Effective January 23, 2007, An Individual Service Strategy (Strategies) format consisting of a Assessment Interview/Plan and a Work Strategy will be used for all TANF enrollments. This will replace all current ISS documents used by contractors. Previously completed Strategies do not have to be replaced immediately but Contractors should transition to the new format as ISS updates are completed. The new ISS may reference sections of a previously completed strategy as long as all are available in the contractor's participant file. Contractors may add items to this document but the items contained here must be completed and are the minimum elements to be included.

It is acceptable that Employment Connections contractors may not complete the full Assessment Interview/Plan. It is expected that the full Individual Service Strategy will be transitioned to the Keep a Job contractor upon handoff. It is expected that the Keep a Job contractor will review and update the complete strategy with the client upon enrollment. In all cases:

- Individual Service Strategies will be jointly developed.
- All enrollments will have a complete up to date Individual Service Strategy
- Individual Service Strategies will initially include a schedule of planned activities (in 4 week increments) and then be updated on a regular basis as needed. Contractors may request to use unique contractor forms to document a schedule of planned activities.
- All documentation of planned activities is required to be in compliance with TANF Policy 3- Contractor Documentation for Training, Employment, and Participation/Performance. The planned documentation for each planned activity must be discussed with the client. The client must also be provided in writing the acceptable verification documentation and when it must be submitted.

Contractors are permitted to maintain plans electronically as long as an original signed copy is available. Updates that are maintained electronically do not require a signed form as long as the case notes describe the process of the update

Contractors that wish to maintain Strategies in a different format may do so only after they have made a request to their contract manager containing the proposed format, approval has been granted and the requested format has been incorporated as an attachment to their contract.

TANF Policy 04 – Attachment I – Individual Service Strategy Assessment Interview/Plan

Individual Service Strategy

ASSESSMENT INTERVIEW/PLAN

_____
Date of Intake

NAME: _____
Last First Middle

ADDRESS: _____
Street Apt. # Route #

_____
City State Zip Code

Directions to home:

PHONE: (Day)_____ (Evening)_____

CELL PHONE: _____ **E-MAIL:**_____

BEST TIME TO CALL: AM or PM Timeframe_____(*ex. 12pm to 4pm*)

SSN:_____ **DOB:**_____

MARITAL STATUS:

[ ] Single [ ] Unmarried Couple [ ] Married [ ] Civil Union

[ ] Divorced [ ] Separated [ ] Widow

RACE/ETHNICITY: [ ] African-American [ ] Caucasian [ ] Hispanic [ ] Asian [ ] Other

GENDER: Male or Female

- Household Information - **Please list all household members:**

NAME	AGE	GRADE	SEX	RELATIONSHIP

Notes:

_____

_____

_____

➢ ***Outside Supportive Services***

TANF Status: ☐ Open ☐ Closed
DSS Primary Case Worker's Name:_____
For Closed TANF Customers:
Did you/will you receive a TANF Check: ☐ Last Month ☐ This Month ☐ Next Month

Date of last certification for:
TANF/Food Stamps/Child Care/Medicaid:_____ WIC:_____

In accordance with your Contract of Mutual Responsibility through DSS: **(Open TANF only)**
Have you completed parenting classes? [ ] Yes [ ] No
Have you complied with Division of Child Support? [ ] Yes [ ] No
Have you completed Family Planning? [ ] Yes [ ] No

Are you currently receiving: Medicaid for: Yourself? _____ Your child(ren)?_____
CHIPS for you child(ren)? [ ] Yes[ ] No
Other Insurance:_____

_____

Are you a parent or guardian of a child receiving SSI: [ ] Yes[ ] No

Are you currently receiving case management services from any other entity? [ ] Yes [ ] No
If yes, please check and complete below:
[ ] Housing [ ] DOL [ ] Bridges [ ] Voc Rehab [ ] Veteran
[ ] Other:_____

Dual Case Manager(s) Information:
Name:_____

Phone:_____

Organization:_____

Name:_____

Phone:_____

Organization:_____

Have you received services from any local or state agency within the last year? [ ] Yes [ ] No
If yes, when: _____
Please check agency(s) assistance was received from:

[ ] Catholic Charities [ ] Salvation Army [ ] Fuel Assistance
[ ] Delmarva Rural Ministries [ ] DSS Emergency Services [ ] Bridges
[ ] Community Action [ ] Other:_____

Have you ever participated with Employment Connections? Date(s)_____
Did you complete? Yes or No. If not, why?_____

Have you ever participated with Keep A Job? Date(s) _____
Did you complete? Yes or No. If not, why?_____

Notes:

Service Plan Needed: [ ] Yes [ ] No	**Service Plan Completed: [ ] Yes [ ] No [ ] Pending**

PRIMARY AREAS OF CONCERN

- **Medical/Mental Issues**

Are there any issues regarding domestic violence in your home? [ ] Yes [ ] No
If yes please explain:_____

Have you ever had a mental health, alcohol or substance abuse problem? [ ] Yes [ ] No
If yes, are you currently undergoing treatment? [ ] Yes [ ] No
Describe any concerns:_____

Do you have any physical, emotional, or medical impairments which could interfere with your performance in training or a job? (i.e. Insulin for Diabetes, High Blood Pressure, etc…)
[ ] Yes [ ] No If yes, please explain._____

Service Plan Needed: [ ] Yes [ ] No	**Service Plan Completed: [ ] Yes [ ] No [ ] Pending**

- **Education**

[ ] Less than high school Grade completed_____

[ ] High school graduate/GED Year completed_____
[ ] Some College Area of Study_____
[ ] College Graduate Degree/Major_____
[ ] Trade school Area of training_____

Are you currently in school? [ ] Yes [ ] No
If yes, what school are you attending?
☐ Community College ☐ Adult Vocational Technical School ☐ DOL/DEDO Training
Location:_____
☐ 4-yr post secondary institution:_____

Is your schooling being funded through the Department of Labor: [ ] Yes [ ] No
If yes, who is your worker?_____

What is your anticipated date of completion and/or graduation? _____

If no, are you interested in going to school for:
A GED Program? [ ] Yes [ ] No
Vocational Training? [ ] Yes [ ] No
Other Schooling? [ ] Yes [ ] No

Notes:

_____

_____

_____

Service Plan Needed: [ ] Yes [ ] No	**Service Plan Completed: [ ] Yes [ ] No [ ] Pending**

➢ ***Housing***

Please check appropriate spaces:	**Yes**	**No**
I am homeless and in need of housing.	_____	_____
I live with relatives and/or friends.	_____	_____
I have my own home (rent/purchase).	_____	_____
I am living in public/subsidized/section-8 housing.	_____	_____

If living in public/subsidized/section-8 housing:
Where?_____ How long have you been there?_____
Date of last certification:_____ How often do you recertify?_____

_____

If you are in need of housing:
Are you currently living in a shelter, motel or transitional housing? [ ] Yes [ ] No
If yes, name of place staying:_____
How long have you been there? _____
How long can you stay?_____

Are you currently on a housing waiting list? [ ] Yes [ ] No
If yes, where:_____ For how long? _____

Have you ever been evicted? [ ] Yes [ ] No
If so, when and for what reason: _____

Notes:

Service Plan Needed: [ ] Yes [ ] No	Service Plan Completed: [ ] Yes [ ] No [ ] Pending

- **Transportation**

Please check appropriate spaces:	Yes	No
I have a valid driver's license.		
If no, have your license been suspended or revoked? [ ] Yes or [ ] No		
If yes, when will you be eligible?		
Are there any requirements that you have to meet? [ ] Yes or [ ] No		
If yes, please explain:		
I have my own car.		
I have the use of another reliable car.		
I have a Dart bus stop nearby.		
I am currently using DART MTW System. (MTW= Moving to Work program)		

Have you been convicted of a moving traffic violation within the last 3 years? [ ] Yes or [ ] No
How many points do you currently have? _____

I will use the following transportation to get to and from work:_____
My back-up transportation is:_____

Notes:

Service Plan Needed: [ ] Yes [ ] No	Service Plan Completed: [ ] Yes [ ] No [ ] Pending

- **Child Care**

Please check appropriate spaces:	Yes	No
I am in need of a childcare provider.		
I am in need of a flexible childcare provider.		

I have a regular childcare provider. _____ _____
☐ Day Care Center ☐ Home Daycare ☐ Family Member ☐ Friend
Name of provider:_____

I have a back-up childcare provider. _____ _____
☐ Day Care Center ☐ Home Daycare ☐ Family Member ☐ Friend
My back-up provider is_____.

In the case of the following events, who would be your back-up provider?
1. Illness for yourself or your child(ren):_____
2. School closure:_____
3. Summer break:_____

If you have school age children, are they currently in an Afterschool Program:
[ ] Yes [ ] No
If yes, Name of Afterschool Provider:_____

Are you currently receiving Purchase of Care? [ ] Yes [ ] No
If so, do you have a co-pay? [ ] Yes [ ] No If yes, how much:_____

Notes:

_____

_____

_____

Service Plan Needed: [ ] Yes [ ] No	**Service Plan Completed: [ ] Yes [ ] No [ ] Pending**

- ***Legal Issues***

Have you ever been convicted of a misdemeanor? [ ] Yes[ ] No
If yes, when: _____ Please explain:_____

_____

_____

Have you ever been convicted of a felony? [ ] Yes [ ] No
If yes, when: _____ Please explain:_____

_____

_____

If you answered yes to the above, are you currently on probation? [ ] Yes [ ] No
If yes, what level? _____ For how long?_____

Were you fingerprinted while participating with EC? [ ] Yes [ ] No
If yes, when?_____

Note:_____

_____

Service Plan Needed: [ ] Yes [ ] No	Service Plan Completed: [ ] Yes [ ] No [ ] Pending

SECONDARY AREAS OF CONCERN

- ❑ Clothing/Uniform
- ❑ Dental
- ❑ Nutritional
- ❑ Social
- ☐ Other:_____
- ☐ Other:_____
- ☐ Other:_____

How would you rate your credit?
[ ] Excellent [ ] Good [ ] Fair [ ] Poor [ ] Unsure

Notes:

_____

_____

_____

Service Plan Needed: [ ] Yes [ ] No	Service Plan Completed: [ ] Yes [ ] No [ ] Pending

➢ Employment History/Interest

If employed, on your current job, have you ever been verbally warned or written up for:

YES	NO	
		Tardiness (Late for Work)
		Unexcused absences (no call/no show)
		Insubordination
		Failure to meet productivity standards
		Poor attendance

How many jobs have you held within the last (6) months?

1 2 3 4 5 5 or more

Are you a veteran? [ ] Yes [ ] No
If yes, type of discharge:_____

_____

Do you have a resume? [ ] Yes [ ] No

Do you volunteer for your church or community? [ ] Yes[ ] No
If so, please list where and what you do:_____

Please list any additional skills or abilities that may assist you in obtaining employment.
(Example: supervised 5 people, type 45 wpm, etc.)_____

_____

Employment Interest:

Dream Job:_____ Entry-Career Job:_____

Are you working 30 hours or more? Yes or No
If not, how do you plan to meet participation? ***(Service plan must be completed.)***

Service Plan Needed: [ ] Yes [ ] No	**Service Plan Completed: [ ] Yes [ ] No [ ] Pending**

(Begin with your current or most recent employer)

Company Name/Address		**Start Date:** **End Date:**
Job Title:	**Hours per week:**	**Rate of Pay:**
What shift do you currently work? ☐ **Day** ☐ **Night** ☐ **Overnight** ☐ **Shift**		
Typical Work Hours(i.e. 7-3):	**On what day do you get paid? M T W R F**	
Do/Did You Like This Job? YES or NO	**If no, why?**	
Reason You Left:		
Job duties/descriptions:		

Company Name/Address		**Start Date:** **End Date:**
Job Title:	**Hours per week:**	**Rate of Pay:**
Did You Like This Job? YES or NO	**If no, why?**	
Reason You Left:		
Job duties/descriptions:		

Company Name/Address		**Start Date:** **End Date:**
Job Title:	**Hours per week:**	**Rate of Pay:**
Did You Like This Job? YES or NO	**If no, why?**	
Reason You Left:		
Job duties/descriptions:		

Company Name/Address		**Start Date:** **End Date:**
Job Title:	**Hours per week:**	**Rate of Pay:**
Did You Like This Job? YES or NO	**If no, why?**	
Reason You Left:		
Job duties/descriptions:		

Resume attached: ☐ Yes ☐ No

Does customer have a sporadic work history (ex: 3 or more job within a year)? ☐ Yes ☐ No

If answer is yes, please refer to Job Developer.

MONTHLY BUDGETING WORKSHEET

DATE:_____

INCOME	Monthly Amount	Comments
Wages (Take home)		
Wages (Take home)		
TANF		
Food Stamps		
Child Support		
SSI		
Other		
TOTAL:		

EXPENSES		Monthly Amt.	Comments
Housing 35%	Mortgage/Rent/Lot Rent		
	Insurance (Renters/Home Owners)		
	Electric		
	Fuel Oil/Gas		☐ Qtly_____ ☐ ___Month(s) ____
	Water/Sewer		☐ Qtly_____ ☐ ___Month(s) ____
	Telephone		
	Cell Phone/Pager		
	Sub-total:		
Transport. 20%	Car Payments		☐ Weekly ☐ Biweekly ☐ Monthly
	Car Insurance		☐ Qtly_____ ☐ ___Month(s) ____
	Maintenance (Gas/Oil)		
	Public Transportation		
	Sub-total:		
Other Debts – 15%	Credit Card		
	Furniture Bill		
	Other – Loans/Fines/Child Support		
	Sub-total:		
All Other Expenses 20%	Groceries		FS Grant Amt:_____ Extra:_____
	Clothing/Personal Care		
	Medical (Dental Bills)		
	Entertainment (Video Rental/Cable)		
	Gifts/Donations/Tithes		
	Child Care (Refer to page 4)		
	Miscellaneous Expenses (Life Ins.)		
	Sub-total:		
TOTAL EXPENSES:			

Total Income (-)	***Total Monthly Expenses***	***= Difference***

If monthly expenses are more than total income, is it addressed in Service Plan? Yes or No
*If not, why?*_____
Have you completed a financial literacy program within the last year? Yes or No
If yes, When:_____ *and by whom*:_____

Emergency Contact Information:

Name	Relationship	Phone

I acknowledge that the following occurred:

- Personalized Employment Plan (PEP) was just completed.
- I have been informed of the current Frequency of Contact Policy.
- I have been informed that once I have completed 4 consecutive weeks of meeting the participation rate standards for employment or education, my contact person(s) will be: _____

Customer Signature	**Date**	**Staff Member**	**Date**

TANF Policy 04 – Attachment II – Work Strategy Plan

Work Strategy Plan

Participant Name: _____

Participant Social Security Number_____

1. Participants Goal Statements:

➢ Participants long term employment goal
➢ Participants long term educational/training goal

2. Assessment

➢ Education Status (grade level or highest grade completed) ____ Credits earned: ____ Other:
➢ Skills/Abilities
➢ Honors/Activities/interests
➢ Work/Volunteer Experience

- Testing

Test Name	Raw Score	Grade Equivalent	Date Taken	Comments

4. Short term career goal: (statement should include job title, pay per hour and anticipated hours per week)

For the near future, my employment goal is_____
_____

Responsible Party	Action Step(s)	Est. completion Date	Date Completed /Reviewed

5. Short term educational goal: (statement should describe the credential/diploma to be attained.

For the near future, my educational goal is_____
_____

Responsible Party	Action Step(s)	Est. completion Date	Date Completed /Reviewed

6. Short term occupational goal: (statement should identify the occupational training and the expected result of this training)

For the near future, my occupational is_____
_____

Responsible Party	Action Step(s)	Est. completion Date	Date Completed /Reviewed

7. Rationale/Update of plan

Comments	Staff initial/date	Participant initial/date

8. Definitions:

Completeness – a Strategy is considered complete when sections 1 & 2 are complete and entries have been made in sections 3 – 6.

Current – A Strategy is considered current when the rationale or last update comment is no older than 3 months.

Jointly Developed – A Strategy developed by a participant with the professional assistance of contractor staff that is agreed to by both parties.

TANF Policy 04 – Attachment II - Work Strategy Plan – revised October 17, 2008

Weekly Activity Plan

Activities:
1. Unsubsidized Employment
2. Job Search/job readiness
3. Work Experience
4. Vocational Education
5. Satisfactory attendance at secondary school or in a GED program
6. Job skills training directly related to employment
7. Subsidized employment

Example											
Week Start Date: 2/28/2010											
Hours of required activities: 30 hours per week											
Monday			Tuesday			Wednesday			Thursday		
Activity	Hours	Location	Activity	Hours	Location	Activity	Hours	Location	Activity	Hours	Location
2	5	EDSI	2	5	EDSI	3	4	EDH*	3	4	EDH*
						5	2	NCC*	5	2	NCC*
Friday			Saturday			Sunday			Notes: EDH*= Emmanuel Dining hall NCC= New Castle COunty		
Activity	Hours	Location	Activity	Hours	Location	Activity	Hours	Location			
3	8	EDH									