



SNAP Works Provider Training

Purpose of this Training

| | |
|-------------|---|
| Inform | Provide information about SNAP Works and how to use it to serve SNAP Employment and Training Participants |
| Provide | Provide guidance and instruction on assisting SNAP E&T participants using the SNAP Works application |
| Ensure | Ensure service consistency for participants |
| Establish | Establish a base for quality assurance |
| Communicate | Communicate expectations for provider use of the SNAP Works application, limitations of the application, and how the SNAP E & T unit provides SNAP Works support to providers |

What is SNAP Employment & Training?



SNAP E&T (Employment and Training) Program provides SNAP participants opportunities to *gain skills, training, work or experience* that will increase their ability to obtain employment that moves them forward to self-sufficiency.

Access to training and support services to help them enter or move up in the workforce.

Reduce barriers to work by providing support services such as transportation and childcare *while participants engage in work activities and after obtaining employment.*

All SNAP E&T Providers must provide case management and at least one E&T component.

Each state is required to operate a SNAP E&T program and receives federal funding annually to operate and administer the program.

Who can participate in E&T?

Anyone who is receiving SNAP benefits

16 years or older

Physically and mentally fit to participate

Able to participate immediately

Note: Anyone receiving TEA (Transitional Employment Assistance) or Unemployment Insurance (UI) are not eligible for the E&T Program.

SNAP E & T Policy and Requirements for Participants

State Level



What is the Requirement to Work (RTW)?

The Requirement to Work is a SNAP rule for individuals who:

- ▶ Are age 18 through age 49
- ▶ Have no dependents residing in the SNAP household
- ▶ Are not employed at least 80 hours per month
- ▶ Who are not exempt from the RTW

The rules apply to Able-Bodied Adult without Dependents (ABAWDS).

Eligibility for ABAWDS is limited to 3 months in a 3- year period (beginning on January 1 of each year). A countable month is any month in which an ABAWD receives SNAP benefits for the full benefit month while not:

- ▶ Exempt from the 3-month time limit
- ▶ Fulfilling RTW
- ▶ Exempt for the month using the State's 12% percent exemptions

Participant Types

▶ Mandatory SNAP

- ▶ A mandatory E&T participant is an individual who does not meet an exemption from E&T (i.e., required to participate as a condition of eligibility for SNAP), and is referred to the program by an eligibility worker. (**NOTE: Currently DHS do not operate a mandatory E & T program, however, all ABAWDs are referred to E & T**)
- ▶ The 3 months in the 3 -year period is not counted while the individual is participating.
- ▶ Must participate a minimum of 80 hours / month.

▶ SNAP E&T Participating

- ▶ SNAP recipients who are participating and complying with a SNAP E&T program.
- ▶ Must participate a minimum of 80 hours/month.

▶ Volunteer

- ▶ A SNAP recipient who has expressed a desire to participate in E&T but would otherwise be exempt from participating. No monthly participation requirement.

ACT 974 and ACT 419 Overview

In April 2019, Arkansas passed Act 974, which requires abled-bodied adult SNAP recipients ages 18 -59, who have no dependents or dependents over 6 years of age to participate in the E&T Program.

In March 2021, Arkansas passed Act 419, which eliminates the exemptions for SNAP recipients exiting prisons or halfway houses and individuals exiting drug and/or alcohol rehab facilities.

The State anticipates a significant increase in participation when the requirements of these Acts are implemented in 2023. E&T Providers will be vital in supporting clients' participation in the E&T Program.

Because of these Legislative Acts, Arkansas' E&T Program will become a mandatory-participant program. The E&T Program is currently a voluntary program.

HB1775 - To Create the Employment Opportunities for Able-Bodied Adults Act of 2019

Stricken language would be deleted from and underlined language would be added to present law.

1 State of Arkansas
2 92nd General Assembly
3 Regular Session, 2019
4
5 By: Representatives Bentley, Beck, Cloud, Gates, G. Hodges, McCollum, Penzo, B. Smith, Wornack
6 By: Senator Flippo

As Enrolled: 03/25/19
A Bill

HOUSE BILL 1775

For An Act To Be Entitled

AN ACT TO ESTABLISH THE EMPLOYMENT OPPORTUNITIES FOR ABLE-BODIED ADULTS ACT OF 2019; TO REQUIRE ABLE-BODIED RECIPIENTS OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS TO COMPLY WITH EMPLOYMENT AND TRAINING REQUIREMENTS; AND FOR OTHER PURPOSES.

Subtitle

TO CREATE THE EMPLOYMENT OPPORTUNITIES FOR ABLE-BODIED ADULTS ACT OF 2019.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 76, is amended to add an additional subchapter to read as follows:

Subchapter 8 – Employment Opportunities for Able-Bodied Adults Act of 2019

20-76-801. Title.

This subchapter shall be known and may be cited as the "Employment Opportunities for Able-Bodied Adults Act of 2019".

20-76-802. Legislative findings and intent.

(a) The General Assembly finds that:

(1) Arkansas has made great strides in promoting work for able-bodied adults across other public assistance programs;

(2) Arkansas can continue those initiatives by further creating opportunities and spurring economic development by improving its workforce;

As Enrolled: 03/25/19

HB1775

1 (3) Arkansas provides Supplemental Nutrition Assistance Program
2 benefits to more than one hundred and twenty-three thousand (123,000) able-
3 bodied adults without young children;

4 (4) The Supplemental Nutrition Assistance Program in Arkansas
5 should be protected and preserved for the truly vulnerable;

6 (5) Most able-bodied adults receiving Supplemental Nutrition
7 Assistance Program benefits in Arkansas do not work at all;

8 (6) Arkansas has the opportunity under federal law to refer
9 able-bodied adults to employment and training programs;

10 (7) Arkansas has more than thirty-two thousand and six hundred
11 (32,600) open jobs; and

12 (8) Arkansas is projected to create more than one hundred and
13 sixty-six thousand (166,000) jobs in 2019.

14 (b) It is the intent of the General Assembly that this subchapter
15 shall increase employment and self-sufficiency among able-bodied adults who
16 are receiving Supplemental Nutrition Assistance Program benefits.

20-76-803. Employment and training program requirement.

The Department of Human Services shall require an able-bodied adult under sixty (60) years of age who receives Supplemental Nutrition Assistance Program benefits, has dependents who are all at least six (6) years of age and under eighteen (18) years of age or who has no dependents, and is not otherwise subject to the requirements under 7 U.S.C. § 2015(c), as it existed on January 1, 2019, to participate in an employment and training program established under 7 U.S.C. § 2015(d)(4), as it existed on January 1, 2019, including without limitation a program operated by the department that authorizes a work registrant to perform public service activities through work experience to fulfill the work requirement necessary to receive Supplemental Nutrition Assistance Program benefits.

20-76-804. Reporting requirement.

(a) The Department of Human Services shall report the department's implementation of the employment and training program requirement under § 20-76-803 one (1) time per calendar quarter to the House Committee on Public Health, Welfare, and Labor.

(b) The department shall develop and submit a report containing

As Enrolled: 03/25/19

HB1775

1 statistics of participation in the employment and training program one (1)
2 time per calendar quarter to the House Committee on Public Health, Welfare,
3 and Labor.

SECTION 2. TEMPORARY LANGUAGE. DO NOT CODIFY.

4
5
6 (a) The Department of Human Services shall implement the requirements
7 of the employment and training program under § 20-76-803 in Section 1 of this
8 act by October 1, 2021.

9 (b) The first report required under § 20-76-804(b) in Section 1 of
10 this act is required after October 1, 2021.

/s/Bentley



03-25-2019 12:22:17 CRH023

2

03-25-2019 12:22:17 CRH023

3

03-25-2019 12:22:17 CRH023

Exemptions

An Individual is not subject to the time limit for ABAWDS if he or she meets one of the following exemptions:

- ▶ Under 18 or 50 years of age or older
(Under 18 or 60 years or older under the mandatory program)
- ▶ Unable to work due to a physical or mental limitation
- ▶ Responsible for a dependent child under age 17
(Responsible for a dependent who is at least age 6 and under 18 under the mandatory program)
- ▶ Is pregnant
- ▶ Is otherwise exempt from general work requirements

Good Cause

If an able-bodied adult's circumstances change that potentially causes them to lose their eligibility, good cause must be determined.

- ▶ If the individual would have worked 20hrs/week (or 80 hours per month), but missed work for good cause, the individual will be considered to have met the work requirement, if the absence from work is temporary and he/she intends to return to work.
- ▶ Good cause includes circumstances beyond the household member's control, such as, but not limited to, illness, a household member's illness requiring the presence of the member, a household emergency or the unavailability of transportation.

Note: The E&T provider must notify the agency within 10 days of the noncompliance, but the provider cannot make determinations of whether good cause exists and consequently if an individual should be disqualified. The State agency (the county office's designated personnel) is responsible for determining good cause.

Good cause will be determined on a case-by-case basis.

Fair Hearings

- ▶ A request for a hearing is defined as any clear expression, oral or written, by the household or a representative that the household wishes to appeal a decision or to present its case to a higher authority. The freedom to make such a request must not be hampered in any way.
- ▶ If the provider receives a request from a client for a Fair-Hearing then they are to create a “Fair-Hearing” task in SNAP Works and submit it to the State Agency with one business day.

Monthly notices

- ▶ Able-bodied adults without dependents who do not meet the monthly work requirements will receive a notice from DHS's Eligibility System: Month 1, Month 2, and Month 3.

County Return address name
Line2 _____
Line3 _____
Line4 _____
Phone number ***.***.***



If you need this material in a different format, such as large print, contact your local DHS office.

Customer name _____
Address Line 2 _____
Address Line 3 _____
Address Line 4 _____

Date of Notice: MON DD CCYY

Case number _____

First Month Notice:

As of the date above you have received your first month of SNAP benefits as an Able Bodied Adult. You may only receive 3 months of SNAP benefits during the period ending December 31, 2018 while not complying with the Requirement To Work (RTW). You may retain eligibility for SNAP benefits if you meet the RTW or if you meet an exemption.

How can you meet the RTW?

- Work at least an average of 80 hours each month; or
- Participate in and comply with a Workforce Investment Opportunity Act Program; or
- Participate in a SNAP E&T; or
- Participate in an Employment and Training Program, other than a job search or job search training program, operated or supervised by the State or political subdivision of the State that meets standards approved by the Governor such as AR Works for Medicaid; or
- Participate in and comply with a Workfare Program; or
- Participate at least half-time in a recognized refugee training program approved, funded, or operated by the Office of Refugee Resettlement which determines half-time status.

How can you meet an exemption?

- Residing in a SNAP household where a household member is under age 18; or
- Pregnant; or
- Physically or mentally unable to work and you can provide verification; or
- Already working more than 20 hours a week; or
- Complying with the work requirement of another program; or
- Exempt from work registration which means I am:
 - Receiving a TEA or Unemployment Benefit; or
 - Participating in a Drug or Alcohol Treatment Program; or
 - A Half-Time Student.

This is based on SNAP policy 3500.

Have questions about this notice? Call us at 1-800-482-8988 or you may contact your local DHS office. Si necesita este formulario en español, llame al 1-800-482-8988 y pida la versión en español.

County Return address name
Line2 _____
Line3 _____
Line4 _____
Phone number ***.***.***



If you need this material in a different format, such as large print, contact your local DHS office.

Customer name _____
Address Line 2 _____
Address Line 3 _____
Address Line 4 _____

Date of Notice: MON DD CCYY

Case number _____

Second Month Notice:

As of the date above you have received your second month of SNAP benefits as an Able Bodied Adult. As an Able Bodied Adult, you may only receive 3 months of SNAP benefits during the period ending December 31, 2018. You may retain eligibility for SNAP benefits if you meet the Requirement to Work or if you meet an exemption. If you fail to meet the Requirement to Work or an exemption by the end of your third month of SNAP benefits, your case will close.

How can you meet the RTW?

- Work at least an average of 80 hours each month; or
- Participate in and comply with a Workforce Investment Opportunity Act Program; or
- Participate in the SNAP E&T Program; or
- Participate in an Employment and Training Program, other than a job search or job search training program, operated or supervised by the State or political subdivision of the State that meets standards approved by the Governor, such as AR Works for Medicaid; or
- Participate in and comply with a Workfare Program; or
- Participate at least half-time in a recognized refugee training program approved, funded, or operated by the Office of Refugee Resettlement which determines half-time status.

How can you meet an exemption?

- Residing in a SNAP household where a household member is under age 18; or
- Pregnant; or
- Physically or mentally unable to work and you can provide verification; or
- Already working more than 20 hours a week; or
- Complying with the work requirement of another program; or
- Exempt from work registration which means I am:
 - Receiving a TEA or Unemployment Benefit; or
 - Participating in a Drug or Alcohol Treatment Program; or
 - A Half-Time Student.

County Return address name
Line2 _____
Line3 _____
Line4 _____
Phone number ***.***.***



If you need this material in a different format, such as large print, contact your local DHS office.

Customer name _____
Address Line 2 _____
Address Line 3 _____
Address Line 4 _____

Date of Notice: MON DD CCYY

Case number _____

Third Month Notice:

As of the date above you have received your third month of SNAP benefits as an Able Bodied Adult. You may only receive 3 months of SNAP benefits during the period ending December 31, 2018. You may retain eligibility for SNAP benefits if you meet the RTW or if you meet an exemption. Failure to comply with the SNAP Requirement to Work by the end of your third month of eligibility will result in case closure.

How can you meet the RTW?

- Work at least an average of 80 hours each month; or
- Participate in and comply with a Workforce Investment Opportunity Act Program; or
- Participate in a SNAP E&T; or
- Participate in an Employment and Training Program, other than a job search or job search training program, operated or supervised by the State or political subdivision of the State that meets standards approved by the Governor, such as AR Works for Medicaid; or
- Participate in and comply with a Workfare Program; or
- Participate at least half-time in a recognized refugee training program approved, funded, or operated by the Office of Refugee Resettlement which determines half-time status.

How can you meet an exemption?

- Residing in a SNAP household where a household member is under age 18; or
- Pregnant; or
- Physically or mentally unable to work and you can provide verification; or
- Already working more than 20 hours a week; or
- Complying with the work requirement of another program; or
- Exempt from work registration which means I am:
 - Receiving a TEA or Unemployment Benefit; or
 - Participating in a Drug or Alcohol Treatment Program; or
 - A Half-Time Student.

This is based on SNAP policy 3500.

Have questions about this notice? Call us at 1-800-482-8988 or you may contact your local DHS office. Si necesita este formulario en español, llame al 1-800-482-8988 y pida la versión en español.

Note The ABAWD can only receive SNAP benefits for 3 months out of a 36-month period if work requirements are not met).



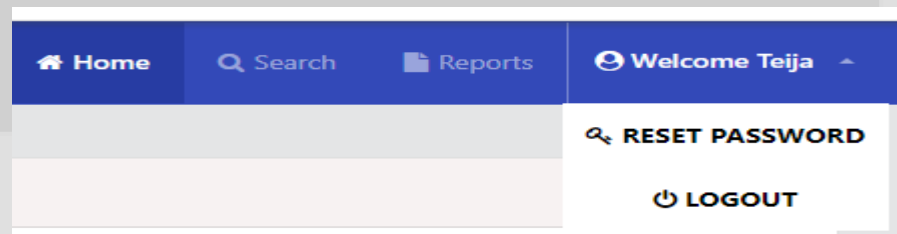
How to access SNAP Works

How to request access to SNAP Works (DHS Form 5002)

| DHS Systems Security Access Request (v. 07/15/2020) Business Affiliate Users | | |
|---|---|---|
| INSTRUCTIONS: See Page 5. This form is for use by DHS Business Affiliates only. | ROUTING: (1) Completed form must be sent to your DHS Division's approving manager. | |
| User/ Contract Agent/ Contractor/ Business Affiliate defined: See INSTRUCTIONS, Page 5. | | |
| YOUR RESPONSIBILITIES: Your signature on this form (Page 3) holds you responsible for certain things. This applies to the User, Contract Agent, Contractor/Business Affiliate, and the authorizing DHS approving manager. Penalties may be applied for failure to comply. Carefully read the Signature page to be sure you understand your responsibilities. | | |
| INCOMPLETE/INACCURATE FORMS: Incomplete forms or forms containing invalid information will be returned for correction. | | |
| A. USER IDENTIFICATION <input type="checkbox"/> Indicates required entries. Incomplete forms will be returned. | | |
| Business Associate User (Users who are not DHS Employees): <input type="checkbox"/> Full SSN: | | |
| <input type="checkbox"/> Legal First Name: | <input type="checkbox"/> Legal Middle Name: | <input type="checkbox"/> Legal Last Name: |
| <input type="checkbox"/> Organization Name: | | <input type="checkbox"/> Organization Address: |
| <input type="checkbox"/> Associate Type: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Grant <input type="checkbox"/> Intern <input type="checkbox"/> Provider <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Other | | |
| Location & Contact Information: | | |
| <input type="checkbox"/> DHS Division you work for or are affiliated with: Not Required | | |
| <input type="checkbox"/> Your Location: (County Office/Institution/Facility/Building Name) Not Required | | |
| <input type="checkbox"/> Your Work Mailing Address: | | |
| <input type="checkbox"/> Your Work Contact Phone: | Ext: | <input type="checkbox"/> Contact Days/Hours: Not Required |
| <input type="checkbox"/> Email Address (not DHS, in case we need to contact you): | | |
| <input type="checkbox"/> GEOGRAPHIC ACCESS: List County Offices or Facilities for which user requires access. Not required | | |
| <input type="checkbox"/> ACCESS HOURS: If access is required after normal business hours, describe requirements. Not Required | | |
| B. ACTION REQUESTED <input checked="" type="checkbox"/> NEW USER <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE | | |
| Describe in your own words the reason for this request. Describe what access and services this user needs: SNAP Works Provider | | |
| USER'S GENERAL BUSINESS OR PROGRAM AREA: To help us set up appropriate access and permissions, please describe the user's general business or program responsibility. Examples: "Non-DHS JTS user at provider site"; "Need same network shares as DAAS manager John Doe," etc. SNAP Works Provider | | |
| DHS-5002 (R. 07/15/2020) Page 1 of 5 | | |

Log-Ins and Passwords

To change your password at any time, select the farthest right tab that reads Welcome [Name] and select the first option in the drop-down → Reset Password



If unable to log in, select the [Forgot Password] link on the SNAP Works Landing page and follow the prompts to enter your username (your email address) and select [Reset Password]

snapet@dhs.Arkansas.gov



SNAP Works Dashboard

🏠 Home

- Task Stats
- Announcements
- Referral Stats
- Appointment Stats



Q Search

Search Tab

Tasks

Clients

Reverse
Referral

SNAP Works Tasks

- ▶ Tasks are created in SNAP Works using the “Create Task” page on the client summary screen. Some examples of the types of tasks that can be created include:
 - ▶ Employment and Income
 - ▶ Address change
 - ▶ Contact change
 - ▶ Other tasks
- ▶ Referral tasks are loaded automatically from the DHS eligibility system based on work participation characteristics. Referral tasks will be closed automatically when an appointment is scheduled.
- ▶ Appointment tasks will be automatically created when a provider schedules an appointment and will close automatically when an appointment is marked as “no show”, “rescheduled”, or “show”.
- ▶ Using the Search Tab, tasks can be searched by type, date, county, or by whom the task was assigned to



Referrals



Reverse referrals

- ▶ **Reverse Referrals:** Using the Search tab, create a Reverse Referral task to be sent to the State Agency. Be sure to add a case note explaining the purpose of the task. For example: “ Reverse referral task created. Client would like to participate in E&T.”
- ▶ If a provider completes a reverse referral and the participant does not show up to SNAP Works, first attempt another reverse referral. A “Red” toast message will show, indicating that the client is already open in SNAP Works. If that happens, send an email with a screen shot to snaget@dhs.arkansas.gov.
- ▶ The same procedures should be followed when a client lives in one county but decides to participate with a provider in another county. If the client does not show in SNAP Works, attempt to complete another reverse referral, and if red toast message appears, send an email to have the client reassigned.
- ▶ The provider has 10 days to notify the client that he/she must come in for an assessment to begin participating in the program.

Referrals

Casehead Name & Address _____ SNAP Case Number _____
County Office Address & Telephone Number _____

Si necesita este formulario en Español, llame al 1-800-482-8988 y pida la versión en Español.

The **SNAP Notice of Work Registration (DCO-260)** is an automated system generated notice that is sent to each able-bodied adult in the household at the time the case is approved.

The **DCO-260** explains who in the household is work registered and who is subject to the RTW.

E&T referrals occur at certification, recertification and reinstatement of SR cases. Household members with the work participation code “Mandatory - SNAP” and “SNAP E&T Participating” are selected for automated referral.

Referrals will be auto-generated to SNAP Works nightly. The provider will conduct a search by referral task each morning to check for new referrals.

Section 1 - Work Registration:

All non-exempt SNAP recipients are required to register for work. Work registrants must:

- Seek work and accept employment if offered
- Provide the DHS county office with information about his or her job status if requested

The following SNAP recipients are exempt from registering to work:

- People under age 16
- People age 16 or 17 who live with a parent
- People age 60 or older
- People who are disabled or unable to work
- People who attend school half time
- People who are employed or self-employed 30 hours weekly or 30 hours x minimum wage
- People who are receiving unemployment benefits or who have applied but are not yet receiving benefits but are complying with the work requirements that are part of the application process.
- People who care for a dependent child under age 6 or an individual of any age living with a disability
- A person subject to and complying with any work requirement under title IV of the Social Security Act
- A regular participant in a drug addiction or alcoholic treatment and rehabilitation program.

- ❖ All other SNAP recipients are required to register for work.
- ❖ When you signed the SNAP application form, you registered all required members for work.

Section 2 – Requirement to Work for Able Bodied Adults:

People age **18 through age 49** who get SNAP benefits must also meet the Requirement To Work or the RTW rule.

The RTW rule only applies to Able Bodied Adults who are age **18 through age 49**. If the work requirements of this rule are not met, then an Able Bodied Adult can only receive SNAP benefits for 3 months out of a 3-year period. However, if work requirements are met, benefits can continue. Proof will be required.

The 3-year period is January 1, 2019 through December 31, 2021. You do not have to meet the requirement to work if:

- You are exempt from Work Registration as indicated in *Section 1* above
- You are medically certified as disabled
- You live in the SNAP household with a child age 17 or younger
- You are pregnant
- You are given a personal exemption by the DHS County Office

Referrals

If the individual is an able-bodied adult, the county office eligibility worker will issue the household PUB-429, which summarizes the RTW and PUB-427, which explains the criteria for participating in the SNAP E&T program and the services the program offers.



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or marital or rental status for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <http://www.aphis.usda.gov/ceis/>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-6992. Submit your completed form or letter to USDA by:

- 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1420 Independence Avenue, SW Washington, D.C. 20250-8410;
- 2) fax: (202) 690-7442; or
- 3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

PUB-429 (11/1/2017)

FOR MORE INFORMATION

Contact your caseworker at your local DHS county office.

RTW
Requirement to Work



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or marital or rental status for prior civil rights activity in any program or activity conducted or funded by USDA.

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- 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1420 Independence Avenue, SW Washington, D.C. 20250-8410;
- 2) fax: (202) 690-7442; or
- 3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

PUB-427 (11/1/2017)

EMPLOYMENT & TRAINING
THE E & T PROGRAM

WHAT IS THE REQUIREMENT TO WORK?

The Requirement to Work or RTW is a rule for Supplemental Nutrition Assistance Program (SNAP).

It means that certain individuals who are considered to be able bodied adults without dependents, have to meet work requirements to receive SNAP benefits.

If able-bodied adults without dependents on SNAP do not meet the requirement to work, then they can only get SNAP benefits for three months out of a three-year period.

WHAT ARE THE WORK REQUIREMENTS?

Work at least 20 hours per week or 80 hours averaged monthly; or

Participate in and comply with a Workforce Investment Act Program for 20 hours or more per week or 80 hours averaged monthly; or

Participate in a SNAP Employment and Training Program; or

Participate in and comply with a Workforce Program (this is a limited program so ask your local county office if it is available in your area); or

Participate at least half-time in a recognized refugee training program approved, funded, or operated by the Office of Refugee Resettlement which, determines half-time status.

EXEMPTIONS TO THE REQUIREMENTS

An exemption means that you do not have to meet the work requirement. You have an exemption if you are:

- Under 18 or age 50 or older; or
- Residing in a SNAP household where a household member is under age 18; or pregnant; or
- Physically or mentally unable to work and a healthcare provider can provide verification of this; or
- Already working more than 20 hours a week or
- Complying with the work requirements of another program; or
- Receiving a TEA Benefit; or
- Receiving Unemployment; or
- Participating in a Drug or Alcohol Treatment Program; or
- A Full-Time Student



ARE YOU ELIGIBLE FOR SNAP?

In order to participate in the E&T Program, you must receive SNAP benefits. To see if you are eligible for SNAP benefits, visit your local county office or visit: www.access.arkansas.gov.

HOW TO USE ACCESS ARKANSAS

1. Go to www.access.arkansas.gov
2. To see if you are eligible for SNAP, click "Am I Eligible?"
3. To apply for SNAP benefits, click "New User" and create a new account

EMPLOYMENT & TRAINING

The E&T Program helps Supplemental Nutrition Assistance Program (SNAP) recipients get a job or helps them receive education and training that can lead to a job.

PROGRAM SERVICES

- General Education Diploma (GED)
- Independent Job Search
- Job Search Training
- Employment Counseling
- Basic Skills Training
- English as a Second Language (ESL)
- Work Experience
- Occupational Skills Training
- Post-Secondary Vocational Training
- On-the-Job Training
- Job Club

The E&T Program will provide some travel reimbursement and certain education-related expenses.

Note A client has the option to cross county lines and is not limited to working with the provider in their residence county. Referrals are based on service county.

Referrals

- ▶ If a referral is coded as E&T participating you can immediately begin working with the client.
- ▶ If the client is otherwise exempt from participating (i.e. Incapacitated Short Term, SNAP Cares for child) but wants to participate in the E&T program a Reverse Referral task should be sent to the county office in order to have their General Characteristic updated to Volunteer. Add a case note to explain what needs to be changed by the county staff.

Note The importance of notifying the county office is so that the client will no longer accrue countable months under the Mandatory SNAP participation code.

Referrals

- ▶ **Maximus Referrals:** If you receive a Maximus referral, send a Reverse Referral task to the local county office in order to have their code updated to E&T participating. Add a case note explaining the purpose of the task. For example: “ Client is coded as Mandatory SNAP but would like to participate in E&T. Please update to E&T Participating”
- ▶ The provider has 10 days to notify the client that he/she must come in for an assessment to begin participating in the program.

SNAP Works

Home Search Reports Welcome Teija

Executive Dashboard

Operations Dashboard

View Reports

Executive Dashboard

County: All Provider: [Redacted] Area: [Redacted]

Report Period Begin Date: 02/22/2023 Report Period End Date: 05/22/2023

GENERATE

REFERRALS

| Month | Total Referrals |
|-------|-----------------|
| Feb | 14 |
| Mar | 64 |
| Apr | 21 |
| May | 17 |

ENROLLMENT

| Category | Count |
|-----------------------|-------|
| Total Participants | 34 |
| Finalized Assessments | 32 |
| Non Compliance | 0 |
| Good Cause/Exemption | 0 |
| Show Appointments | 0 |

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ASSESSMENTS, EMPLOYMENT PLANS, COMPONENTS



Assessments & Employment Plans

- ▶ An assessment must be completed within 30 days of the referral receipt. A provider should not finalize an assessment until all client scores are keyed. If needed, a provider can save an assessment in order to enter a complete set of scores.
- ▶ Once an assessment is finalized, **changes cannot be made**.
- ▶ During the assessment the client's goals, strengths, and barriers should be discussed.
- ▶ The employment plan cannot be created prior to the completion of the assessment. Keep a signed record of the employment plan. (In the future it will be uploaded into SNAP Works).
- ▶ Each time a client has a new test score a new assessment must be created.

Components

- ▶ Supervised Job Search (non-qualifying)
- ▶ Job Search Training (non-qualifying)
- ▶ Occupational Skills Training
- ▶ Education (GED/ Basic Skills/Literacy)
- ▶ Vocational Training
- ▶ ESL (English as a Second Language)
- ▶ OJT/Apprenticeship
- ▶ Work Experience
- ▶ Internship/Training Programs

* A non-qualifying component is one in which the hours assigned cannot, alone, satisfy the participation requirements. However, when offered as part of another (qualifying) component, this activity is allowable as long as the hours comprise less than half of the total required.

Component Status

- ▶ The Component Summary page in SNAP Works will display all of the components that have been assigned to the client. Only components from open employment plans will display on this page.
- ▶ Providers must add each component to which a participant is assigned on the component page. If the participant is assigned to more than one component, use the “add new” button to add the next component.
- ▶ Use the Component Details to update the status of a component. For example, use “moved to another component” when a participant's component is changed. Use “successfully completed” when the participant successfully completes a component.

Component Hours

Able-bodied adults without dependents (ABAWDS) are limited to three months of SNAP benefits in a three-year period unless they are completing the work requirement. These individuals can fulfill this work requirement by participating in E&T, Workfare, working or a combination. The work participation hours must equal at least 80 hours per month.

| Component | Qualifying? | Activity | Formula | Allowable Monthly Hours |
|--|-------------|--|---|-------------------------|
| Supervised Job Search | No | Restricted to less than 10 hrs. weekly. Cannot be combined with JST to exceed the hours cap. | 3 weekly job contacts equal 9 hours of RTW time | Less than 40 |
| Job Search Training | No | Restricted to less than 10 hrs. weekly. Cannot be combined with IJS to exceed the hours cap. | 3 weekly job contacts equal 9 hours of RTW time | Less than 40 |
| Vocational Training Credit bearing courses | Yes | Progress required | 1 credit hour equals 3 weekly clock hours | 80 |
| Occupational Training includes certification courses, short or long, credit or non-credit. | Yes | Progress towards certification | 1 hour of instruction equals 3 weekly clock hours | 80 |
| GED/Basic Skills/Literacy | Yes | Increase grade level | 1 hour of instruction equals 3 weekly clock hours | 80 |

| | | | | |
|---------------------------|-----|--|--|----|
| ESL | Yes | Progress required | 1 hour of instruction equals 3 weekly clock hours | 80 |
| On-the-Job Training (OJT) | Yes | Paid Work | Hour = Hour | 80 |
| Work Experience | Yes | Unpaid work @ non-profit or public agency. | SNAP benefits ÷ State or Federal minimum wage (whichever is greater) | |

Reimbursements



Reimbursements

- ▶ Employment and Training participants are eligible for travel reimbursements when complying with program requirements.
- ▶ Maximum amount per month is \$75.
- ▶ Maximum yearly is \$900.

- ▶ Reimbursements should be uploaded weekly to SNAP Works for review/ approval by central office staff.
 - ▶ Completed documentation required for approval. DCO-243 form and page one of DHS-187 form.
 - ▶ A signed receipt/statement is required if a an individual provided transportation for the E&T client.

Reimbursements

- ▶ Possible reimbursements items: transportation, uniforms, boots, fees, tuition (when requested by the provider,) personal safety items or necessary equipment, training manuals, suitable clothing for interviews, licensing and bonding, background check fees and vision needs.
- ▶ Some reimbursements will be paid on a case-by-case basis.

Travel Reimbursement Documents

SNAP Employment & Training Program Travel Reimbursement Documentation

SECTION A

Name of E&T Program Participant _____ Last four digits of SSN for E&T Participant _____

SNAP Case Head _____ SNAP Case Number _____
(If different) (Not the case head's social security number)

Address _____
Mailing Address City State Zip Code

Telephone Number or Message Phone _____

SECTION B: Record of Transportation Costs for Month _____

| Date Traveled | Traveled From: | Traveled To: | Did You Travel in Your Own Vehicle? | | If Yes, List Your Mileage | Amount To Be Reimbursed Per Mile | Total | Other Transportation Cost <i>(Public transportation, payment to friend or relative, etc.)</i> | Explain Cost |
|---------------|----------------|--------------|-------------------------------------|----|---------------------------|----------------------------------|-------|--|--------------|
| | | | YES | NO | | | | | |
| | | | | | | per mile | \$ | \$ | |
| | | | | | | per mile | \$ | \$ | |
| | | | | | | per mile | \$ | \$ | |
| | | | | | | per mile | \$ | \$ | |
| | | | | | | per mile | \$ | \$ | |
| | | | | | | per mile | \$ | \$ | |
| | | | | | | per mile | \$ | \$ | |
| | | | | | | per mile | \$ | \$ | |
| | | | | | | per mile | \$ | \$ | |

Total Transportation Reimbursement Claimed \$ _____

SECTION C: Signature

I certify that the information reported on this form is correct and that all transportation costs were incurred while participating in the SNAP E&T Program.

E&T Program Participant's Signature _____ Date _____

E&T Program Worker _____ Date _____

All sections of the DCO-243 must be completed and legible for timely processing.

Note: After travel is approved and processed a check will be issued to the participant. A case note will always be keyed after travel has been approved or denied. Remember to make sure the following are completed prior to travel reimbursement requests: assessment, employment plan and component assignment.

SNAP WORKS reminders



Timeline reminders

- ▶ From the date the referral is received, the Provider should schedule the individual's first appointment within 5 days of the initial contact.
 - ▶ If the participant misses the first appointment, a second appointment should be scheduled within the next 10 days. The second appointment should be sent no later than the next business day following the missed appointment.
 - ▶ Non-compliance should be reported to the State Agency within 10 days.
- ▶ To be in compliance, an assessment must be completed within 30 days of the referral receipt. Once an assessment is finalized, changes cannot be made.
- ▶ The employment plan cannot be created prior to the completion of the assessment. Each time a client has a new test score a new assessment must be created.

***Add a case note for each of the actions taken above.**

Reminders

- ▶ **Documentation** - Good case management requires a narrative. Narratives are created through Case Notes. Providers should add case notes for all actions taken on a case, including, but not limited to, dates and times of initial appointments, assessment notes, contacts with participants, reimbursement details, etc.
- ▶ **Uploading Documents** - Providers must upload documents related to participation in SNAP Works using the Correspondence Documents page. Examples of required uploads include verification of employment, certificates obtained, and good cause documentation.
- ▶ **Update demographics, household information and employment** - Providers must update any changes to the household relevant to the household member's participation. Example: address change, someone moves in or out of the home, new contact information
- ▶ **Update scheduled appointment time** - Providers must add an update to the Appointment page in SNAP Works for each appointment, initial and rescheduled.

NOTE: The Public Health Emergency (PHE) ended on 5/11/23. The time limits for ABAWDs will restart on 7/1/23. That means that the non-compliance "clock" will be turned back on. Eligibility for an able-bodied adult without dependents (ABAWDs) is time limited to 3 months in a 3-year period. Starting 7/1/23, providers must start documenting participation for reporting purposes. After you have made attempts to contact the client, non-compliance can be noted by closing out the Employment Plan and Components, and making a case note.

Reminders continued...

- ▶ In addition to ensuring that components are closed out and/or updated, **the providers must close out an Employment Plan when Employment Plan status changes**. This can mean adding an end date and a completed by date to the Employment Plan Summary screen.

It is important to build a positive working relationship with your local county office. Please keep the county office staff up to date of any changes by creating a detailed narrative when there are changes with a client. A case note should also be created for documentation purposes.

Toast Messages

Assessment-Skills & Strengths
Record added successfully.

Assessment-Tests & Score
Please add atleast one Test & Score record

Reimbursements Summary
Error occurred.

Success Message

Logical Error Message

Hard Error Message

Assessment-Skills & Strengths
Record added successfully.

Assessment-Tests & Score
Please add atleast one Test & Score record

Reimbursements Summary
Error occurred.

Universe Search
Client Summary Information not found in ANSWER

Most common error message- most times the SNAP case is closed.

Reminders

Remember to use Google Chrome to access SNAP Works.

- Be sure to disable pop-up blockers in order to print.



Central office staff cannot reset user passwords.



If the yellow toast message “client not found in Eligibility System,” appears when searching for a client, it is likely t the SNAP case is closed.



Only DHS staff will be able to edit the non-compliance page once the record is created. The pencil icon will only be enabled while a decision is pending. Once a decision is made, the page will be read-only for all users.

Reminders

Clients do not have to sign release of information forms in order to be compliant. This is not a requirement for SNAP E&T.

Instructions per tab are explained in detail beginning on page 31 of the provider user guide, ending on page 112.

Appointment tasks cannot be closed manually. Marking the appointment as “show/ no show” will close the task.

All case management should be documented in the client’s case notes.

Please send all questions to snapet@dhs.arkansas.gov. Provide screenshots.

| DATE | EVENT |
|--------|-------------------------------|
| MAY 11 | PHE ENDED |
| JULY 1 | TIME LIMITS RESUME FOR ABAWDs |

IMPORTANT DATES

REAPPLY FOR SNAP: <https://access.arkansas.gov/Learn/Home>

HELP DESK: snapet@dhs.arkansas.gov

Scholarships: SNAPFinancials@dhs.arkansas.gov

Questions?

The background features abstract geometric shapes, primarily triangles, in various shades of blue and green. These shapes overlap and intersect, creating a dynamic, layered effect. The colors range from light, airy blues to deep, rich greens and blues. The overall composition is clean and modern, with a focus on geometric forms and color harmony.