



DEPARTMENT OF  
**WORKFORCE  
SERVICES**



# Family Housing Employment Specialist (FHES)

CONFERENCE CALL – MARCH 22, 2018

# Grantee's Responsibility



- Provide an orientation for families to inform them of participation requirements.
- Refer appropriate adults to the assigned FHES  
Appropriate adults are defined as:
  - Age 18 and older unless enrolled in high school
  - Physically and mentally capable of working
  - Legally able to work
  - Not applying for SSI/SSDI disability income with the Social Security Administration

# Grantee's Responsibility (cont.)



- Inform customers that they must meet with the DWS FHES to discuss job search activities within 30 days of referral being sent. Customer must re-apply if this condition has not been met.
- Inform the customer to contact the DWS FHES immediately to schedule an appointment.
- To remain eligible and receive subsequent issuance(s) up to four months, TANF FH customers must meet with the DWS FHES at least monthly and have a current signed and dated employment plan

# Grantee's Responsibility (cont.)



- Any adult customer not referred to the DWS FHES must have a narration in their file explaining why they were not referred
- Customers who are already employed should still be referred to the DWS FHES to assist with gainful employment opportunities and resources.

# Grantee's Responsibility (cont.)



- An email must be sent on the same day of the referral to the DWS FHES and include the following information:
  - Customer name (Last, First)
  - DWS Case # **OR** Date of birth
  - Customer phone number
  - Copy of Form 115
  - Agency name and contact information
  - Any other helpful information regarding customer participation or issues

# Form 115

DWS-WDD 115  
Rev. 3/2014



State of Utah  
Department of Workforce Services  
**RELEASE/DISCLOSURE OF INFORMATION &  
CONSENT FOR COORDINATED SERVICES**  
ONLY for use by Contracts and Refugee Home Visits  
Where UWORKS is Unavailable



D10014001510101

John Doe

Name (Print)

PID

Case #

Make sure the "Yes" box is checked.

Mark "Other" and write the name of your organization.

Mark both "R" and "D" in "Other" and write in "TANF Eligibility".

Customer needs to sign and date.

I understand that my records are protected under the State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations.

I authorize the release and/or disclosure of information only to the agencies listed below with the restriction that the information cannot be passed on to any other person or entity/agency.  Yes  No

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Div. of Child & Family Services  | <input type="checkbox"/> Div. of Services for People with Disabilities | <input type="checkbox"/> Div. of Juvenile Justice Services   |
| <input type="checkbox"/> Job Corps  | <input type="checkbox"/> Juvenile Court                                | <input type="checkbox"/> Local Mental Health Providers       |
| <input type="checkbox"/> School Districts   | <input type="checkbox"/> State/Local Health Department                 | <input type="checkbox"/> Substance Abuse Treatment Providers |
| <input type="checkbox"/> Vocational Rehabilitation  | <input type="checkbox"/> Social Security Administration                | <input type="checkbox"/> Any & All Employer/Worksite         |
| <input checked="" type="checkbox"/> Other: <u>Your Organization Name</u> <input type="checkbox"/> |  |  |

The information selected below is to be released and/or disclosed to coordinate a variety of services on my behalf. In order to provide these services, representatives of public and private agencies may be working together and may need to share information about me with one another.

I authorize the information below to be released from and/or disclosed to the agencies selected above to assist the Department of Workforce Services (DWS) in coordinating services for me. I only authorize the release and/or disclosure of the specific items checked below. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open program(s) with DWS. I understand I may revoke this consent at any time by sending written notification to my Employment Counselor.

**Note: DWS does not disclose controlled documents without consent of the DWS Legal Department.**

R = Release my information from a third party to DWS      D = Disclose my information from DWS to a third party

- | R                                   | D                                   | R                        | D                        | R                        | D                        |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Customer

Date

Signature of Parent or Guardian, if under age 18

Date

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162

# FHES Referrals



- If customer does not have an open case in UWORKS, the DWS FHES will activate themselves as the Primary Case Manager
- If the customer already has an open case and a primary EC, DWS FHES activate themselves as the secondary case manager
- Manually enroll the customer in ‘TANF Family Housing’ program
- Create a 360 referral in UWORKS to the referring grantee

# FHES Referrals (cont.)



- Send an appointment correspondence to the referred customer within 14 calendar days of the email being received.
- After customer attends appointment, send completed employment plan to grantee to report participation
- If the customer is unemployed, meet face-to-face
- Customers who are employed are still required to meet with the FHES, the meeting may take place by phone
- Narrate this coordination meeting in UWORKS



# FHES Referrals (cont.)



- Complete a UWORKS narration stating the customer is receiving assistance through the TANF Family Housing program.
- Ensure job search/job readiness and any other appropriate services are included on the customer's employment plan
- If the customer does not meet with the DWS FHES within 30 calendar days of receiving the referral email, contact the grantee to report non-participation

# FHES Referrals (cont.)



- **Completed Work Readiness Evaluation (WRE) and updated UWORKS Registration**
- **Review the customer's Job Seeker Registration for completion**
- **Provide an overview of services offered by DWS**
- **Use UWORKS to provide job referrals**
- **Create an employment plan including Job Search/Job Readiness and/or any other appropriate services to assist the customer with stabilizing housing and obtaining employment**
- **Report participation/non-participation to the agency referred them**
- **When a customer obtains employment, enter the information on the placement screen in UWORKS.**

# FHES Referrals (cont.)



- **Consideration of additional employment plan services should also include:**
  - Active job search verified through paper or online job logs
  - Attending all referred workshops
  - Attendance in Work Success, if appropriate

# FHES Referrals (cont.)



- **Full calendar month gap of FHES assistance: Organization must re-determine TANF eligibility and re-refer to FHES.**

NOTE: Still counts as one episode when eligible for 4 months in 12 month period.

- **FHES can leave enrollment open for 30 day window for positive closures and potential**

# FHES Referrals (cont.)



- Individual who are NOT part of the TANF household (part of form 300) should NOT be referred to FHES.
- *EXAMPLE: Boyfriend living in home (not married or have children in common)*
- Non-TANF Family Housing clients can use [jobs.Utah.gov](http://jobs.Utah.gov) or local DWS Employment Center as universal customer.

# Questions



## **Contact Information**

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