

Seneca County Department of Job and Family Services (SCDJFS)
SNAP (Supplemental Nutrition Assistance Program) EMPLOYABILITY PLAN

This SNAP Employability Plan is entered into between the SCDJFS and the following individual:

Participant	Case Number
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Program Overview:

I understand that the SNAP Employment and Training Program requires mandatory nonexempt work registrants applying for and in receipt of SNAP to participate in employment and training. The goal of the Employment and Training Program is to help move me toward self-sufficiency and personal responsibility.

Appraisal/Assessment Requirement:

I understand that as a condition of SNAP eligibility, I am required to be assessed in order to determine the best assignment for me based on my skills and needs. I must fully cooperate in completing a thorough assessment process that will be used to develop this employability plan to help me move toward self-sufficiency and personal responsibility. I may be assigned to one or more employment and training activities determined by the SCDJFS. This assessment process may include an evaluation of employment, educational, physiological, and psychological abilities or liabilities, or both. It will include screening for domestic violence. The SCDJFS shall complete an appraisal any time reinstatement of eligibility is completed and at any time the SCDJFS determines my circumstances warrant an additional appraisal.

Employability Plan:

I understand that my plan to become self-sufficient will be developed together between me and my SCDJFS worker and based on the information that is provided during the assessment process. I must sign this contract as part of the appraisal process. By signing this contract, I acknowledge that I have been an active participant in its development, I agree to all the terms and conditions outlined in this plan, and I understand the consequences to my SNAP benefits if I don't fully cooperate with this agreement and I don't have good cause for not cooperating.

While I am applying for or participating in SNAP, I understand that I have the right to: Receive copies of all employability plans.

- Notification of the right to request a state hearing on issues related to participation in the SNAP Employment and Training Program and failure or refusal to participate.
- Nondiscrimination in SNAP Employment and Training Program assignments.
- Receive supportive services, as determined by the SCDJFS, to assist me with completing my Employment and Training Program activity(s).
- File a conciliation request.
- Accept suitable employment.

- Receive an explanation of my rights under the Americans with Disabilities Act, including the right to request reasonable modification in my work and/or alternative activity assignments;
- Receive an accurate and complete assessment of my language needs;
- Receive free and competent translation services if my primary language is not English or if I am hearing-impaired. The agency will provide vital documents in my primary language or someone will be provided to translate the information on the documents into my primary language;
- Provide me with services and make reasonable accommodations to provide for equal access to the benefits of SNAP and all other benefits and services for which I am eligible to help me in achieving self-sufficiency.

While I am applying for or participating in SNAP, I understand that failing the requirements of the Employment and Training Program listed below without good cause will result in my being sanctioned from SNAP according to Section E of this employability plan:

- **Reporting to and participating thoroughly in the appraisal process;**
- **Responding to a request for supplemental information regarding employment status or availability for work;**
- **Reporting to an employer when referred by the SCDJFS unless the potential employment meets the unsuitability criteria described in Section D of this employability plan;**
- **Accepting a bona fide offer of suitable employment when referred by the SCDJFS;**
- **Continuing suitable employment until it is no longer considered suitable, I am terminated for reasons beyond my control; or I becomes exempt from work registration; and**
- **Participating in an employment and training (e.g. job search/job readiness, education and training or the work experience program) assignment as assigned by the SCDJFS.**

Furthermore, I understand that while I am applying for or participating in SNAP, I have the responsibility to:

- Report to and participate thoroughly in other appointments with the SCDJFS program staff or providers.
- Report to the work experience program (WEP), education, training, supportive service, or job search sites at the scheduled dates and times.
- Obey the rules at the work site, following instructions, not causing myself to be terminated from my work site, and otherwise demonstrating acceptable work habits and behavior.
- Notify the immediate supervisor, other designated individual, or the SCDJFS staff of the reason for nonparticipation as scheduled.

- Participate in SNAP Employment and Training Program activities for the scheduled number of hours as assigned.
- Accept necessary supportive services determined to be needed for participation.
- Report any changes which would affect my ability to participate in the SNAP Employment and Training Program.
- Provide the SCDJFS with documentation of attendance and participation in a SNAP Employment and Training Program activity as requested.
- Provide a good cause reason for nonparticipation.
- Contact the SCDJFS, unless otherwise instructed by the SCDJFS, if a monthly scheduling notice or my participant expense allowance has not been received.
- Report to a job site, to an employer for a scheduled job interview or to any related subsequent interviews or testing appointments when referred by the SCDJFS or its designee.

A. POSSIBLE CHALLENGES TO ACHIEVING SELF-SUFFICIENCY

I understand that providing information about what I believe to be challenges preventing me from becoming self-sufficient is voluntary. Information provided is used to determine what employment and training activities are most appropriate and whether modifications or specific accommodations to my assignment(s) are needed. The SCDJFS will make every effort to work with me in determining appropriate activities to help move me toward self-sufficiency and consistent with the information I provide and to the extent the information can be substantiated. I have the following challenges that may hinder me in becoming self-sufficient and the steps I am taking to address these challenges:

- Learning disabilities -
- Educational or Training -
- Child Care -
- Transportation -
- Primary language is not English (list primary language) -
- Hearing or visually-impaired – Do you need an interpreter or other aid? Yes No
- Domestic or child abuse -
- Substance abuse -
- Other -

B.

MY WORK RESPONSIBILITIES AND ACTIVITY PLAN

The SCDJFS and I have determined that the following employment and training activities, if completed as assigned and with the supportive services listed, will help me become self-sufficient:

Name and Location of Assignment (Allowable activities: WEP, Job Search, Job Readiness, Basic Education, and Vocational Education)	Assignment Begin Date	Assignment End Date	Days and Hours Assigned	Monthly Hours	Supportive Service

This individual is **not** subject to the ABAWD work requirement.

This individual **is** subject to the ABAWD work requirement. The ABAWD work requirement is intended to be met through:

Participation in the following activity(s) for 20 or more hours/week (80 hours/month):

OR

Participation in WEP as assigned to meet SNAP requirement above equal to the total FA allotment ÷ \$8.30. The maximum allowable hours must be completed. If multiple ABAWDs in the same AG, the maximum allowable hours must be shared. Hours are not required to be shared equally among AG members participating in WEP.

In order to successfully participate in the activities outlined above and agreed by me, it has been determined through a thorough assessment by my medical provider(s) that the following accommodations/modifications be made to my assignments and consistent with the recommendation(s) of my medical provider(s):

No modification/accommodation was requested/recommended.

C. GOOD CAUSE FOR FAILURE TO COMPLY WITH THE SNAP E&T PROGRAM

The SCDJFS shall be responsible for determining good cause at any time I fail or refuse to complete the appraisal process or comply with an Employment and Training Program assignment listed in Section B. In determining whether or not good cause exists, the SCDJFS shall take into account the facts and circumstances, including information submitted by the employer or work site and me.

It is my responsibility to contact the SCDJFS within seven (7) calendar days of my non-participation to show good cause for my failure. If I do not contact the SCDJFS within seven (7) calendar days, my failure will be determined to be without good cause. Good cause shall include circumstances beyond my control, such as, but not limited to:

- Personal illness;
- Illness of another assistance group member requiring my presence;
- An assistance group emergency;
- Unavailability of transportation;
- Lack of adequate child care for children who have reached age six but are under age twelve; or,
- Domestic violence

- Other circumstances determined on a case by case basis by the SCDJFS.

If the SCDJFS finds the information regarding a claim of good cause to be questionable, the SCDJFS will request verification of my claim. It is my responsibility to provide the necessary verification, but the SCDJFS may assist me if I request help. If good cause is questionable and I fail or refuse to provide verification of the questionable information, good cause shall not be determined.

D. UNSUITABLE EMPLOYMENT

Employment shall be considered unsuitable under any of the following conditions:

- The wage offered is less than the highest of:
 - The applicable federal or **state minimum wage**; or
 - Eighty per cent of the federal minimum wage, if neither the federal nor the state minimum wage is applicable;
- The employment offered is on a piece-rate basis, and the average hourly yield the employee can reasonably be expected to earn is less than the applicable hourly wages;
- As a condition of employment or continuing employment, you are required to join, resign from, or refrain from joining any legitimate labor organization; or
- The work offered is at a site subject to a strike or lockout at the time of the offer.

E. SANCTIONS

If I fail or refuse without good cause to meet the SNAP Employment and Training requirements outlined in bold on page 2 or my assignments as listed in Section B of this employability plan, the SCDJFS shall sanction me:

- for a first failure/refusal, by denying or terminating me from receiving SNAP for a minimum of one (1) benefit month;
- for a second failure/refusal, by denying or terminating me from receiving SNAP for a minimum of three (3) benefit months;
- for a third failure/refusal, by denying or terminating me from receiving SNAP for a minimum of six (6) benefit months.

F. ENDING A SANCTION & REGAINING ELIGIBILITY

In order to regain eligibility in SNAP, I am required to sign the [JFS 03804](#), "Ohio Works First/Food Assistance Sanction Compliance", agreeing to participate in the work program and to comply with my employability plan.

I may regain eligibility into the rest of my assistance group no earlier than the month following the month I sign and return the JFS 03804 after serving the minimum sanction period or meeting a work registration exemption sooner.

If my assistance group has been terminated, I will be required to file a new application if I wish to receive SNAP. If I have served the minimum sanction period prior to the month I apply and I do not meet a work registration exemption, my eligibility may begin no earlier than the date of application, but may be later, depending on when I sign and return the JFS 03804.

G. CONCILIATION PROCESS

I understand that either SCDJFS or I may request a meeting to try to resolve disputes regarding any of the following:

- Disputes over assignments.
- Inappropriate treatment by a county agency employee or worksite supervisor.
- Irregular work hours that create a severe hardship on me.
- Worksite assignments that deviate from the normal duties of the job.
- Disagreement with disciplinary action against me at the worksite.
- Other areas of concern to me relating to participation.
- Disputes concerning working conditions and workers' compensation coverage.
- Wage rate calculations to determine the hours of participation.
- Disputes concerning failure to participate in the SNAP Employment and Training Program.

The request may be made verbally or in writing by either the SCDJFS or me, but the request must be made within seven (7) calendar days following the day I do not participate according to this plan.

Following the conclusion of the conciliation process, the SCDJFS will notify me of the outcome in writing no more than fifteen (15) days following the date the process was started. No negative action can be taken on my case until the conciliation process is completed.

Exercising my right to have this meeting, known as "conciliation", does not preclude my right to request a county conference and/or state hearing with the Ohio Department of Job and Family Services (ODJFS) if I am not satisfied with the outcome of the meeting.

I also have the right to request a county conference and/or state hearing. To ask for a hearing, call or write the SCDJFS or write to the Ohio Department of Job and Family Services, State Hearings, P.O Box 182825, Columbus, Ohio 43218-2825 or e-mail the Bureau of State Hearings at BSH@jfs.ohio.gov . You may also fax your hearing request to State Hearings at (614)728-9574.

H. SIGNATURE

By signing this, I am stating that I understand the requirements in this plan and what will happen if I do not follow this plan. Failure/refusal to sign this employability plan may result in my being sanctioned from SNAP according to Section E of this plan.

Participant	Date
SCDJFS Representative	Date