of closed cases; and
- Reason for closed or terminated cases.

You should also review the caseload screen prior to submitting participant names for monthly billing. This will ensure that the participant was eligible for BFET funded services during the month billed.

MONITORING AND AUDITING

Annual Monitoring

DSHS BFET staff will conduct annual monitoring visits to providers (including subcontractors and vendors). Monitoring visits will occur on-site at some or all sites where you provide client services. DSHS can also conduct monitoring visits remotely via email, phone and other appropriate formats. Upon

completion of the monitoring visit, you will need to address any findings with a corrective action plan. DSHS will ensure that you complete corrective action steps and that continued compliance occurs. This may involve continued monitoring after the on-site or remote monitoring.

Auditing

You are subject to auditing by DSHS and/or FNS in order to ensure all appropriate laws, rules and procedures are followed. This may involve auditing of client case files whether electronically or on-site and surveying of Providers and/or participants.

RESPONSIBILITIES AND REPORTING REQUIREMENTS

Individual Employment Plan (IEP)

After enrolling a person into BFET, complete an IEP and ensure you update it and any subsequent updates in the participant's file. The participant must complete and sign the IEP within ten calendar days of program enrollment. This handbook includes a suggested IEP form can be found in Appendix III.

The IEP will include the results of assessing the following:

- Career goals,
- Skills,
- Abilities,
- Family obligations, and;
- Any other job-relatable assets and barriers.

The IEP will include incremental steps to help participants overcome all identified career barriers and support the participant's strengths and goals.

The following items must be included in the IEP:

- Title of the form must be "BFET IEP" or "IEP" (acronyms may be written out);
- Date the IEP was created;
- Proposed BFET activities;
- Any assessed employment barriers;
- Employment goal(s);
- Referrals, if any, made to other service Providers;
- Participant signature; and
- Any other information relevant to employment and training.

IEP must be updated annually. Also update the form when a component or activity changes. For example, when a participant completes training or reaches other employment goals in the initial IEP. You must document in eJAS that an IEP was conducted or changed.

Case Management

You must monitor the participant's progress in BFET and document it in eJAS monthly. Expected documentation includes the following:

- Participation progress;
- Changes in an IEP;
- Changes in activities and/or schooling ;
- Any participant reimbursement, to include a brief description and amount;

- Job [search/application] logs or other participation logs for any participants that receive participant reimbursements (including child care). Job logs must include what activities were completed to further job search and reach goals, including jobs a participant applies for;
- Requesting opening and closure of components, to include: how many hours and exact schedule, if the participant requests childcare services; and
- If completing a monthly progress note, ensure that you use the monthly progress radio button on the caseload screen.
- Closures of components –Close components if you have lost contact with the participant or the participant has not engaged in the BFET activity for 60 days. You must use the proper closure completion codes when closing components in eJAS. Use the following closure completion codes:
 - **CS = Completed Satisfactorily** means the participant completed the activity as scheduled, but did not receive employment;
 - **EE = Entered Employment** means the participant exited the activity due to employment;
 - **IC = Incomplete** means the participant did not participate until the scheduled activity end date. This typically means the participant dropped out or changed activities completely;
 - **LC = Loss of Contact** means you lost contact with the client for at least one month, and the participant did not reach the scheduled activity end date;
 - NS = No Show for Scheduled Appointment. *For DSHS staff only;*
 - 12 = Unable to Document Eligibility. *For DSHS staff use only when case opened in error.*

Anyone with access to eJAS can see BFET notes because they fall under the general notes section. Since BFET does not use confidential notes in eJAS, you **must avoid** entering any notes with confidential/**sensitive information** about Chemical Dependency, Mental Health, Family Violence, and HIV/AIDS/STD.

You can better manage your BFET caseload by using the Caseload Management Report (CLMR) in eJAS. DSHS requires you to review your CLMR at least monthly and utilize it to update notes and participation. The CLMR allows you to view lists of participants with overdue components and those that are coming overdue. Please utilize eJAS when possible to extend or change components timely, or send a new eligibility list to BFETHelp@dshs.wa.gov or the BFET Specialist assigned to your area.

You can update expired components with an overdue status of less than 30 days.

Expired components will close after 30 days without notice. If you need to reopen an expired component, you must re-submit it through the enrollment process. Likewise, FI components that do not accompany BFET activities or components will close without notice.

You must either update eJAS or contact DSHS via an eligibility list, at BFETHelp@dshs.wa.gov, with any changes that result in a reduction in component hours or termination of components. You must do this within three working days of discovery of the change.

Other changes that you may report through either eJAS or an eligibility list include:

- Changes in component participation;
- Non-participation;
- Increase in participation hours; or
- Employment changes, such as new employment with wages/hours/etc. and termination of old employment already input into eJAS (**if updating this in eJAS, you must update the employment screen within ten calendar days of the participant reporting a job to the Provider**).

Note – DSHS requires Basic Food recipients report if their income exceeds 130% of the FPL based on their eligible household size. When you report employment, DSHS takes this information as an unverified third party report. If it appears the client will exceed the 130% FPL threshold, DSHS must request verification and take appropriate action with (e.g., reduction or termination of) the client’s Basic Food. See [WAC 388-418-0005 or 388-418-0007](#) for more information.

You can submit final notes or reports in eJAS for 90 days after a participant’s components close.

If you enter a note incorrectly, contact DSHS at SWBFETPolicy@dshs.wa.gov to submit a deletion request. Only DSHS can delete notes. Deleting notes requires a written request and a reason for deletion. Remember that any entry made may become public record; make your notes both accurate and able to withstand public scrutiny.

Please ensure that you document the following information in eJAS accordingly as DSHS evaluates information based on the following guidelines and expectations:

1. Initial Progress Note: In the initial month of participation, the progress note addresses the following:
 - Employment goal and BFET activities that help the client obtain this goal
For colleges, what degree or certificate and how long will it take to complete the program? For CBO’s, how many job search contacts do you expect, what type of job training is planned, etc.? What barriers exist that might slow down progress? This initial note tells the story of why the client will participate in BFET.
2. Ongoing Progress Note: Ongoing progress notes detail the participant’s monthly activities and address the following elements, if applicable:
 - Client’s progress in the BFET activity
Is the participant on track with the education plan, meeting the required number of job search contacts, completing resume/practice interviews, or attending job training programs, etc.?
 - How progress was assessed
If noting that the participant is making progress, how do you know? Was there in person contact, a phone call, email from client, contact with instructors or verification of continued attendance and grades?
 - Any changes in employment/education plan.
How will this affect the anticipated completion date?
 - Reason for delay in progress
If you must extend a component past the time limits due to slow progress (for example, more than 270 days for VE), explain the slow progress and update the new expected completion date.
 - If unable to make contact, document loss of contact and unable to assess progress
Explain what attempts were made, if reminders were sent to client, and what you will do next if the client does not respond.
3. Closing Progress Note: When BFET participation ends, for whatever reason, enter a final closing note. Document the outcome and explain why the client left BFET. Was a degree or certification earned? Did the client get employment?

Updating Components

The following explains guidelines for updating or extending components:

Step #1

Check for active BFA and no TANF. The participant must have active BFA in the ongoing months. In the example below, Allison has an open BFA. It does not say "Closed 01/31/2015."

Name		JAS Id	ACES Id
[REDACTED] ALLISON		[REDACTED]	[REDACTED]
Two Parent :	Required Part? :	LEP : No	EA : No
HOH :		Total: 000	Recip: 000
TANF :	BFA: Open		

In the Client Demographics, Allison has a financial responsibility of RE. This means that she receives BFA and not FAP. (FAP recipients show as RN in the **Fin Resp** field.)

Name: ALLISON [REDACTED]	Jas Id: [REDACTED]	Client Id: [REDACTED]
Currently Active Assistance Units		
[REDACTED]	FS - Foodstamp(non-exempt)	HOH: SE
		Fin Resp: RE

In this example, Allison is eligible for BFET in ongoing months.

Step #2

Update the component Scheduled End dates. Click on the **Edit** hyperlink on the **Component/IRP Information** page. Remove the current Scheduled End date and enter the new Scheduled End date for the Component and Contractor. Then click update to save the changes.

Component: JS	Hours: 10	Completion Code: ?
Start Date: 12/16/2014	Scheduled End Date: 03/15/2015	Actual End Date:
ESD Worker:	DSHS Worker: [REDACTED]	Partner Id: ?
Contractor: 6CE		
Scheduled Start Date: 12/16/2014	Scheduled End Date: 03/15/2015	Actual End Date:
Contractor:	Scheduled Start Date:	Scheduled End Date:
	Actual End Date:	
Contractor:	Scheduled Start Date:	Scheduled End Date:
	Actual End Date:	
Hide DSHS Responsible Dates		
From	Thru	From
12/16/2014	03/15/2015	
From	Thru	From

Make sure you follow the guidelines about how long a component can stay open. For example, a JS component can only stay open for 90 days at a time. If the component was originally opened for 01/01/2014 – 03/31/2014, the second extension of the JS will open from 04/01/2014 – 06/29/2014. The updated Schedule End date is 06/29/2014.

When updating component, **DO NOT CHANGE THE START DATE**. When closing a component, the Actual End Date **MUST NOT EXCEED** the Scheduled End Date.

Step #3

Write a note in the **Client Notes** that you updated the component. Follow the guidelines in the Case Management section of this Handbook that detail what you must include in the note.

Participant Files

You must keep files for all BFET participants. You can keep the files in paper or electronic formats. DSHS will review them as part of the annual BFET program and fiscal monitoring. Organize files according to your agency's standards but at the minimum they must contain information about the intake, assessment, release of information/consent form, eligibility verification, participant progress, and participant reimbursements.

Intake and Assessment

You must complete an intake and assessment of the participant to ensure they fit the BFET program. You must maintain copies of all intake documentation provided and completed by the participant to show evidence that an assessment process was completed with the participant to determine the most appropriate service. The assessment must include, at a minimum:

- Basic skill levels,
- Aptitude,
- Interests,
- Employment history,
- Education history,
- Employment barriers,
- Career goals/interests,
- And supportive service needs.

You can complete the full intake and assessment before or after checking BFET eligibility in eJAS. However, you must complete the full intake and assessment before assigning (or enrolling) an individual into a BFET activity/component.

Assignment to BFET Activity

Use the assessment to develop the IEP (Individual Employment Plan) and assign the participant to an appropriate activity. Participants must have the ability and availability to participate in BFET services (other than standalone case management) immediately upon enrollment into BFET components. Also, if the assessment shows that the client does not have the physical and mental ability to work at least 20 hours per week within one (1) year, then you must deny the individual BFET enrollment. DSHS encourages you to provide the client with the leaflet insert 22-1578 at intake. The BFET leaflet publication explains BFET basics and client responsibilities.

Release of Information Form

Participants must complete, sign, and submit the Release of Information or Consent Form before you can access their confidential information. You must use the DSHS Form 14-012 or integrate the following DSHS "Release Clause" into your own form. Your consent/release forms are not acceptable without the "Release Clause."

If you must share any information about Mental Health, Chemical Dependency Services (such as drug or alcohol abuse), you must use the DSHS Form 14-012.

If you use the “Release Clause”, the consent form still must contain the client/participant signature, the date signed and either the client’s date of birth or DSHS client ID/eJAS ID number.

The “Release Clause” must state verbatim:

“I, [print Participant’s name], give permission for the Washington State Department of Social and Health Services and [print Agency’s name] to use and share confidential information about me (except as limited below) as necessary for Employment and Training (E&T) activities as required by the Basic Food E&T (BFET) program.

This consent is valid for a maximum of three years from the date signed, unless I withdraw or change my consent in writing.

This consent DOES NOT permit sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD test results, diagnosis or treatment.

I understand that I must fill out a separately approved consent form if I am under 18 years of age, I want to further limit information shared about me, someone else is representing me in this matter, or I want to allow sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD test results, diagnosis or treatment.”

Limited English Proficiency (LEP)

If the participant prefers to communicate in a language other than English, all forms and services must be communicated and/or interpreted to the participant in his or her preferred language.

Eligibility Verification

The eJAS system records enrollment or eligibility checks when using BFET eligibility automation. DSHS requires eligibility verification based on the Agency’s specific program requirements. For example, a college student must enroll in a BFET eligible education program based on the college’s requirements.

ORIA Providers must keep the following records in addition to the above:

- Legible copies of front and back side of the Participant’s permanent resident card (I-551), I-94 or other USCIS documentation verifying current immigration status;
- Changes to the participant’s immigration status, including naturalization; and
- Social Security Number (or eJAS ID if no Social Security Number *issued*).

Participant Progress

The file must contain participant progress information which includes the activity the participant is engaged in, the dates of participation in that activity, and regular program progress notes. Notes in the file may further detail or supplement eJAS notes.

ORIA Providers must keep the following records in addition to the above:

- Employment placement information that includes:
 - Employer name and address,
 - Employer contact person name and phone number,
 - Job title,
 - Start date,
 - Hourly rate or wage,
 - Average number of hours worked per week, and
 - Medical/dental benefits availability.

- Verification of ninety (90) day, part or full-time employment. Acceptable verification includes:
 - A 90 day employment verification form signed by the employer;
 - Wage stubs; or
 - Calling employer or third party contact (as directed by the employer) to verify employment status.
 - You must document all 90 day employment verification in eJAS. DSHS encourages, but does not require additional information in the paper file;
 - If you are unable to verify employment after reasonable attempts, then you may contact ORIA to discuss other options to document employment.
 - Sample eJAS 90 day documentation: 90 day employment verification: Spoke with John Smith at 509-555-1212 today. Sami still works full-time at ABC Warehouse earning \$10.30/hr. She does well and they expect to train her for more responsibilities.
- If applicable, documentation of ESL participation with the following:
 - Weekly ESL class attendance sheets that includes class title, quarter, schedule time, instructor's name, and student names.

Participant Reimbursement Tracking

You must track all support services (participant reimbursements) using the participant reimbursement form. You may use a different form if approved in writing by DSHS.

Records must contain copies of ticket and bus pass issuance or logs, copies of receipts for all other participant reimbursements issued such as but not limited to books, supplies, clothing, and tools as well as the justifications for each issuance. Your agency may write a policy to allow participants to receive participant reimbursements even after the participant fails to turn in up to two receipts.

Quarterly Reporting

DSHS reviews your quarterly number of enrollments and completions by component type – Job Search (JS/JT), Basic Education (BE), Vocational Education (VE) and Job Retention (BR). DSHS also reviews the total number of participants enrolled, and the total number of participants who gained employment. Each quarterly report shows the participant's information as it occurred in that quarter only. For example, if a participant enrolled for a 90 day Job Search in the 2nd quarter, they will likely not show as complete until at least the 3rd quarter.

DSHS only counts enrollment once per participant per component unless a break in their BFET service lasts for at least 180 days. If the break of service lasts for at least 180 days, consider the individual a new BFET participant upon re-enrollment.

DSHS defines completion in the Contract as receiving a certificate or other program completion acknowledgement. Completion may also include a participant who leaves the BFET program due to employment.

DSHS also reviews employment retention rates, even if you do not claim the BR component. You should only claim the participant's employment if it started within three months after the last day the client received BFET services, though data may not distinguish the actual start date.

DSHS uses data from the quarterly report to ensure you meet performance outcomes and other terms outlined in the contract.

Child Care (CCSP)

The Child Care Subsidy Program (CCSP) considers BFET an approvable activity if the participant(s) meet all other CCSP eligibility criteria. Participants must apply for CCSP directly through DSHS via phone, paper application or www.waconnection.org. Remember that the subsidy will not start until the date CCSP approves the parent(s) and child care provider. You may use participant reimbursement if CCSP finds the participant ineligible for CCSP or the participant needs additional funding.

CCSP only provides child care during approved activities.

Child care staff will verify the participant's schedule of BFET activities through participant components, hours and notes in eJAS. DSHS requires documentation of specific activity information, (i.e. activity types, days, times, start and end dates). **CCSP cannot authorize child care if activity verification is unavailable or unclear.**

DSHS Child Care Requirements

If you approve a BFET participant for school, the days and times noted in the eJAS notes will verify the participant's schedule.

BFET Providers should enter the actual estimated hours in the components. Even though component hours may differ from the schedule listed in the notes. This can occur due to differences in the way that the program documents school hours.

Participants can request up to ten hours of study time (document this in eJAS). You should include this time in the component because the approvable child care activity for BFET participants is BFET, and does not follow the normal student rules.

When documenting a BFET participant's schedule in eJAS for childcare purpose, include the following:

- The component activity code;
- Components start date and end date;
- The hours of participation (separate components and hours, for example: JS 15 hrs, BE 10 hrs, etc.);
- For job search, the system allows 91 days in length for the component with optional extensions; and
- Indicate if another BFET Provider works with the participant.



How School Breaks Affect Childcare

The Department of Early Learning states the following in regards to the 14 Day wait period and the 28 day GAP:

CCSP recipients can continue to use child care when there are breaks in-between quarters when approved for the 14 day wait period or 28 day gap coverage. Determine eligibility for the 14 day wait period prior to determining eligibility for the 28 day gap coverage.

- Use the 14 day wait period if the break is 14 days or less There are no limits to the number of times that the recipient can use the 14 day wait they just can't be back-to-back. Do not require third party verification; a participant can self-report their break in activity;
- Use the 28 day gap coverage if the break is more than 14 days and less than 28 days in length. This gap coverage is limited to 2 times per calendar year. Verbal or written assurance from the

participant's school must indicate that the approved activity will resume within the 28 day gap period; and

- If the break is more than 28 days, the participant will need to participate in a new approvable activity in order to continue to receive subsidy assistance.

eJAS ACCESS

Requesting New Access

You need eJAS access to assist participants on the BFET program. Your organization must request access for each worker who will assist BFET participants. Each individual that requires access must complete and sign a DSHS approved non-disclosure form. You can find the 03-374e form on the public website www.basicfoodet.org. An example of a non-disclosure form is in Appendix III. After the completion of the form please email CBO requests to SWBFETPolicy@dshs.wa.gov and College requests to dknackstedt@sbctc.edu and allow up to 5 business days for processing.

Once access is assigned, you will also receive a 3 digit partner ID, which you must use when putting a client under your caseload. Your Partner Id consists of two elements: client's assigned CSO and your unique user identification.

1. Find the Client's Assigned CSO
 - a. Find this information in the client information box. It is a three digit number.
2. Find your User Identification
 - a. Click on the '?' beside the Partner Id box.
 - b. A list will generate. On the list you will see that the last three digits are the same. This is your User Identification.
 - i. If a list does not generate, please contact SWBFETPOLICY to find out what your 3 digit User Identification is.
 - ii. If the last 3 digits are not the same on the list, please contact SWBFETPOLICY to find out what 3 digit User Identification you should use.
3. Entering Your Partner Id
 - a. Combine the 3 digit CSO number with your 3 digit User Identification to make your Partner Id.

Terminating Access

You are responsible for requesting removal of access to any staff that no longer need eJAS or work with the BFET program within five business days. Submit an email to SWBFETPolicy@dshs.wa.gov and include the workers name and eJAS ID.

FISCAL

Billing Rosters and Invoices

Submit billing rosters monthly (or quarterly if DSHS approves) to the BFETBilling@dshs.wa.gov using the current billing roster. You must use the monthly version of the billing roster even if submitting billing rosters quarterly. Rosters are processed within 1-15 business days depending on the workload. You may not bill for ineligible individuals unless DSHS approves an exception through BFETHelp@dshs.wa.gov or SWBFETPolicy@dshs.wa.gov. DSHS will not approve the invoice if the billing roster is not approved.

ORIA Providers submit monthly Billing Roster (MCR) to BFETBilling@dshs.wa.gov.

Submit invoices monthly (or quarterly if DSHS approves) to SWBFETPolicy@dshs.wa.gov, according to the terms of the contract (usually no later than 60 days after the billing period). Colleges may submit invoices to SBCTC through their internal procedures – typically quarterly. You must submit the last

invoice of the contract year within 45 days of the end of the contract year. Payments are typically issued to CBOs within 30 days of invoicing.

Completed invoices must include:

- Completed and signed fiscal year form A-19 for the current year;
- Cost Details Page by line item; and
- A separate Local Match Certification (except ORIA) form for each source of match funds.
 - Note – the Local Match Certification form has 3 lines for different types of match sources. Contractors can cross out “local funds,” “non-profit funds,” or “federal funds” and write in the correct type of match if there is more than one type of match.

For ORIA only, send the complete billing packet, A19 (current form the billing period), cost details page, and the approved MCR to Lisa Pan at panlh@dshs.wa.gov within 30 days of the end the billing month.

Budget and Funding

Submit budgets on a budget form with specific line items and calculations. Do not move funds from different pools. Such as: from Administration (Admin) to Participant Reimbursement or from Participant Reimbursement to Admin. You must submit all requests for changes (amendments) in budgets or contract amounts as soon as possible to the appropriate DSHS program manager. DSHS contracts and fiscal units will review all changes for final approval. A variance from each individual line item of more than 10% requires a contract modification.

Funding is on a 50/50 basis, unless otherwise approved. 50/50 means you will provide all of the services and bill DSHS for reimbursement of 50% of eligible costs. Effectively, you will retain the other 50% of the costs. You and your allocations are only approved after FNS approves DSHS’s written [annual] state plan and budget.

You can use the funds received from reimbursement of BFET expenditures as “local” match in future BFET invoices. This is known as recycling BFET funds. You have to receive the funds, expend them on valid BFET costs, and invoice them through the normal invoicing process in order to recycle BFET funds. A worksheet will be required for recycled BFET funds that show:

1. The amounts invoiced to DSHS in the month it was invoiced
2. When the invoiced amount was received back from DSHS, and
3. When and the amount that was used as a match on future invoices.

All private donations used as local match must be tracked by donor name. If private donations are used as a local match, a worksheet will be required listing all donations by donor name. The worksheet does not need to be submitted with the invoice, but will be reviewed during your monitoring visit.

Cost Allocation

All Providers must provide a cost allocation plan along with their budget every federal fiscal year. They can choose to either:

- Use the in-direct cost rate to cover the common costs, or;
- Use the cost allocation plan to cover the common costs.
- But they can only use **one** method for the BFET program. If they choose to have the in-direct cost rate in their budget, then they must submit a copy of the letter with the cost allocation plan.

They must allocate all payroll/admin costs (for example, fringe benefits) through the same method chosen.

Please see **Appendix III** for copies of required forms.

PARTICIPANT REIMBURSEMENTS

FNS allows BFET to provide services needed to participate in the program or job retention. Services are issued by the Provider directly to the participant up to the prescribed limits. These limits include the 50/50 match. You are not permitted to allow employees to pay for client services or participant reimbursements with employee's personal funds such as credit cards, even if you will reimburse the employee.

Transportation

The transportation limit for each participant is \$150 per month with a maximum limit of \$600 per program year. Transportation assistance may include:

- Transit tickets or passes;
- Necessary/non-maintenance vehicle repairs for a reasonable amount; or
- Fuel for participants.

Clothing

The general clothing limit is \$300.00 per participant per program year.

You may also provide the clothing directly to the participant and submit the cost for reimbursement in your billing. You must provide verification of the cost of the clothing and a justification explaining the need for the clothing.



Reimbursable Child Care Services

If a participant is ineligible for child care through CCSP, but performs approved BFET activities, you may approve child care services for the participant through a third-party.

Other Reimbursements

Do not use BFET funding to pay for participant reimbursements if the participant receives other funds identified to cover those costs. Examples of other sources of funding include but are not limited to: Federal Financial aid, grants, scholarships, private payments, etc.

Support with Retention Services

The Agricultural Act of 2014 allows States to issue post-employment support services, also known as job retention services. Although the language in the Act does not provide specific rules for implementing this option, the FNS 2013 E&T Toolkit gives some guidance and allows a State to choose the job retention services it offers. Job retention services can provide individuals who have secured employment the help to achieve satisfactory performance, keep their job, and increase earnings over time.

Job retention reimbursements can include reasonable and necessary reimbursements described in this handbook. Job retention services can also include post-employment counseling, coaching, and other case management activities.

Housing

After exhausting all other resources; housing assistance may include rental assistance when housing stability is reasonable and directly related to helping BFET participants prepare for self-sufficiency through training or other approved BFET activity.

FNS recommends limiting housing assistance to a one or two time maximum per program year (October to September).

Utility Shut Off

After exhausting all other resources; housing assistance may also cover awards to prevent the shut off of essential utilities such as electricity, water, and heating/cooling.

FNS recommends limiting shut off awards to a one or two time maximum per program year (October to September).

Personal Hygiene and Grooming

Participants may receive assistance with **personal** hygiene products and services (e.g. toothpaste, shampoo, body soap, haircuts, etc.) necessary to meet your or potential employer's appearance standards.

Medical Related Costs

Participants may receive assistance with the cost of training or employer-required inoculations, eye examinations, and the purchase of eyeglasses. Costs associated with emergency dental work and treatment is also allowed.

Work and Training Permits and Fees

Participants may receive assistance with the cost of testing and/or securing permits needed for training or to support job search activities.

Reasonable Accommodation Supplies

Participants with disabilities may receive assistance with reasonable and necessary purchases of goods or services (including testing) that accommodate the individual's disability.

Work and Training Tools

Participants may receive assistance with tools, uniforms, and/or protective clothing required for training. Determine the need for these tools on a case-by-case basis. These costs are not allowed for every participant. These costs do not fall under the clothing limit.

School Supplies and Educational Costs

Participants may receive assistance with textbooks, training materials and other reasonable and necessary school supplies for training. Participants may receive assistance with tuition, lab fees, and other education related costs necessary for training connected to a BFET activity.

Payment of Mortgage, Loans and/or Debts

You cannot use BFET funds to help program participants pay for outstanding indebtedness, mortgages, or other repayment of loans, including:

- Previous student loans.
- Past due fees.
- Penalties or fines.

Weapons

You must not use BFET funds to purchase guns or ammunition, or any other goods that are intended to inflict bodily harm on/or suppress others.

APPENDIX I – VOLUNTARY OPTION

Voluntary Participation Option
Beginning with the FFY 2011 Basic Food Employment and Training Plan, Washington State implemented an all-volunteer E&T program in which individual Basic Food recipients elect to participate in E&T activities. Although Providers are still required to report participation hours and non-participation occurrences, individuals will not be disqualified from receipt of Basic Food assistance for non-participation in BFET.
Relevant CFR Citations Definition of Work Activities - 7 CFR 273.7 (e) (1)
(iii) A workfare program as described in paragraph (m) of this section.
(A) The participation requirements of section 20(b) of the Food Stamp (Food and Nutrition) Act (of 2008) and paragraphs (m)(5)(i)(A) and (m)(5)(i)(B) of this section for individuals exempt from Basic Food Program work requirements under paragraphs (b)(1)(iii) and (b)(1)(v) of this section, are not applicable to E&T workfare components.
(B) In accordance with section 20(e) of the Food Stamp (Food and Nutrition) Act and paragraph (m)(6)(ii) of this section, the State agency may establish a job search period of up to 30 days following certification prior to making a workfare assignment. This job search activity is part of the workfare assignment, and not a job search “program.” Participants are considered to be participating in and complying with the requirements of workfare, thereby meeting the participation requirement for ABAWDs.
(C) The sharing of workfare savings authorized under section 20(g) of the Food Stamp (Food and Nutrition) Act and paragraph (m)(7)(iv) of this section are not available for E&T workfare components.
(iv) A program designed to improve the employability of household members through actual work experience or training, or both, and to enable individuals employed or trained under such programs to move promptly into regular public or private employment. Such an employment or training experience must:
(A) Not provide any work that has the effect of replacing the employment of an individual not participating in the employment or training experience program; and
(B) Provide the same benefits and working conditions that are provided at the job site to employees performing comparable work for comparable hours.
Definition of Voluntary Participation - 7 CFR 273.7 (e):
(4) Voluntary participation.
(i) A State agency may operate program components in which individuals elect to participate.
(ii) A State agency must not disqualify voluntary participants in an E&T component for failure to comply with E&T requirements.
(iii) The hours of participation or work of a volunteer may not exceed the hours required of E&T mandatory participants, as specified in paragraph (e)(3) of this section.

APPENDIX II – CLARIFICATIONS

On-line Education	Educational institutions may offer programs that include courses which are provided on-line. Educational institutions must provide accommodations to program participants who wish to take a program of study which includes on-line classes and who do not have access to technology.
Participation by SSI Recipients	People who are on SSI and also receiving Basic Food benefits can volunteer to participate in BFET activities as long as they will be physically and mentally able to work within one year. This includes persons on SSI who are part of a TANF household as long as they are not receiving a TANF grant for themselves.
Stipends	Stipends given to participants as an incentive to continue to participate in the program may be issued, as long as they are not issued with federal funds. Stipends are not eligible for match.
Youth Services	<p>Youth ages 16 to 17 may participate in BFET programs even if they receive Basic Food benefits through their parent's case. They may also participate in BFET programs if they receive Basic Food benefits on their own.</p> <p>The participation expectation for young participants is secondary education or High School Equivalency classes (see High School Equivalency section).</p> <p>Youth may participate in vocational education programs if they have received or are in the process of receiving their High School Equivalency. These programs are eligible for match. High School Equivalency costs for adults over the age of 21 are also allowed for match. Youth 16 years and older do not require parental consent in order to participate in BFET.</p>
High School Equivalency	State law provides free educational services for children and young adults to age 21, therefore secondary education and High School Equivalency classes for this population are not reimbursable by the 50/50 match program unless the student has been legally separated/released from the regular school system that would provide those services. Participant reimbursements designed to help the child remain in school by eliminating barriers, counseling or tutoring can be provided and reimbursed by the 50/50 match program as long as they are not otherwise provided for free or at reduced cost through another source.

APPENDIX III – FORMS

FET-Eligibility-List-FFY-2016.xlsx [Read-Only]

BFET Eligibility List FFY 2016											
Contract Name						Date					
Contractor Email						eJAS Code					
Demographics				Component Action Request					BFET Eligible?	Citizen?	DSHS Comments
Last Name	First Name	eJAS ID (if known)	SSN	Type (use multiple lines if more than one)	Start Date	[Projected] End Date	Hours Per Week	Closure Completion Code	(DSHS Use Only)	(DSHS Use Only for ORIA)	

CBO-BFET-Billing-Roster-FFY-2015.xlsx [Read-Only]

CBO BFET Billing Roster FFY 2015									
Contract Number			Is this list for ORIA?			Month			
Contractor Name						eJAS Code			
Demographics				Support Services			BFET Eligible?	Citizen?	DSHS Comments
Last Name	First Name	eJAS ID	ORIA - Alien # (or non-ORIA Optional ID #)	Type (use multiple lines if more than one issuance)	Amount	(DSHS Completes)	(DSHS Completes ONLY if ORIA)		

BFET Quarterly Report for:						
Reporting Period:						
Federal Fiscal Year (FFY): 2015						
Category	Measure	Plan for current period as estimated in Contract	Actual clients served in current period (enrolled this period)	Carry-Over clients served (enrolled in any previous period)	Total caseload in current period	Comments
Total New Clients Enrolled	Count				0	
Total of All Clients Served	Count		0		0	
Entered Employment	Count				0	
Job Search	Enrollments				0	
	Completions				0	
Job Search Training	Enrollments				0	
	Completions				0	
Basic Education	Enrollments				0	
	Completions				0	
Vocational Education	Enrollments				0	
	Completions				0	
Job Retention (completion is when job lasted 90+ days)	Enrollments				0	
	Completions				0	
Total Components	Enrollments	0	0	0	0	
	Completions	0	0	0	0	

Per Contract, BFET Providers should be within 15% of agreed upon performance as set in the performance Exhibit. Please use the comments section to explain discrepancies or variations outside of these parameters.

Confidential Information, Fraud and Abuse

This form is for WorkFirst (WF) and Basic Food Employment and Training (BFET) contractors and related non-DSHS employees.

Confidential Information

“Confidential Information” means information that is exempt from disclosure to the public or other unauthorized persons under Chapter 42.56 RCW or other federal or state laws. Confidential Information includes, but is not limited to, protected health information as defined by the federal rules adopted to implement the Health Insurance Portability and Accountability Act of 1996, 42 USC §1320d (HIPAA), and Personal Information.

“Personal Information” means information identifiable to any person, including, but not limited to, information that relates to a person’s name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers or as otherwise identified in RCW 42.56.230.

State laws (including RCW 74.04.060 and RCW 70.02.020) and federal regulations (including HIPAA Privacy and Security Rules; 42 CFR, Part 2; 42 CFR Part 431) prohibit unauthorized access, use, or disclosure of Confidential Information. Violation of these laws may result in criminal or civil penalties or fines. You may face civil penalties for violating HIPAA Privacy and Security Rules up to \$50,000 per violation and up to \$1,500,000 per calendar year as well as criminal penalties up to \$250,000 and ten years imprisonment.

Declarations

In consideration for the Department of Social and Health Services (DSHS) granting me access to DSHS property, systems, and Confidential Information, I agree that I:

1. Will not use, publish, transfer, sell or otherwise disclose any Confidential Information gained for any purpose that is not directly authorized and connected with the performance of the contracted services except as allowed by law.
2. Will protect and maintain all Confidential Information gained against unauthorized use, access, disclosure, modification or loss.
3. Will not disclose Confidential Information to unauthorized parties, and will forward any requests as such to DSHS for resolution.
4. Will employ reasonable security measures, including restricting access to Confidential Information by physically securing any computers, documents, and other media containing Confidential Information.
5. Have an authorized business requirement to access and use DSHS systems or property, and view its data and Confidential Information if necessary.
6. Will access and/or use only the “minimum necessary” Confidential Information required to perform my assigned job duties.
7. Will not distribute, transfer or share any DSHS software or system passwords with anyone or allow others to use the DSHS systems logged in as me.
8. Understand the rules, penalties and sanctions (explained on this form) associated with unauthorized access or disclosure of Confidential Information.
9. Understand that my assurance of confidentiality and other preceding requirements do not cease at the time I terminate my relationship with my employer or DSHS and that my employer and/or DSHS will retain this form for at least six (6) years.
10. Will report Welfare Fraud to DSHS at 1-800-562-6906 or to my main contact for DSHS contracted services.
11. Will report any suspected abuse or neglect on any child or vulnerable individual to DSHS at 1-866-END-HARM.

Information and Signatures

EJAS REGION ACCESS NEEDED <input type="checkbox"/> N/A <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3	EJAS MODEL(S) NEEDED <input type="checkbox"/> N/A <input type="checkbox"/> BFET <input type="checkbox"/> WorkFirst (Colleges) <input type="checkbox"/> Other:	EJAS CONTRACTORS ID(S) NEEDED <input type="checkbox"/> N/A	CURRENT / PREVIOUS EJAS USER ID <input type="checkbox"/> N/A
AGENCY / WORKFIRST (COLLEGE)			
EMPLOYEE'S SIGNATURE	DATE	EMPLOYEE'S PRINTED NAME	EMPLOYEE'S PHONE
EMPLOYEE'S TITLE		EMPLOYEE'S EMAIL ADDRESS	
APPROVING SUPERVISOR'S SIGNATURE	DATE	SUPERVISOR'S PRINTED NAME	SUPERVISOR'S PHONE

(agency name) Civil Rights Training Completion Form

I, _____, hereby attest that I have completed the Civic Rights Training video, Understanding and Abiding by Title VI of the Civil Rights Act, available at:

<https://youtu.be/90uNM-aZwdI> or delivered in person by

_____ (write "n/a" if training completed via video).

I acknowledge that I have completed the Civil Rights training as required by the Basic Food Employment and Training (BFET) contract with the State of Washington, Department of Social and Health Services (DSHS).

Staff Signature

Date:



BASIC FOOD EMPLOYMENT AND TRAINING (BFET)
Participant Reimbursement

CLIENT'S PRINTED NAME	
CLIENT'S EJAS ID	DATE

Organization Staff Portion

CHECK THE TYPE(S) OF REIMBURSEMENT(S)	AMOUNT
<input type="checkbox"/> Transportation: Bus pass / ticket (how many: <input type="checkbox"/> daily / <input type="checkbox"/> weekly / <input type="checkbox"/> monthly	\$
<input type="checkbox"/> Transportation: Fuel card(s) (Fuel card number:)	\$
<input type="checkbox"/> Clothing (interview clothes, shoes, boots, uniforms, etc.)	\$
<input type="checkbox"/> Education (high school equivalency test, short-term contracted training)	\$
<input type="checkbox"/> Child Care (CCSP copay or non-CCSP)	\$
<input type="checkbox"/> Other: Books or educational supplies	\$
<input type="checkbox"/> Other: Emergency service (housing, utilities, auto repair, etc.) or other work related / training tools or other needs	\$

Enter justification for each type of reimbursement given (i.e., reason needed and other details such as: child care copay, for interview pants, shirt, shoes, books, etc.):

OPTIONAL: Check below if a gift card or similar payment type was issued.
 Client was given a "Gift Card Receipt Attachment" and a prepaid envelope to return receipt(s) for all purchases.

ORGANIZATION APPROVAL SIGNATURE	DATE	APPROVING AUTHORITY'S PRINTED NAME
---------------------------------	------	------------------------------------

Client Declaration and Signature

I understand and agree that:

- I received the above issuance(s).
- I have not received the same type of assistance in the current month from any other organization including but not limited to other BFET organizations, WorkFirst, LEP Pathways, etc.
- I can only use the assistance provided (including all gift cards) for work or training related purposes as described above.
- I will return the receipt(s) for all fuel and gift card purchases.

CLIENT'S SIGNATURE	DATE
--------------------	------

CONSENT

NOTICE TO CLIENTS: The Department of Social and Health Services (DSHS) can help you better. If we are able to work with other agencies and professionals that know you and your family. By signing this form, you are giving permission for DSHS and the agencies and individuals listed below to use and share confidential information about you. DSHS cannot refuse you benefits if you do not sign this form unless your consent is needed to determine your eligibility. If you do not sign this form, DSHS may still share information about you to the extent allowed by law. If you have questions about how DSHS shares client confidential information or your privacy rights, please consult the DSHS Notice of Privacy Practices or ask the person giving you this form.

CLIENT IDENTIFICATION:												
NAME [REDACTED]	DATE OF BIRTH [REDACTED]	IDENTIFICATION NUMBER [REDACTED]										
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]									
TELEPHONE NUMBER (INCLUDE AREA CODE) [REDACTED]	OTHER INFORMATION [REDACTED]											
CONSENT:												
<p>I consent to the use of confidential information about me within DSHS to plan, provide, and coordinate services, treatment, payments, and benefits for me or for other purposes authorized by law. I further grant permission to DSHS and the below listed agencies, providers, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or by computer data transfer, mail, or hand delivery. Please check all below who are included in this consent in addition to DSHS and identify them by name and address:</p>												
<p><input type="checkbox"/> Health care providers: [REDACTED]</p> <p><input type="checkbox"/> Mental health care providers: [REDACTED]</p> <p><input type="checkbox"/> Chemical dependency service providers: [REDACTED]</p> <p><input type="checkbox"/> Other DSHS contracted providers: [REDACTED]</p> <p><input type="checkbox"/> Housing programs: [REDACTED]</p> <p><input type="checkbox"/> School districts or colleges: [REDACTED]</p> <p><input type="checkbox"/> Department of Corrections: [REDACTED]</p> <p><input type="checkbox"/> Employment Security Department and its employment partners: [REDACTED]</p> <p><input type="checkbox"/> Social Security Administration or other federal agency: [REDACTED]</p> <p><input type="checkbox"/> See attached list</p> <p><input type="checkbox"/> Other: [REDACTED]</p>												
<p>I authorize and consent to sharing the following records and information (check all that apply):</p> <p><input checked="" type="checkbox"/> All my client records <input type="checkbox"/> Records on attached list</p> <p><input checked="" type="checkbox"/> Only the following records</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> Family, social and employment history</td> <td style="width: 33%;"><input type="checkbox"/> Health care information</td> <td style="width: 33%;"><input type="checkbox"/> Treatment or care plans</td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment records</td> <td><input checked="" type="checkbox"/> Individual assessments</td> <td><input checked="" type="checkbox"/> School, education, and training</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (list): [REDACTED]</td> </tr> </table>				<input checked="" type="checkbox"/> Family, social and employment history	<input type="checkbox"/> Health care information	<input type="checkbox"/> Treatment or care plans	<input checked="" type="checkbox"/> Payment records	<input checked="" type="checkbox"/> Individual assessments	<input checked="" type="checkbox"/> School, education, and training	<input type="checkbox"/> Other (list): [REDACTED]		
<input checked="" type="checkbox"/> Family, social and employment history	<input type="checkbox"/> Health care information	<input type="checkbox"/> Treatment or care plans										
<input checked="" type="checkbox"/> Payment records	<input checked="" type="checkbox"/> Individual assessments	<input checked="" type="checkbox"/> School, education, and training										
<input type="checkbox"/> Other (list): [REDACTED]												
<p>PLEASE NOTE: If your client records include any of the following information, you must also complete this section to include these records.</p> <p>I give my permission to disclose the following records (check all that apply):</p> <p><input type="checkbox"/> Mental health <input type="checkbox"/> HIV/AIDS and STD test results, diagnosis, or treatment <input type="checkbox"/> Chemical Dependency (CD) services</p>												
<p>- This consent is valid for [REDACTED] one year [REDACTED] as long as DSHS needs records, or <input type="checkbox"/> until [REDACTED] (date or event).</p> <p>- I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared.</p> <p>- I understand that records shared under this consent may no longer be protected under the laws that apply to DSHS.</p> <p>- A copy of this form is valid to give my permission to share records.</p>												
SIGNATURE [REDACTED]	DATE [REDACTED]	AGENCY CONTACT/WITNESS SIGNATURE [REDACTED]	DATE [REDACTED]									
PARENT OR OTHER REPRESENTATIVE'S SIGNATURE (IF APPLICABLE) [REDACTED]		TELEPHONE NUMBER (INCLUDE AREA CODE) [REDACTED]	DATE [REDACTED]									
<p>If I am not the subject of the records, I am authorized to sign because I am the: (attach proof of authority)</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (attach court order) <input type="checkbox"/> Personal representative <input type="checkbox"/> Other: [REDACTED]</p>												

NOTICE TO RECIPIENTS OF INFORMATION: If these records contain information about HIV, STDs, or AIDS, you may not further disclose that information without the client's specific permission. If you have received information related to drug or alcohol abuse by the client, you must include the following statement when further disclosing information as required by 42 CFR 2.32:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Funds Match Certification

(This form must be submitted with final contract billing.)

I, _____ certify that local funds and/or in-kind items
PRINT NAME

_____ were provided in the amount of \$ _____
TYPE AND SOURCE OF PRIVATE / LOCAL FUNDS / ITEMS

_____ were provided in the amount of \$ _____
TYPE AND SOURCE OF NON-PROFIT FUNDS / ITEMS

_____ were provided in the amount of \$ _____
TYPE AND SOURCE OF FEDERAL FUNDS / ITEMS

and were used to match funds paid during the time period of _____ through _____ for

TYPE OF SERVICE/CONTRACT

NAME OF ENTITY			
NAME OF AUTHORIZED AGENT			CONTRACT / VENDOR NUMBER
AUTHORIZED REPRESENTATIVE'S SIGNATURE	DATE	TITLE OR POSITION	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER		

Instructions

- Name: Printed name of the entity's agent authorized to complete certification form.
- Type and source of funds: The type and source of funds used. Please break out different types of funding sources. Not all funding sources will be necessary to complete each certification. In-kind sources need specific identification showing who donated the item(s) (e.g., volunteers, building use, etc.).
- Dollar amount: Dollars that were used to match funds paid during the time period. Dollars reported must agree with amount on the final billing.
- Time frame: Period of time the services were provided.
- Type of service/contract: Services eligible for matching.
- Name of entity: Name of entity that is providing the funding match.
- Name of authorized agent: Name of agent, if different than "name of entity" above, that is authorized to act on behalf of entity.
- Contract/vendor number: The contract or vendor number of the entity.
- Authorized representative's signature: The signature of the entity authorized representative.
- Date: Date when form was completed.
- Title or position: Title or position of entity authorized representative
- Printed name: Printed name of authorized representative.
- Telephone number: Telephone number of authorized representative. Include the area code.

COST DETAILS PAGE		
FOR THE MONTH OF:		
Only include the items that are on the agency's budget. If the is not a budget for postage, <u>do not</u> invoice for that line item.		
	TOTAL EXPENDITURES	REIMBURSABLE EXPENDITURES
Percentage Based:		
Salaries	\$4,325.62	\$2,162.81
Fringe	\$1,124.66	\$562.33
Taxes	\$33.02	\$16.51
Lease/Rent	\$8,000	\$4,000.00
Utilities	\$112.50	\$112.50
Phone	\$8.00	\$8.00
Direct Charged (CANNOT be percentage based):		
Supplies	\$10.00	\$5.00
Printing (exception would have needed to be made in cost allocation plan)	\$25.00	\$12.50
Postage	\$33.00	\$16.50
Insurance	\$25.00	\$12.50
Travel	\$2.32	\$1.16
Staff training	\$0.00	\$0.00
Marketing (Advertising)	\$0.00	\$0.00
Participant Reimbursement:		
Transportation	\$500.00	\$250.00
Education	\$0.00	\$0.00
Clothing	\$25.00	\$12.50
Child Care	\$0.00	\$0.00
Other	\$100.00	\$50.00

SAMPLE

MAKE SURE YOU CREATE YOUR OWN COST ALLOCATION PLAN—THIS IS FOR GUIDANCE ONLY AND SHOULD NOT BE USED AS A PLAN.

Salaries/Benefits by timesheet method

Basic Food Education & Training Cost Allocation Plan

- A. Compensation for Personnel Services – All staff will document with timesheets showing time worked on all projects for the organization. Distribution for all employees will be allocated based on time spent on each program or grant. Salaries and wages are charged directly to the program for which work has been done based on the percentage of time worked on the project or grant.
1. Fringe benefits (FICA, UC, and Worker’s Compensation) are allocated in the same manner as salaries and wages. Health insurance, dental insurance, life & disability and other fringe benefits are also allocated in the same manner as salaries and wages. **(This might not be the same for your organization).**
 2. Vacation, holiday, and sick pay are allocated in the same manner as salaries and wages. **(This might not be the same for your organization).**
- B. Goods and Services – Lease/Rent, utilities, voice mail services and insurance will be charged on the monthly personnel percentage (once it has been calculated) each month. The lease must have a base calculation in the cost allocation plan with verbiage that includes: “Lease costs will be calculated as follows, square footage divided by total FTEs for average square footage cost. Average space for each FTE will be calculated as well as the average square footage common area divided by all FTEs. Once the cost per square footage is determined, that will be multiplied by the BFET budgeted FTEs staff to calculate monthly base lease amount. The base amount will then be multiplied each month by the percent of time the staff work on the BFET program.”
Direct charged goods and services are supplies, postage, printing, advertising, purchased services cell phone charges and staff training. **Add any other items that your organization might have in goods and services in this area.**
- If your organization uses an in-direct rate for the goods and services, explain the % and how that is calculated in this area and include the lease verbiage if your organization is charging lease costs to the BFET program.**
- C. Travel Costs :
- a. Preferred method: All travel costs are charged directly to the program or grant for which the travel was incurred.
Acceptable method: Can use the personnel percentage once established

SAMPLE

MAKE SURE YOU CREATE YOUR OWN COST ALLOCATION PLAN—THIS IS FOR GUIDANCE ONLY AND SHOULD NOT BE USED AS A PLAN.

Salaries & Benefits by Client Ratio Method

Basic Food Education & Training Cost Allocation Plan

- A. The direct services costs associated with salaries and benefits are determined by the number of BFET clients served through eligible programs. This is calculated by the number of BFET clients served divided by the total number of clients served each month, to determine the percentage of BFET clients for each month.. Once the percentage is determined, these costs are allocated using the percentage of the total applicable costs. This method is used for instructor and student ratio cost allocation method and organizations that have this method must still have a timesheet method for any administrative staff the work on the program.
 1. Fringe benefits (FICA, UC, and Worker’s Compensation) are allocated in the same manner as salaries and wages. Health insurance, dental insurance, life & disability and other fringe benefits are also allocated in the same manner as salaries and wages. **(This might not be the same for your organization).**
 2. Vacation, holiday, and sick pay are allocated in the same manner as salaries and wages. **(This might not be the same for your organization).**

- B. Goods and Services – Lease/Rent, utilities, voice mail services and insurance will be charged on the monthly personnel percentage (once it has been calculated) each month. The lease must have a base calculation in the cost allocation plan with verbiage that includes: “Lease costs will be calculated as follows, square footage divided by total FTEs for average square footage cost. Average space for each FTE will be calculated as well as the average square footage common area divided by all FTEs. Once the cost per square footage is determined, that will be multiplied by the BFET budgeted FTEs staff to calculate monthly base lease amount. The base amount will then be multiplied each month by the percent of time the staff work on the BFET program.”

Direct charged goods and services are supplies, postage, printing, advertising, purchased services cell phone charges and staff training. **Add any other items that your organization might have in goods and services in this area.**

If your organization uses an in-direct rate for the goods and services, explain the % and how that is calculated in this area and include the lease verbiage if your organization is charging lease costs to the BFET program.

- C. Travel Costs :
 - a. Preferred method: All travel costs are charged directly to the program or grant for which the travel was incurred.
 - b. Acceptable method: Can use the personnel percentage once established

**BASIC FOOD EMPLOYMENT & TRAINING PROGRAM
INDIVIDUAL EMPLOYMENT PLAN**

Intake Date: <input type="text"/>	Agency: <input type="text"/>
EJAS Provider ID: <input type="text"/>	Case Manager: <input type="text"/> Phone/email: <input type="text"/>

Client Name: <input type="text"/>	Phone: <input type="text"/>
Address: <input type="text"/>	
Date of Birth: <input type="text"/>	
Family size: <input type="text"/>	
<hr/>	
Client eJAS ID: <input type="text"/>	

Work Experience/Transferable Skills

Education and/or training:

Volunteer work skills:

Current Employment:

Assessed Employment Barriers

Client Employment Barriers	Services implemented to address barriers
<input type="checkbox"/> Limited or no transferable work skills	<input type="text"/>
<input type="checkbox"/> Limited English	<input type="text"/>
<input type="checkbox"/> Childcare issues – family size	<input type="text"/>
<input type="checkbox"/> Mental Health Issues (make social service referral)	<input type="text"/>
<input type="checkbox"/> Physical limitations/health issues (make social service referral)	<input type="text"/>
<input type="checkbox"/> Lack of transportation	<input type="text"/>
<input type="checkbox"/> Unstable housing	<input type="text"/>
<input type="checkbox"/> Legal/criminal record that limits jobs available	<input type="text"/>
<input type="checkbox"/> Needs skill training for employability	<input type="text"/>
<input type="checkbox"/> No Social Security Number/Card	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>

Employment Plan

Work Preparation/Job Search Goals

Activity	Start Date	End Date	Hours/week
<input type="checkbox"/> Job search with help from job developer			
<input type="checkbox"/> Employment readiness workshop			
<input type="checkbox"/> Job club/similar services			
<input type="checkbox"/> Employment (such as working p/t and job search or training)			
<input type="checkbox"/> Independent Job Search			
<input type="checkbox"/> Skills training at: 			
<input type="checkbox"/> Other			

Employment Goals

Wage or Salary Expectations:
 Mode of Transportation:
Immediate Job Goal(s):
 Hours available for job search:
Hours available for Work/Work Experience:

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

Case Manager Signature

Date

Client Signature

Date

APPENDIX IV – DSHS STANDARD LANGUAGE (TERMINOLOGY)

Common Acronyms

Acronyms	Meaning
BFA	Basic Food Assistance (aka Federal SNAP Food Assistance)
FAP	Food Assistance Program (aka State Food Assistance)
RE	Federal Food Recipient
RN	State Food Recipient
NM	Non-Member status on Basic Food case
APP	Application
MCR	Mid-Certification Review (6 month review)
ER	Eligibility Review (annual review)
Hrs	Hours
Comp	Component
Sent Referral	Case review message sent to contactor's e-Message box in eJAS

Common Audit Errors

DSHS Comments	Meaning
Backdate Component Error	Component was opened prior to BFET eligibility
Incorrect Start Date	Component start date was backdated to precede the FI component start date
Incorrect End Date	End date exceeds the maximum days allowed for component type
No Note	Case note was not entered following case action (opening, updating, or closing components)
Note does not meet Handbook Standard	See Handbook for details

Common Language on Billing Rosters

DSHS Comments	Meaning
Active FAP	Client actively receives state food assistance
No Active BFA	Client does not an active recipient on a BFA case
Active TANF	Client is an active recipient on a TANF case
No Comp	Contractor has no active components

Common Language on Eligibility Lists

DSHS Comments	Meaning
No – BFA closed for no MCR	Client must complete MCR
No – BFA closed for no ER	Client must complete ER, or reapply for BFA
No – not BFA	Not active on BFA case
No – unable to find client	SSN or eJAS does not match client's name
No – not eligible for BFA	Not eligible for BFA due to living arrangements, or undocumented, or intentional program violation, or other reason
No – NM in BFA	Client is a non-member status on BFA case due to student status. Colleges can provide the BFET Referral Form 10-501 to the client.
No – active FAP	Active recipient of state food assistance
No – active TANF	Active member on the TANF case
No – Pending TANF	Client has a pending TANF application
No – Comp Hrs	Hours requested exceeds 40 hours maximum for BFET participation
No – Future start date for JS comp	JS component cannot be started with a future start date
No – for BR comp	Employment information in not entered, or client did not previously participate in BFET
No – Future end date	Unable to close with a future end date
No – Client already active (comp) with (Contractor code)	Requested component is opened with another contractor
No – Already closed on (date)	Component is already closed
Yes – changed end date	Component scheduled end date changed to the new date
Yes – changed start date	Component start date changed to the new date due to BFA effective date
Yes – changed comp hours	Changed component hours so the hours does not exceed 40
Yes – BFA closed (date) or set to close (date). Sent referral	Check e-Messages for details of BFA closure

APPENDIX V – PARTICIPANT INFORMATION CHECKLIST

Type	Data Field	Needed to identify	Location
Identifier Information	College/CBO Name	The requesting College/CBO	Participant File
	Participant Name	The BFET participant to confirm eligibility	Participant File
	JAS ID/SSN		Participant File
Activities Information	Activities Name (What/Why)	What Activities the BFET Participation is enrolled in. Why Participant is enroll in BFET. Barriers to address	eJAS Case Notes
	Start date	When the activities is scheduled to begin and end	eJAS Components and/or Case Notes
	End date		
	Hours	How many hours per week the activities is scheduled	eJAS Components and/or Case Notes
	Study Hours	Whether the Participation has study time or not	eJAS Case Notes
	Documents of Activity Participation and/or Completion	Certificates of completed training; Job placement documentation; Employment verification for retention services	Participant File
	Support Service Documentation	Participant Reimbursement Request Form	Participant File
Certifying Information	Release of Information (before date of enrollment)	Signed Consent form approved by DSHS (In writing), Assessment and IEP completed/signed within 10 days	Participant File
	Employability Assessment		Participant File
	Current IEP		Participant File and documentation in eJAS

**Participant File may be in paper or electronic format.*

APPENDIX VI – WEBSITES & RESOURCES

BFET website:	www.basicfoodet.org
Apply for benefits on line through this link:	https://www.washingtonconnection.org/home/
Eligibility calculator link:	http://www.foodhelp.wa.gov/bf_benefit_estimator.htm
HHS Federal Poverty Guidelines:	http://aspe.hhs.gov/POVERTY/index.cfm
DSHS Office Locator:	http://www.dshs.wa.gov/onlinecso/findservice.shtml
DSHS/CSD Call Centers Mon – Fri 8am – 2pm:	(877) 501-2233

APPENDIX VII – SUMMARY OF HANDBOOK UPDATES SINCE LAST REVISION

Brief Description of Significant Changes in this Version	Approx. Page
Program Contacts	4
Update BFET Eligibility	7
Component Descriptions	7 - 8
Update pop-up example of denial reason for eJAS Automation	10
RISE Collaboration	12
Progress Notes Guidelines	15
Billing Rosters must be approved by DSHS	22
Required worksheet when BFET funds are used as local match	22
Required worksheet when private donations are used as local match	22
Appendix III – BFET Eligibility List FFY 2016	27
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Appendix III – Sample Salaries/Benefits by Timesheet Method	36
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