

WORKER GUIDE

Case Management Examples

1. Generic case management

Case management consists of these elements. (*Eligibility items are italicized.*)

Screening and Assessment to obtain basic information for case management and eligibility purposes.

This includes the following steps:

- Reviewing the application;
- Reviewing the *My Self Assessment* ([DHS 7823](#)) form with the client;
- Reviewing prior case history (case file, TRACS);
- Reviewing the testing screen on TRACS for results of any screenings or assessments the client has completed;
- Checking the appropriate screens.

Possible questions or statements to gather information about client circumstances.

- Tell me about any recent job losses you may have experienced;
- Tell me about your work history and educational background;
- Who lives in the home; who is working; who is in school; who is a citizen? How would these individuals support you or be a barrier to your participation in activities?
- How old are the individuals in your home, and what is your relationship with them?
- Who is not in the home, but who is involved with the family, and what resources do they offer?
- What income is available to you?
- Are there personal resources such as transportation, child care that you can use?
- Tell me about any health problems you or members of your family may be experiencing. Are they affecting the family functioning (physical, mental, intellectual functioning)?

- Are alcohol and drug (A&D) issues affecting the family? If yes, how are they affecting the family?
- Are there concerns about safety for any member of the family? Tell me about that;



SEE [FOCAL POINT 9](#) BELOW IN THIS CHAPTER FOR MORE INFORMATION ON DOMESTIC VIOLENCE QUESTIONS.

- Are there other organizations with which you are involved? If so, what are these organizations requiring you to do? How will these plans impact your goals?

Remember: the decision maker is the client.

This may be a good opportunity to discuss release of information issues with the client and have them sign the *Authorization for Use and Disclosure of Information* ([MSC 2099](#)) if they agree.

Staffing is consulting or meeting with partners regarding clients' service needs to assist in making joint plans. Before inviting partners or sharing information, obtain the clients' consent. Staffing could mean:

- Contacting community partners with whom the client is involved, or may be involved with in the future, by phone to advise them of Department of Human Services (DHS)/JOBS activities and to determine the need for joint planning;
- Arranging a formal meeting of all partners to staff the client and develop a joint family plan (the client might be invited to participate);
- Having an in-branch staffing on a family to problem solve and develop strategies;
- Consider staffing the family with any branch or local staffing teams to access a wide range of services;
- Evaluating the client's progress toward achieving the case plan goals.

Brokering is guiding clients to appropriate community resources and doing follow-up to determine effectiveness.

This includes:

- Identifying and coordinating with partners the client is currently working with;
- Coaching clients in determining what community resources are appropriate to meet their needs;

- Coaching clients in how to effectively access resources;
- Offering referral information;
- Doing follow-up to ensure that the client has connected with the agency/resource s/he has been referred to;
- Assisting client in contacting resources and obtaining help from them, if needed;
- Getting feedback from clients on effectiveness of brokered resource;
- Advocating with partners in behalf of the client.

Resources are used or developed to meet client needs.

This means:

- Being aware of all community resources that clients commonly use;
- Knowing where to obtain information on resources for clients with specialized needs;
- Being aware of and using Central Office resources as needed;
- Alerting others in the branch/district of the need for new resources to meet newly discovered needs of clients.

Development of plan

- Mutually develop the plan with the client for the family and individuals within the family based on the Assessment, Staffing, Brokering and Resources;
- Determine the long-term (usually employment) and short-term goals (intermediate steps for achieving the long-term goal);
- The employment goal is based on the client's skills, job history and abilities;
- Identify activities to address the short-term goals;
- Prioritize the accomplishment of activities, if needed;
- Selected activities will include JOBS components and community resources;
- Establish time frames for beginning and completing the activity;
- Determine what resources the client, agency and partners can use to support the activity;
- Outline how the plan will be coordinated with partner agencies;

- Be clear about the case manager's role in the plan;
- Establish dates for reviewing progress and the method of contact between the case manager and client;
- Update the plan as needed.

2. Determining the appropriate focal point of case management

Keep in mind that family members may need more than one focal point of case management.

WORK STATUS

Ready to work

Identifiers: Good recent work history. Job losses are not client caused. There are no family or medical problems needing resolution. There are no issues that would interfere with employment. Any issues that need to be resolved can be done in off work hours.

Almost ready to work

Identifiers: No recent job history or job losses that may be client caused. Medical problems exist that need to be dealt with prior to employment. There are family problems that cannot be dealt with in off-work hours.

Working: Retention/wage enhancement

Identifiers: Client begins job, but has issues they are still working on. Includes clients moving to employment after TANF, clients in the Post-TANF Program, Refugee benefits or Pre-TANF Program ends. Client is working part time, and needs help finding full-time employment. Client wants to get a better paying job. Client needs skill building training or education to promote at current job or get a better job.

Child care

Identifiers: Clients who are working or in JOBS activities, who need care for children under 13 or children under age 18 with special needs.

TEENS

Teen parent

Identifiers: Parents who are age 19 or younger.

Teens (nonpregnant) on OHP or OHP/SNAP not living with parents/relatives

Identifiers: Teen lives with friends, is homeless or is living on their own.

FAMILY ISSUES

Domestic violence issues

Identifiers: A response to the application item #5 or #6 indicating domestic violence. This could also be indicated on the *Cooperating with Child Support Enforcement* ([DHS 428A](#)), DCS good cause form and [DHS 7823](#). Client may self-identify as a victim of domestic violence. The case manager observes or becomes aware of hypervigilance; explanation of injuries inconsistent with type/location of injury; substance abuse; frequent headaches; multiple injuries; gastrointestinal problems; eating and sleeping disorders; depression/suicidal ideation/high anxiety; sexual assault/rape.

Client comes to appointments with injuries. Comes to appointments late, needs to leave early, is secretive about home life. There is frequent absenteeism due to medical problems or concerns about children. Client is excessively emotional, tearful, angry, depressed, nervous or confused. Client has low energy, fatigue and has trouble making decisions. Does not feel confident making any big decisions without partner, and will not make appointments without partner. Partner shows up frequently at client's JOBS activity site.

Alcohol and Drug (A&D) issues

Identifiers: Client always blames others for the problems in his/her life. Questionable job losses. Others in family are alcoholics or drug abusers. Job losses have occurred due to excessive absence. There is pattern of accidents on the job. Client has had DUIs. There are observable mood swings, dilated pupils, needle marks, the smell of alcohol, hyperactivity, difficulty staying on track or dramatic attention getting. The client has short-term memory loss and/or blackouts. The client may have an infectious disease such as TB, HIV, STDs, urinary tract infections, pneumococcal and other pneumonias, hepatitis B and C and other vaccine-preventable diseases.

Housing issues

Identifiers: A response on the application in the Emergent Need section regarding needing a place to live, monthly rent and utility payments being more than monthly income or responses that indicate a pending eviction or utility shut-off notice may indicate a need for support around housing issues. Housing issues may also come up during other client contacts, including the screening process using the [DHS 7823](#); case management/JOBS interviews; conciliation appointments; as well as appointments with contractors or other community partners.

Health issues (physical disabilities, mental health, intellectual functioning)

Physical health identifiers: Clients who state they cannot work and/or offer a doctor's statement to that effect. Clients with observable medical problems.

Mental health identifiers: Client's affect is inconsistent with the situation. Frequent visits to hospital emergency rooms. Appearance, attire and hygiene are less than socially acceptable. Client seems disorganized, confused or sleeps excessively. Chronic lack of follow-through and inability to get along with others. Pattern of noncompliance with case plan activities.

Intellectual functioning disabilities identifiers:

Learning disability: Client has been in special classes. Reverses letters/figures when filling out agency forms. Low level of literacy as observed on application.

Marginal intelligence: Client has been in special classes. Client has frequent job losses which may be due to being too slow. Client has difficulty with abstract thinking.

Pregnant women/women with infants

Identifiers: Self identification.

Youth/child issues (juvenile justice, education, abuse/neglect)

Identifiers: The family is involved with Child Welfare and/or the juvenile court. The child(ren) has poor grades, behavior problems at school, is in special classes or is suspended from school. The parents are called to the school frequently to deal with the child's problems. Observable abuse or neglect. The family is receiving treatment/counseling from a community mental health or child welfare agency.

Children living with adults who are not receiving cash benefits

Identifiers: Relatives (non-needy caretaker relatives) raising their grandchildren, nieces and nephews or cousins. Families in which one or more of the adults are noncitizens.

Noncustodial parent

Identifiers: As identified by DCS, custodial parent or relatives of children. Teen girl living with a male.

3. Work status focal point; ready to work

Principle-based decision

Work is better than welfare.



SEE WORK STATUS FOCUS POINT; CHILD CARE, IN THIS WORKER GUIDE ([CM-WG #1.6](#)).

Assessment

- Review the *Application for Services* ([DHS 415F](#));
- Review the *My Self Assessment* ([DHS 7823](#)) form;
- Identify what support services the client needs to do job search and become employed;
- Explain tax credits (EIC, and others);
- Evaluate (and reevaluate) suitability of client's job search choices given the job market and the client's skills;
- Explore transportation options including carpooling;
- Explore child care options;
- Explain transitional benefits to support continued employment.

Possible questions

- What type of work are you interested in seeking?
- Is it possible to obtain that type of job within commuting distance?

- What are your skills?
- What support do you need to become employed?
- Do you feel ready to work?
- Are there any family problems? If so, can they be resolved outside of work or job search hours?
- Is there anything that would interfere with your going to work, or make it difficult to work?
- Do you need clothing for job interviews?

Staffing

- Consult with staff in JOBS program;
- Possibly contact employers to follow up on client interviews.

Brokering

- Other partners may include the Employment Department, WIA, temporary agencies, Dislocated Worker programs.

Resources

- Local: branch resource room;
- District: CRC;
- Central Office: information resource person.

Development of plan

- Determine the employment goal;
- Job search will be the primary activity;
- Other JOBS activities such as Life Skills may be useful;
- Identify steps to secure adequate transportation, child care, and back-up arrangements. Explore carpooling;
- Identify what support payments will be needed: transportation, child care, etc.;
- Establish time frames for review of job search;
- Identify steps to resolve issues that might hinder employment.

Tools

- *Job Search Verification* ([DHS 475](#)), or TRACS Personal Development Plan;
- EIC brochures.

Legal considerations

If the client does not have a driver's license, but does drive for doing job search, explore ways of helping the client get a driver's license or explore alternative means of transportation.

If the client has legal problems such as the need to do community service, fines, or is on probation, these will need to be taken into consideration in planning the job search.

Ethical boundaries/cautions

Clients who have recovered from A&D problems must not be referred to jobs providing access to alcohol or drugs.

Narrative/Data entry

Coding for CMS:	Work status.
Coding for TRACS:	Enter PE, other activity codes and attendance on TRACS.
Coding for FSMIS:	Work status.
Narrate:	Employment goal, date of case plan, review dates, arrangements for transportation and child care, support service payments, progress towards goals.

Eligibility

Support services payments may be issued during the Pre-TANF Program prior to final determination of eligibility.

Principle-based outcome

Clients become employed as quickly as possible.

4. Work status focal point; almost ready to work

Principle-based decision

Work is better than welfare. Some clients need employment preparation activities and/or resolution of personal/family issues in addition to, or before seeking employment.

Assessment

- Review the *My Self Assessment* ([DHS 7823](#));
- Identify what support services the client needs to do job search and become employed;
- Consider contacting previous employers to determine basis for the client's job losses;
- Explain tax credits (EIC and others);
- Explore transportation and child care options.

Possible questions

- What type of work are you looking for?
- What are your skills?
- What caused past job losses?
- What do you think you could do to solve the problems that caused the job losses?
- What support do you need to become employed?
- Are there family issues that need attention so that you can keep your job?
- How do you plan to get to work?

Staffing

- It is important to coordinate planning closely with staff in JOBS program.

Brokering

- Partners may include a variety of community resources/partners.

Resources

- Local: branch resource room;
- Central Office: information resource person.

Development of plan

- Determine the employment goal;
- Job search will be an activity, if appropriate, based on the results of a labor market test;
- Determine what other goals need to be established to remove barriers to employment;
- Select activities to deal with these barriers from JOBS components and community resources. (GED class, work experience, JOBS Plus, vocational training, Life Skills, etc.);
- Identify what support payments will be needed: transportation, child care, etc.;
- Establish time frames for review of quality of job search and progress towards resolution of other issues.

Tools

- *Job Search Verification* ([DHS 475](#)) or TRACS Personal Development Plan;
- EIC brochures.

Legal considerations

Same as for Ready-to-Work.

Ethical boundaries/cautions

Same as for Ready-to-Work.

Narrative/data entry

Coding on CMS: Work status.

Coding on TRACS: Enter activities on TRACS, update attendance.

Coding on FSMIS: Work status.

Narrate: Arrangements for transportation and child care, support service payments, progress towards goals.

Principle-based outcome

Clients, who have received job preparation services and who have resolved personal/family issues become employed as quickly as possible.

5. Work status focal point; retention and wage enhancement

Principle-based decision

Working clients will remain employed at the same job or will obtain a better paying job.

Assessment

- Determine if the client has any issues that need to be resolved in order to keep the job;
- Determine if the employer has classes/training available for skill building;
- Determine what type of skill enhancement might lead to a better paying job;
- If the client has domestic violence issues, determine if the client would like to make a safety plan regarding employment;
- Explain transition services and available retention activities.

Possible questions

- How are your child care arrangements working out now that you are employed?
- Are you able to get to work okay?
- How are you getting along on the job?
- What has your employer said to you about how you are doing on the job?
- How are your children reacting to your working?
- What skills did your employer say you would have to have to promote?
- Would you be willing to take classes at night to gain skills?

Staffing

- Could include the current employer;
- May include community partner staff.

Brokering

- The community college's financial aid office may be able to help the client obtain funds for classes.

Resources

- Local: Community college;
- Central Office: Information resource person;
- If the client participated in JOBS Plus, the client will have an educational account that can be used to fund further skill training.

Development of plan

- Identify new employment goal;
- Identify skill and include skill enhancing activities.

Narrative/data entry

Coding on TRACS:

- For clients who become employed while in the JOBS Program:
 - TRA;
 - Use one or more retention codes: RT, BR.
- For any employed client:
 - Use the appropriate specific TRACS activity code when one exists. For example: JS, SL, MH, PT, DA, etc.

Eligibility

- Clients are eligible for JOBS services for retention and wage enhancement after their TANF or Pre-TANF Program benefits close due to employment;

- Employed ERDC, OHP and SNAP clients can receive retention and wage enhancement services even if they did not become employed while in the JOBS program.



FOR MORE INFORMATION, SEE OAR [461-190-0211](https://www.sos.wa.gov/OSHPA/461-190-0211).

Principle-based outcome

Employed clients who receive services to help them retain their first job increase their income through working more hours, promoting, or getting a better job.

6. Work status focal point; child care

Principle-based decision

When clients are working or participating in the JOBS program, their children are in safe, stable and dependable child care that supports the child's development. Clients and child care providers understand the payment system. Clients understand the need to pay the provider the copay, and providers are paid promptly.

Assessment

- View the development of the child care plan as an integral part of the client's self-sufficiency plan for which the client and the case manager share responsibility;
- Coach the client on how to locate and select a quality child care provider using the "Four Steps to Select Your Child Care Provider" in the *Parent Guide to Child Care* ([DHS 7478](#)). Offer the client the local Child Care Resource and Referral phone number, and review the Provider Guide;
- Assist the client in determining if the child care situation does, or will, meet the children's needs;
- Explain the payment system including the need to pay the copay;
- Inform client about the agency requirements for child care providers, including completion of the listing form and the criminal background check;
- Explain the relationship between DHS and the child care provider (the client is the employer of the provider even though the agency makes payment), including what the case manager may discuss with the provider;

- Determine if the child needs a special payment rate due to a physical, behavioral or medical disability;
- Determine if the children's immunizations are up to date;
- On an ongoing basis, evaluate whether the work hours or JOBS activity hours correspond with the provider billed hours;
- Obtain the name, address and phone number of the child care provider;
- Determine whether the provider is a family provider or center;
- Discuss the implications for child care of odd work hours;
- Assist the client in problem solving on obtaining and retaining child care;
- Coach the client about the need to obtain a provider who can accommodate such things as overtime, alternatives for sick kids or sick providers, etc.

Possible questions

- Do your children have any special needs that a child care provider would need to deal with?
- Are the children's immunizations current?
- How is the day care arrangement working out for you and your children?
- What is the name, address and phone number of your child care provider?
- Do you have any concerns about the type of care your children are receiving?
- What would you do if your children become sick? ...you have to work overtime? ...your provider gets sick? ...your work schedule changes?
- Are the school holidays or summer vacation going to affect your child care arrangements?
- Who is your backup provider?

Staffing

- Could involve the child care provider and the client;
- May include the local Child Care Resource & Referral agency;
- May involve staff from other agencies client has contact with.

Brokering

- Advising client that providers may receive information about services for child care providers from the local Child Care Resource & Referral agency (information on the USDA Child Care Food Program, training on CPR and First Aid, support groups, help with billing DHS, help with collecting the copay from clients);
- Exploring with the local Child Care Resource & Referral agency what services may be available to the client and child care provider;
- Provide information on DHS payment systems and policies to child care providers. Address concerns of provider.

Resources

- Local: Child Care Resource & Referral agencies;
- Central Office: Direct Pay Unit, information resource person;
- For obtaining immunizations: OHP, county health department, 800-SAFENET for those with no medical coverage, also for county health clinic locations. The statewide Oregon Child Care Resource & Referral Network is available at 800-342-6712. For information on required immunizations, call Health Services at 503-731-4020.

Development of plan

- Include updating immunizations (DTP, Hepatitis B, Polio, Measles/Mumps/Rubella, Hib Influenzae Type B, Varicella chickenpox);
- Direct the client to give the *Child Care Provider Listing Form* ([DHS 7494](#)) and the *Child Care Provider Guide* ([DHS 7492](#)) to the provider. The provider should refer to “How to become a listed provider for the DHS Child Care Program” in the [DHS 7492](#);
- Have the client use the “Finding and keeping quality child care” section of the [DHS 7478](#) as a guide to interview prospective providers;
- Have the client report to you the name, address and phone numbers of the child care providers;
- Set appropriate time frames for obtaining a child care provider.

Tools

- DHS: *Child Care Need Statement for Older Children* ([DHS 7484](#)), *Parent Guide to Child Care* ([DHS 7478](#)), *Special Need Child Care Rate Request*

([DHS 7486](#)), *Child Care Provider Guide* ([DHS 7492](#)), *Child Care Provider Listing Form* ([DHS 7494](#)) and *Child Care Provider Letter* ([DHS 7494E](#));

- Certificate of Immunization Status: Available from the county health department for use by providers to record children's immunizations;
- *Managing the Cost of Quality Child Care and Making Good Child Care Choices* (brochures of the Child Care Division, Employment Department).

Legal considerations

Child care providers must report child abuse to DHS. Providers must keep immunization records for children in care;

State law requires children in child care facilities to be immunized or in the process of completing their immunizations;

Confidentiality rules allow DHS staff to give information to child care providers limited to these items: case number and program of client, amount agency will pay, copay amount and reason for delay in agency's paying bill;

Child care providers, unless they are exempt, must be registered with or licensed by the Child Care Division;

The client, not DHS, is the employer of the child care provider. However, DHS is required to report payments of more than \$600 in one year to the IRS.

Narrative/data entry

Coding on CMS: For ERDC, enter work hours in CC Wrk Hrs and the number in the ERDC household in # ERDC. Entry in these fields generates the CCB if the listing information is on the system.

Coding on FSMIS: Use code CC for dependent care for working clients and enter the ERDC copay and child care cost above the DHS rate.

Coding on WSIT: Enter data in the WSIT screen to generate a JCCB.

Narrate: Narrate name, address, phone number of child care providers and which one is the primary provider. If a special rate is being paid, narrate the basis for the rate.

Eligibility

Use prospective budgeting to determine income amount for ERDC. Use the JCCB for JOBS participants when the provider is listed.

The agency will not continue to pay for child care if the client fails to pay the copay to the provider.

The child care provider cannot be under age 18; on the same TANF grant as the child in care; a sibling under age 18 who lives with the child; a parent/step-parent of the child; or a parent of the child's siblings, if all are living in the same household.

Dependent Care Costs; Deduction and Coverage Rule

[461-160-0040](#) — Dependent Care Costs; Deduction and Coverage

Providers must agree to these things:

- Not charge more for DHS-subsidized care than they normally charge other families;
- Keep daily attendance records for at least six months;
- Bill an hourly rate for children usually in care less than 158 hours per month;
- Allow DHS to review their records upon request;
- Cooperate with any investigation of a complaint, including a visit to the child care provider site, during hours when care is provided;
- Inform the Direct Pay Unit (DPU) of any arrests, convictions or involvement with child welfare of themselves or persons living with them;
- Inform DPU of changes of name, address or of persons who live with them.

Principle-based outcome

Children of employed clients and clients in the JOBS program are cared for in safe, stable and dependable child care that supports the child's development. Clients and child care providers understand the payment system, which results in clients paying the provider the copay, and providers receiving agency payment promptly.

7. Teen focal point; teen parents

Principle-based decision

Teen parents complete high school or obtain their GED, and then become employed as soon as possible.

- Teen parents do not have a subsequent pregnancy;
- Teen parents live in a safe environment;
- Teens have healthy infants.



SEE FAMILY ISSUES FOCAL POINT; PREGNANT WOMEN AND WOMEN WITH INFANTS, IN THIS WORKER GUIDE ([CM-WG #1.12](#)).

Assessment

- Evaluate living situation. Is it safe? If not, explore safe alternatives. Is the teen living with his/her parents? If not, why? This may include consideration of whether the teen can return to the family's home;
- Determine if there are domestic violence issues regarding the teen's partner, father of the child or parents;
- Determine if infant/child is being adequately cared for. Assess parenting skills;
- Determine if the teen is able to select appropriate child care;
- Obtain information on the client's educational background/school attendance;
- Determine if the teen parent has a history of child welfare involvement;
- Determine if the infant/child is developmentally on target;
- Evaluate potential for early attachment to work;
- Identify possible A&D issues.

Possible questions

- How would you describe your living situation?
- How were your experiences in school? What grade have you completed?
- How is your baby/child doing?

- How do you feel about being a parent?
- How is your health? What are you doing to prevent additional pregnancies?
- Is there anything that would interfere with you attending school?
- How is the baby/child's father involved in your situation?
- How do you get along with your parents?

Staffing

- Include JOBS Teen component staff;
- Could include teachers;
- Could include staff at these agencies if the client is participating in the programs: WIC, Head Start, Healthy Start, Community Health Nursing, etc., and teen employment programs such as Project YESS;
- May include Child Welfare, A&D treatment provider if appropriate, juvenile authorities.

Brokering

- May include negotiating with parents and relatives for assistance for teen parent, absent safety concerns;
- May include linking teen parent to parenting classes and other services not provided as part of the local JOBS program component for teen parents.

Resources

- Local: Local teen parent groups, teen pregnancy prevention group, RAPP group or coalition;
- Central Office: Information resource person;
- Transportation could include a bicycle;
- There may be a need to work with other agencies in the community to develop resources.

Development of plan

- Select an activity to reach the educational goal of high school completion or GED certificate (GED class, return to high school, alternative high school);

- After educational goal is met, include job preparation and job search activities;
- If living situation is not safe, establish activities to lead to a safer situation;
- Address health issues;
- Consider including a developmental assessment of the child through a Medichcek screening;
- Include expectation on attendance at school and time frames for evaluation of progress;
- Include participation in District Teen Parent program;
- Include Life Skills training.

Tools

- TRACS Personal Development Plan.

Legal considerations

Child abuse must be reported to Child Welfare.

If the pregnancy is a result of criminal acts including rape, incest, abuse and exploitation, report to law enforcement and work towards prosecution of predators. It is illegal for a person of any age to have sexual intercourse with a person under age 16, and those who are mentally defective, mentally incapacitated or physically helpless. It is illegal for a person over 18 to have sexual intercourse with a person under age 18. Nonconsensual sexual intercourse is illegal.

Ethical boundaries/cautions

DHS participates in the Governor's Teen Pregnancy Prevention, Oregon Action Agenda~1997.

Narrative/data entry

Narrate: Living situation.

Eligibility

Teen parents must live with their parents, legal guardian or adult relative unless it is a case management decision that this is unsafe or impractical.

If a teen parent returns to live with their parents and the parents' deemed income is over the income standard, the teen may continue to be eligible for medical coverage and JOBS support service payments. For this to happen, the teen must either be in high-school-level classes full time or participate with JOBS, or other program to develop employment or self-sufficiency skills.



SEE TANF SECTION J ([TF-J](#)) FOR MORE INFORMATION ABOUT TANF ELIGIBILITY FOR MINOR PARENTS.

Principle-based outcome

Teen parents:

- Have healthy infants;
- Reside in safe living situations;
- Have no subsequent pregnancy;
- Become employed as soon as possible after completing their high-school-level education;
- Know the importance of assuming responsibility for personal choices;
- Understand short- and long-term consequences of safe, risky and harmful behaviors;
- Know communication strategies for avoiding potentially harmful situations; i.e., refusal skills and resistance to peer pressure;
- Know how to access community agencies that advocate for healthy individuals and families.

8. Teen focal point; nonparent teens on OHP/SNAP not living with their parents

Principle-based decision

Teens receive services to stabilize their living situation, enable them to complete their education and become employed.

Assessment

- Determine the nature of the living situation. Is it safe?
- Determine if there are health issues that need attention;

- Address family planning issues;
- Determine educational status/school attendance.

Possible questions

- How is your living situation?
- How are you getting along in school?
- What are your plans for the future?
- How is your health?
- What agencies are you working with?

Staffing

- School staff and health professionals may need to be involved;
- Include other agencies that are working with the teen.

Brokering

- Assist client in accessing services of other agencies.

Resources

- Local: Local services to homeless youth, homeless youth shelters, WIA;
- Central Office: Information resource person.

Development of plan

- Include high school completion;
- Include attending to health issues/referral to Health Services for health care services, including family planning;
- Identify steps for securing a safe, stable living situation;
- Identification of future goals including additional education and employment;
- Include Life Skills training.

Legal considerations

Youth can be emancipated from their parents at age 16. Consider whether this might be appropriate.

Narrative/data entry

Coding on CMS: Work status codes.

Coding on FSMIS: Work status codes.

Principle-based outcome

Teens:

- Become employed as soon as possible after completing their high-school-level education;
- Know the importance of assuming responsibility for personal choices;
- Understand short- and long-term consequences of safe, risky and harmful behaviors;
- Know communication strategies for avoiding potentially harmful situations; i.e., refusal skills and resistance to peer pressure;
- Know how to access community agencies that advocate for healthy individuals and families.

9. Family issue focal points; domestic violence

Principle-based decision

Clients with domestic violence issues become employed without jeopardizing their safety or the safety of their children.

Assessment

- Follow the process in the branch plan for identifying domestic violence;
- Check the application (items #5 and #6) to see if the response indicates domestic violence. Also, check forms *My Self Assessment* ([DHS 7823](#)), *Cooperating with Child Support Enforcement* ([DHS 428A](#)) and the DCS good cause form;
- May offer educational materials to clients about domestic violence;
- May include using the *TA-DVS Safety Screenings* ([DHS 7802](#)), and *Are you being hurt by someone you love?* ([DHS 7808](#)).

Possible questions

- What about your living situation is unsafe?
- Tell me about what you think will keep you safe.
- What have you tried?
- What worked? What did not work?
- Have you worked with, or considered working with, a domestic violence resource advocate on safety planning?
 - If no, would you be interested in working with one?
- Have you considered getting a restraining order?
- What do you need to protect yourself and your family?
- Would you like help in developing a safety plan for you and your children?
- Is there someone in your life with whom you have had a relationship in which there has been physical, sexual or emotional abuse?

(Read the following.)

- Pushing, grabbing, shoving, slapping, hitting, restraining?
- Being kept away from family and friends, prevented from leaving your home or going where you wanted to go?
- Being constantly put down, or told you are worthless?
- Receiving threats to hurt you, your children, your pets or other family or friends?
- Being stalked, monitored or followed?
- Has anything like this happened in the past?
- Are you afraid of your partner or ex-partner?
- Is the abusive person the parent of any of your children?

Staffing

- Staffings should be done early on, and include the domestic violence service provider and others assisting the client in leaving and staying away from the violence;

- Obtain the client's permission before discussing the case with other agencies;
- Domestic violence service providers may accompany clients to DHS interviews;
- Domestic violence service providers may be willing to accompany staff on home visits.

Brokering

- Partners may include police, the domestic violence service provider, district attorney, legal aid services, counseling providers, medical providers, Child Welfare and the CAP agency;
- County health departments are a source of specialized services to victims of domestic violence.

Resources

- Local: district point person for domestic violence, support groups and other services offered by local domestic violence service provider;
- Central Office: For calls on second or subsequent requests for TA-DVS within 12 months;
- Survivors may be eligible for unemployment if job loss was a result of domestic violence.

Development of plan

- The *Self-Sufficiency Domestic Violence Assistance Agreement* ([DHS 1543](#)) should be used when developing plans with survivors of domestic violence;
- Developing a plan should be as empowering as possible for the client;
- Safety issues must be considered regarding all activities and expectations;
- More short-term goals may be necessary;
- For counseling/therapy related to the effects of domestic violence, refer the client to the domestic violence service provider or other service provider that offers specialized counseling;
- Determine what agency resources will be used to support the activities;
- Domestic violence service providers should be involved in the development of the plan.

Tools

- Local assessment/identification tools; domestic violence crisis cards; domestic violence reference card for staff use; domestic violence library materials for staff use (books and videos), contact Central Office;
- Domestic Violence Staff Tools Web page link:
<http://www.dhs.state.or.us/caf/dv/index.htm>.
- Other:
 - Restraining order information and other legal resources at
<http://oregonlawhelp.org/>;
 - Face to Face Surgery Program, 800-842-4546 (program offers no-cost facial reconstructive plastic surgery to victims of domestic violence).

Legal considerations

State law requires DHS to screen clients for domestic violence, and do community staffings and individualized family plans.

Ethical boundaries/cautions

Believe her; listen; do not minimize the violence; validate her feelings.

Clients are not responsible for the abuse they receive, but they are accountable for engaging in activities to move themselves toward self-sufficiency within the parameters of agency policy, taking safety concerns into consideration.

If the abuser is present, do not discuss or offer the items listed under **Tools**. The abuser may renew the violent behavior when the woman does job search or becomes employed. Anger management classes and family counseling are not considered appropriate treatment for abusers.

Narrative/data entry

Coding on CMS: Program code "E2" on a new case. Use "DVS" Need/Resource code on new and currently open program 2, 82, P2 and M5 cases with the first month of eligibility. Use Special Pay reason 22 on 437 issuances.

Coding on TRACS: Code waivers related to domestic violence on TRACS. Refer to TANF ([DV-C.7](#)) for detailed information.

Use "DV" activity code when clients participate in activities directly related to Domestic Violence Intervention.

Narrate: If there are safety concerns about the narration on domestic violence, you may put the narration on a separate sheet of paper which can be easily removed if it is appropriate for non-DHS staff individual's review of case file.

Eligibility

No verification of domestic violence is required. Accept the client's statement.

Eligibility requirements may be waived temporarily for TANF if those requirements make it more difficult for individuals to escape domestic violence or place them at risk of further, future violence. See policy for exceptions to the waiver regarding citizenship, income and resources.

Principle-based outcome

Clients who have domestic violence issues are employed and are at minimal risk of future abuse.

10. Family issues focal point; alcohol and drugs

Principle -based decision

Clients with alcohol and drug problems will have their chemical dependency identified, receive appropriate treatment and become employed as soon as possible.



SEE THE FAMILY ISSUES FOCAL POINT; HEALTH ISSUES (PHYSICAL, MENTAL, INTELLECTUAL) IN THIS WORKER GUIDE ([CM-WG #1.11](#)).

Assessment

- Look for patterns of behavior that indicate A&D issues;
- Use A&D screening and assessment providers to identify these issues as early as possible;
- Be alert to behavior that indicates relapse;
- Be alert to the possibility of other health issues, caused by, or related to, the A&D problems.

Possible questions

- Have you lost a job for excessive absence?
- Have you lost a job due to accidents on the job?
- How do you think drinking/drug use has affected your family?
- Have you ever been arrested for DUI? How many have you had?
- Are you struggling with a spouse, partner, friend, parent, child or sibling who you feel is abusing drugs or alcohol?
- Are you currently using alcohol or drugs? If not, when was the last time? What were you using and how often?

Staffing

- Include treatment providers;
- May include the DHS Disability Liaison.

Brokering

- Evaluate whether the treatment and other services the client receives is moving the client closer to becoming employable.

Resources

- Local: Client's health plan, chemical dependency treatment programs, AA, Alateen, Al-Anon, NA;
- Central Office: Disability Liaisons, information resource person.

Development of plan

- Set time frames for client making appointments for treatment;
- Include the treatment plan;
- Include dates for evaluation of progress;
- Identify the type of support group the client will participate in on a long-term basis following treatment;
- Determine if other family members have A&D issues that need resolution and identify actions client could take regarding them.

Tools

Documentation: *Administrative Medical Examination/Report Authorization (Medical Records Request) ([DMAP 729](#)); Comprehensive Psychiatric or Psychological Evaluation ([DMAP 729A](#)); Report on Eye Examination ([DMAP 729C](#)); Medical Record Checklist ([DMAP 729D](#)); Physical Residual Function Capacity Report ([DMAP 729E](#)); Mental Residual Function Capacity Report ([DMAP 729F](#)).*

Releases: *Authorization for Use and Disclosure of Information ([MSC 2099](#)).*

Legal considerations

A&D providers may have their own release of information forms.

Some medical documents may have “Not for further release” stamped on them. If so, this means you cannot give copies of these documents to any other agency or person. Other agencies or persons will need to obtain the documents directly from the original source.

Ethical boundaries/cautions

It is not acceptable to pay fines for traffic tickets, directly or indirectly. It is acceptable to advise the client about contacting the probation officer and judge about alternatives to paying the fines.

Narrative/data entry

Coding on CMS: Medical review date, work status codes.

Coding on TRACS: Record DA on TRACS, update attendance.

Coding on FSMIS: Work status codes.

Narrate: Results of evaluations, who did it, the date done; do tickler for dates progress is to be evaluated, dates for expiration of doctor’s notes, date treatment will be completed, expiration dates for release of information forms.

Eligibility

Recipients of TANF must participate in substance abuse diagnostic, counseling and treatment programs if this is necessary for the individual to be able to work.

Failure to cooperate with this requirement can result in the individuals' disqualification for JOBS mandatory clients. For JOBS exempt clients, cooperation with the requirement is an eligibility requirement for TANF.



SEE SECTION M OF THE TANF CHAPTER ([TF-M](#)) FOR MORE INFORMATION.

Principle-based outcome

Employed clients with resolved chemical dependency problems, who are able to maintain long-term employment.

11. Family issues focal point; health issues (physical, mental, intellectual)

Principle-based decision

Clients who are able to work, even though they have health problems, seek employment. Whenever possible, clients participate in employment preparation activities concurrently with taking steps to resolve their health problems.

- Clients whose health problems preclude immediate employment, seek medical and rehabilitative services to help them become employable;
- Clients who have been medically determined to be unable to work may apply for SSI/SSD;
- Clients who are needed in the home to care for dependents with disabilities receive support services to enable them to prepare for employment, unless this puts an undue hardship on the family.

Assessment

- Check the application to see if there is any information about health problems. Also, check the *My Self Assessment* ([DHS 7823](#)) form;
- Look for patterns of behavior that indicate mental health issues;
- Use mental health screening and assessment providers to identify these issues as early as possible. Also consult with the Disability Liaisons;
- Obtain any documentation that the client has regarding the health issue;
- Authorize administrative exams to obtain current information from medical providers on the health problem using the *Administrative Medical Examination/ Report Authorization* ([DMAP 729](#)) series of forms;

- Explore Office of Vocational Rehabilitation Services (OVR) for those needing rehabilitative services;
- Explore SSI/SSD for those unable to perform any work;
- Explore the DHS Spousal Pay Program for two-parent families where one parent is on SSI or SSD and is dependent on the other parent for care with four of the six activities of daily living;
- Be alert to behavior that indicates relapse.

Possible questions

General (and physical)

- How does your health problem affect your activities of daily living (housework, shopping, cooking, care of children, etc.)? How does it affect your ability to work?
- Could you work if you had some accommodation made for you on the job?
- When was the last time you saw the doctor? What did the doctor say? Did the doctor restrict your activities? If so, how?
- What medications are you now taking, and for what condition? Does your doctor have you in a treatment plan? If so, what treatment are you receiving now?
- Are you receiving Workers' Compensation? Are you receiving services through SAIF?

Intellectual functioning

- Were you in special education classes in grade school or high school? What were you told about why you were in special classes? Do you have your IEP from school?
- Have you lost jobs because you were too slow?
- How well do you think you understand written information?
- How easy is it for you to follow written instructions?
- Do you need help with following recipes, going shopping, keeping a checkbook, using a stove or washing machine, etc.?

Mental health

- How hopeful do you feel right now about the future for you and your family?

- How would you describe your appetite and sleeping patterns?
- What have you done in the past when you have needed help with a personal problem?
- Have you had many trips to the emergency room? If so, for what problem?
- Have mental/emotional problems affected your ability to seek or maintain employment in the past? If so, how?

Needed in home to care for child/spouse with disabilities

- What has the doctor said about why you are needed in the home to care for your child/spouse with disabilities?
- Is there anyone who can care for your child/spouse with disabilities while you work?
- What kinds of things do you need to do for your child/spouse with disabilities that they cannot do for themselves?
- Is the child/spouse's disability progressive or chronic? Will the condition improve to the point where the child/spouse with disabilities will not need a high level of care?

Staffing

- May include the DHS Disability Liaison, treatment providers, medical providers, OVRs staff, community health nurses, Goodwill, etc.;
- If the client has multiple health problems, coordination of treatment among all health care providers involved will be necessary;
- Documentation should be submitted to the Disability Liaison prior to staffing with them. (Disability Liaisons are always available for informal discussion of what type of medical evaluation is appropriate to request for a particular client.);
- Staffings should be done early on if the client is already involved with other agencies such as OVRs, State Accidental Insurance Fund (SAIF).

Brokering

- Evaluate whether the treatment and other services the client receives is moving the client closer to becoming employable;
- Negotiate with OVRs regarding how much it and DHS will mutually spend on support services for clients going through rehabilitation;

- Explore whether the client can be certified as a care provider for the dependent with disabilities;
- Explore whether a special child care rate can be authorized for the child with disabilities, if under age 18;
- Explore whether respite care is available for the dependent with disabilities;
- To explore eligibility for the Spousal Pay Program, make a referral to the local SPD office.

Resources

- Local: Client's health plan, county health clinic, chemical dependency treatment programs, psychologists, psychiatrists. For employment opportunities for clients with limited intellectual functioning, contact OVRs, sheltered workshops, Goodwill;
- Central Office: Disability Liaisons, information resource person;
- Possible referral to SFPSS;
- Other: Prepaid Health Plan Coordinators (DMAP) and Exceptional Needs Care Coordinators (Managed Care Plans);
- This may include identifying services such as psychological testing that are an unmet need and seeking access to or creation of a resource.

Development of plan

- Consider consulting the Disability Liaison for help with developing an appropriate case plan for clients applying for SSI/SSD and clients with severe medical problems who do not meet the SSI/SSD criteria;
- Encourage SSI/SSD applicants to seek legal representation to help pursue these benefits;
- Set time frames for client making appointments for further evaluation of condition;
- Determine self-sufficiency activities that the client can participate in while evaluation of condition takes place (GED class, work experience, ESL class, solving family problems, getting drivers license, stabilizing living situation, etc.);
- Consider consulting with Disability Liaison for appropriateness of activities given the client's medical condition;
- If treatment is appropriate, include the treatment plan and time frames;

- Include expectations for other agencies (OVRs, SSA) and resources the client will contact;
- Include dates for evaluation of progress.

Tools

Documentation: *Administrative Medical Examination/Report Authorization (Medical Records Request) ([DMAP 729](#)); Comprehensive Psychiatric or Psychological Evaluation ([DMAP 729A](#)); Report on Eye Examination ([DMAP 729C](#)); Medical Record Checklist ([DMAP 729D](#)); Physical Residual Function Capacity Report ([DMAP 729E](#)); Mental Residual Function Capacity Report ([DMAP 729F](#)).*

Computer screens: BEIN (information on SSI, SSD, SSB, & Medicare, and appeal of SSA denial of benefits)
WQTR (# of quarters paid into SSA system; also see TPQY, F23 from BEIN)

VCLQ (identifies OVRs clients, their OVRs counselor, disability diagnosis, OVRs plan status & employment information).

Referrals: *JOBS Referral for Services ([DHS 7841](#)), Disability Referral ([SDS 708](#)).*

Releases: *Authorization for Use and Disclosure of Information ([MSC 2099](#)).*

Legal considerations

For most medical providers, a release of information form will need to be signed by the client for the case manager or Disability Liaison to receive medical documents.

Be cognizant about the confidentiality rules pertaining to HIV and AIDS.

Some medical documents may have “Not for further release” stamped on them. If so, this means you cannot give copies of these documents to any other agency or person. Other agencies or persons will need to obtain the documents directly from the original source.

Ethical boundaries/cautions

It is important not to assume that a client who has health problems cannot work.

Medical documentation must include the following items to be useful for case management planning or eligibility determination:

- Description of the health problem (diagnosis);
- Testing and evaluation results, why the doctor thinks the client has a health problem (clinical findings, psychological or psychiatric evaluations or testing x-ray reports);
- What treatment or other things the doctor thinks will improve the health condition (treatment plan);
- What the time frames are for the treatment to be effective or the condition to be fixed;
- What the doctor thinks the prospects are for improvement (prognosis);
- How the condition affects the client's ability to work;
- What limitations has the doctor placed on the client regarding lifting, walking, sitting, etc.

Medical documentation is acceptable only from medical and osteopathic doctors, optometrists, and licensed psychologists and psychiatrists. For casework planning purposes only, documentation is acceptable from licensed social workers, licensed physical therapists and licensed occupational therapists.

For ABAWDs only, documentation from any medical practitioner is acceptable, and need not contain the depth of information required by other programs.

Clients with back problems need to be evaluated by an orthopedist. Clients with mental health problems need to be evaluated by a psychologist or psychiatrist, not a general practitioner.

A good resource for interpretation of medical reports is your Disabilities Liaison.

For the Spousal Pay Program, the care giver is paid to care for the dependent spouse with disabilities if the spouse with disabilities needs help with four out of six activities of daily living: eating, dressing/grooming, bathing/personal hygiene, mobility, bowel/bladder management, and cognition (and behavior). An assessment of the level of care is determined, and a service plan is created. The amount of pay is based on the level of care needed by the spouse with disabilities. Examples of disabilities requiring spousal care are: cancer, Lou Gehrig's disease, MS, CP.

Narrative/data entry

- Coding on CMS: SSI and Incap case descriptors, medical review date, work status codes.
- Coding on TRACS: Record health related activities (MH, ME, SS) on TRACS.
- Coding on FSMIS: Work status codes.
- Narrate: Results of medical evaluations, who did it, the date done; do tickler for dates progress is to be evaluated, dates for expiration of doctor's notes, treatment will be completed, expiration dates for release of information forms.

NOTE



Managed Care Health Plans will continue to mail the member handbook to the client as long as the post office puts a forwarding address on the envelope. Absent a forwarding address, the health care plan will send the item to the branch.

Eligibility

Recipients of TANF must participate in mental health and/or substance abuse diagnostic, counseling and treatment programs if this is necessary for the individual to be able to work. Failure to cooperate with this requirement can result in the individual's disqualification for JOBS mandatory clients. For JOBS exempt clients, cooperation with the requirement is an eligibility requirement for TANF.

To meet the incapacity deprivation requirement for TANF, one parent must have a medical condition that is expected to last 30 days from the date of request for TANF. The condition must substantially reduce or eliminate the parent's ability to support or care for their children.

Principle-based outcome

Clients with health problems go to work as soon as is practical.

- For some, this means rehabilitation occurs first;
- For others, it means pursuing SSI/SSD if they appear likely to meet the program's criteria;

- For clients caring for dependents with disabilities, it means receiving agency help in exploring alternative care and resources and engaging in employment preparation activities unless this creates a hardship for the family.

12. Family issues focal point; pregnant women and women with infants

Principle-based decision

Pregnant women and women with infants become employed as soon as possible.

- Pregnant women give birth to healthy infants;
- Pregnant women and women with infants prepare for employment by making satisfactory child care arrangements and taking care of the children's basic health needs;
- Women are encouraged and supported in their efforts to breast-feed their infants, including after they become employed. Infants who are breast-fed for the first year of life will experience health, nutritional and developmental benefits. An employed mother of a breast-fed infant will miss fewer days of work because her infant will be healthier.

Assessment

- Determine if the client is receiving prenatal care/vitamins;
- Determine if immunizations for infants/toddlers and mothers are up to date;
- Determine if the client is prepared for the arrival of the baby, i.e., clothes, diapers, equipment such as car seat, crib;
- Determine if paternity has been established;
- Determine if the client needs support in breast-feeding her infant, especially if she plans to work;
- Identify possible A&D issues.

Possible questions

- How do you feel about becoming a parent?
- Do you have any concerns about your baby?
- How is your prenatal care going?
- Are you prepared at home for the baby's birth? (Crib, car seat, clothing, etc.)

- Do you have family or friends you can talk to and count on to provide emotional support for you and the baby?
- Is your baby on schedule for immunizations?
- Do you need support to continue breast-feeding your infant?
- What do you think you need to do to continue breast-feeding your infant after you become employed or you return to work?
- What do you think you need to do to prepare to work after the baby's birth?
- What do you think you could do while you are pregnant to prepare to work?
- What can you count on the father of the baby for regarding acknowledging paternity, supporting the baby financially, medical insurance coverage, participating in child rearing, etc.?

Staffing

- Staffing with the Department of Child Support (DCS) or the district attorney may need to occur regarding paternity and child support issues;
- Staffings may include WIC and community health nurses regarding health issues, developmental issues and breast-feeding issues;
- Staffings may need to occur often for clients who have a high-risk pregnancy, a failure-to-thrive infant or an infant with other medical problems.

Brokering

- Support services may be available from WIC (nutrition classes, etc.), community health nurses, medical providers and early intervention programs such as Healthy Start.

Resources

- Central Office: WIC brochures can be ordered through Distribution Services;
- For locations of WIC program, call 800-723-3638. For La Leche League breast-feeding support services, call 800-525-3243. For information on required immunizations, call Health Services at 503-731-4020.

Development of plan

- Consider including activities such as attendance at WIC classes, obtaining immunizations for self and baby, obtaining prenatal care, birth preparatory

classes, obtaining equipment needed for baby, obtaining a breast pump and attending parenting classes;

- If immediate employment is not an option, activities could include GED classes, skill building training, work experience or volunteer work;
- Evaluating the progress could be timed to coincide with the developmental time table for children or immunization schedule;
- If homelessness or risk of homelessness is an issue, stabilizing housing could be a goal;
- If paternity and child support have not been established, accomplishing this would be a priority.

Legal considerations

Report child abuse to Child Welfare;

It is illegal to discriminate against pregnant women in hiring practices;

All state agencies are directed to institute practices supporting breast-feeding mothers. (Executive order [EO-99-10](#), signed by Governor John Kitzhaber on June 24, 1999.);

A woman may breast-feed her infant in public. ([Senate Bill 744](#), signed into law on June 24, 1999.)

Ethical boundaries/cautions

Even though women in their ninth month of pregnancy and those within six months after the baby's birth cannot be disqualified, they can be encouraged to use this time to take advantage of appropriate activities to prepare for employment, parenting or other family stability activities.

Narrative/data entry

Coding on CMS: JOBS exempt status for the ninth month of pregnancy and the first six months of the baby's life if the client elects to take the exemption for clients 20 and over, and 16 weeks for clients 19 and under.

Coding on TRACS: Put PT if appropriate on TRACS.

Coding on FSMIS: Work status.

Eligibility

There are limitations on the amount of JOBS activities that can be required of pregnant clients in the seventh and eighth month of pregnancy if they are age 20 or older.

The following groups are exempt from disqualification for noncooperation with JOBS: pregnant women age 20 and older, who are in their ninth month; and clients 20 and older during the six months after giving birth. Clients under age 20 for 16 weeks after the birth of their child.



SEE SECTIONS M.2 ([TF-M.2](#)) AND M.3 ([TF-M.3](#)) OF THE TANF CHAPTER.

Principle-based outcome

Pregnant women and women with healthy infants, who have resolved their child care and health issues, become employed as soon as possible.

13. Family issues focal point; youth/child issues

Principle-based decision

Youth/child issues (education, juvenile justice, Child Welfare) are effectively resolved so that clients will be able to become employed and retain employment.



SEE "CHILDREN LIVING WITH ADULTS WHO ARE NOT RECEIVING CASH BENEFITS" IN DETERMINING THE APPROPRIATE FOCAL POINT OF CASE MANAGEMENT, IN THIS WORKER GUIDE ([CM-WG #1.2](#)).

Assessment

- Determine if the children are attending school regularly;
- Determine if there are any children's issues that need attention to avoid interfering with the parent's employment;
- Determine if the client is involved with partner/other agencies regarding their children;
- Determine if Head Start would be an appropriate option for the child.

Possible questions

- Are there any issues regarding the children that concern you?
- Have any issues regarding your children caused you to lose a job?
- How are your children doing in school?
- What sort of grades are they getting?
- Are they participating in any school activities?
- How is your children's health?
- Are other agencies helping your children? If so, how?

Staffing

- May involve school personnel such as teachers, social worker or counselor;
- May involve juvenile authorities;
- May need coordinating with parent-teacher conferences;
- Child Welfare staff may need to be involved;
- Coordination among agencies serving the family may be needed.

Brokering

- Assist client with accessing other agency services;
- For youth not in school, consider helping the individual access the Job Corps, YESS program, GED classes and other educational/employment-related programs.

Resources

- Local: Child Welfare, School District, Park Department for recreation programs;
- Central Office: Information resource person.

Development of plan

- Identify what needs to be done to help the children be successful in school;
- Identify any health needs and assign activities to resolve them;
- Determine steps needed to coordinate services among agencies helping family;

- May include requiring the client to meet partner agencies' expectations.

Eligibility

Youth who are not attending school regularly must participate in JOBS;

Children who are 18 years old are not eligible for cash assistance unless they are attending high school full time.

Principle-based outcome

Employed clients have their children's issues regarding education, juvenile justice and Child Welfare resolved to the point that these issues do not interfere with employment;

Women who are breast-feeding their infants are encouraged and supported in their efforts and become employed as soon as possible.

14. Family issues focal point; noncustodial parents

Principle-based decision

Noncustodial parents become employed in order to pay child support. Noncustodial parents become a meaningful contributor to their child's upbringing, absent safety issues.



SEE THE WORK STATUS FOCAL POINTS EARLIER IN THIS SECTION, ([CM-WG #1.3](#)), ([CM-WG #1.4](#)), ([CM-WG #1.5](#)) AND ([CM-WG #1.6](#)).

Assessment

- Determine if parent needs help in obtaining employment;
- Determine if parent has any issues that need to be addressed before job search can begin;
- Determine if parent needs help resolving family issues such as visitation;
- Determine if parent has A&D or other health issues;
- Determine if parent needs assistance in stabilizing their living situation;
- Determine if parent needs help with parenting issues;
- Determine if a modification of the support order is needed.

Possible questions

- What do you need in order to become employed?
- Do you have concerns about your children?
- Do you have any health issues that need attention?
- Do you have concerns about your relationship with your children's mother?
- How do you feel about paying child support?
- Have alcohol or drug use led to problems for you?

Staffing

- Consider including the noncustodial parent's case manager in staffings, if the parent has an open case with DHS or another case management agency;
- Consider including staff from DCS and the JOBS program;
- May include other community agencies such as those providing mediation services;
- Obtain custodial parent's consent before sharing information about their case with others involved with the noncustodial parent.

Brokering

- Coach parent on how to access community services for housing, help with visitation, etc.;
- Coach parent in how to work with DCS.

Resources

- Local: Mediation services, local DCS office;
- Central Office: Information resource person.

Development of plan

- Identify activities that will lead to employment;
- Identify steps toward resolving family-related issues;
- Include any other child support related activities.

Tools

Brochure: District 6 has a brochure inviting noncustodial parents to participate in their program. This could be customized for other districts.

Legal considerations

Check with DCS regarding child support requirements;

Be aware of confidentiality issues regarding the release of information on child support and paternity.

Ethical boundaries/cautions

Be alert to safety concerns on behalf of the noncustodial parent's family (domestic violence issues).

Narrative/data entry

Coding on CMS: Put E in the JOBS status field; use the WTW case descriptor if the parent meets the welfare to work criteria or is a participant in the District 5 and 6 obligor JOBS program.

Coding on TRACS: Put Y in the Obligor field on TRACS.

Coding on FSMIS: Appropriate ABAWD/OFFSET coding.

Narrate: Noncustodial parent's needs, visitation issues, child support issues including when payment began, modification of support order.

Eligibility

OHP should be explored for A&D and mental health services. If eligible for food benefits, explore ABAWD/OFFSET for support service payments. Noncustodial parents are eligible for JOBS support service payments. (Use OFFSET payments only if JOBS cannot be used.)

Principle-based outcome

Noncustodial parents become employed and pay child support as soon as possible. Noncustodial parents are a positive factor in their children's lives.

15. Family issues focal point; housing

Principle-based decision

Clients with stable housing are more likely to find and maintain employment.

Assessment

- Use the *Application for Services* ([DHS 415F](#)) and *My Self Assessment* ([DHS 7823](#)) to identify possible housing issues;
- Determine the nature of any housing issues. Are they related to high cost of housing, no credit history, poor rental history, history of evictions, poor credit history, domestic violence or need for drug/alcohol-free housing;
- Assess whether or not housing is a factor that is impacting the client's ability to follow through with JOBS activities or as a reason they have lost jobs.

Possible questions

- How long have you lived at your present address? How is that working for you?
- Tell me about any problems you are having related to housing. How are you handling those?
- What help (if any) have you accessed related to housing? How did that work for you?
- What are your plans related to housing?

Staffing

- Joint case planning with the client and Community Action agencies or other housing programs that address housing stabilization or self sufficiency may reduce the likelihood of long-term housing issues;
- Obtain the client's permission before discussing their case with other agencies.

Brokering

- Assist the client in locating appropriate housing resources. Appropriate housing type may depend on other challenges that the client may be experiencing. Examples might include temporary housing needs, including family shelters (for homeless clients), domestic violence shelters or other safe housing (for clients experiencing domestic violence), drug-or-alcohol-free housing (for clients in recovery), transitional housing (for families who need case-management services

while looking for permanent housing), low-income housing (for families with limited income or resources);

- When other challenges (not directly relating to housing) are contributing to the client's inability to find housing, such as poor rental history or poor credit, refer to local services that might help with these issues.

Resources

- Community Action Agencies (CAA) for Housing Stabilization Program, utility assistance and other emergency housing assistance. You can find your local CAA at: <http://www.caporegon.org/>;
- Housing and Urban Development (HUD) and Housing Authority Programs (HAP) for public and subsidized housing or purchasing options for low income families. You can access information about local resources at: <http://www.affordablehousingonline.com/housingauthority.asp?State=OR> or <http://www.affordablehousingonline.com/default.asp>;
- Domestic violence service providers for emergency shelter and possibly transitional housing. Information about local providers is available at: <http://www.dhs.state.or.us/abuse/domestic/gethelp.htm>;
- A&D and Mental Health (MH) service providers for referral to drug/alcohol-free housing.

Resources for associated issues

- Legal aid Web page: <http://oregonlawhelp.org/> for landlord tenant information and resources;
- Credit counseling agencies;
- "Good renter" programs;
- Oregon Telephone Assistance Program (OTAP) at 800-848-4442, or TTY users at 800-648-3458;
- Local utility companies.

Development of plan

- Plans related to addressing housing issues should be specific. Getting a roommate or finding a job are great goals, but the plan should include the steps the client is planning to take to reach these goals;
- In the planning process determine what agency resources will be used to support the client in finding and securing housing.

Principle-based outcome

- Housing issues are no longer a barrier to the client accessing or maintaining employment.