

Note: The DSHS Annual and Returner Updates will not be available until August 22, 2014.

## **Comprehensive Evaluation (CE)** **Documentation Guidelines**

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

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

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

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

Thorough documentation will save time in the long-run and connect parents with appropriate services. Develop employment plans that start from clients’ strengths and goals, address barriers directly, and include progressive steps that will help parents move toward lasting self-sufficiency.

<b>Short-Term Returners (within six months)</b>		
Complete returner questions and Part 1. If you have already completed Part 2, you will only need to complete the family violence section and family planning question in Part 2. Update other CE sections as needed. Follow CE documentation guidelines for any updates.		
<b>Topic</b>	<b>Question</b>	<b>Document</b>
<b>Returners</b>	<b>Why were you able to leave assistance?</b>	Indicate if the family exited due to employment, other income, etc.
	<b>What caused you to have to re-apply for assistance?</b>	<ul style="list-style-type: none"> <li>• The circumstances that caused the need for assistance such as divorce, being laid off or fired, or having one’s position eliminated, etc.</li> <li>• The specific reasons or circumstances if the parent was laid-off or fired.</li> </ul>
	<b>What do you need in order to return to job search, work, or</b>	What is needed for the parent to reengage in WorkFirst activities or employment, such as professional clothing, job specific tools or

	<b>other WorkFirst activities?</b>	clothing such as steel-toed boots, eyeglasses, hearing aid, hearing protection, other accommodations, transportation, training, job-search classes, GED, adult basic education, etc.
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**Mid-Term Returners (7 to 12 months)**

If you have already completed and saved/finished parts 2 and 3, you will only need to update parts 2 and 3 of the CE using the scripts and prompts at the top of each section. In part 2, complete the entire family violence section and the family planning question. Update other CE sections as needed, always reviewing issues identified in the original CE to see if they are still current. For example, in reviewing Children’s Education and Health, in addition to the two review prompts, if the original CE indicated the parent had been called to their child’s school to deal with a behavior issue, staff should specifically ask if this is still a problem. Follow CE documentation guidelines for any updates.

**Annual CE Update**

If you have already completed and saved/finished parts 2 and 3, you will only need to update parts 2 and 3 of the CE using the scripts and prompts at the top of each section. In part 2, complete the entire family violence section and the family planning question. Update other CE sections as needed, always reviewing issues identified in the original CE to see if they are still current. For example, in reviewing Children’s Education and Health, in addition to the two review prompts, if the original CE indicated the parent had been called to their child’s school to deal with a behavior issue, staff should specifically ask if this is still a problem. Follow CE documentation guidelines for any updates.

**Part 1 – Screening for Emergencies**

<b>Topic</b>	<b>Question</b>	<b>Document</b>
<b>Housing</b>	<b>Does your family need housing?</b>	<ul style="list-style-type: none"> <li>• If yes, complete the Housing Stability Section in Part 2, including the yes/no questions to screen for referral to housing services.</li> <li>• Describe what the housing issue is and any plan to address homelessness.</li> </ul>
<b>Health</b>	<b>Do you or someone in your household have a medical condition or pregnancy that needs immediate assistance?</b>	<ul style="list-style-type: none"> <li>• If yes, complete the Adult Health and/or Child Health Section in Part 2.</li> <li>• Describe what the medical issue is and any plan to address the medical condition.</li> </ul>
<b>Mental Health &amp; Substance Abuse</b>	<b>Do you need immediate help because you are feeling down, depressed or have felt like hurting yourself or others?</b>	<ul style="list-style-type: none"> <li>• If yes, complete the Mental Health/Substance Abuse Section in Part 2.</li> <li>• Describe what the issue is and any plan to address the mental health/substance abuse condition.</li> </ul>
	<b>Do you need immediate help with a drug or alcohol problem?</b>	
<b>Family Violence</b>	<b>Do you need immediate help to deal with someone who has hurt or threatened you or your children??"</b>	<ul style="list-style-type: none"> <li>• If yes, complete the Family Violence Section in Part 2.</li> <li>• Describe what the issue is and any plan to address the family violence issue.</li> </ul>

**Part 2 – Family Issues**

<b>Topic</b>	<b>Question</b>	<b>Document</b>
<b>Strengths, Supports &amp; Goals</b>	<b>What accomplishments, skills, or abilities are you most proud of?</b>	<ul style="list-style-type: none"> <li>• List parent’s accomplishments, skills or abilities if known.</li> <li>• Help to identify and establish if unknown.</li> </ul>
	<b>What are your goals for you and your family?</b>  <b>Prompts</b> <ul style="list-style-type: none"> <li>• Where do you see yourself in six months, 12 months and five years from now?</li> <li>• What are your short-term and long-term goals?</li> <li>• What are your education and employment goals?</li> </ul>	<ul style="list-style-type: none"> <li>• List parent’s goals if known.</li> <li>• Help to identify and establish if unknown.</li> </ul>
	<b>Are there persons or places you can go to for help and support when you have an emergency? If so, can you count on them and are they close by?</b>	<ul style="list-style-type: none"> <li>• Describe persons or organizations that provide support.</li> <li>• Identify specific agencies and services such as; Children’s Services, Developmental Disabilities, Vocational Rehabilitation, Juvenile Courts or Juvenile Rehabilitation, Community Action Programs, Head Start or Early Childhood Assistance Programs, health care services, or other faith or community-based services.</li> <li>• Describe how the agencies are helping the parent, including help with utilities, food, clothing, early childhood education, legal issues, mental or physical health services, etc.</li> <li>• Are there any issues with accessing the help such as unreliability or distance?</li> </ul>
	<b>What is your plan for exiting public assistance?</b>	<ul style="list-style-type: none"> <li>• List parent’s exit plan if known.</li> <li>• Help to identify and establish if unknown.</li> </ul>

<b>Children's Education &amp; Health</b>	<p><b>Please tell me about how this child is doing in school.</b></p> <p><b>Prompts</b></p> <ul style="list-style-type: none"> <li>• Are they attending regularly?</li> <li>• Are they doing well?</li> <li>• Are they at the grade level for their age?</li> <li>• Have they had to transfer schools often due to housing issues?</li> </ul>	<ul style="list-style-type: none"> <li>• List information from the prompts that apply to the parent.</li> <li>• Describe school issues that may interfere with WorkFirst participation.</li> </ul>
	<p><b>Do you volunteer at your children's licensed child care, Head Start, ECEAP, preschool or elementary school?</b></p>	<ul style="list-style-type: none"> <li>• Describe voluntary community service options if the parent is volunteering or wants to volunteer and a child is in licensed child care, Head Start, ECEAP, preschool or elementary school.</li> <li>• Add to follow up list as appropriate.</li> <li>• See <a href="#">WFHB 8.6</a> and the <a href="#">WorkFirst Parent Volunteers</a> flyer</li> </ul>
	<p><b>Do any of your children have emotional, behavioral or learning needs or challenges that may be creating a hardship?</b></p> <p><b>Prompts</b></p> <ul style="list-style-type: none"> <li>• Do they have language barriers?</li> <li>• Do they get bullied or do they bully other children?</li> <li>• Does their caregiver or school call you in to deal with their behavior?</li> </ul>	<ul style="list-style-type: none"> <li>• List information from the prompts that apply to the child.</li> <li>• If yes, describe which children, the child's challenges or needs, and whether they are getting the care and supports they need.</li> <li>• Describe any unmet needs and possible resources to meet those needs.</li> <li>• Describe if child is enrolled in special education, has hyper-activity attention deficit disorder, medical, or behavioral issues.</li> <li>• Describe specifics of the reported issues and how they will inhibit participation either in part or full with WorkFirst requirements.</li> </ul>
	<p><b>Do any of your children have an IEP (Individual Education Plan), an Individual Family Service Plan or a 504 Plan?</b></p>	
	<p><b>Do any of your children have health issues you are concerned about? Prompts (if yes)</b></p> <ul style="list-style-type: none"> <li>• What is it?</li> <li>• What care (including prescriptions) are they getting?</li> <li>• Are you having trouble getting them any of the care they need?</li> </ul>	

<b>Children's Education &amp; Health (cont.)</b>	<b>Do your children have access to regular dental and health care?</b>	<ul style="list-style-type: none"> <li>• Describe if they do or don't have access and resources available for unmet needs.</li> <li>• Distinguish between access to dental and to medical care.</li> <li>• Any planned follow up with a public health nurse or other provider.</li> </ul>
	<b>Do any of your children have family planning needs or are any of your children pregnant?</b>	<ul style="list-style-type: none"> <li>• If yes, document whether or not you made a family planning referral or provided family planning information</li> <li>• If a child is pregnant, when is the baby due?</li> <li>• Follow the policy for mandatory reporting of suspected child abuse, neglect or child rape in the <a href="#">EAZ Manual, Child Abuse and Neglect Reporting</a> when a parent reports a minor, pregnant dependent child.</li> <li>• Add to follow up list if appropriate.</li> </ul>
	<b>Prompts (if yes)</b>	
	<ul style="list-style-type: none"> <li>• Which children?</li> <li>• What is the situation?</li> <li>• If a child is pregnant, offer a referral to a public health nurse and determine whether you need to make a child rape referral to law enforcement.</li> </ul>	
	<b>Are you concerned about any of your children abusing drugs or alcohol?</b>	If yes, describe which children, the situation, any referrals and impacts on the parent's ability to participate in WorkFirst.
	<b>Are you currently involved with Child Protective Services (CPS) or a tribal child welfare agency for any of your children? For example, are any of your children placed in foster care or with a relative through CPS or a tribal child welfare agency? Prompts (if yes)</b>	<ul style="list-style-type: none"> <li>• If yes, list information from the prompts that apply to the child.</li> <li>• If yes, coordinate IRP activities with Children's Administration or the tribal child welfare agency as needed.</li> <li>• Add to follow-up list if appropriate.</li> </ul>
<ul style="list-style-type: none"> <li>• Which children?</li> <li>• Are you working with a social worker and if so, how can we contact them?</li> <li>• Do you have a voluntary or court-ordered case plan and if so, what's in it?</li> <li>• Check follow up if you need to follow up with child welfare.</li> </ul>		
<b>Have any of your children had legal issues like arrests or truancy?</b>	If yes, describe which children, the specific legal issues, any juvenile delinquency, or gang involvement and any WorkFirst participation impacts.	
<b>Do you share custody of any of your children with anyone else?</b>	If yes, describe which children, the custody situation and whether custody is of concern.	

<b>Caregiving</b>	<b>Will you need child care to participate in WorkFirst?</b>	If no, go to adult care questions.
	<b>Do you have child care?</b>	If no, offer help in finding child care.
	<b>Do you use WCCC child care?</b>  <b>Prompts</b> <ul style="list-style-type: none"> <li>• If you don't use WCCC child care, why not?</li> <li>• Is your child care safe, reliable and convenient?</li> <li>• Have child care problems made you late or miss work/appointments?</li> <li>• Do you have a child care back up plan?</li> </ul>	<ul style="list-style-type: none"> <li>• List information from the prompts that apply to the parent.</li> <li>• Describe who is providing child care (relative, neighbor, friend, or licensed provider)</li> <li>• If child care is unstable , help parent in determining what needs to occur to find dependable child care.</li> <li>• If parent doesn't have a backup plan, help them develop one.</li> <li>• Add to follow-up list if appropriate.</li> </ul>
	<b>Are you responsible for the care of another adult in your home or out of the home?</b>  <b>Prompts</b> <ul style="list-style-type: none"> <li>• For who?</li> <li>• Is your adult care safe, reliable and convenient?</li> <li>• Have adult care problems made you late or miss work/appointments?</li> <li>• Do you have an adult care back up plan?</li> </ul>	<ul style="list-style-type: none"> <li>• List information from the prompts that apply to the parent.</li> <li>• Describe specific care provided including hours of care provided per week.</li> <li>• Describe how provision of this care impacts employment or WorkFirst participation.</li> <li>• If parent doesn't have a backup plan, help them develop one.</li> <li>• Add to follow-up list if appropriate.</li> </ul>
<b>Housing Stability</b>	<b>Please tell me about your housing.</b>  <b>Prompts:</b> <ul style="list-style-type: none"> <li>• Where are you living now (such as home, apartment or homeless)</li> <li>• How long can you stay there?</li> <li>• Is it safe for your family?</li> <li>• If you are homeless or at risk of homelessness, are you working with anyone?</li> </ul>	<ul style="list-style-type: none"> <li>• List information from the prompts that apply to the parent.</li> <li>• Describe the actual living arrangement such as: living in an apartment, renting a house, living with boyfriend, etc.</li> <li>• Indicate whether or not the housing is affordable.</li> <li>• Document whether the family is homeless, will lose housing within 14 days and/or is referred to a housing resource.</li> <li>• Add to follow-up list if appropriate.</li> </ul>
	<b>Are you in subsidized housing?</b> <b>Prompts:</b> <ul style="list-style-type: none"> <li>• Is it time-limited?</li> <li>• Do you have a housing case manager?</li> <li>• If so, how may we contact them?</li> </ul>	<ul style="list-style-type: none"> <li>• List information from the prompts that apply to the parent.</li> <li>• Describe any planned follow up with a housing case manager and document their contact information.</li> <li>• Add to follow-up list if appropriate.</li> </ul>

<b>Family Violence</b>	<b>Introductory script</b>	This script is intended to make the family violence questions less intimidating. It also lets clients know they can discuss these issues with us at any time and that there are services to help them. Finally, it assures them of confidentiality and informs them of our legal obligations in case of child abuse. It is critical to read this script in its entirety and get the client's permission to proceed.
	<b>Does or could collecting child support put you or your child(ren) in danger?</b>	<ul style="list-style-type: none"> <li>• Accessing child support can be dangerous for victims of family violence. A child support order can escalate violence or reveal a victim's location. Find out if there is a reason this parent might be fearful of accessing child support.</li> <li>• A "yes" response to this question could indicate a need for "good cause" exemption.</li> <li>• Add to follow-up list if appropriate.</li> </ul>
	<b>Has any partner ever threatened or harmed you or your child(ren)?</b> <ul style="list-style-type: none"> <li>• <b>Are you still fearful of this person?</b></li> <li>• <b>Do they know where you and your children live?</b></li> <li>• <b>How has that affected your ability to work, participate or complete daily tasks?</b></li> </ul>	This question reflects the possibility of a continuing threat from a former partner. Family violence remains an issue for many survivors even after they've escaped the immediate situation. This question can help you assess how immediate this parent's family violence issues are. Situations can be dangerous even if they do not indicate physical abuse.
	<b>Have you ever moved because of a family violence situation?</b>	<ul style="list-style-type: none"> <li>• If "yes", ask about the Address Confidentiality Program (ACP) and other concerns the parent may have about confidentiality or communication with the CSO.</li> <li>• Add to follow-up list if appropriate.</li> </ul>
	<b>Do you currently have a protection or restraining order?</b> <ul style="list-style-type: none"> <li>• <b>Ever thought about or tried to get one?</b></li> </ul>	<ul style="list-style-type: none"> <li>• The existence of a protection order may warrant a referral to a family violence advocate and can inform the IRP process.</li> <li>• However, protection orders are not required for a parent to access the protections under the Family Violence Option.</li> </ul>
	<b>Are you currently working with any family violence agency, such as domestic violence shelter staff, family violence counselors, or an advocate?</b> <ul style="list-style-type: none"> <li>• <b>Which one?</b></li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

<b>Mental Health &amp; Substance Abuse</b>	<b>GAIN-SS assessment tool</b>	<ul style="list-style-type: none"><li>• It is important to read both the introductory script and the questions verbatim – <i>do not put into your own words</i> as you are encouraged to do in the rest of the CE</li><li>• Ask the questions in as neutral a tone as possible so as to get the most honest answers.</li><li>• If space is available conduct the interview behind closed doors to give the parent maximum privacy.</li><li>• If the parent answers “yes” to the question about having suicidal thoughts, it is critical to take immediate action, such as referral to a crisis line.</li><li>• Follow the prompts about making a referral for a social services assessment if the parent gives 2 or more “yes” responses in any of the 3 subsections.</li><li>• Even if the parent answers “no” to most or all questions, use your judgment about referring. You can make a referral based on your observations alone.</li><li>• A referral is not required if a parent is already in treatment but may be useful anyway to gather more information for a more effective IRP.</li></ul>
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<b>Adult Health</b>	<p><b>Do any have any health conditions that interfere with your ability to participate in WorkFirst or care for yourself or your family?</b></p> <p><b>Prompts</b></p> <ul style="list-style-type: none"> <li>• What is it?</li> <li>• What care are you getting (including prescription medication)?</li> <li>• Are you having any trouble getting the care and supports you need?</li> <li>• Does it make it hard to get or keep a job?</li> <li>• Would you need accommodations in order to work?</li> <li>• Check follow up if medical evidence is required for a possible deferral or exemption</li> </ul>	<ul style="list-style-type: none"> <li>• List information from the prompts that apply to the parent.</li> <li>• Describe diagnosis, duration and treatment, if known.</li> <li>• Describe any special accommodations required to work and how they will be provided.</li> <li>• Indicate whether the parent can participate at some level while also receiving treatment.</li> <li>• Describe any other issues related to receiving treatment such as frequent appointments or transportation needs.</li> <li>• Complete HIV/AIDS/STD optional special records as needed, including diagnosis, prognosis, duration, treatment and how treatment will impact WorkFirst participation.</li> <li>• Add to follow-up list if appropriate.</li> </ul> <p>Note: For potential deferral or exemption, ask the parent to sign a DSHS 14-012 Consent form, complete a DSHS 14-050 form, and use the “OR” IRP to require medical evidence from a secondary or primary care provider, such as the Medical/Disability Documentation form DSHS 10-353 (Link to form)</p> <p>Note: See WFHB 6.6, Disabilities, for more information</p>
	<p><b>Do you have access to regular dental and health care?</b></p>	<ul style="list-style-type: none"> <li>• Describe if they do or don't have access and resources available for unmet needs.</li> <li>• Distinguish between access to dental and to medical care.</li> <li>• Any planned follow up with a public health nurse or other provider</li> </ul>
	<p><b>Are you or an adult family member pregnant or do you have family planning needs?</b></p>	<ul style="list-style-type: none"> <li>• If pregnant, describe due date and any special medical needs related to a pregnancy.</li> <li>• Describe whether or not you provided family planning information or referral.</li> <li>• Add to follow-up list if appropriate.</li> </ul>

**Part 3 -- Employability**

<b>Topic</b>	<b>Question</b>	<b>Document</b>
<b>Financial Literacy</b>	<b>When you get your taxes done, do you make sure you claim the earned income tax credit?</b>	Explain EITC, as needed.
	<b>Do you pay an agency to have your taxes prepared?</b>	Explain how to get taxes prepared for free, as needed.
	<b>We wanted to talk about how you manage your money.</b>  <b>Prompts</b> <ul style="list-style-type: none"> <li>• Do you have a budget?</li> <li>• At the end of a typical month, do you break even, have money left over or do you come up short and either not pay some bills or borrow money?</li> <li>• Where would you get money in the event of an emergency?</li> </ul>	<ul style="list-style-type: none"> <li>• List information from the prompts that apply to the parent.</li> <li>• Describe how the parent finds ways to pay for bills (borrow from friends or family, etc.) or collection agency involvement</li> </ul>
	<b>How do you pay your bills? For example, do you use cash, checks or money orders?</b>	<ul style="list-style-type: none"> <li>• Describe any payday loans or cash advance loans and how often the parent uses these services.</li> </ul>
	<b>Would you like to learn more about how to make the most of your money and how to open and use a bank account?</b>	<ul style="list-style-type: none"> <li>• Document any referral</li> <li>• Add to follow up list if appropriate</li> </ul>
	<b>Are you currently working?</b>  <b>Prompts (if yes)</b> <ul style="list-style-type: none"> <li>• Who is your employer?</li> <li>• What type of job is it?</li> <li>• Are there any special skills you need for the job?</li> </ul>	Provide the information in the prompts.
<b>Employment</b>	<b>Have you worked in the last year? If so, what type of work was it?</b>	Describe job, why it ended (laid off, fired, quit, etc.)
	<b>Do you have picture ID?</b>	If no, describe why and help parent obtain it. Add to follow up list if appropriate
	<b>Can you legally work in the USA?</b>	
	<b>Do you have a social security card?</b>	If no, describe why and help parent obtain it. Add to follow up list if appropriate
	<b>Do you have an email address and a phone number with a voicemail?</b>	Mark all that apply and help parent access community voicemail as needed. Add to follow up list if appropriate
	<b>Do you have access to a computer and the internet to search for jobs and complete job applications?</b>	If no, describe why and help parent access the internet. Add to follow up list if appropriate

Employment (Cont.)	<b>Do you have clothing that is appropriate to wear to a job interview?</b>	If no, describe how we may be able to help by using WorkFirst support services.
	<b>Have you ever served in the military?</b>  <b>Prompts</b> <ul style="list-style-type: none"> <li>• What did you do and what skills did you acquire?</li> <li>• I am going to send your name to the Washington State Department of Veteran Affairs to see if your family may qualify for benefits from the Veterans Administration.</li> </ul>	Provide the information in the prompts. Add to follow up list if appropriate
	<b>Do you know how to operate special types of equipment or machinery or do you have other job skills such as keyboarding or word processing?</b>	Describe equipment, machinery, and job skills.
	<b>Is there a job that you are interested in that you would need training for?</b>	Describe job and needed training.  Note: If the parent would like to get more education or training, mention that SBCTC and ESD staff are available to discuss further.
	<b>Have you ever been fired from a job?</b>	If yes, describe why they were fired and whether they had conflicts with co-workers or supervisors.
Legal Issues	<b>Have you ever been convicted of a crime?</b>  <b>Prompts</b> <ul style="list-style-type: none"> <li>• Was it a felony or misdemeanor?</li> <li>• Are you on probation or parole?</li> <li>• Do you have court-ordered community service?</li> <li>• Was it a crime against a person or a financial crime like forgery, fraud or embezzlement?</li> <li>• Was it another type of crime?</li> </ul>	<ul style="list-style-type: none"> <li>• If yes, list information in the prompts that applies to the parent.</li> <li>• Indicate how legal issues might affect WorkFirst participation or limit the types of occupations the parent could have.</li> <li>• Indicate duration and hours for any probation, parole or court-ordered community service.</li> <li>• Describe any court fines.</li> <li>• Describe whether the legal issue has affected driving privileges, such as loss of a driving license.</li> <li>• Describe any pending incarceration.</li> </ul>
	Do you have any upcoming legal obligations such as court dates?	If yes, describe.

<b>Transportation</b>	<b>What kind of transportation will you use to participate in WorkFirst activities and what will you do if it's not available?</b>	<ul style="list-style-type: none"> <li>• Whether or not transportation is readily available.</li> <li>• Whether or not transportation is reliable and dependable.</li> <li>• If the parent is using public transportation and if it is limited by times/routes.</li> <li>• Any rural isolation issues.</li> <li>• Any other transportation issues such as insurance, valid driver's license, etc.</li> <li>• The details of the backup plan. (Help the parent develop one if they don't have one already.</li> </ul>
	<b>Do you have a valid driver's license?</b>	If no, describe why not.
<b>Education</b>	<b>What is the highest level of education you have achieved?</b>	<ul style="list-style-type: none"> <li>• List information in the prompts for the level of education that applies to the parent.</li> <li>• No high school/equivalent: Reasons the parent was unable to complete high school or high school equivalent courses. Examples of what might be needed for successful completion include "one more test", support with disability, etc.</li> </ul>
	<b>Prompts (no high school or equivalent)</b> <ul style="list-style-type: none"> <li>• What prevented you from completing high school?</li> <li>• What do you need to be able to finish?</li> </ul> <b>Prompts (some post-secondary)</b> What kind? <ul style="list-style-type: none"> <li>• Do you have a certificate or degree?</li> <li>• Have you used this to obtain employment?</li> </ul>	
	<b>When you were in school, what were the class activities that were easiest for you or that you were best at?</b>	Parent statement of what subject or projects they enjoyed while in school.
	<b>Was there anything that was challenging for you in school? For example, writing reports, reading different types of books, math, or understanding instructions.</b>  <b>Prompts (if yes)</b> <ul style="list-style-type: none"> <li>• Did you get any special help with that?</li> <li>• Has it affected your employability?</li> </ul>	List information in prompts that apply to the parent.

**Social Services Specialist Referral Section Documentation**

For each radio button question, document “Yes” or “No” as appropriate.

<b>Question</b>	<b>Documentation</b>
<b>Does the client need a referral to the Social Services Specialist to immediately resolve an issue?</b>	No documentation needed
<b>Does the client need a referral to the Social Worker for other issues (e.g. Pregnancy to Employment, other required assessment, housing, etc.)?</b>	<p>Document on the Social Worker Referral screen:</p> <ul style="list-style-type: none"> <li>• The situation and circumstances.</li> <li>• The parent’s needs relating to the situation and circumstances.</li> <li>• Referrals to other agency.</li> <li>• Any information that would be helpful to the Social Worker, except information that relates to the Special Records section.</li> <li>• Provide as much information as possible to assist the parent in resolving issues and completing the CE.</li> </ul> <p>Note: Ensure all issues relating to Alcohol or Substance Abuse, Family Violence, or mental health is documented only in the Special Records section.</p>
<b>DSHS Final Decision Participation Plan &amp; Justification</b>	
<b>Select appropriate pathway(s)</b>	<ul style="list-style-type: none"> <li>• Document which pathways were chosen and the justification for them.</li> <li>• List support services that were discussed and/or issued.</li> <li>• Parent agreed.</li> </ul>