

**A Biennial Jobs FIRST Plan for JOBS, FSET and Supportive Services
October 1, 1994 through September 30, 1996**

Assurances/Signature

In order to receive Federal and State funds, _____ hereby submits this Plan for the continued operation of the Job Opportunities and Basic Skills Training (JOBS) Program and the Food Stamp Employment and Training (FSET) Program. We agree to administer the program in accordance with all applicable federal and State laws and regulations and provisions of this Plan.

We assure that we will:

- (1) upon approval of the State Department of Social Services (SDSS), have in effect and operation:
 - (i) JOBS Program and FSET Program that meet the requirements of applicable federal and state law and regulations, which are designed to address the needs of public assistance and food stamp recipients, including those who may potentially become long-term welfare dependents, by providing necessary employment focused services to enable them to obtain employment. The district will consider the needs of the individual and encourage recipient decisions to seek and obtain employment as permitted by regulations and available resources; and
 - (ii) a program for providing child care and other supportive services consistent with the requirements of applicable federal and state regulations and the State Supportive Services Plan (Attachment to this Plan);
 - (iii) a conciliation procedure which meets the requirements of Federal and State regulations;
 - (iv) a program which requires participation by non-exempt recipients and allows, to the extent possible, volunteers to participate in JOBS or FSET; and
 - (v) a program which embraces Jobs FIRST by providing services in an integrated manner;
 - (vi) a program which maximizes the use of services available on a no cost basis and complements those services by providing additional necessary services either directly or through purchase of services; and
 - (vii) a program which encourages, assists and requires all applicants for and recipients of public assistance and food stamps to fulfill their responsibilities to support their children by preparing for, accepting and retaining employment.

Signature of Local Social Services Commissioner: _____

Date: _____

LDSS JOBS Plan

Statement of Assurances for the Period from
October 1, 1994 through September 30, 1996

	<u>Yes</u>	<u>No</u>
<p>— To the extent possible, we coordinate with the following agencies:</p>		
public and private education institutions	_____	_____
employment and training agencies, including JTPA and DOL	_____	_____
private industry councils	_____	_____
job service - community service centers	_____	_____
libraries	_____	_____
public housing agencies	_____	_____
labor unions	_____	_____
child care providers	_____	_____
child care resource & referral agencies	_____	_____
other (please specify)	_____	_____

<p>— We have agreements/contracts with agencies or organizations that provide job services to applicants/recipients of Public Assistance or Food Stamps. (If yes, attach a list of agencies and a <u>brief</u> description of the service provided.)</p>	_____	_____
<p>— We provide for a 30 day public review period of the local JOBS Plan.</p>	_____	_____

	<u>Yes</u>	<u>No</u>
<p>— We spend at least 55% of ADC JOBS dollars on the target groups (long-term recipients, custodial parents under age 24, and parents with youngest child within two years of ineligibility for ADC).</p>	_____	_____
<p>— We provide all clients with a JOBS orientation as described in Department Regulation 385.4.</p>	_____	_____
<p>— We assess and develop an employability plan for all ADC participants in the program.</p>	_____	_____
<p>— We assess and develop an employability plan for all HR recipients within one year of application for assistance.</p>	_____	_____
<p>— To the extent possible, the employability plan gives recognition to participants' preferences.</p>	_____	_____
<p>— We use a participant agreement for all participants.</p>	_____	_____
<p>— We provide the mandated JOBS activities described in Department Regulations, Part 385.</p>	_____	_____
<p>— In the job search program, we require more than the minimum of three employer contacts per week, based on local labor market conditions, conditions in the local economy and availability of public and private transportation. (If yes, indicate the number of contacts required per week: _____.)</p>	_____	_____
<p>— We conduct a job readiness review for HR applicants and recipients which meets the requirements of Department Regulation 385.8(e), (f) and (g).</p>	_____	_____
<p>— We offer on-the-job training programs for recipients of Home Relief.</p>	_____	_____
<p>— We provide case management for pregnant adolescents, adolescent parents, and at-risk youth under 18 as required by TASA.</p>	_____	_____

	<u>Yes</u>	<u>No</u>
— We have a procedure for referral of appropriate JOBS participants to the NYS Department of Labor Job Services.	_____	_____
— Subject to available resources, we provide JOBS participants with the supportive services described in Department Regulation 385.3(a).	_____	_____
— We provide the one-time employment-related expenses described in Department Regulation 385.3(b).	_____	_____
— We provide extended supportive services on an as needed basis after the JOBS participant has lost eligibility for public assistance as a result of employment.	_____	_____
— We advise clients of the availability of and provide transitional medical assistance and child care.	_____	_____
— A conciliation procedure is offered to clients, as described in Department Regulation 385.18.	_____	_____

Required Food Stamp Employment and Training (FSET) Assurances

— We operate a job search program.	_____	_____
— We offer work experience.	_____	_____
— We offer job readiness training.	_____	_____
— We offer job skills training.	_____	_____
— We offer education training.	_____	_____
— We provide necessary supportive services up to \$25 per month.	_____	_____
— We provide necessary dependent care costs up to the applicable market rate per month.	_____	_____

Performance Targets

— We will meet the ADC participation rate requirement of 20% for the period 10/1/94-9/30/95 and for the period 10/1/95-9/30/96.	_____	_____
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	<u>Yes</u>	<u>No</u>
<p>— We will meet the ADC-U participation rate requirement of 50% for the period 10/1/94-9/30/95 and 60% for the period 10/1/95-9/30/96.</p>	_____	_____
<p>— We will meet the HR participation requirement of 50% for the period 10/1/94 - 9/30/95 and for the period 10/1/95 - 9/30/96.</p>	_____	_____
<p>— We will meet the FSET performance standard of 10% for the period 10/1/94-9/30/95 and for the period 10/1/95-9/30/96.</p>	_____	_____
<p>— We will meet or exceed the entry to employment target of _____ for the period 10/1/94 - 9/30/95 and reach agreement with New York State Department of Social Services for target levels for the period 10/1/95 - 9/30/96.</p>	_____	_____

Child Care Component of the District Plan for JOBS and Supportive Services
for the period October 1, 1994 through September 30, 1996 as submitted by

Name of Social Services District

Child Care Contact	Title	Telephone
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I. Assurances/Signature

The social services district assures that when providing child care services it will:

- (1) provide parents with information about the full range of providers eligible for payment from child care subsidy funds;
- (2) provide a choice of at least two regulated child day care providers to JOBS participants who request assistance in locating care;
- (3) educate clients regarding criteria to consider when selecting a child care provider;
- (4) allow parents to make the final decision regarding the selection of child care providers;
- (5) notify all former public assistance recipients of their potential eligibility for transitional child care at the time of case closing;
- (6) establish at least one method of paying for child care provided by caregivers who do not have a contract with the district; and
- (7) provide payment for the actual cost of care (rate charged by the provider to non-subsidized families) up to applicable market rate unless a different payment rate has been established in a negotiated contract.

Commissioner's signature

Date

II. Overview of Child Care Programs Offered

The following section will provide an overview of the child care subsidy programs which will be offered in the district. The elements which have been completed in bold type are mandated and cannot be changed. In signing the plan, the district agrees to provide these components in accordance with applicable State regulations.

Key to Abbreviations:

Emp. PA = Employment Related (disregard) JOBS = JOBS-related
TCC = Transitional Child Care ARLICC = At Risk Low Income Child Care
CCDBG = Child Care and Development Block Grant LIDC = Low Income Day Care
Title XX = Title XX income eligible child care services

1. Check the child care subsidy programs which will be available in the district.

Emp. PA JOBS TCC _____ARLICC
_____ CCDBG _____ LIDC _____Title XX

2. For each program the district will offer, indicate which of the possible reasons for care will be allowed.

Emp. PA: employment N/A educ/training N/A seeking employment
 N/A illness/incapacity

JOBS: N/A employment X educ/training X seeking employment
 N/A illness/incapacity

TCC: employment N/A educ/training N/A seeking employment
 N/A illness/incapacity

ARLICC: employment N/A educ/training N/A seeking employment
 N/A illness/incapacity

CCDBG: employment educ/training seeking employment
 illness/incapacity

LIDC: _____ employment _____ educ/training _____ seeking employment
 N/A illness/incapacity

Title XX: _____ employment _____ educ/training _____ seeking employment
 _____ illness/incapacity

3. Does the district apply any limitations to the reasons for care which are indicated on the previous page? ____ YES ____ NO

If yes, a description of those limitations must be attached.

4. Indicate the local financial eligibility limits (percentage of State income standard) the district will apply for programs that do not have a state-established limit.

Emp. PA _N/A_ JOBS: _N/A_ TCC 200%
ARLICC 200% CCDBG 200% LIDC ____%
Title XX Family Size: (2) ____% (3) ____% (4+) ____%

5. For each child care subsidy program which will be available in the district, indicate whether the district will offer child care certificates to assist parents in accessing care.

Emp. PA _N/A_ JOBS: _N/A_ TCC ____
ARLICC ____ CCDBG _YES_ LIDC ____
Title XX ____

6. The district can select a percentage between 10% and 35% of the difference between the family gross income and the State income standard to apply when determining parent fees for income eligible child care subsidy programs. Indicate the percentage selected by the district and the rationale for this selection.

 ____ % Rationale:

7. Identify the unit that has primary responsibility for the administration of each child care subsidy program offered in the district.

Emp. PA ____ JOBS ____
TCC ____ ARLICC ____
CCDBG ____ LIDC ____
Title XX ____

III. Child Care Priorities (This section must be completed only by districts which offer CCDBG services.)

1. The following are mandated priorities for service under the CCDBG program.

- A. Children with special needs
- B. Children of families with "very low income"
- C. Children of parents under 21 years of age

Identify the percentage of income below 200% of the state income standards that the district will use to define "very low income" and provide the rationale for selecting this level.

_____% Rationale:

2. Indicate whether any optional priorities will be applied by the district:

_____ children of parents whose eligibility for Transitional Child Care has expired;

_____ children of homeless parents who are otherwise eligible;

_____ children of parents who are enrolled in substance abuse treatment programs who are otherwise eligible; and

_____ a locally identified priority. Describe the priority and give rationale.

3. Attach additional pages as needed to describe how the district will: 1) target each identified priority for child care services; and 2) ensure that members of the identified populations receive priority for services.

IV. Availability of Child Care

The chart below provides information about the number of regulated providers and their full time capacity in your county. Complete the chart by inserting the necessary information wherever a blank appears in the chart.

	Number of Providers	Full Time Capacity	Number of Providers with Part Time Slots
DAY CARE CENTERS			
FAMILY DAY CARE HOMES			
GROUP FAMILY DAY CARE HOMES			
SCHOOL AGE CHILD CARE PROGRAMS			
HEAD START			
PRE-KINDERGARTEN (in public schools)			

Definitions:

Day Care Center refers to day care centers licensed by the Department.

Family Day Care Homes refers to providers registered by the Department.

Group Family Day Care Homes refers to providers licensed by the Department.

School Age Child Care Programs refers to providers registered by the Department.

Head Start refers to programs funded by the Department of Health and Human Services.

Pre-Kindergarten refers to programs funded by the State Department of Education and operated by public school districts.

V. Unmet Needs and Activities to Address Unmet Needs

1. Attach additional pages as needed to describe the unmet child care needs identified through the planning process. This section should discuss:
 - o shortages of specific types of care and services that are unavailable or insufficient to meet identified need;
 - o how many recipients your district has excused from JOBS participation for "Child Care Unavailable" since October 1, 1993;
 - o problems encountered in development or recruitment of new providers, retention of existing providers;
 - o whether the district has a waiting list for child care services, including the approximate number of children and families on the waiting list as of July 1, 1994; and
 - o other problems identified in the delivery of child care services.

2. For each unmet need identified, describe how the district plans to address the need. This description should:
 - o indicate how the district plans to increase the supply (number of providers) and availability (willingness of providers to serve clients) of child care;
 - o identify specific activities to address the identified needs;
 - o identify any factors which may present obstacles or barriers to your efforts to address the identified needs; and
 - o include any recommendations for changes in state policy or funding to address these needs.