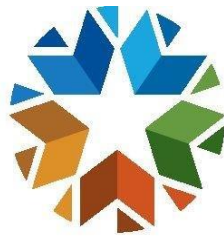


# **FY22 TANF HSE Program Handbook**



**Oklahoma Department of Human Services  
And  
Oklahoma Department of  
Career and Technology Education**



**OKLAHOMA  
Human Services**

*career***tech**

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## TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

### Introduction

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (Pub. L. 104-193) created the Temporary Assistance for Needy Families (TANF) block grant that fundamentally transformed welfare from a cash benefits program to a program focused on work and temporary assistance. Under TANF, adults receiving assistance are expected to engage in work activities and develop the capability to support themselves before their time-limited assistance (maximum of five years) runs out. States are required to assist recipients in making the transition to employment. They are also expected to meet work participation rates and other critical program requirements in order to maintain their full Federal funding and avoid penalties.

HSE/GED classes are considered a TANF work activity in Oklahoma, because it is the minimum credential many employers expect. Since TANF restricts recipients to five years, it is imperative that they attain their HSE as soon as possible in order to receive other education or training that will lead to employment.

These guidelines provide the basic information necessary to operate all TANF HSE/GED programs. They will be posted on the CareerTech.org website for the convenience of directors, instructors and partners. You will be able to find the information at <http://www.okcareertech.org/about/state-agency/divisions/adult-basic-education>

### ASSURANCES

Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d *et seq.*, which prohibits discrimination on the basis of race, color, or national origin in any program or activity receiving Federal financial assistance.

Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 *et seq.*, which prohibits discrimination on the basis of sex in any education program or activity receiving Federal financial assistance.

Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in any program or activity receiving Federal financial assistance.

Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, which prohibits discrimination on the basis of disability by public entities.

The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 *et seq.*, which prohibits discrimination on the basis of age in any program or activity receiving Federal financial assistance.

All regulations, guidelines, and standards lawfully adopted under the above statutes by the United States Department of Education.

If applicable, the applicant shall comply with the Boy Scouts of America Equal Access Act of 2001, 20 U.S.C. 7905, which requires equal access for the Boy Scouts of America and other designated youth groups to meet at public schools. This law applies to any public elementary school, public secondary school, local educational agency, or State educational agency that has a designated open forum or limited public forum and that receives funds made available through the Department.

The applicant shall officially designate a person(s) to coordinate compliance activities under Title IX, Section 504, and ADA.

Prior to the beginning of each school year, the applicant shall publish an annual notification advising students, parents, employees, and the general public that career and technology education opportunities are available without regard to race, color, national origin, sex, or disability. Announcement of this policy of non-discrimination may be made in local newspapers or recipient publications that reach the general public, minorities (including national origin minorities with limited English language skills), and individuals with disabilities. The annual notification shall include a brief summary of career and technology education program offerings and admission criteria; also the name or title, address, and phone number of person(s) designated to coordinate compliance activity under Title IX, Section 504, and ADA.

The applicant shall make continuing notice of its policy of nondiscrimination with regard to race, color, national origin, sex, and disability on the home page of its website and in publications and other materials distributed students, applicants, and employees such as announcements, bulletins, catalogs, application forms, enrollment forms, and recruitment and promotional materials. The continuing notice shall include the name or title, address, and phone number of person(s) designated to coordinate compliance activity under Title IX, Section 504, and ADA.

The applicant shall adopt and disseminate grievance procedures for the prompt and equitable resolution of student or employee complaints alleging actions prohibited by regulations effectuating Title IX, Section 504, and ADA.

The project shall be operated in compliance with all applicable state and federal laws and with regulations and other policies and administrative issuances by the Oklahoma State Board of Career and Technology Education, including submission of such reports as may be required.

It is understood that federal funds received by the applicant shall be used to supplement, not supplant, state and local funds.

Each recipient of federal TANF funds will be subject to review(s) and evaluation(s) of services, or activities using criteria established by the Oklahoma Department of Career and Technology Education and the Oklahoma Department of Human Services.

## **New Program Requests**

Inquiries as to how to start a TANF HSE/GED program may be made to the following persons:

Tammy Zumwalt, DHS at [Tammy.Zumwalt@okdhs.org](mailto:Tammy.Zumwalt@okdhs.org)

KayTee Niquette, ODCTE [KayTee.niquette@careertech.ok.gov](mailto:KayTee.niquette@careertech.ok.gov)

Letha Bauter, ODCTE at [Letha.Bauter@careertech.ok.gov](mailto:Letha.Bauter@careertech.ok.gov)

A new program must have at least 5 participants who are able to attend a 30 hour per week HSE/GED class. The requesting local organization shall send a written request via email for a DHS funded TANF HSE/GED class to the ODCTE representatives above. Upon ODCTE receipt of request, ODCTE will contact DHS for mutual approval. Once approved the new program's administration will sign a Temporary Assistance to Needy Families (TANF) memorandum of understanding (see appendix). All approved classes will receive a fixed rate of \$5,250 per month, as long as 40% of the class has gains within the educational functioning level each quarter.

After the appropriate funding documents have been signed, the local organization will:

- Locate an appropriate facility
- Contract with a certified instructor
- Purchase HSE materials
- Equip the classroom

## **Program Director Responsibilities**

- Maintain teacher certification
- Review classroom inventory
- Monitor and evaluate classroom instruction
- Order and disseminate curriculum and equipment
- Monitor reports
- Initiate continuation or expansion of classes
- Provide in-service training or professional development
- Prepare all necessary documents for the program's annual site review
- Invite all appropriate, local DHS workers to the program's annual site review

## **Instructor Responsibilities**

- Maintain teacher certification
- Attend 15 hours of professional development per year. Additional money will be provided up to \$1630 per class per year to cover this expense.
- Keep current in instructional delivery techniques
- Maintain and update inventory
- Maintain classroom discipline and order
- Keep accurate attendance and records
- Monitor students' progress
- Modify curriculum and instruction to ensure students' progress.

## **Appropriate Referrals**

HSE referrals should score a grade equivalency of 7<sup>th</sup> grade or higher. Literacy referrals should be 6<sup>th</sup> grade or below. Flexibility needs to be allowed for those whose scores are border line or for those whose test results may be inaccurate for whatever reason. Furthermore, reliable transportation, childcare locations, or other barriers may need to be considered as to which educational program is best for the participant. Seek further guidance from ODCTE and DHS state staff for unresolved decisions.

## **DHS Attendance Requirements**

- Classes will consist of 30 hours per week of educational classroom instruction. Class time is to begin no earlier than 8:00 a.m. and no later than 5:00 p.m. unless exception has been granted by ODCTE and DHS.
- Clients are asked to make appointments before or after class, or as early/late as possible. The client should make every attempt to be in class before/after appointment. Written documentation for absences will be necessary for the DHS worker to determine "good cause".
- Students may ask to make up time missed from class. This is at the discretion of the instructor, and arrangements for staying late should be requested in advance. The length of time is also at the instructor's discretion. This is not a common practice and should not be done on a frequent basis.
- The actual time of attendance must be recorded by the student and monitored by the teachers. Instructors should not sign time sheets that reflect inaccurate time.
- If the school district or organization is closed due to inclement weather, clients are not required to attend class.
- Holidays for TANF clients include:

- New Year's Day
  - Martin Luther King, Jr. Day
  - President's Day
  - Memorial Day
  - Independence Day
  - Labor Day
  - Thanksgiving day and the day after
  - Christmas (two days)
- Appropriate attire should be worn to classes: Clothing that aligns with the schools dress code, this may include nice jeans (no holes, tatters, frayed at bottom, etc.). Nice t-shirts may be worn. The following t-shirts would not be allowed- cut-off, frayed or tattered, tank tops, and spaghetti straps.
  - Not appropriate would include any clothes that are too revealing, clothes that don't fit properly, tops worn alone that look like lingerie; shirts/tops that show midriff area, pajama pants, sweats or running pant, no short-shorts (in summer knee length permitted w/ appropriate top), shower type flip-flops or beach type shoes.

## **DHS Forms**

### Employability Plan (TW-2)

TW-2 should accompany a TW-3 when a referral is made from DHS to HSE/GED programs. It provides the necessary information such as:

- Background information
- Childcare needs
- Transportation Barriers
- Felony Convictions
- Work History
- Employment Goals, etc.
- Steps of the Employability Plan

This information is helpful and allows for the instructors to understand student's circumstances that may hinder learning.

### Referral (TW-3)

The TANF client will give this form to the instructor when entering class. If a student has been absent or had his/her case closed, a new TW-3 must accompany re-entry. On the reverse side of

the TW-3, the instructor must fill in the required information and fax it to the DHS case manager to confirm that the client attended class.

The TW-3 provides a list of approved work activities that DHS uses for referrals. It is imperative that the ABE/HSE box has been checked.

This form is used to communicate to DHS changes in the status of the student. It may require an updated TW-2 that documents the student and caseworker's new agreement. These changes must be signed by the student and caseworker on the TW-2.

#### Time and Progress (TW-13)-Front Side

Time and Progress Reports are submitted to DHS twice monthly. Reports cover the 1<sup>st</sup> through the 15<sup>th</sup> of the month and 16<sup>th</sup> through the end of the month.

- The instructor should not complete the time portion for the student to avoid the appearance of fraud; however, instructors are responsible for making sure the time recorded is accurate.
- The student will complete all boxes, sign where indicated, and provide current phone number and date.
- This form must be completed prior to participation money being paid.
- Due to confidentiality, the TW-13 should be in an unmarked binder, which will eliminate the need for other sign-in sheets.
- Breaks cannot be used to make up time.
- Lunch time cannot be used to make up time.
- If a student is in class for five hours or more, he or she must take a lunch of at least 30 minutes.
- Make up time or homework must be done **in class** with an instructor present.

Time reported should be accurate and **not include** the following:

- Homework outside of the classroom
- Travel time
- Time away from the classroom such as doctors' visits and/or childcare issues

Time reported can **include** the following:

- Approved field trips
- Must reflect a half hour lunch.
- Documentation of absences should be attached to the TW-13 and submitted to DHS. The case manager will determine if the client receives credit for time missed as good cause. Staff members should refrain from indicating to TANF students what types of absences will be considered "good cause."



## Time and Progress (TW-13)- Back Side

Progress reports should be completed and reflect **Actual** student performance (e.g. a student who has poor attendance should not have a check mark indicating satisfactory performance). Caseworkers rely on this information to provide guidance to TANF clients.

- Inappropriate behavior is not allowed in class (i.e., sleeping, class disruptions, using foul language, use of cell phones beyond receiving emergency calls). If a student poses a problem that cannot be resolved by the instructor or administrator, the student can either be sent home or to their case manager.
- Students should be encouraged to interact with other students, including students from other classes beyond their own class. It is important in daily life to learn how to get along with other people.

## TANF Terminology

Compliance: set amount of time client has to have 100% perfect attendance.

Good Cause: a reason for missing class verified by a doctor's note, or a note from daycare, WIC, etc., to be determined by a DHS caseworker.

Note: Clients returning to class for Compliance should bring a new referral form (TW-3).

## REFERRAL PROCESS FOR TANF RECIPIENTS

Each DHS county office is responsible for identifying and referring eligible TANF participants to the program.

The following items and processes constitute a complete referral:

1. TW-2 (08TW002E) - TANF Work/Personal Responsibility Agreement. (Coordinator files the copy).
2. TW-3 (08TW003E) - Interagency Information and Referral Form. (Responses to DHS are made on TW-3. The original copy of the response is kept in student's program file, and a copy that includes the response is sent to the county DHS office.) Student records must contain this completed form for audit purposes.
3. Carl Albert State College Assessment results including the CASAS (math and reading pre-tests), and the OKCareerGuide. (See Assessment Section)

The TW-3 (referral and information form), with an attached copy of a complete TW-2 (both signed by the worker and participant) should be sent to the local HSE program for those participants most likely to benefit from an HSE class.

Incomplete forms must be routed back to the TANF worker to be completed as soon as possible.

### **Guidelines For TANF Assessment Policies**

- The Department of Human Services (DHS) has contracted with Carl Albert State College (CASC) for administration of a specific battery of tests to all TANF clients unless exempt or granted good cause. An exception may also be made for those already in training. This battery includes but is not limited to vision screening, substance abuse screening, the Washington State Learning Disabilities Screening Instrument, the Comprehensive Adult Student Assessment Systems (CASAS) Reading and Math pre-tests, and the OKCareerGuide. Results of all pretests will be provided for purposes of staffing and service provision.
- A vision screening will be administered to all clients. If the client does not pass the vision screening, they will not be able to participate in the assessment process until they have had an eye exam from a licensed professional. If glasses are necessary, the client will need to wait until the prescription is filled prior to returning for assessments. A client must have his/her case certified before flex funds will be available to pay for their glasses. The process should be completed as quickly as possible.
- If the potential of a learning disability is indicated by the Washington State Learning Disabilities Screening, DHS should make appropriate referral for administration of the current Woodcock-Johnson through CASC. If results of the Woodcock-Johnson indicate a learning disability, a CASC advocate will be offered. They may be referred for the full battery of assessments to be administered with appropriate accommodations. If a learning disability is **not** indicated, the client will be referred for full battery assessment without accommodations, unless such testing has been previously completed.
- CASC testing specialists will complete ALL recorded testing and are responsible to administer the initial testing on each student, as well as a subsequent post assessment for TANF participants three months after initial date of entry and every three months thereafter to measure gains. Instructors are responsible for assessing a student's readiness for HSE testing.
- DHS makes the referral for all initial assessments.
- When assessment results have been compiled, a joint staffing will be convened to include the client, DHS, and core partners. It is essential that the **client** is included in the meeting and **participates in the decision-making process**. The purpose of this meeting is to develop a career plan including services to be provided and the sequence in which they are to occur.

## **Achievement Bonuses**

TANF Work participants are eligible for bonuses related to achievement of certain goals when funding is available. They may receive one bonus payment (\$200) for either a high school diploma, or an HSE.

## **Field Trips**

Field trips are allowable provided they directly relate to HSE curriculum. Field trips should be designed to assist students' understanding of subject matter. Local administration should always be notified of class field trips.

Suggested field trip activities:

- Cultural Centers
- Libraries
- Museums
- Zoos
- Educational Exhibits

## **Family and Friends**

- Family members and friends are not allowed in the TANF classrooms.
- TANF Students should follow their Employability Plan (TW-2) for childcare and backup plans. If there are issues with these plans, the student should contact their DHS worker for resolution.

## **Communication Among DHS Caseworkers, Educators, and Students**

Each student should contact his/her case manager directly to resolve a question or problem. This helps the student learn resolution techniques and fosters independence to

- DHS supervisors and program directors must be copied on all correspondence between program instructors and DHS workers.
- Teaching basic skills is a requirement within the HSE/GED program. Clients should take advantage of the opportunity to learn appropriate ways to address their own situations. Instructors are the key to assisting in appropriate ways to resolve problems; instructors should not be resolving the problem for the client.

- Instructors and DHS workers need to be communicating on student gains a minimum of once a Quarter. These communications should be documented and placed in the student's file.

## **Attaining a High School Equivalency (HSE) Diploma**

DHS uses HiSET from Educational Testing Services for HSE testing. Vouchers of each of the five subjects (Reading, Writing, Social Studies, Science and Math) can be obtained through Tammy Zumwalt at [Tammy.Zumwalt@okdhs.org](mailto:Tammy.Zumwalt@okdhs.org). In rare circumstances Pearson Vue/GED can be used for HSE testing. Contact Tammy Zumwalt for approval.

- <https://ged.com/>
- <http://hiset.ets.org/>

## **Record Management and Student Accounting**

All records pertaining to TANF HSE must be maintained for 5 years. Programs should keep individual student information in individual files. These files should be locked up to ensure student information doesn't become public.

Daily attendance will need to be tracked for all students and should continue to be tracked on the excel spreadsheet that was previously used. Instructors need to make sure and record the incoming CASAS scores of each student as the Pre-assessment score. Carl Albert will come out to each class site to retest each student exactly three months from their first test. Each test score will need to be tracked on the spreadsheet (you will need to continue extending out on your row) and highlighted to let Tammy and I know that these are the **OFFICIAL** CASAS tests administered. Attendance will be sent to Tammy and me monthly. Each quarter expense reports (Expenditure Summary and Detailed Expenditure) and the attendance must be submitted.

## **Grievance Policies and Procedures**

The HSE TANF instructors and students should follow their local school district's grievance policies and procedures for race, gender, and disability discrimination complaints (including race and sexual harassment). Each student should have a copy of the policies and procedures and a posted copy should be placed in a common area of the classroom. Ideally this information should be found in the school district's student handbook.

Please make sure your TANF students know your organization's grievance policies.

# Appendix

**FY22 MEMORANDUM OF UNDERSTANDING  
 BETWEEN THE OKLAHOMA DEPARTMENT OF CAREER AND TECHNOLOGY EDUCATION  
 AND CONTRACT AWARDEE**

| OCAS Project Code |
|-------------------|
| 735               |

| Agreement # | Revision # |
|-------------|------------|
| HSE 22      |            |

|   |  |  |  |
|---|--|--|--|
| <b>CHECK APPROPRIATE SECTION(S):</b>  |  |  |  |
| <input type="checkbox"/> <b>State Funds</b>   | <input type="checkbox"/> <b>Revolving Funds</b>          | <input checked="" type="checkbox"/> <b>Federal Funds</b> |  |
| <b>Federal Program:</b> Temporary Assistance for Needy Families   | <b>Federal Grantor:</b> Dept. of Health & Human Services |  |  |
| <b>CFDA#:</b> 935580000   | <b>Research &amp; Dvlpmnt:</b> N/A                       |  |  |
| <b>FAIN:</b> 1502OKTANF   | <b>Federal Award Date:</b> 6/30/2022                     |  |  |
| <b>IDC Rate:</b> Federal negotiated rate required   | <b>Federal Admin. Cap:</b> 0%                            |  |  |
| <p><small>State and/or federal career and technology education funds are obligated in the amount below for items approved in the estimated budget. Adjustments and/or modifications are subject to written approval by both parties of this funding agreement. Total program amount is the same with 100.00% provided from federal funds.</small></p> |  |  |  |

Purpose of Agreement:

The purpose of this agreement is to provide Adult Education/Literacy (AEL) and High School Equivalency (HSE) /GED classes for the Department of Human Services (DHS) Temporary Assistance to Needy Families (TANF) Clients.

| Funding   |   |
|---|---|
|   | Total TANF Federal Funds Awarded by ODCTE in Period |
| Classes<br>\$5,250/month/site   | Up to \$0.00  |
| Professional Development<br>\$1,630/year for direct reimbursement of actual expenditures/site | Up to 0.00  |
| Technology<br>\$2,000/year for direct reimbursement of actual expenditures/site               | Up to \$0.00  |
| <b>Total</b>  | <b>\$0.00</b>                                       |

| Performance Period |               |
|--------------------|---------------|
| Beginning:         | Terminating:  |
| July 1, 2021       | June 30, 2022 |
|                    |               |
|                    |               |

This agreement is entered into between the Oklahoma Department of Career and Technology Education, hereinafter referred to as ODCTE, and EMJJ Enterprises Inc., hereinafter referred to as ALC.

|                   |           |                                    |    |
|-------------------|-----------|------------------------------------|----|
| <b>ALC DUNS#:</b> | 876320792 | <b>ALC Congressional District:</b> | 01 |
|-------------------|-----------|------------------------------------|----|

### **Duties of ALC:**

- The ALC shall send a written request for a DHS/TANF class to the ODCTE after the local county DHS office has referred not less than five eligible DHS participants. Eligibility of the participants is determined solely by DHS and is made on a DHS TW-3 form. Provide individual and small group HSE training to OHS participants as referred by the local OHS county office.
- Provide individual and small group Literacy training to DHS participants as referred by local OHS when a TANF Literacy class is not available in the area.
- Provide outcomes of student advancement with an EFL (Educational Functioning Level) gain per quarter (every three months) towards an HSE for a minimum of 40% of students to match the Oklahoma ABE program. Testing will be done by Carl Albert State College every three months from the date the student enters the HSE program. See attachment B.
- Explain why an EFL gain was not accomplished within a 3 month time frame with an alternative plan to ensure an EFL gain is obtained in the next 3 months.
- Continue to meet overall outcomes of EFL gains in 40% of students each quarter (every three months). Rates are calculated based on students who have passed the HSE plus other students who have been in the program at least 30 days minus those who departure or case closure was beyond the programs control (i.e. death, moved, DHS discontinued their case or placed participant in another component).
- Responsible for keeping a daily, accurate attendance record. ALC staff shall supervise the students as they record their in and out time during the day on the 08TW013E, Time and Progress Report (Attachment A3). 08TW013's shall be submitted to OKDHS by the 5th and 20th of each month. Attendance sent to CTE/OHS must match the 08TW013E's turned in to the county office. Any exception should be documented. Good cause for absences will be determined by DHS.
- Attendance hours shall not be counted for daily travel time to and from class, lunch periods, homework or teacher planning time. Travel time above 30 minutes can be allowed for participants who must travel to complete HSE testing. Subject to 2 CFR 200 and Subtitle B III 300-399 as applicable.
- Contact the local DHS staff to report attendance at the end of each class meeting.
- The ALC director shall ensure that attendance, assessment and other required data is entered into an approved Excel spreadsheet, by the 5<sup>th</sup> of the following month and submitted to ODCTE and DHS

- For monitoring purposes, the ALC shall submit, quarterly expenditure reports (to include Time and Effort as well as invoices and receipts of reimbursement of Professional Development and Technology) to the ODCTE and DHS. Fourth Quarter expenditure reports should be submitted no later than August 1<sup>st</sup>. The signature of the superintendent or authorized representative must appear on all expenditure reports.
- ALC will have contact with local DHS staff a minimum of quarterly (every 3 months) on each student participating in reference to gains in testing or changes of the TANF Work Plan. These contacts must be documented and placed in the clients file.
- Classes will meet 30 hours per week with the exception of DHS approved holidays.
- The ALC teacher will assist DHS learning disability advocates with the development and implementation of a plan to assist those students who may have a learning disability.
- The ALC shall be responsible for issuing, without charge to the appropriate study material and books to each DHS participant enrolled in the TANF classes.

**Duties of ODCTE:**

- Assure compliance to this contract by soliciting and approving proposals from ALC providers. CTE will be the prime contractor responsible for the provision of services by the ALC providers.
- Responsible for monitoring the DHS High School Equivalency classes with on-site visits and desk audits. CTE will provide technical assistance to the ALC providers.
- Notify DHS of any non-compliance by a provider of any of the provider's responsibilities pursuant to its contract with CTE within 10 business days of the CTE learning of the provider's non-compliance.
- CTE will set forth in its contracts with subcontracted ALC providers all items set forth in the section titled Adult Learning Center Responsibilities.
- Assure all ALC providers treat all services provided to DHS client(s), all records and emails regarding those DHS clients as confidential and cannot be released without client or DHS approval.
- Provide opportunities for directors and teachers to obtain Professional Development.
- When a notice is received from the ALC of the need for an additional or new TANF site, a request shall be sent to the OHS State Office.



- Upon receipt of an approved TANF site from the DHS State Office, the CTE shall send a notification to the appropriate ALC.
- Upon receipt of a request from the ALC for a class, ODCTE shall notify DHS. When approval is received from DHS, ODCTE shall send a written notification to the ALC.
- ODCTE shall monitor the DHS class jointly with DHS. Monitoring may be either in person or by desk audit.
- ODCTE shall provide technical assistance to the ALC.
- Upon receipt of the attendance data for approved classes, ODCTE will review the ALC data for accuracy and make payment to the ALC for such classes at the rate of \$5,250.00 per calendar month, per TANF site. Classes will follow the DHS schedule of holiday observances. If for some reason the class does not meet every required day, the monthly payment will be prorated. Classes that begin late in the month or end early will be prorated by the number of days in the session.

**Assurances:**

- Subject to 2 CFR 200 and Subtitle B III 300-399 as applicable
- Falsification of any DHS and CTE prescribed forms and/or reports on the part of the ALC may result in financial penalties, termination of this agreement or other possible legal actions.
- In the event that any payment is subsequently disallowed by federal or state authorities due to negligence/performance of the ALC, the ALC agrees to reimburse ODCTE in an amount equal to the disallowance. If ODCTE finds that an overpayment or underpayment has been made to the ALC, ODCTE may adjust any subsequent payments to the ALC to correct the account.
- ALC agrees to comply with all federal and state laws prohibiting discrimination and assures services will be provided without distinction on the basis of race, sex, color, national origin, or disability and no other distinction will be made on the basis of age, except as the law allows. ALC assures compliance with the 1964 Civil Rights Acts, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 (as amended,) Executive Orders 11236 and 11375, and the Americans with Disabilities Act of 1990 (Public Law 101-336) and all amendments to and requirements imposed by the regulations issued pursuant to these acts.
- The ALC shall maintain adequate records for the project and shall permit audit and/or examination of all such records, procedures, and accounts at any reasonable time by authorized personnel of the U.S. Department of Health and Human Services, DHS, ODCTE,

the Oklahoma State Auditor and Inspector, or any other appropriate state and federal entities. This includes, but is not limited to, retention of computer records including backup tapes or any other storage media. Furthermore, such personnel shall have the right of access to any books, records, documents, accounting procedures, practices, or any other items of the service provider which are pertinent to the performance or payment of this agreement in order to audit, examine, and copy records. ALC shall be required to maintain all records related to this agreement for three years after DHS makes final payment and all other pending matters are closed.

- Services performed under this agreement shall not be subcontracted, in whole or in part, to any other person or entity without the advance written consent of ODCTE. The terms of this agreement and such additional terms as may be required shall be included in any approved subcontract and approval of any subcontract and shall not relieve the ALC of any responsibility for performance under this agreement.
- The ALC or its staff will not at any time or in any manner, either directly or indirectly, use any information for its own benefit or divulge, disclose, or communicate in any manner any information to any third party. With the prior written consent of DHS, such information may be released to authorized third parties. The ALC will protect the information released to authorized third parties and treat it as strictly confidential. This includes, but is not limited to, total compliance with the Privacy Act of 1974 (Public Law 93-579), 5 U.S.C. 552a). All information in any format, including originals and copies thereof, shall be completely, permanently, and irretrievably destroyed within 30 days after the required three-year record retention period.
- ALC shall agree to use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The definitions set forth in the Privacy Rule are Incorporated into this Agreement (45 CFR §§ 160.103 and 164.501).
- ALC certifies compliance with the Anti-Lobbying law, Section 1325, Title 31 of the U.S. Code and implemented at 45 CFR Part 93, for persons entering into a grant or cooperative contract over \$100,000 as defined at 45 CFR 93 §§ 93.105 and 93.110.
- ALC certifies they and their principals meet all requirements found at 45 CFR 76, for prospective participants in primary covered transaction, as defined at 45 CFR 76 §§ 76.105 and 76.110. Debarment, Suspension and Other Responsibility Matters.
- The ALC must disclose any contractual relationship or any other contact with any state personnel, Contractor, or subcontractor involved in the development of ALC's response to the solicitation resulting in this agreement. Any conflict of interest shall, at the discretion

of DHS or ODCTE, be grounds for rejection of ALC’s proposal or termination of this agreement. In addition to any requirements of law or through a professional code of ethics or conduct, ALC is required to disclose any outside activities or interests that conflict or may conflict with the best interests of DHS, ODCTE or the State of Oklahoma. Further, ALC shall not plan, prepare, or engage in any activity that conflicts or may conflict with the best interests of DHS, ODCTE or the State of Oklahoma during the period of this agreement without prior written approval of DHS and ODCTE. Prompt disclosure is required under this paragraph if the activity of interest is related, directly or indirectly, to any person or entity currently under contract with or seeking to do business with DHS or ODCTE.

- ALC must comply with any required provisions of the Federal Single Audit Act and OMB A-133. Additionally, Independent Audit requirements in Oklahoma Statute 74, may apply.
- ALC hereby certifies that if it is an employer, it is registered with and participates in the E-Verify Employment Status Verification System maintained by the United States Citizenship and Immigration Services. ALC further certifies that any subcontractors approved to perform work under this agreement and which have employees are also registered with and participate in the E-Verify Employment Status Verification System.

**Contact Persons:**

For purposes of this agreement, all contacts with ODCTE shall be directed to its representatives:  
Technical Agent: KayTee Niquette at 405-714-4398 or e-mail at [KayTee.Niquette@careertech.ok.gov](mailto:KayTee.Niquette@careertech.ok.gov)  
Financial Agent: Stephanie Rossander at 405-743-6825 or e-mail [Stephanie.Rossander@careertech.ok.gov](mailto:Stephanie.Rossander@careertech.ok.gov)

For purposes of this agreement, all contacts with ALC shall be directed to its representatives:

Director

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Business Manager

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURES**

*By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may*

*subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). For faithful performance of this agreement, the parties, in their respective capacities, affix their signatures:*

**Approval of Agreement:**

*Representing the ODCTE*

*Representing ALC*

\_\_\_\_\_  
KayTee Niquette, TANF Coordinator

\_\_\_\_\_  
ALC Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Letha Bauter, Federal Programs Manager

\_\_\_\_\_  
ALC Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stephanie Rossander, Finance Manager

\_\_\_\_\_  
Date



|                                   |
|-----------------------------------|
| Date: _____                       |
| Case name: _____                  |
| Case number: _____                |
| County number: _____              |
| Supervisor/worker number: __ / __ |

Temporary Assistance for Needy Families (TANF)

**TANF Work/Personal Responsibility Agreement**

|                    |
|--------------------|
| Participant's name |
|--------------------|

This document is an agreement between the participant and the Oklahoma Department of Human Services (OKDHS). It contains terms and conditions that must be followed in order for the participant to receive or continue to receive cash assistance under the TANF Program.

After discussion with your worker:

- Do you understand you are required to participate in the TANF Work activities as agreed?  Yes  No
- Participation is voluntary if you have a child in the home under the age of four months? Do you wish to volunteer?  Yes  No

**Your responsibilities are to:**

1. help complete this form;
2. keep all appointments as scheduled;
3. participate in assigned work activities **100%** of the time, unless excused for a good-cause reason;
4. tell your worker, instructor, or training supervisor ahead of time of the reason you must miss any scheduled hours or days of participation;
5. complete Form 08TW013E (TW-13), Time and Progress Report, indicating the number of hours each day of the month you have attended your assigned work activity(s);
6. make sure your worker receives Form 08TW013E, pages 1 and 2, no later than the 20th of the current month and pages 3 and 4, no later than the 5th of the next month;
7. participate in assessments to determine your level of job readiness;
8. seek, accept, report, and keep a job;
9. understand failure to attend and complete the assigned work activity(s) or accept a job offer may result in the closure of your cash assistance benefit;
10. cooperate with Oklahoma Child Support Services (OCSS) to establish child support, unless good cause is requested; and

Form 08TW002E (TW-2) revised 6-15-2012 may continue on next page, page 1 of 7

11. turn in any child support you receive to OCSS after you begin receiving cash assistance.

**OKDHS agrees to:**

1. help you develop a plan to get a job by reviewing your work experience, training, skills, education, and child care needs;
2. help you look for a job;
3. help you find and pay for child care when you participate in the assigned work activities outlined in this form or agreement;
4. help you enter training programs to improve your skills;
5. provide a participant allowance when you are eligible;
6. provide a work activity payment up to \$40 when you are eligible;
7. provide flexible funds for specified items when you are eligible;
8. provide other work support services;
9. make appropriate referrals to other agencies for necessary services; and
10. conduct a fair hearing when needed to resolve complaints.

I understand my rights and responsibilities and agree to cooperate and participate in the agreed upon TANF Work activities.

---

Participant signature                      Date                      Worker signature                      Date

**Section 1. Work history**

|                    |            |                    |
|--------------------|------------|--------------------|
| [1] Last employer  | Start date | End date           |
| Job classification | Wages      | Reason for leaving |
| Job duties         |            |                    |

|                           |            |                    |
|---------------------------|------------|--------------------|
| [2] Next-to-last employer | Start date | End date           |
| Job classification        | Wages      | Reason for leaving |
| Job duties                |            |                    |

**Section 2. Education/training information**

Check all activities you are participating in:

- General Educational Development (GED)
- Reading skills class
- High school
- College
- Vocational training
- Other

What type of training have you received?

How long did you attend?

Did you complete the course?  Yes  No

The highest grade you completed in school is:

- 8<sup>th</sup> or lower
- 9<sup>th</sup>
- 10<sup>th</sup>
- 11<sup>th</sup>
- 12<sup>th</sup>
- GED

College level: \_\_\_\_\_ Number of hours: \_\_\_\_\_ Degree: \_\_\_\_\_

**Section 3. Employment interest**

What was the best job you ever had and why?

If you had only a year or less to prepare for a job, what would the job be?

Could you support your family with this job?  Yes  No

Is this type of work available in your area?  Yes  No

What skills do you have to help you get this job?

**Section 4. Child care plans**

You have the following plan for child care for your child(ren) 12 years of age and younger:

- care in a licensed child care home or center;
- self-care; or
- care by a friend or relative

On days this plan does not work, your backup plan is:

Age(s) of child(ren) needing child care:

Do you have a child(ren) with disabilities that requires more specialized care than a typical child of the same age?  Yes  No

If yes, describe the child's care needs.

### Section 5. Transportation

Do you have the use of reliable transportation?  Yes  No  
If yes, please explain.

Do you have current automobile insurance?  Yes  No

Do you have a valid driver license?  Yes  No

Will you need assistance with transportation?  Yes  No

If yes, please describe:

### Section 6. Support services

Helping your family help themselves is part of the OKDHS purpose.

Do you need information on family planning?  Yes  No

A felony conviction may prevent you from working in some jobs. Do you have a felony conviction?  Yes  No

If yes, type and date of conviction?

Have you ever been a victim of domestic violence?  Yes  No

Do you or a household member have a substance abuse problem that would interfere with seeking employment?  Yes  No

Do you have a reading problem that would interfere with training or employment?  Yes  No

Do you or any member of your family have any **other** problems or circumstances that would prevent you from participating in TANF Work?  Yes  No If yes, explain:



## Section 7. Employability plan

I agree to participate in the following activities in order to become self-sufficient. By signing this employability plan, I acknowledge I have reviewed, understand, and agree to follow this plan and have received a copy of it. If there is a change in my circumstances that makes me unable to participate in these activities, I will contact my worker immediately to help resolve the problem. I understand if I stop participating in these activities without good cause, my TANF benefits may close.

I have received and agreed to read a copy of the TANF pamphlet *The Future is Yours*.

Yes  No

My assignment is \_\_\_\_\_

at \_\_\_\_\_ for \_\_\_\_\_ hours per week.

Address: \_\_\_\_\_

Beginning: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
Date Hour Hour

Estimated date of completion: \_\_\_\_\_.

This agreement entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_  
Participant signature Date

By: \_\_\_\_\_  
Worker signature Date

My assignment is \_\_\_\_\_

at \_\_\_\_\_ for \_\_\_\_\_ hours per week.

Address: \_\_\_\_\_

Beginning: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
Date Hour Hour

Estimated date of completion: \_\_\_\_\_.

This agreement entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_  
Participant signature Date

By: \_\_\_\_\_  
Worker signature Date

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My assignment is \_\_\_\_\_  
at \_\_\_\_\_ for \_\_\_\_\_ hours per week.  
Address: \_\_\_\_\_  
Beginning: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
                    Date                    Hour                    Hour  
Estimated date of completion: \_\_\_\_\_.  
This agreement entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
By: \_\_\_\_\_  
                    Participant signature                    Date  
By: \_\_\_\_\_  
                    Worker signature                    Date

### Section 8. Participation Compliance Agreement

I understand my TANF benefits have been or will be closed for failure to cooperate with my agreed upon TANF Work activity assignment without good cause. I agree to comply with the TANF Work activity described below in order for my benefits to remain open or be recertified after I comply. I acknowledge by my signature that I reviewed, understand, and agree to follow this compliance agreement. I understand that if I fail to participate as agreed, my TANF benefits will be closed or remain closed.

|  |                                |
|--|--------------------------------|
| My assignment is _____                                     |                                |
| at _____   | for _____ hours per week.      |
| Address: _____   |                                |
| Beginning: _____   | from _____ a.m. to _____ p.m.  |
| Date   | Hour                      Hour |
| Estimated date of completion: _____                        |                                |
| This agreement entered into this _____ day of _____, _____ |                                |
| By: _____  | _____                          |
| Participant signature                                      | Date                           |
| By: _____  | _____                          |
| Worker signature   | Date                           |

I understand if I complete \_\_\_\_\_ days or \_\_\_\_\_ weeks of this TANF Work activity from \_\_\_\_\_ through \_\_\_\_\_ according to the days and hours above, **without missing any part** of the assigned activity, unless I have good cause for missing, my case will be recertified effective \_\_\_\_\_. I understand if I miss any part of the assigned activity and do not have good cause, my case will close or remain closed.

Upon completion of this Participation Compliance Agreement, I will continue to participate in my required TANF work activity in order for my case to remain open.

|   |  |
|---|--|
| Participant signature                      Date | Worker signature                      Date |
|---|--|



Office name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_



**Interagency Referral and Information**

Recipient name \_\_\_\_\_ Date \_\_\_\_\_  
 Street address \_\_\_\_\_ Case name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Case # \_\_\_\_\_  
 County # \_\_\_\_\_  
 Supervisor # \_\_\_\_\_ Worker # \_\_\_\_\_

**Identifying Information**

Individual referred \_\_\_\_\_ Phone number \_\_\_\_\_  
 U.S. Citizen?  Yes  No Date of birth \_\_\_\_\_ Number in household \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ OK State ZIP code \_\_\_\_\_

**Referral Information**

Check all services for which the above-named individual is being referred.

- Education/skills assessment
- Job placement services/On the-job training (OJT)
- Job readiness activities
- Behavioral health evaluation
- Skills training
- Literacy/Adult Basic Education (ABE)/high school equivalency classes
- Employment retention services
- Other \_\_\_\_\_

Check all boxes that apply to the individual.

- Temporary Assistance for Needy Families (TANF) applicant
- TANF recipient
- Sanctioned individual
- Non-custodial parent of a minor child(ren)
- Child Care Subsidy recipient
- Child Welfare Services recipient (voluntary participation)
- SoonerCare (Medicaid) recipient with a minor child(ren)
- Food benefit recipient with a minor child(ren)

Referring DHS staff member name \_\_\_\_\_ Date \_\_\_\_\_ Phone number \_\_\_\_\_

From: \_\_\_\_\_  
To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Case name: \_\_\_\_\_  
Case number: \_\_\_\_\_

**Referral Actions**

Check all items that describe actions regarding the referred individual. Only include activities your program or entity provides in this section. Include additional information in the *Comments* section.

- did not appear for an interview scheduled on \_\_\_\_\_
- was interviewed on \_\_\_\_\_
- is assigned to, or placed in the following activities. Check all that apply.
  - structured job search  
Hours per week: \_\_\_\_\_ beginning: \_\_\_\_\_ through: \_\_\_\_\_
  - job readiness  
Hours per week: \_\_\_\_\_ beginning: \_\_\_\_\_ through: \_\_\_\_\_
  - vocational training  
Course of study: \_\_\_\_\_  
Hours per week: \_\_\_\_\_ beginning: \_\_\_\_\_ through: \_\_\_\_\_
  - internship/work site training  
Place/assignment: \_\_\_\_\_  
Hours per week: \_\_\_\_\_ beginning: \_\_\_\_\_ through: \_\_\_\_\_
  - literacy  
Hours per week: \_\_\_\_\_ beginning: \_\_\_\_\_ through: \_\_\_\_\_
  - adult basic education  
Hours per week: \_\_\_\_\_ beginning: \_\_\_\_\_ through: \_\_\_\_\_
  - high school equivalency certificate  
Hours per week: \_\_\_\_\_ beginning: \_\_\_\_\_ through: \_\_\_\_\_
  - substance abuse or mental health treatment  
Hours per week: \_\_\_\_\_ beginning: \_\_\_\_\_ through: \_\_\_\_\_
  - employment (indicate how employment was verified in the *Comments* section)  
Employer's name: \_\_\_\_\_ begin date: \_\_\_\_\_  
Hours per week: \_\_\_\_\_ rate of pay: \$ \_\_\_\_\_ How often paid: \_\_\_\_\_
  - other: \_\_\_\_\_
- refused to participate. Explain in comments.
- is scheduled for a second interview on \_\_\_\_\_
- applied for services?  Yes  No

**Comments and Additional Information**

Provide comments or additional information regarding activities checked in the Referral Action Section or activities provided by another agency or entity:

|                                      |       |              |
|--------------------------------------|-------|--------------|
| Name of person providing information | Title | Date         |
| Email                                |       | Phone number |

**Routing**

When the individual is a TANF applicant or recipient, the worker mails the original to the referral agency, gives a copy to the individual, and images a copy for the case record.

The service or contracted agency completes the *Referral Actions* and *Comments and Additional Information* sections of the form and returns it to the local DHS office when the individual is placed in an active component or is working, completes assessment testing and no further action is being taken, fails or refuses to cooperate, or when services are terminated.



Date: \_\_\_\_\_  
 Case name: \_\_\_\_\_  
 Case number: \_\_\_\_\_  
 County number: \_\_\_\_\_  
 Supervisor/worker number: \_\_\_ / \_\_\_

**Time and Progress Report**

|                          |                   |          |
|--------------------------|-------------------|----------|
| Facility name            |                   | Date     |
| Participant's name       |                   |          |
| Scheduled hours per week | Performance month | Activity |

**Part I: Attendance.** ALL actual hours of participation must be recorded. Participant makes appropriate daily entries, which document actual hours in attendance. Do not include lunch hours and travel time. For persons in Job Search, travel between job interviews and job applications are part of the activity and can be counted. Participant initials daily entries in appropriate block(s).

**OKDHS use only:** This plan of study is approved for \_\_\_\_\_ homework or study hours. <sup>1</sup>

**Codes:** A = Absent; H = Holiday; W = Weekend/regular day off

| Date | Time in | Time out | Time in | Time out | Time in | Time out | Total hours | Parti-<br>pant's<br>initials |
|------|---------|----------|---------|----------|---------|----------|-------------|------------------------------|
| 1    |         |          |         |          |         |          |             |                              |
| 2    |         |          |         |          |         |          |             |                              |
| 3    |         |          |         |          |         |          |             |                              |
| 4    |         |          |         |          |         |          |             |                              |
| 5    |         |          |         |          |         |          |             |                              |
| 6    |         |          |         |          |         |          |             |                              |
| 7    |         |          |         |          |         |          |             |                              |
| 8    |         |          |         |          |         |          |             |                              |
| 9    |         |          |         |          |         |          |             |                              |
| 10   |         |          |         |          |         |          |             |                              |
| 11   |         |          |         |          |         |          |             |                              |
| 12   |         |          |         |          |         |          |             |                              |
| 13   |         |          |         |          |         |          |             |                              |
| 14   |         |          |         |          |         |          |             |                              |
| 15   |         |          |         |          |         |          |             |                              |

I certify the record of my hours is true and correct.

\_\_\_\_\_  
 Signature of participant                      Phone number                      Date

<sup>1</sup> Statement from instructor, professor, advisor, or class syllabus **MUST BE DOCUMENTED** in case notes to allow homework or study hours. Worker enters number of allowed homework or study hours for the plan of study.

**Note:** Submit pages 1 and 2 to the local human services center no later than the 20th of the current month. Participant allowances will not be paid in excess of \$13.00 per day.

**Part II. Progress report.** Completed by facility supervisor, instructor, or OKDHS worker.

Facility supervisor, instructor, or OKDHS worker checks the appropriate column to describe the participant's performance.

|                          | <b>Excellent</b> | <b>Satisfactory</b> | <b>Needs counseling</b> |
|--------------------------|------------------|---------------------|-------------------------|
| Attendance               |                  |                     |                         |
| Punctuality              |                  |                     |                         |
| Work attitude            |                  |                     |                         |
| Quality of work          |                  |                     |                         |
| Progress                 |                  |                     |                         |
| Willingness to learn     |                  |                     |                         |
| Follows instructions     |                  |                     |                         |
| Shows initiative         |                  |                     |                         |
| Accepts correction       |                  |                     |                         |
| Relationship with others |                  |                     |                         |
| Personal appearance      |                  |                     |                         |

**Part III. Facility signature.** The appropriate individual signs and dates the form to indicate approval of the total report.

\_\_\_\_\_  
Signature                      Title                      Phone number              Date



|                          |                   |             |
|--------------------------|-------------------|-------------|
| Facility name            |                   | Date        |
| Participant's name       |                   | Case number |
| Scheduled hours per week | Performance month | Activity    |

**Part IV: Attendance.** All actual hours of participation must be recorded. Participant makes appropriate daily entries, which document actual hours in attendance. Do not include lunch hours and travel time. For persons in Job Search, travel between job interviews and job applications is part of the activity and can be counted. Participant initials daily entries in appropriate block(s).

**OKDHS use only:** This plan of study is approved for \_\_\_\_\_ homework or study hours. <sup>2</sup>

**Codes:** **AE** = Absent; **H** = Holiday; **W** = Weekend/regular day off

| Date | Time in | Time out | Time in | Time out | Time in | Time out | Total hours | Participant initials |
|------|---------|----------|---------|----------|---------|----------|-------------|----------------------|
| 16   |         |          |         |          |         |          |             |                      |
| 17   |         |          |         |          |         |          |             |                      |
| 18   |         |          |         |          |         |          |             |                      |
| 19   |         |          |         |          |         |          |             |                      |
| 20   |         |          |         |          |         |          |             |                      |
| 21   |         |          |         |          |         |          |             |                      |
| 22   |         |          |         |          |         |          |             |                      |
| 23   |         |          |         |          |         |          |             |                      |
| 24   |         |          |         |          |         |          |             |                      |
| 25   |         |          |         |          |         |          |             |                      |
| 26   |         |          |         |          |         |          |             |                      |
| 27   |         |          |         |          |         |          |             |                      |
| 28   |         |          |         |          |         |          |             |                      |
| 29   |         |          |         |          |         |          |             |                      |
| 30   |         |          |         |          |         |          |             |                      |
| 31   |         |          |         |          |         |          |             |                      |

I certify the record of my hours is true and correct.

\_\_\_\_\_  
Signature of participant                      Phone number                      Date

**Note:** Submit pages 3 and 4 to the local human services center no later than the fifth of the next month. Participant allowances will not be paid in excess of \$13.00 per day.

<sup>2</sup> Statement from instructor, professor, advisor, or class syllabus **MUST BE DOCUMENTED** in case notes to allow homework or study hours. Worker enters number of allowed homework or study hours for the plan of study.

**Part V. Progress report.** Completed by facility supervisor, instructor, or OKDHS worker. Facility supervisor, instructor, or OKDHS worker checks the appropriate column to describe the participant's performance.

|                          | <b>Excellent</b> | <b>Satisfactory</b> | <b>Needs counseling</b> |
|--------------------------|------------------|---------------------|-------------------------|
| Attendance               |                  |                     |                         |
| Punctuality              |                  |                     |                         |
| Work attitude            |                  |                     |                         |
| Quality of work          |                  |                     |                         |
| Progress                 |                  |                     |                         |
| Willingness to learn     |                  |                     |                         |
| Follows instructions     |                  |                     |                         |
| Shows initiative         |                  |                     |                         |
| Accepts correction       |                  |                     |                         |
| Relationship with others |                  |                     |                         |
| Personal appearance      |                  |                     |                         |

**Part VI. Facility signature.** The appropriate individual signs and dates the form to indicate approval of the total report.

---

Signature                      Title                      Phone number              Date

Purpose of form

Form 08TW013E is used to document participation and attendance for unpaid Temporary Assistance for Needy Families (TANF) activities.

Routing

Original or faxed copy of the completed form is sent to OKDHS worker. A copy is retained by facility. OKDHS worker processes the data on the computer and then files original or faxed copy in the case record.



## Temporary Assistance for Needy Families (TANF) Achievement Bonuses



TANF recipients participating in TANF Work are eligible for bonuses related to achievement of certain goals when funding is available. TANF recipients may receive one bonus payment per achievement. Refer to Oklahoma Administrative Code [340:10-2-3](#) and [340:10-2-8](#) for additional information.

| Achievement   | Bonus amount |
|---|--------------|
| Completion of high school diploma                               | \$200        |
| Completion of general educational development (GED) certificate | \$200        |
| Completion of Bronze career readiness certificate (CRC)         | \$50         |
| Completion of Silver CRC  | \$100        |
| Completion of Gold CRC  | \$200        |
| Completion of Platinum CRC                                      | \$300        |

Oklahoma Department of Human Services staff authorizes an achievement bonus payment after verifying achievement completion. Only achievement credentials earned while the TANF benefit is open are eligible for bonus payments. Achievement credentials earned prior to TANF receipt or during a break in TANF eligibility are not eligible for bonus payments.

## **HSE/GED TANF Program Review FY22**

- 1) How many students obtained their HSE diploma in FY21?
- 2) How many students obtained their HSE diploma so far in FY22?
- 3) How many tests have students taken so far in FY22? Passed? Failed?
- 4) What new retention strategies have been used to help those students persist?
- 5) Describe the process of completing the TW13 (Time and Progress Report). How is accuracy maintained, is the back completed? How are reports returned to the worker for data entry? (Review 2 -3 student files)
- 6) How are students assessed for gains? What other tools/tests are used to track progress?
- 7) What creative activities are used to teach soft skills, employment skills, or financial literacy?
- 8) How are students motivated to ‘stay the course’ of pursuing their HSE with the obstacles they face?
- 9) How are you currently monitoring completion of lesson plans or activities?
- 10) What is the current process you are implementing with your students at the various sites (in class, virtual, hybrid)? Do you feel that the process is working (explain)? What would you need to make it better?
- 11) Is COVID still affecting your program and students?
- 12) Have there been any requests/needs for accommodations? Please describe process and if the accommodation was met:
- 13) List and include reasons why participants may have left the program, and if known, what happened to the participants (i.e., case closed, working, different work activity, treatment, etc.)

- 14) Are there any other topics or outcomes that you would like to highlight?
- 15) Are there any questions that you may have for DHS or ODCTE?