

Welcome to..

CLIENT FILE ORGANIZATION

Tips and examples for great organization



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Thank you also to Jennifer Dellinger with SBCTC!

What you will learn in our little presentation 😊

- How a client file is put together and how to organize it.
- Why file organization helps.
- Best practices on custom forms and maintaining your interaction with clients and showcasing their progress.
- Tips for monitoring and examples.
- This will accompany the rules of **standardization and documentation** and show you how to organize that into a client file.

Let's ask you a fun question:

**Which picture shows a more functional
office setting?**

A



Transforming
Lives

B





If you answered B,
you're correct.

B shows a clean and organized office, with labels where files and office supplies can be easily accessed. While A can be seen as chaotic where it may be hard to complete daily work due to the amount of time that will be spent looking for simple everyday things.

ONE THING BEFORE WE START!

- These are best practices, not requirements!
- The only documents required are in standardization and documentation
- Be creative in case management

So why does an organized client file matter?

- Quick and easy access to documents
- Better BFET service delivery
- Client progression easily documented
- Positive monitoring

So, what does an organized client file look like?

Let's take a look at a sample case.

Meet our BFET client, Sammy Davis

30 year old Sammy was recently approved for basic food assistance, and inquired about BFET during his application and was ultimately referred to ABC Industries for BFET Services. He has been unemployed for the last 2 years and has a great interest in becoming a welder. He last worked in retail and greatly wants to expand his skills. He meets with ABC Industries to begin his training. He is first enrolled in a job training (VE) for a short term welding course that is offered by the agency. He completes this course within 4 weeks, receives a certificate, and is then referred to job search (JS). Over the course of his job search activity, he receives a bus pass, and submits his job logs. He then finds a job with Welding R Us and successfully graduates from ABC Industries BFET Program.



A quick review of standardization:

What's required to be in a client folder as we track performance?

COMMUNITY BASED ORGANIZATIONS (CBOS)

- Consent form
- Current or updated individual employment plan
- Employment verification (either on file, or referenced in EJAS)
- Job Search logs (or referenced in ejas at times)
- Participant Reimbursement forms & receipts.

STATE BOARD BFET PROVIDERS (SBCTC)

- BFET Application
- IEP
- Consent Form or ROI
- Participant Reimbursement including documentation of expenditure
- Documentation of enrollment for each quarter
- Documentation of DSHS-approved eligibility
- Long-Term Academic Plan

*Helpful checklist on what and where documents are required to be is found on our BFET website 😊.



Fastener Folder

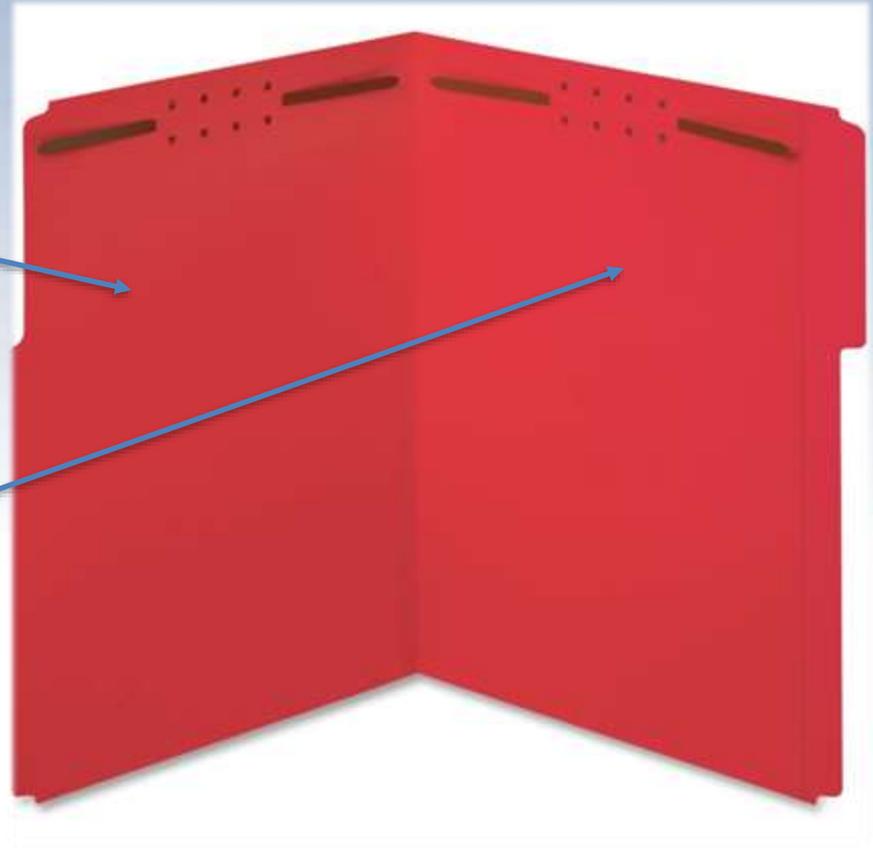


Classification Folder



File creation example:

- **LEFT SIDE:**
Information on your client
- **RIGHT SIDE:**
Information on their participation.



Labels and checklists are your friend!

In this particular folder style, we will have two labels in the forms of checklists that separately identify the client documents from the participation documents.

With the labels being in the form of checklists, you're able to quickly identify which documents you have and the ones you don't.



**BFET CLIENT INFORMATION
CHECKLIST**



- Client Specification Sheet
- Identification (ID)
- Certifications
- Resume
- Goals (Short Term & Long Term)
- Employment Verification

BFET PARTICIPATION CHECKLIST



- Progress and / or EJAS notes
- BFET program intake sheets
- Individual Employment Plan (IEP)
- Assessments
- Consent forms (DSSH and agency sheets)
- Job Search Logs (Chronological)
- Job Training Calendar / Attendance information
- Co-Enrollment Information
- Support Services and receipts

Keep in mind....

- These are just examples.
- Organization should be molded to fit your agencies services
- There is no one organizational standard of how a folder should look
- Your folder is your assistant.

**BFET CLIENT INFORMATION
CHECKLIST**



- Client Specification Sheet
- Identification (ID)
- Certifications
- Resume
- Goals (Short Term & Long Term)
- Employment Verification

LEFT SIDE: All about Sammy.

This side will have all of Sammy's general information and we will review his documents one by one.

BFET Client Coversheet

- Provides quick overview of client
- Outlines their involvement in your program
- Helps you organize by component.
- Gives an idea of support services



BFET CLIENT COVER SHEET

NAME: SAMMY MCSAMPLE EJAS ID 1234567890

DATE OF BIRTH: 8/6/1986 SSN: 123-45-6789

BFET START DATE: 01/01/2017

BFET END DATE: 05/01/2017 Reason for leaving: Sammy became employed at Wedlers R Us during his enrollment in job search activities and has successfully completed the program.

CONSENT FORM SIGNED?: Yes, on 01/01/2017

IEP CREATED?: Yes, on 01/01/2017

COMPONENTS (ACTIVITIES)

JT: 25 HOURS DATE: 01/10/2017 TO 02/10/2017

JS: 20 HOURS DATE: 02/11/2017 TO 05/01/2017

VE: _____ HOURS DATE: _____ TO _____

BE: _____ HOURS DATE: _____ TO _____

BC: _____ HOURS DATE: _____ TO _____

BR: _____ HOURS DATE: _____ TO _____ VERIFIED? _____

BR APPROVED ON: _____

ANY COMPONENTS EXTENDED? _____ DATE: _____ TO _____ Approved? _____

CO ENROLLMENT?: _____ IF YES, WHO WITH?: _____

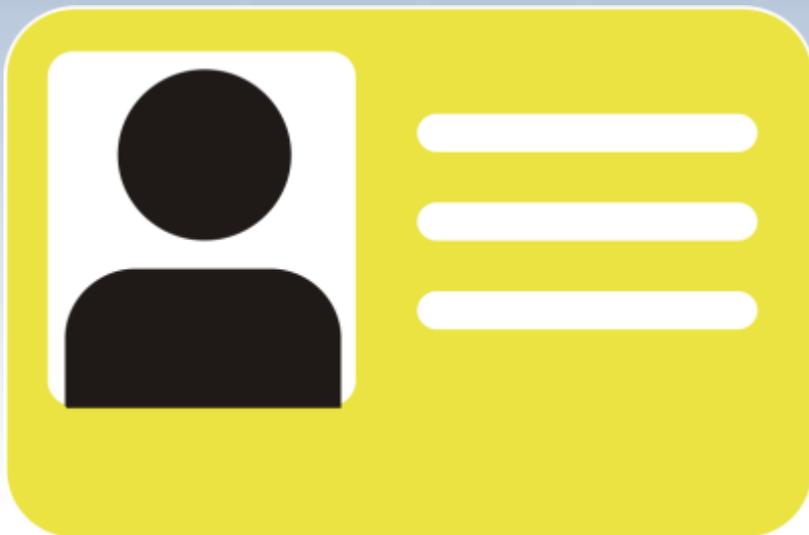
NO DUPLICATION OF SERVICES?: _____

SHORT TERM GOALS: COMPLETE WELDING TRAINING AND BECOME A WELDER

LONG TERM GOALS: HAVE A LONG TERM MEANINGFUL CAREER.

SUPPORT SERVICES ISSUED? YES, SEE FOLDER AND EJAS NOTES

IF YES, ARE PARTICIPANT REIMBURSEMENT FORMS PRESENT? YES



Identification

- ID's
- Drivers licenses
- Passports
- Other identifying documents.

This is not required, but can help you or contributing staff identify clients when you issue support services and they may have forgotten their ID that specific day.

**MONITORING TIP: NO EBT /
FOOD STAMP CARDS!**

RESUME

- Very helpful to have or create if they don't have one
- Lets you see their employment history
- Great while they're enrolled in job search activities.
- Great to have a copy for referrals to partner employers your agency may be involved with.

SAMMY'S RESUME

Objective

To find a rewarding career within welding where I can grow.

Education

Olympia High School, High School Diploma 2005

Awards

Completion of Welding Certificate, May 2017

Customer Service Award, Home Depot 2012

Work Experience

HOME DEPOT

01/01/2012—02/01/2014

Customer Service Specialist

- Provided Customer Service in home improvement retail establishment in multiple departments.
- Cashiered when customers were ready and ensured accurate cash transactions.
- Offered protection plans and other promotional material to clients to help meet their needs.

Volunteer Work

Kittens & Cheesecake 02/01/2012—02/01/2014.

References

Sally ~~Waldman~~
Home Depot Store Manager
555-555-5555

1234 Address Street,
Tacoma, WA 98001

Phone: 555.555.5555

Fax: 555.555.5555

E-mail: Sammy@example.com

Short term / long term goals

Goals are already likely found in multiple documents throughout your folder (IEP, Assessments and checklists, etc.) But should be present in some way, shape or form. Goals are important and is the lifeline of your client being successful in participating in BFET. Setting goals helps you see the progression and growth of your client. It's important to differentiate between short and long term goals.



GOAL

Employment Verification

When a client is hired, it's very important to verify this employment for retention services (BR Component) as outlined in the handbook. This DSHS form is one of many optional examples.



		Employment Verification		DSHS MAILING ADDRESS DSHS, PO BOX 11699, TACOMA WA 98411-9905	
DSHS PHONE NUMBER		DSHS FAX NUMBER 888-338-7410		CASE / CLIENT ID NUMBER	
DATE		DATE		DATE	
Please use blue or black ink and print or type.					
Section 1: To be filled out by the client/employee.					
I authorize my employer to release information to the Department of Social and Health Services.					
EMPLOYEE'S SIGNATURE		SOCIAL SECURITY NUMBER (OPTIONAL)		DATE	
Section 2: To be filled out by the employer.					
EMPLOYEE'S NAME		EMPLOYER'S NAME			
EMPLOYEE'S JOB TITLE		EMPLOYER'S ADDRESS			
Is this a new job? <input type="checkbox"/> No <input type="checkbox"/> Yes		DATE EMPLOYEE STARTED WORK		DATE FIRST CHECK WAS RECEIVED	
AVERAGE HOURS PER WEEK		RATE OF PAY OR SALARY (HOURLY, DAILY OR PIECE RATE)		Has job ended? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when: why:	
Pay frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Two times a month <input type="checkbox"/> Monthly					
Is this job Work Study? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, PROVIDE VERIFICATION OF TOTAL FINANCIAL AID AWARD		WHEN WILL YOUR POSITION END?	
Actual gross income (or attach payroll printout) for last three months:					
MONTH: \$		MONTH: \$		MONTH: \$	
Actual gross income for current month and anticipated gross income for next two months:					
CURRENT MONTH: \$		MONTH: \$		MONTH: \$	
Tips <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much?					
Commissions <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much?					
Bonuses <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much?					
Overtime <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much?					
Work schedule (include exact times when possible):					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SUNDAY					
Is Health Insurance available? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, is employee enrolled in the health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
When does the coverage begin?					
What is the employee's portion of premiums?					
EMPLOYER/REPRESENTATIVE'S SIGNATURE				DATE	
EMPLOYER/REPRESENTATIVE'S PRINTED NAME AND TITLE				PHONE NUMBER	
D SH 8 14-252 (REV. 06/2016)					

Remember:

- This side is dedicated to information and background of the client.
- Can be used for great references in helping decide future activities
- **Monitoring Tip: NO medical information should be in the files.** Since BFET's contracts have no metrics for HIPAA protections, BFET files cannot contain any confidential medical information. When working with a client who may have medical related barriers, please refer and note them in ejas as 'confidential barriers.'

On to the right side: Sammy's Participation.

This side will have all of Sammy's general participation with your agencies BFET program.

BFET PARTICIPATION CHECKLIST



- Progress and / or EJAS notes
- BFET program intake sheets
- Individual Employment Plan (IEP)
- Assessments
- Consent forms (DSSH and agency sheets)
- Job Search Logs (Chronological)
- Job Training Calendar / Attendance information
- Co-Enrollment Information
- Support Services and receipts

INDIVIDUAL EMPLOYMENT PLANS

- Must be completed and signed within 10 days of enrollment.
- Includes career goals, qualifications, skills, job relatable assets and barriers to employment
- Must be updated annually or when an activity changes.
- An agency can have their own IEP, however it must be approved by BFET Policy and include portions of our existing IEP. For more information on how to have yours approved, please email SWBFETPOLICY@DSHS.WA.GOV. This information is also covered in the handbook.

Basic Food Employment & Training (BFET) Individual Employment Plan

Client Name: Sammy McSample
 BFET Provider: ABC INDUSTRIES
 Case Manager: SARAH

EJAS ID: 1234567890
 Contractor Code: XXX
 Date of Intake: 01/01/2017

Employment Goals	
Career Plan:	BECOME A WELDER
Wage Expectation:	\$20 PER HOUR
Immediate Job Goal(s):	GET TRAINING IN WELDING / CONSTRUCTION
Target Employment Date:	1 YEAR FROM TODAYS' DATE

Skills and Qualifications		
<i>Education</i>		
<input checked="" type="checkbox"/> High School Diploma or Equivalent		
<input type="checkbox"/> College Education	Degree:	
<input type="checkbox"/> Vocational Training	Certificate:	
<i>Work Experience</i>		
Number of employers in past 5 years:		
<i>List Employment History on separate sheet</i>		
<input type="checkbox"/> No work experience in the past year		
<i>Transferrable Skills</i>		
<input type="checkbox"/> Customer service	<input type="checkbox"/> Solve problems	<input type="checkbox"/> Organized
<input checked="" type="checkbox"/> Write clearly	<input type="checkbox"/> Calculate, compute	<input type="checkbox"/> Manage people
<input type="checkbox"/> Speak in public	<input type="checkbox"/> Listening	<input type="checkbox"/> Run meetings
<input type="checkbox"/> Speak multiple languages	<input type="checkbox"/> Managing time	<input type="checkbox"/> Direct projects
<input type="checkbox"/> Communicate verbally	<input checked="" type="checkbox"/> Being punctual	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Handle food	<input type="checkbox"/> Cooperating	<input type="checkbox"/> Other: <input type="text"/>
<input checked="" type="checkbox"/> Manage money	<input type="checkbox"/> Follow instructions	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Take orders	<input type="checkbox"/> Construct or repair	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Operate office equipment	<input type="checkbox"/> Drive or operate vehicles	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Computer Skills	<input checked="" type="checkbox"/> Operate tools and machinery	<input type="checkbox"/> Other: <input type="text"/>
<i>Other Qualifications</i>		
Certificate:	Forklift Certification	
Professional License:		
Other:		



CONSENT FORMS

- Must be signed **BEFORE** an agency can provide service and check eligibility in EJAS and must be in your client's file.
- Must have the agency designated (This includes subcontractors, partners, and all those who are involved in your clients activities)
- The duration of how long this form is valid but be specified and updated if expired.
- Agencies can have custom consent forms, but must have them approved from BFET policy first and must include the signature block and text as shown on the right here



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		DATE OF BIRTH	IDENTIFICATION NUMBER
ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)		OTHER INFORMATION	

CONSENT:

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:

Health care providers: _____
 Mental health care providers: _____
 Chemical dependency service providers: _____
 Other DSHS contracted providers: _____
 Housing programs: _____
 School districts or colleges: _____
 Department of Corrections: _____
 Employment Security Department and its employment partners: _____
 Social Security Administration or other federal agency: _____
 See attached list
 Other: _____

I authorize and consent to sharing the following records and information (check all that apply):

All my client records
 Records on attached list
 Only the following records:

<input type="checkbox"/> Family, social and employment history	<input type="checkbox"/> Health care information	<input type="checkbox"/> Treatment or care plans
<input type="checkbox"/> Payment records	<input type="checkbox"/> Individual assessments	<input type="checkbox"/> School, education, and training
<input type="checkbox"/> Other (list): _____		

PLEASE NOTE: If your client records include any of the following information, you must also complete this section to include these records.

I give my permission to disclose the following records (check all that apply):

Mental health HIV/AIDS and STD test results, diagnosis, or treatment Chemical Dependency (CD) services

- This consent is valid for one year as long as DSHS needs records, or until _____ (date or event).
 - I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared.
 - I understand that records shared under this consent may no longer be protected under the laws that apply to DSHS.
 - A copy of this form is valid to give my permission to share records.

SIGNATURE	DATE	AGENCY CONTACT/WITNESS SIGNATURE	DATE
PARENT OR OTHER REPRESENTATIVE'S SIGNATURE (IF APPLICABLE)		TELEPHONE NUMBER (INCLUDE AREA CODE)	DATE

If I am not the subject of the records, I am authorized to sign because I am the: (attach proof of authority)

Parent Legal Guardian (attach court order) Personal representative Other: _____

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.

DSHS 14-912(x) (REV. 02/2008)



PARTICIPATION CLIFF NOTE SHEET:

This sheet can be used for light referencing to client contact and help organize agency service practices. Not necessarily in depth notes that are in EJAS. This can be helpful when a client is in the beginning stages of enrollment and multiple appointments are scheduled to complete the IEP, assessments, and/or beginning classes

- **MONITORING TIP:** Does not replace EJAS notes as required under performance metrics in your contract. This also may not be needed depending on your agencies service process.

BFET CLIENT PROGRESS NOTES



12/27/2016 (Katy, receptionist) —Rec'd referral from BFET for Sammy. Called and spoke with Sammy about general interest. Scheduled apt for 01/01/2017 @ 9 AM.

01/01/2017 (Sarah, case manager)—Sammy came into office. Discussed BFET. Signed Consent form, created IEP. See EJAS notes for detail. Folder created. Referred to JT for welding certification. JT from 01/10—02/10/2017 with our welding classes.

01/25/2017 (Sarah, case manager)—Gave bus pass. See support services tab. Sammy says classes going very well, learning lots. See EJAS notes for full detail.

02/10/2017 (Sarah, case manager)—Completed JT—welding class and earned a certificate! Now enrolled in job search for 20 hours per week. See EJAS for details.

03/10/2017 (Sarah, case manager)—Sammy submitted February's job logs. Job search going well. See ejas for detail.

04/10/2017 (Sarah, case manager)—Gave bus pass, see participant reimbursement. Sammy has interviews. Hopeful to get them

04/17/2017 (Sarah, case manager)—Sammy hired at Welding R Us! Starting in May. Assisted with work clothing. See ejas for detail. Will request employment verification to help with BR component if client chooses.

05/01/2017 (Sarah, case manager)—Rec'd employment verification. Updated EJAS notes. Sammy declined support services / BR and thanked us for the service. Closed components. Case complete. Exit summary noted in EJAS.



Attendance Sheets

These sheets are helpful to track attendance and can be in many different forms to help you track a client's attendance and accountability in this particular activity. Attendance sheets can be used for JT/VE/BE.

Colleges: Attendance can be tracked through monthly check-ins in different formats to verify attendance, progression, and participation. Documentation such as class schedules are kept and reviewed for changes throughout the term.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
January 2017						
1	2	3	4	5	6	7
8	9 ORIENTATION 10-2 PM Attended.	10 WELDING 101 10-3 PM Attended.	11 WELDING 101 10-3 PM Attended.	12 WELDING 101 10-3 PM Attended.	13 WELDING 101 TEST DAY 10-3 PM Attended.	14
15	16 WELDING 101 10-3 PM Attended.	17 WELDING 101 10-3 PM Attended.	18 WELDING 101 10-3 PM Attended.	19 WELDING 101 10-3 PM Attended.	20 WELDING 101 TEST DAY 10-3 PM Attended.	21
22	23 WELDING 101 10-3 PM Attended.	24 WELDING 101 10-3 PM Attended.	25 WELDING 101 10-3 PM Attended.	26 WELDING 101 10-3 PM Attended.	27 WELDING 101 TEST DAY 10-3 PM Attended.	28
29	30 WELDING 101 10-3 PM Attended.	31 WELDING 101 10-3 PM Attended.	Notes:			

MONITORING TIP:

If you have sign in sheets for multiple clients, redact and make a copy. Only the client's name / info should be in the file.



NAME AND EJAS ID			
MONTH	MONTHLY JOB LOG SUBMISSION TRACKER		
	YES	NO	IF NO, document alternate methods of job search or how attempts <u>were made</u> including EJAS notes.
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

JOB SEARCH LOGS:

It's very important to have complete job search logs in your file as this is the 'proof' of this particular activity. It's. Clients may not submit logs every time, so a tracker like this helps document attempts and obtaining these logs or if they turn in alternative contacts.

MONITORING TIP:

Job search logs also validate support services. If no logs are present in the file or in EJAS, a CAP may issued.



SUPPORT SERVICES & RECEIPTS

Transforming
Lives

You'll need to include the participant reimbursement (07-103 form) that outlines

1. What type of support service they received
2. How much the service was
3. Justification of type of service
4. Signature by the client.
5. For support services such as clothing or work tools, a receipt that shows proof of purchase. Receipts will need to be attached into the client's file for review by fiscal during monitoring.



MONITORING TIP: For high support services, such as paying for flagging course or buying work tools with high dollar amounts, please include a progress note under ejas that documents what is being asked, how this will assist the client, will they receive a job offer at the aid of these services, and how they have been progressing.

To wrap up!

- Your file is your toolkit for client service. Be good to it!
- Progression is everything, make sure coordinate between your file and EJAS. You cannot have one without the other!
- Your agency can have multiple custom documents outside of consent from and IEP with approval.
 - CBO's – Email swbfetpolicy@dshs.wa.gov*
 - Colleges – email to jdellinger@sbctc.edu*
- There is no one way for how a file needs to specifically look, as every agency is unique. Outside of the required documents, make sure your file reflects the services your agency provides and how our clients have made the most of those services.

**Questions?
Comments?
Organization Suggestions?**

THANK YOU!



For more information you can contact us at...

Troy.Burgess@dshs.wa.gov Bessie.Williams@dshs.wa.gov david.skaar@dshs.wa.gov
SWBFETPOLICY@DSHS.WA.GOV

State Board Jdellinger@sbctc.edu

Visit our website at www.dshs.wa.gov/BFET