

Welcome to Standardization in Documentation!

Troy Burgess – BFET Program Consultant
Bessie Williams – BFET Program Manager
David Skaar – BFET Operations Supervisor

What will you learn in this session?

- Required BFET Documents and how to process them
- Customization
- ABC's of case note documentation
- Review eligibility lists and billing rosters

Why 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)*
- Educational documents if in educational activities*
- Job Search logs (or referenced in ejas at times)*
- Participant Reimbursement forms & receipts.

*May vary on how this looks.

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

Client files

- Can be electronic or hard copy.
- Wrap around / partnering services organized.
- Cannot contain other people's cases and information.
- Cannot contain details of confidential information, such as:
 - Domestic violence
 - Mental or physical health
 - Chemical dependency

The enrollment process

A client comes to your agency and expresses interest in the BFET program. They were recently approved on SNAP Basic Food Assistance. They recently attended an orientation and are ready to get started.

Here's 5 overview steps for this process.

Step 1

Consent Form

Upon meeting with a client, an agency may utilize their screening documentations / applications, but it is important to have the consent form filled out first!

From here you're able to access their case and move to the next step.



Department of Social & Health Services

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 CLIENT 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 with 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: **BFET PROVIDER NAME**
- 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: **OTHER BFET PROVIDERS**

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
 - Family, social and employment history
 - Payment records
 - Other (list): _____
 - Health care information
 - Individual assessments
 - Treatment or care plans
 - School, education, and training

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 or 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)	DATE	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

- Client information
- Agency name and any partners you collaborate with.
- Authorization to share records
- Length of time ROI is valid
- Signature and Date

This form can be customized, but be sure that it includes this text block below.

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.

Step 2

Eligibility and IEP

Once you have the consent form, you're able to begin your BFET service and able to check eligibility which can be done in EJAS.

Colleges will utilize their BFET screening applications, reverse referral form and other academic documents to ensure that that BFET is the correct program for them.

Basic Food Employment & Training (BFET) Individual Employment Plan

Client Name: _____ EJAS ID: _____
 BFET Provider: _____ Contractor Code: _____
 Case Manager: _____ Date of Intake: _____

Employment Goals

Career Plan:	
Wage Expectation:	
Immediate Job Goal(s):	
Target Employment Date:	

Skills and Qualifications

Education

<input type="checkbox"/> High School Diploma or Equivalent	
<input type="checkbox"/> College Education	Degree: _____
<input type="checkbox"/> Vocational Training	Certificate: _____

Work Experience

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	

Transferrable Skills

<input type="checkbox"/> Customer service	<input type="checkbox"/> Solve problems	<input type="checkbox"/> Organized
<input 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 type="checkbox"/> Being punctual	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Handle food	<input type="checkbox"/> Cooperating	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Manage money	<input type="checkbox"/> Follow instructions	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Take orders	<input type="checkbox"/> Construct or repair	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Operate office equipment	<input type="checkbox"/> Drive or operate vehicles	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Operate tools and machinery	<input type="checkbox"/> Other: _____

Other Qualifications

Certificate:	
Professional License:	
Other:	

Basic Food Employment & Training (BFET) Individual Employment Plan

Assessed Employment Barriers

Client Employment Barriers	Services to Address Barriers
<input type="checkbox"/> Skill Deficiency	
<input type="checkbox"/> High School Diploma or Equivalency	
<input type="checkbox"/> Lack of Qualifications for Desired Employment	
<input type="checkbox"/> Lack of Employment History	
<input type="checkbox"/> Limited English Proficiency	
<input type="checkbox"/> Physical Health	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Chemical Dependency	
<input type="checkbox"/> Criminal Record affecting Employment	
<input type="checkbox"/> Required Employment Verification (i.e. ID / Birth Certificate, Driver's License, SSN Card)	
<input type="checkbox"/> Resource Deficiency (i.e. childcare, transportation, personal hygiene)	
<input type="checkbox"/> Housing	
<input type="checkbox"/> Other:	

Employment Plan

<input type="checkbox"/> Education/Training Plan	<input type="checkbox"/> VE	<input type="checkbox"/> BE
Educational Institution		
Dates of Training:	From: _____	To: _____
Academic Goal:		
Degree/Certification:		
<input type="checkbox"/> Job Readiness Training (JT)		
Job Search Training (i.e. resume writing, interview skills, master application, workplace etiquette)	From: _____	To: _____
Work Experience (i.e. internship, OJT)	From: _____	To: _____
<input type="checkbox"/> Job Search (JS)		
Independent Job Search:	From: _____	To: _____
Job Search with Assistance:	From: _____	To: _____
<input type="checkbox"/> Job Retention (BR)		
Other:		

Basic Food Employment & Training (BFET)

Individual Employment Plan

Declaration and Signature

The following are the requirements to participate in the Basic Food Employment & Training (BFET) program:

- Receive Basic Food Assistance from DSHS;
- Be able to work at least 20 hours per week;
- Cooperate with the requirements of this Individual Employment Plan; and
- Meet with your BFET case manager at least monthly.

I, _____, have read the requirements and agree to abide by them.
(Print Name)

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

Client Signature

Date

Case Manager Signature

Date

Interpreter Signature (required if client cannot understand this form in English)

Date

**This signature page
is important for a
couple of reasons.**

**Basic Food Employment & Training (BFET)
Individual Employment Plan**

Employment History			
Employer:			
Dates of Employment:	From:	To:	
Wages:		Hours Per Week:	
Job Title:			
Work Performed:			
Reason for Leaving:			
Employer:			
Dates of Employment:	From:	To:	
Wages:		Hours Per Week:	
Job Title:			
Work Performed:			
Reason for Leaving:			
Employer:			
Dates of Employment:	From:	To:	
Wages:		Hours Per Week:	
Job Title:			
Work Performed:			
Reason for Leaving:			
Employer:			
Dates of Employment:	From:	To:	
Wages:		Hours Per Week:	
Job Title:			
Work Performed:			
Reason for Leaving:			
Employer:			
Dates of Employment:	From:	To:	
Wages:		Hours Per Week:	
Job Title:			
Work Performed:			
Reason for Leaving:			

Employment History

Great for establishing a resume

Assessing employment history and help identify where their participation can start.




Update.
Update.
Update.

**Basic Food Employment & Training (BFET)
Individual Employment Plan**

Assessed Employment Barriers	
<i>Client Employment Barriers</i>	<i>Services to Address Barriers</i>
<input type="checkbox"/> Skill Deficiency	
<input type="checkbox"/> High School Diploma or Equivalency	
<input type="checkbox"/> Lack of Qualifications for Desired Employment	
<input type="checkbox"/> Lack of Employment History	
<input type="checkbox"/> Limited English Proficiency	
<input type="checkbox"/> Physical Health	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Chemical Dependency	
<input type="checkbox"/> Criminal Record affecting Employment	
<input type="checkbox"/> Required Employment Verification (i.e. ID / Birth Certificate, Driver's License, SSN Card)	
<input type="checkbox"/> Resource Deficiency (i.e. childcare, transportation, personal hygiene)	
<input type="checkbox"/> Housing	
<input type="checkbox"/> Other:	

Employment Plan		
<input type="checkbox"/> Education/Training Plan	<input type="checkbox"/> VE <input type="checkbox"/> BE	
Educational Institution		
Dates of Training:	From:	To:
Academic Goal:		
Degree/Certification:		
<input type="checkbox"/> Job Readiness Training (JT)		
Job Search Training (i.e. resume writing, interview skills, master application, workplace etiquette)	From:	To:
Work Experience (i.e. internship, OJT)	From:	To:
<input type="checkbox"/> Job Search (JS)		
Independent Job Search:	From:	To:
Job Search with Assistance:	From:	To:
<input type="checkbox"/> Job Retention (BR)		
Other:		

Reverse Referral Form



Washington State
Department of Social
& Health Services

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

**Referral to DSHS for Basic Food Employment
and Training (BFET)**

STUDENT'S NAME		CLIENT ID (OR SSN IF NONE)	DATE OF BIRTH
ADDRESS		CITY	STATE ZIP CODE
TELEPHONE (INCLUDE AREA CODE)		EMAIL ADDRESS	
PROGRAM OF STUDY	START DATE	END DATE	NUMBER OF CREDITS
COLLEGE'S NAME		CONTACT PERSON	
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	EMAIL ADDRESS	
COLLEGE COMMENTS (OPTIONAL)			

A reverse referral form is utilized to help bridge eligibility to a client who may be enrolled in school first, but not able to meet student status rules until being accepted into the BFET program.

Step 3

Understanding a client's BFET activity component.

JS – JOB SEARCH: Actively looking for work by submitting job applications, creating employment connections, and submitting resumes.

JT – JOB SEARCH TRAINING: Training and assistance provided to participants to secure employment.

VE – VOCATIONAL EDUCATION: Education or instruction in specific skills and abilities required in an occupational field.

BE – BASIC EDUCATION: Education provided to participants with basic computer skills, low reading, writing or math skills in order to raise their overall employability.

BR – JOB RETENTION SERVICES: Assistance and support provided to employed participants to achieve satisfactory performance, and increase earnings over time.

BC – CASE MANAGEMENT SUPPORT: Although case management is not fully supported by BFET alone, this activity allows support to be captured when you spend extra time providing resources for housing, and other barriers.

Step 4

Supporting documents

These following documents may be required in a client's participation file in some way, shape or form according to their related activity. While required as a whole, the way you provide may look different.

Educational Training Records

Transforming
Lives

All educational components must have record of completion.

This record can be:

- Electronic, such as transcripts, or
- Hard copy, such as copy of a Certificate of Completion



If the client has completed and earned a degree or certificate. Not necessary if the client drops out. If no certificate / degree is returned, other verifications or documentation attempts will work.

Job Search Log

Job Search Log will contain the following information:

- Client information
- Month of job search
- Date of employer contact
- Position applied for
- Method of contact
 - Email
 - Phone
 - Written letter
- Results of contact
- Next steps

BFET JOB SEARCH LOG						
Name:				Week of :		
	Employer Name, Address, Telephone #, Website, E-Mail Address	Contact Method	Person Contacted	Position	Resume or Application	Result
1		<input type="checkbox"/> In Person <input type="checkbox"/> Email/Online <input type="checkbox"/> Phone			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hired <input type="checkbox"/> Not Hired <input type="checkbox"/> Waiting
2		<input type="checkbox"/> In Person <input type="checkbox"/> Email/Online <input type="checkbox"/> Phone			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hired <input type="checkbox"/> Not Hired <input type="checkbox"/> Waiting
3		<input type="checkbox"/> In Person <input type="checkbox"/> Email/Online <input type="checkbox"/> Phone			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hired <input type="checkbox"/> Not Hired <input type="checkbox"/> Waiting
4		<input type="checkbox"/> In Person <input type="checkbox"/> Email/Online <input type="checkbox"/> Phone			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hired <input type="checkbox"/> Not Hired <input type="checkbox"/> Waiting
5		<input type="checkbox"/> In Person <input type="checkbox"/> Email/Online <input type="checkbox"/> Phone			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hired <input type="checkbox"/> Not Hired <input type="checkbox"/> Waiting
6		<input type="checkbox"/> In Person <input type="checkbox"/> Email/Online <input type="checkbox"/> Phone			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hired <input type="checkbox"/> Not Hired <input type="checkbox"/> Waiting
7		<input type="checkbox"/> In Person <input type="checkbox"/> Email/Online			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hired <input type="checkbox"/> Not Hired

Employment Verification

What must be verified?

- Name of employer
- Start date
- Wages
- Hours

For BR activity – you must update the employment screen and verify employment.



Participant Reimbursement Form

Must have the following:

- Participant information
- Date of request
- Reimbursement type and dollar amount
- Justification for reimbursement
- Agency's signature
- Participant's signature requesting the reimbursement
- Supporting verification documents (receipts)

Participant Reimbursement		CLIENT'S EJASID	DATE
Organization Staff Portion			
CHECK THE TYPE(S) OF REIMBURSEMENT(S)		ENTER AMOUNT	
<input type="checkbox"/> Transportation: Bus pass / ticket - How many: [] daily / [] weekly / [] monthly		\$	[]
<input type="checkbox"/> Transportation: Fuel card(s) - Card number: []		\$	[]
<input type="checkbox"/> Transportation: ORCA Card / ORCA Refill - Card number: []		\$	[]
<input type="checkbox"/> Clothing (e.g., interview clothes, shoes, boots, uniforms, necessary tools)		\$	[]
<input type="checkbox"/> Child Care (e.g., CCSP copay or non-CCSP)		\$	[]
<input type="checkbox"/> Other: Education (e.g., high school equivalency test, CNA test, short-term contracted training)		\$	[]
<input type="checkbox"/> Other: Personal Hygiene and Grooming (e.g., toothpaste, shampoo, haircut)		\$	[]
<input type="checkbox"/> Other: Books or educational supplies		\$	[]
<input type="checkbox"/> Other: Emergency service (e.g., housing, utilities, auto repair, etc.)		\$	[]
<input type="checkbox"/> Other: Any other work / training related needs (more detailed justification required below)		\$	[]
OPTIONAL: Check below if a gift card or similar payment type was issued.			
<input type="checkbox"/> Client was given a "Gift Card Receipt Attachment" and a prepaid envelope to return receipt(s) for all purchase.			
MANDATORY: Enter justification for each type of reimbursement given (i.e., reason needed and other details such as: non-CCSP child care due to temporary ineligibility, for interview pants, mandatory training uniform, shirt, shoes, books, etc.):			
[]			
ORGANIZATION APPROVAL SIGNATURE	DATE	APPROVING AUTHORITY'S PRINTED NAME	
[]	[]	[]	
Client Declaration and Signature			
I understand and agree that:			
<ul style="list-style-type: none"> • 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 gift cards) for work or training related purposes as described above. • Selling or misusing the benefit may result in BFET disqualification and I would have to pay back the funds. • I will return the receipt(s) for all fuel and gift card purchases if I received a "Gift Card Receipt Attachment." 			
CLIENT'S SIGNATURE	DATE		
[]	[]		

Step 5

Case closure

BFET cases can close for a number of reasons. It is your responsibility as case managers to ensure the closure is correctly recorded and documented in EJAS.

LC = Loss of Contact

EE = Entered Employment

IC = Incomplete

CS = Completed Satisfactorily

12 = Closing a component that was opened in error

NS* = A special code for BFET operations

How can we use custom forms?

Most of the documents you saw today can be customized, although there are requirements for each document.

IEP – Please ensure that this version includes agreement section of our IEP, and outlines all activity components in some way. Also that it captures measurable employment goals.

Consent form – Needs to have the required signature block, which the example is found in your handbook.

Job search log – Please make sure it helps you track all job search logs submitted monthly.

Employment verification – Please make sure that it captures all the required information in some form. Who / what / when / where / monies earned.

Custom IEP and consent forms must be approved by BFET Policy team EACH CONTRACT YEAR by emailing swbfetpolicy@dshs.wa.gov.

Case Documentation

Tell the story!

Showcase the client's BFET journey. Your documentation is what tells that story whether they graduate with their degree or unfortunately stop participating. Now that we've seen an overview of the 5 steps, we're able to see examples of different documentation examples.

Documentation examples

Enrollment (Once on your caseload)

- Appointments / Orientations
- Consent form signed / Eligibility check completed
- Intake meeting day and coverages.

IEP Creation / Opening notes

- Client's employment goals (Optional - include short / long term, education, skills, etc.)
- Starting activity, hours per week, and duration. How will this activity will enhance their skills.
- IEP must be created within 10 days of consent form – If unable due to client delay, document attempts to engage.

Updates / Ongoing

- Activity changes (don't forget to update IEP!)
- Certificates / degrees earned
- Progression: How are they doing? Daily / weekly contacts made?
- Are they participating? Job search logs being turned in? Attendance met?
- **Document ALL attempts to engage, and receive requested items from your clients. This covers you in case your file is audited.**

Continued...

Participant Reimbursements Issued

- What was issued? How much was it? How is it helping participation?
- Was the PR form signed?
- Did the client return all requested receipts. If not, document your attempt and follow your missing receipt policy.
- Special trainings of \$500 or higher – required to document.

Closing notes

- Why did they close?
- If loss of contact, document all attempts.
- Successful completions include progressing from one component to the next. For example – JS to JT. Skill gain!

Misc

- Employment verification – required for BR component
- Requests for components by operations
- Co-enrollment
- Operational – Delayed progress

Additional examples

Job search log requested but not returned

“As of today, 05/15, John has not returned job logs for April, I made attempts via email and phone call to get these submitted. John did make contact last month and said he would submit them but I have not heard since. Hoping to get these to cover his searches for April”

Progress examples

“Per instructor, Sarah is doing well with in her JT activity and is completing her workshops as planned. She completed Resume 101 and is now in Cover Letters 101. She has only missed one class due to being sick, but has attended all others. She is enjoying the classes. ”

“Mark was a no show to his scheduled training. I called Mark who explained that he is having transportation issues. Offered a bus pass in the amount of \$25. Mark says this will help as his car is broken down. He said he will call his instructor and re-engage next week...”

Continued...

Employment

“Stacy reported that she got a job with Hallmark, she was offered fulltime employment at \$11.50 per hour. She starts 05/29. Was able to verify this employment and updated the employment screen. Offered retention services which Stacy agreed and sent a BR request to BFET Help. Closing JS with EE. Employment form is in client’s file”

Loss of Contact

“Since signing his IEP, George has not returned any of my phone calls or emails in attempts to engage him. Originally scheduled him for JT classes to help with his resume and he has not showed to these. Last contact has been 60 days, closing components with LC - loss of contact. Last message left 05/01 hoping that he’ll return when he’s ready..”

Participant Reimbursement

“Troy is starting a new vocational training in construction, he showed me a course supply list that outlines he’ll need some construction clothing and tools. Total cost is \$201.35. Troy has been participating and is engaged. Issued a voucher to Construct Garment Warehouse as this will help his success in class. PR form signed, and awaiting receipt to be returned. Troy understands missing receipt policy..”

Eligibility Lists and Billing Rosters

Both the eligibility list and billing roster are extremely important to outline the clients you and your agency has served, and verifying that they're eligible for BFET. Each month (or quarter for colleges and some CBO's), these documents will be filled out that showcases the clients served each month.

For eligibility lists, you'll complete this and send to bfethelp@dshs.wa.gov for processing.

For billing rosters, you'll send this to bfetbilling@dshs.wa.gov for processing. You'll also list all participant reimbursements on the roster.

Any
questions?



Thank you for attending our
class 😊.

www.dshs.wa.gov/bfet

Client file organization
Day 2 – 11:15 AM to 12:15 PM