CSMS FUNCTIONAL REQUIREMENTS
FORMS, LETTERS, ASSESSMENTS and REPORTS

Forms, letters, and assessment instruments will contain structured data (System, user-defined data fields) and unstructured data (text, images)

The System must:

1. Generate and populate, in real time, client documents (forms, letters, assessments) using data already collected in the System (e.g., name, address, client id, income data)
2. Allow user updates (e.g., fill out, select, and deselect items)
3. Do basic arithmetical operations
4. Record, on the form or letter, results of calculations
5. Have a save, print, and cancel option
6. Incorporate County's letterhead on printed documents
7. Display and print client's identifier and demographic information on documents
8. Attach documents to client's record
9. Secure forms so only staff with appropriate security rights can view and/or update client's documents
10. Have a lock feature by which no further updates are allowed to the documents
11. Date and timestamp complete/locked documents
12. Save electronic copies of client's documents once they are locked
13. Group form, assessment and service plan templates by departmental units and programs/funding sources (e.g., Customer Service, Community Assistance, Employment Center)
14. Allow capture of client and worker's signatures
15. Allow on demand and batch printing of forms and letters
16. Provide users with a utility that allows copying and modifying existing forms, letters, and assessments to generate new ones with same functionality, but different contents or layouts

FORM and LETTER TYPES AND ILLUSTRATIVE SAMPLES

The System must support several form and letter types:
1. Forms and letters with pre-populated System data and standard text
2. Forms and letters with pre-populated System data, standard text, user input, and user selection options (residing only on the form - not stored back into the database)
3. Forms and letters with pre-populated data, standard text, user selection options, and user structured data input - stored back into the database
4. Forms and letters with pre-populated data, user selection options, user structured and unstructured data input, and basic computation (results of computation will reside only on the specific form)
5. Forms and letters with pre-populated data, user selection options, basic computation, and user structured (e.g., date form completed), and unstructured data input (e.g., text)
6. Some forms and letters are offered in Spanish. System must be able to print the form based on language selected by user. System default is English.
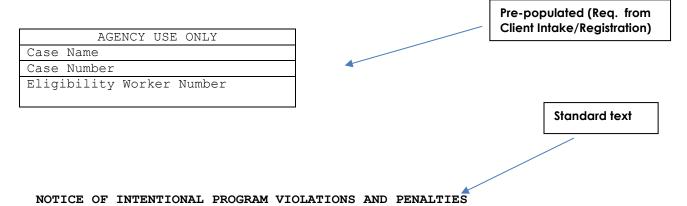
Forms and letters samples
The sample forms and letters below are indicative of the structured information requirements in this area, both for data input and output information management capabilities of the System.

The system must include:
- a) data that is part of the standard configuration/off-the-shelf components of the System
- b) data that is fixed in structure in the System (e.g., a key field, required field)
- c) data field and/or values (selections) must be configurable
- d) data that is typically calculated, derived, or generated based on other information in the standard configuration
- e) standard restrictions on data editing (e.g., key fields, linked to workflow steps, locked as part of a one-time evaluation)
- f) data that is simply open text (in standard configuration)

1. FORMS WITH PRE-POPULATED SYSTEM DATA and STANDARD TEXT

Commonwealth of Virginia
Department of Social Services
Temporary Assistance for Needy Families

AGENCY USE ONLY
Case Name
Case Number
Eligibility Worker Number

Pre-populated (Req. from Client Intake/Registration)

Standard text

NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES

Virginia law requires TANF applicants and recipients to let the local department of social services know of certain changes that might cause a change in his or her assistance. If you withhold information or give false information, you may be prosecuted for perjury, larceny, or welfare fraud. You may be subject to a disqualification hearing. If you are found guilty, you will be ineligible to receive TANF for yourself for six months for the first offense, 12 months for the second offense, and permanently for the third offense.

The following changes must be reported within 10 days of the day they occur, but at the latest, you have until
the 10th day of the following month to report the change. If you are not sure whether to report a particular change, please discuss the change with your worker.

1. Change of address.
2. Income changes
3. Rent changes
4. Resource changes
5. Changes in household members
6. An eligible child leaves your home.
7. Changes that may affect VIEW participation, including changes in the need for transportation, childcare, or any other supportive services.
8. Income for each household is driven by the number of people in the

Household and based on Gross income limits (monthly, weekly, every two weeks, twice a month).

I have read this notice and understand my responsibility to report the above changes by the 10th day of the month following the change.

Applicant/Client Signature

_____Date_____

Worker Signature

_____Date_____

Capture signatures and dates

List of forms in this category not included in the samples:

EMPLOYMENT AND EARNINGS VERIFICATION
SCHOOL ATTENDANCE VERIFICATION
CONSENT RELEASE FORM
HIPPA FORM
NOTICE OF INTENTIONAL PROGRAM VIOLATION
TIME AND ATTENDANCE RECORD
STATEMENT OF REQUIRED PRESENCE OF CAREGIVER
SHELTER AND RESIDENCE EXPENSE VERIFICATION
GENERAL RELEASE FORM
Total 9

2. FORMS WITH PREPOPULATED SYSTEM DATA, STANDARD TEXT, USER INPUT, AND USER SELECTION OPTIONS

CSC Intake Checklist

INTAKE CHECKLIST

AGENCY'S ROLE:

☑ Time limit to act on application: SNAP: 7/30 TANF: 30 GR/Med: 45 Application Date: 01/26/2023

☑ Eligibility requirements; Verification

☑ SNAP budget computation; EBT; Maximum resources: Testing Testng

☑ Medical coverage; Assignment of Rights

☑ TANF flat allowance _____ ; Budget computation; TANF payment options: Debit card/Direct deposit/Check

☑ Services: Eligibility/CAB Social Worker/AEC Case Manager; SNAP-ET; Time limited TANF/VIEW benefit

☑ Confidentiality

☑ Case review and recertification; Interim Reporting; Quality Control

☑ Notification of action; Right to appeal; Voter Registration

☑ DHS check cashing ID (2100 Washington Blvd, 1st Floor; after Refugee or G.R. approval, if receiving checks)

☑ Diversionary Assistance; Emergency needs; Referrals _____

APPLICANT'S ROLE:

Depending on the types of assistance you receive, you must report changes listed below for everyone in your household to the Department of Human Services within 10 days of the date you become aware of the change. You can report in person, by mail, by fax 703-228-1011, or call 703-228-

SNAP (Food Stamps)	TANF	MEDICAID & FAMIS	HOUSING GRANTS	GENERAL RELIEF & OTHER
Income that puts your household above 130% of the federal poverty level Change in job hours that lowers hours below 20 hours per week	All changes in address Income that puts your household above 130% of the federal poverty level An eligible child or parent of eligible child leaves the home or enters the home Changes affecting VIEW participation	All changes in address All income changes An eligible child leaves the home If you are age 65 or older or permanently disabled, all resource changes	All changes in address All income changes All resource changes All changes in household members All rent changes	All changes in address All income changes All resource changes All changes in household members

Failure to report changes, withholding information, or providing incomplete or misleading information in order to receive or continue to receive benefits to which you are not entitled may be considered welfare fraud.

☑ Mail Card/PIN   ☐ Vault EBT Card*   ☐ Applicant Already Has Card

*Vault EBT cards are issued only to ensure timely receipt of Food Stamp benefits. If you are picking up a Vault EBT card, your Eligibility Worker will tell you what day to pick it up. You must present ID to pick up a Vault EBT card at the Customer Service Center, 2100 Washington Blvd, 1st Floor. Business hours are 8:00 – 5:00 Monday through Friday or call 703-228-1350. Your Authorized Representative is not permitted to pick up your Vault EBT card.

My rights and responsibilities have been explained to me. I understand the need to report required changes in my situation within 10 days of the date I become aware of the change. I understand that my application will be denied if all information required is not received by the date indicated below. I have had an opportunity to ask and receive answers to any questions I may have had regarding my rights and responsibilities.

Capture the User and Worker Input and Signature:

Applicant Signature	Date	Spouse Signature		Date
Worker Signature	Hernandez, Johanna Print name	(703) 228-1023 Phone		02/06/2023 Date

In order to complete your application, please bring or mail in the following within 10 days - by 02/15/2023

If you need help in providing this information, contact your Eligibility Worker.

ARLINGTON
VIRGINIA

DEPARTMENT OF
HUMAN SERVICES

2100 Washington Blvd., 1st Floor
Arlington, Virginia 22204
(703)228-1350 . FAX (703)228-1011
TTY (703)228-1398

Thursday, April 14, 2011

Dear: Customer Service Form

We have scheduled an appointment for you on Wednesday, April 27, 2011

☑ at this office - 1st floor (703) 228-1350 at 9:30:00 AM

☐ on the phone - your worker will call you at

Plan on spending 1-1.5 hours at your appointment. An application is enclosed which must be filled out prior to your interview. For telephone interviews, you must return your application prior to your interview appointment time. The following verifications are needed; please bring as much as you can to your interview, but DO NOT miss your appointment if you don't have everything. More may be required as determined by your interviewer.

☑ Proof of all your gross earned income, for the months of January____ , February____ , March____ (Paystubs,employer letter)

☐ Proof of any other income/money that you might get from any source, i.e. Social Security benefits; unemeployment benefits; veteran's benefits, retirement benefits, relatives/friend;child support/alimony.

☑ Employment termination form or letter, including date and gross amount of final pay.

☐ Verification of your address (lease or current rent receipt or a note from your landlord or utility bill

☐ Picture identification or other identity verification for you.

☑ Birth certificates for your children

☑ Your Social Security number and the Social Security numbers for your children and spouse.

☐ Proof of alienage, or immigration status or U.S. citizenship

☐ Medicare card or health insurance cards.

☐ If you are unable to work, please have your doctor complete the enclosed form.

☑ Other   Free form field_____

☐ Other   _____

☐ Other   _____

If you need to change your appointment, please contact us at (703)228-1350.

Sincerely,

Customer Service Consultant

February 12, 2024

ARLINGTON
VIRGINIA

DEPARTMENT OF
HUMAN SERVICES

Thursday, April 14, 2011

Estimado (a) Customer Service Form

Hemos programado una cita para usted en   Wednesday, April 27, 2011

☑ **en esta oficina - primer piso (703) 228-1350 a las   9:30:00 AM**

☐ **por por teléfono - su trabajador le llamará a las**

La entrevista puede durar de 1-1.5 horas. Estamos incluyendo una aplicación, la cual debe completar antes de su entrevista. Si no tiene quien le ayude a completar la solicitud puede llamar a una de las siguientes agencias para que le asista: Comité Hispano (703) 243-3033, Hogar Hispano (703) 979-1705. Para una entrevista por teléfono, usted debe devolver su aplicación antes de la fecha programada para su entrevista. Las siguientes verificaciones son necesarias: provea los documentos que usted pueda el día de su entrevista, pero NO PIERDA su cita si usted no tiene todos los documentos. Mas verificaciones podrían ser requeridas por la persona que lo(a) entreviste.

☑ Prueba de todo ingreso bruto (sin deducciones): por los meses de January   ,

   February   , March   (colillas de pago o carta del empleador).

☐ Prueba de cualquier otra fuente de ingreso que usted recibe. Esto incluye: a) beneficios del Seguro Social; beneficios por: b) desempleo, c) retiro/jubilación, d) veteranos, e) dinero que recibe de familiares o amigos, f) pagos de mantenimiento de niños (Child Support).

☑ Formulario de terminación de empleo o carta del empleador, incluyendo la fecha y el monto total del último pago.

☐ Verificación de su dirección (contrato de vivienda, recibo de renta, o carta del arrendatario o factura de utilidades).

☐ Una identificación con su fotografía o otra prueba de identidad

☑ Partidas de nacimiento de sus hijos.

☑ Su número de Seguro Social y números de sus hijos y esposo.

☐ Tarjetas de Residencia (Green Card), Forma I-94, Certificado de Naturalización, Pasaporte de los Estados Unidos, permiso de trabajo, cualquiera de estos documentos que usted tenga en su poder.

☐ Tarjeta de Medicare o cualquier otro seguro médico que usted posea.

☐ Si usted no puede trabajar por problemas de salud, pídale a su medico que complete la forma adjunta

☑ Otro   Free form field

☐ Otro   _____

☐ Otro   _____

Si necesita cambiar la fecha o la hora de su cita, por favor llame al teléfono (703) 228-1350

Atentamente,

Consultante de Servicio al Client

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

VIEW ☐ **SNAP E&T** ☐
Participant's Name: _____
Case #: _____
ESW: _____
ESW Phone #: _____

WORK SITE AGREEMENT (CWEP, PSP or WE)

The _____ Department of Social Services (hereafter referred to as the Agency) and _____ (hereafter referred to as the work site) enter into this agreement in good faith to provide work experience and/or training to participants of the Virginia Initiative for Education and Work (VIEW) or the Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T).

THE AGENCY AGREES AS FOLLOWS:

1. To refer appropriate participants to the Work Site for consideration.

2. To provide a detailed explanation of VIEW and SNAP E&T and the necessary paperwork for reporting requirements.

3. To provide necessary supportive services to enable the participant to participate in VIEW or SNAP E&T.

THE WORK SITE AGREES AS FOLLOWS:

1. To provide work experience and/or training for participants chosen by the Work Site.

2. To not use participants to displace current employees or to fill vacant established positions or perform tasks that would have the effect of reducing regular employee's work hours.

3. To not use participants to perform political, electoral or partisan activities or in response to any strike, lock-out or other bona fide labor dispute.

4. To provide reasonable working conditions which do not violate federal, state or local health or safety standards.

5. To provide competent supervision to participants.

6. To prepare evaluation and time sheets for each participant and submit this information to the Agency by the 5th working day of each month during the designated training period.

7. To furnish necessary materials to allow participants to perform assigned tasks.

Capture the User Input and Signature

This agreement will be in effect from _____ to_____

_____

Authorized Signature (organization/work site)   Date

_____

Agency/LDSS Representative   Date

032-02-1070-02-eng (10/22)

EMPLOYMENT SERVICES PROGRAM
WORK SITE AGREEMENT (CWEP, PSP or WE)

Employment Services Program Acronyms	
CWEP	Community Work Experience
ESP	Employment Services Program
ESW	Employment Services Worker including FSS, FSW, SSS, SSW
FEP	Full Employment Program
PSP	Public Service Program
SNAP E&T	Supplemental Nutrition Assistance Program Education & Training
VIEW	Virginia Initiative for Education and Work
WE	Work Experience (SNAP E&T)

FORM NUMBER: 032-02-1070-02-eng (10/22)

PURPOSE OF FORM – This form provides required documentation of the terms of the agreement between the CWEP, PSP or WE work site and the LDSS.

USE OF FORM – This form is used to ensure understanding between the agency and the work site regarding work experience assignments.

NUMBER OF COPIES - Original and one copy

DISPOSITION OF COPIES - Original remains on file in agency. Copy is retained by the work site.

INSTRUCTIONS FOR PREPARING FORM

After discussion with the work site representative, this agreement will be completed so that both parties have an understanding of their mutual responsibilities.

Only one agreement with a work site is required. However, each agreement may have several position descriptions associated with it.

3. FORMS WITH SYSTEM PRE-POPULATED DATA, USER SELECTION, USER INPUT (STRUCTURED) DATA

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SNAP EMPLOYMENT AND TRAINING (SNAPET)

> **Form contains System pre-populated data, user field selection and user input (structured) data.**

TO: _____   Agency _____

(Name)

_____   Date _____

(Address)

_____   Case Number _____

(City State & ZIP)

SNAPET NOTICE OF SANCTION

You are out of compliance with rules for receiving SNAP benefits.

You did not participate as required in the SNAP Employment and Training. Because of this, your SNAP benefits may be reduced or closed for up to six (6) months or until you comply, whichever is longer. This is called a sanction.

YOU ARE BEING SANCTIONED BECAUSE:

☐   You did not keep your scheduled appointment on _____.

☐   You did not complete your assignment to _____.

☐   Other _____.

In order to avoid this sanction, you must contact your SNAPET Worker/Case Manager by _____ to give good reason why you did not complete the activity checked above.

If we do not hear from you on or before _____, your SNAP benefits will be reduced or closed.

SNAPET Worker/Case Manager:_____

Telephone Number:_____

Additional VIEW & SNAPET Combined Forms:

Combined ESP Job Search.pdf

Combined ESP Education and Trainin

Combined ESP Work Site Positions.pdf

Combined ESP Referral to Work Site.

Combined ESP Attendance and Perfo

Combined ESP Medical Evaluation.pd

Combined ESP Medical Evaluation Re

List of forms in this category not included in samples:

VIEW AGREEMENT OF PERSONAL RESPONSIBILITY
VIEW NON-COMPLIANCE CHECKLIST
VIEW NOTICE OF SANCTION/TERMINATION
VIEW PROGRAM SURVEY
VIEW PROGRAM SELF SUFFFICIENCY ASSESSMENT FORM
SNAPET Pre-Assessment Form
SNAPET Plan of Participation Form
SNAPET Case Closure
TOTAL 8

February 12, 2024

4. FORMS WITH PRE-POPULATED DATA, USER SELECTION, USER DATA INPUT, AND BASIC CALCULATION

```
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
```

System pre-populated, and user input

BASIC CALCULATION

EXPEDITED SERVICE CHECKLIST

NAME: __Customer Service Form_____

DATE: __Thursday, April 14, 2011

I.   ( ) YES   ( ) NO Has anyone for
      whom you are applying received SNAP
      benefits this month?

          If YES, who:
_____

               where:
_____

II.   INCOME BEFORE DEDUCTIONS this
month for everyone in your household.
Count money already received plus any
          money expected to be received
during this month.

          Type of Income

_____ $_____

_____ $_____

III.   RESOURCES for everyone in your
household:

          Cash on Hand
          $___50.00_____
          Checking Accounts
          $__100.00_____
          Savings Accounts
          $___25.00_____

IV.   SHELTER EXPENSES this month.

          Rent/Mortgage
          $___350.00_____

Utility expenses this month $___150.00___
Which utilities do you pay? (check all that
apply)

```
              AGENCY USE ONLY

1.  ( )   YES   ( )  NO      Is
income less than $150
          AND resources $100 or
less?
IF YES, EXPEDITE


2.  ( )   YES   ( )  NO    Is income
plus resources less
               than shelter?

  Income         $_____
  Resources      $_____
  Total          $_____

  Shelter        $_____

IF YES, EXPEDITE

NOTE:   If the household is entitled
to the Utility
  Standard, apply the Standard to
determine
  Shelter, unless the household chooses
  to use actual shelter costs.


   FOR MIGRANT & SEASONAL FARMWORKERS

3A. ( )  YES ( )  NO          Are
resources $100 or less
AND, in the next 10 days,$25 or less
is expected from new income source?

IF YES, EXPEDITE

3B. ( )  YES ( )  NO    Are
resources $100 or less
AND no income is expected from a
terminated source this month or next
month?

IF YES, EXPEDITE
```

þ Heat   ☑ Lights   ☑ Telephone
             ❑ Water
❑ Electricity for Air Conditioning
       ❑ Sewer
❑ Garbage   ❑Other
 	
V.   ( ) YES   ✔ NO   Is anyone in your household a Migrant or a Seasonal Farm worker?
 	
WAS APPLICATION FILED AFTER 15TH OF THE MONTH?
___ Y_✔_N
 	
IF YES, WAS APPLICATION SCREEN FOR EXPEDITED SERVICES FOR THE FOLLOWING MONTH?_____.
	DETERMINATION
	
	( ) EXPEDITED ( ) NOT EXPEDITED
	
	Screened by:(person completing the Intake)
	
	_____

February 12, 2024

5.   FORMS WITH PRE-POPULATED DATA, USER SELECTED, DATA INPUT FIELDS, BASIC CALCULATION, AND UNSTRUCTURED DATA FIELDS (TEXT)

Client Reimbursement Request
Arlington Employment Center

Client Name:	
Address:	
Apt #:	required (if no Apt# enter NONE)
City/State/Zip:	

Training	Start Date	End Date	Cost

Total: $ 0.00

Supportive Services	Cost

Total: $ 0.00

Transportation	Cost

Program Funding This Expense:
-- Select --

Total: $ 0.00

Grand Total: $ 0.00

Case Manager's Signature: _____ Date: _____

Supervisor's Signature (Approval): _____ Date: _____

List of forms in this category not included in samples:

Individual Employment Plan (IEP)
TOTAL 1

LETTERS

VERIFICATION OF ASSISTANCE RECEIVED

Date: (enter today's date)   ← **System date**

System pre-populates (from Client Registration Req.)

To Whom It May Concern:

    This is to confirm that (enter client name), who resides at (enter client address) is a recipient of:

User input

TANF	$ (Enter Amount) per month
SNAP (Food Stamps)	$ (Enter Amount) per month
General Relief	$ (Enter Amount) per month
Housing Grant	$ (Enter Amount) per month
Other	$ (Enter Amount) per month

Sincerely,

User input

For Eligibility Worker
(Enter Eligibility Worker Name)
703-228-(enter 4-digit worker extension)

ASSESSMENTS

ASSESSMENT AND SERVICE PLAN TEMPLATE SAMPLES
Assessments and Service Plans fall into any of the form types listed above and are based on program specific eligibility and report requirements.

The System must:
1. Generate assessment and service plan templates using different types of forms, or any of their combination
2. Group assessments and service plans according to units (Customer Service, Community Assistance, Employment Services)
3. Provide a utility that allows users to: copy and modify templates to generate new assessments and service plans with similar functionality

Assessments and Service Plans Samples
The System must support inclusion of:

a) data that is part of the standard configuration/off-the-shelf components of the System
b) data that is fixed in structure in the System (e.g., a key field, required field)
c) data field and/or values (selections) must be configurable
d) data that is typically calculated, derived, or generated based on other information in the standard configuration
e) standard restrictions on data editing (e.g., key fields, linked to workflow steps, locked as part of a one-time evaluation)
f) data is simply open text (in standard configuration)

A.   CCP Intake/Assessment
Note: If "Other" is part of the dropdown list, provide a free text box next to it

Field Name	Field Value/Dropdown selections
1. Primary need	Drop down list (can select more than one)
2. U.S. Veteran	Y/N
3. Current Setting	Drop down list (can select more than one)
4. Appropriateness of this setting	Drop down list (can select more than one)
5. Comments regarding this setting	Open text field
6. Homelessness Pattern	Drop down list
7. Presenting Problem	Open text field
8. Worker's Assessment	Open text field
9. Barriers to Stability	Drop down list (can select more than one)
11. Household Budget	**a. Income** **Applicant #1** • Applicant 1 - Wage/Salary (Monthly): $ • Applicant 1 - TANF (Monthly): $ • Applicant 1 - SNAP (Monthly): $ • Applicant 1 - Child Support (Monthly): $

	- Applicant 1 - SSI/SSDI/SSA (Monthly): $ - Applicant 1 - Other Income (Monthly): $ - Applicant 1 - Total Income (Monthly): $ **Add another applicant (open/drop down if applicable)** **Applicant #2** - Applicant 2 - Wage/Salary (Monthly): $ - Applicant 2 - TANF (Monthly): $ - Applicant 2 - SNAP (Monthly): $ - Applicant 2 - Child Support (Monthly): $ - Applicant 2 - SSI/SSDI/SSA (Monthly): $ - Applicant 2 - Other Income (Monthly): $ - Applicant 2 - Total Income (Monthly): $ **b. Monthly Expenses** **Essential** - Rent/Mortgage: $ - Property Taxes: $ - Insurance (rental): $ - Insurance (home): $ - Utility (gas): $ - Utility (electric): $ - Water/Sewage/Garbage: $ - Phone: $ - Work/School Fees: $ - Health Insurance: $ - Medication: $ - Auto Payment: $ - Transportation Costs: $ - Insurance (auto): $ - Child Care: $ - Alimony/Child Support: $ - Laundry: $ - Loans (education): $ - Loans (home equity): $ - Loans (other): $ - Groceries: $ - Other expense: $ - Describe other expense: - Total Expenses (Essential): $ **Discretionary** - Beauty: $ - Cable/Internet: $ - Cellular Phone: $ - Clothing/Shoes: $ - General Recreation: $ - Cigarettes/Alcohol: $ - Religious Contributions: $ - Gifts: $

		• Other: $ • Describe other: • Total Expenses (Discretionary) $
12.	Budget Summary	• Total Income (per month): $ • Total Expenses (per month): $ • Total Expenses (per year): $ • Total Income (per year): $ • Monthly Difference: $
13.	Payment Coordination Plan	a. Housing Assistance(s): Drop down list b. Utility Assistance(s): Drop down list c. Rx/Medical Assistance(s): Drop down list d. Food/Clothing/Furniture Assistance(s): Drop down list
14,	Other Program Referrals:	Drop down list (can select more than one)
15.	Public Entitlement Programs	Drop down list (can select more than one)
16.	Closing Service Summary	• Course of Action Taken by Worker: (open text field) • Actions Taken by Client: (open text field) • Collaborations with Internal/External Partners: (open text field) • Status of Needs at Time of Case Closure: (open text field) • Follow-Up Plans: (open text field)
17.	Closing Data	• Eviction: Drop down list • Shelter: Drop down list • Energy Assistance: Drop down list • Medical: Drop down list • Dental: Drop down list • Food: Drop down list • Transportation: Drop down list • Clothing: Drop down list • Other Need: Drop down list • Average time spent for this case

B. **EMPLOYMENT SERVICES ASSESSMENT AND SERVICE PLANS** - SAMPLES

Combined Activity and Service Plan form:

Combined ESP
Activity and Service Pl

Combined Assessment form:

Combined ESP
Assessment.pdf

Employment Services Intake/Assessment

Note: If "Other" is part of the dropdown list, provide a free text box next to it

Field Name	Field Value/Dropdown selections
Assessment Location	Drop down list
Reason for visit	Drop down list
Were you referred by Arlington Public Schools REEP Program?	Y/N
Current Employment Status	Drop down list
If unemployed length of unemployment	Text field
Are you collecting unemployment insurance?	Y/N
Education level	Drop down list
Certifications/Licenses held	List all (text field)
Citizenship/Right to work	Y/N
Are you a veteran?	Y/N
Transitioning Military?	Y/N
Transitioning Military Spouse?	Y/N
Selected Service Registration?	Y/N
Do you have a disability?	Y/N
Currently a 'Ticket to Work/Employment Network' participant?	Y/N
Have you ever been convicted of any criminal offense(s)	Y/N
Have you ever been convicted of a felony?	Y/N
Have you ever received Vocational Rehabilitation Services?	Y/N
Do you have current driver's license?	Y/N
Do you have access to a car?	Y/N
Access to computer/laptop	Y/N
Access to internet	Y/N
How do you meet your economic needs? (Check all that apply)	Drop down list
Household type	Drop down list
Family size	Drop down list
Health Insurance	Y/N
Total Household Income (Annual)	Numeric
Self-assessed barriers to employment	Drop down list
Work Experience	Drop down list
Most recent employment	Title, start date, end date, duties, hours /week, hourly wage, annual salary, reason for leaving start date, end date
Most recent Employer information	Employer name, address, contact name, telephone, email

2nd most recent employment	Title, start date, end date, duties, hours /week, hourly wage, Annual salary, reason for leaving, start date, End date
2nd most recent Employer information	Employer name, address, contact name, telephone, email
What kind of employment are you looking for?	Drop down list
SOC Code	Drop down list (SOC code)
Special skills that you have (i.e., language, typing speed, etc.)	Text field
Would you like to receive Email Alerts from the AEC Job Board	Y/N
Minimum salary that you would accept/year	Numeric
Type(s) of employment you would accept	Drop down list

REPORTS

REPORTS

The System must:
1. Generate and print on demand and batch client reports listed below under Report Samples
2. Include in the report header the date when report was run
3. Display and print the report criteria on each report
4. Provide a utility that allows users to:
   a. Generate and print on demand and batch client reports based on date ranges and user defined criteria (e.g., Demographic data, services requested, etc.)
   b. Generate on demand and batch statistical reports (aggregated, and detailed data) based on date ranges and user defined criteria (e.g., clients served, category of services provided, clients enrolled, clients served, clients placed, program outcomes, etc.)
   c. Export data into standard file outputs (Office tools, Excel, PDF, flat files, email) for further data manipulation and reporting

Report Samples

The samples below are indicative of the structured information requirements in this area, both for data input and output. In evaluating the offer, the County will seek understanding of the information management capabilities of the System in this area.

The System must include:
   a. data that is part of the standard configuration/off-the-shelf of the System
   b. data that is fixed in structure in the System (e.g., a key field, required field)
   c. data field and/or values (selections) must be configurable
   d. data that is typically calculated, derived, or generated based on other information in the standard configuration
   e. standard restrictions on data editing (e.g., key fields, linked to workflow steps, locked as part of a one-time evaluation)
   f. data is simply open text (in standard configuration)

CUSTOMER SERVICE REPORTS

A. General Visits –CSC and CFSD

A-1: General Visit Lookup (Detail List of visitors)

From MM/DD/YY To MM/DD/YY user entered

Sort by any of the fields in the report (e.g., worker, reason, location) user entered

Date taken	Time	Un it	Last Updated by	Visitor Name	Reason for the Visit	Program	Location	Drop of to	Other reason	Type of Application	Court/Sheriff Drop off type	Name of worker the subpoena is for	Time Received	AM/PM	Staff Name	Appointment with

Total General Visit by Date	

A-2: General Visit Lookup by Visit Reason

From   MM/DD/YY   To MM/DD/YY user entered

Date Visit MM/DD/YY	

Visit Reason	# of contacts
Reason 1 e.g., Application Assistance	1
Reason 2 e.g., Application/ Drop-off Documents	7

A-3: General Visit by Worker

From MM/DD/YY To MM/DD/YY user entered

DATE	Worker 1 Name	Worker 2 Name	Worker 3 Name	Worker 4 Name	Worker 5 Name	Worker 6 Name
	5	1	3	4	2	1

B.   Applications Received

From MM/DD/YY To MM/DD/YY user entered

Participant ID	Date (Entered, by user)	Recorded by	Participant Name	Received by (Person who took the application)	Received/Passed to (free text)	Type of Application
					10/24/22 To: J. Hernandez || 10/24/22 To: Non- TANF Intake 10/27/2022 ||	
					10/24/22 To: I. Cancel || 10/24/22 To: N/T intake schedule 10/27 - email sent ||	
Total Applications	55					

C.   Combined Walk-in Volume and Drop-off Volume

From MM/DD/YY To MM/DD/YY user entered

C-1: Combined Walk-in by Entry Points (Customer Service Front Desk)

Combined	3rd floor Housing	3rd floor Other	3rd floor Section 8	Concierge Desk	First floor CSC	Information Desk	Outreach location	Total
(date from above)								
Total								

C-2: Combined Walk-in Volume Identified (Client known to the System)

Identified	3rd floor Housing	3rd floor Other	3rd floor Section 8	Concierge desk	First floor CSC	Information Desk	Outreach location	Total
(Date from above)								
Total								

C-3: De-identified (Visitor not in the System)

De-Identified		3rd floor Housing	3rd floor Other	3rd floor Section 8	Concierge Desk	First floor CSC	Information Desk	Outreach location	Total
(Date from above)									
Total									

C-4: Walk-in Volume by Queue

Queue	# Count
Queue 1 For e.g., Consultants Queue	
Queue 2 For e.g., TANF, ABD	
TOTAL:	

C-5: Document Drop-off by Entry Points (Customer Service Front Desk)

Location	Count
For e.g., 3rd Floor Housing	
For e.g., 1st Floor CSC	
TOTAL:	

Total Number of Applications	Count

Recorded By (Person who received the application)	# of Applications
Worker 1	
Worker 2	

D. Demographic [Data] Quality

From MM/DD/YY To MM/DD/YY user entered

Program Name and/ or user security roles (e.g., Intake Consultants) user selected

Demographic field name	Participant response count	Participant Count	Response % (Participant response count/ Participant Count)

E. Queue Slot Status

From MM/DD/YY To MM/DD/YY user entered

Queue Slot--Non-Complete Statuses	Date
In Progress	
Waiting	
Scheduled	

Queue	Staff Full name	Last Status	Slot Date	Appointment Time	Type of Participant	Phone Appointment
TANF						
Consultants Queue					New	Yes
All Day Rotation						No

F. Statistics by Date Range

From MM/DD/YY To MM/DD/YY user entered

F-1: Summary Counts

Total Participants Seen (Status of Complete)	
Total Participants who left before being seen	
Average Wait time to be seen	
Average Time Spent with Participant for a Unit	

Participant Wait Times

Over 15 Minutes	Under 15 Minutes	Percentage Under 15 Min.

Sorted by Consultant

(e.g., Worker 1)

Average Screening Time	
Number of Participants Seen	

Participant Details

Slot Unique Identifier	Participant ID	Name Detail	Wait Time
		Participant 1	30
		Participant 2	12

Total # of Participants waited under 15 minutes	1

Total # of Participants waited over 15 minutes	1

F-2: Consultant Services

Service	Number of Requests
For e.g., AEC Intake	
For e.g., SNAP	
Total Requests	
Unique Participants	

Visit Services Requested

Service	Number of Requests
For e.g., Apply for Benefits	
For e.g., Employment	
Total Visit Services	

Total Services Requested	

F-3: Sorted by Participant Wait Times until being seen

	Minutes				
	0 to 15	16-25	26-35	Over 36	Total Participants
Participants:	419	3	3	2	427
%	98.13%	0.70%	0.70%	0.47%	

F-4: Sorted by queue for participants not seen

Queue	People
For e.g., Consultants Queue	2
Total	**2**

F-5: Sorted by queue and No Shows, including cancellations

Queue	Appts.	No Shows	%
For e.g., Queue 1 named ABD	90	0	0.00%

For e.g., TANF	43	0	0.00%
Total	**133**	**0**	**0.00%**

F-6: Reschedules Sorted by queue

Queue	Appts.	Cancelled (By Participant)	Cancelled (By DHS)	Cancelled (Total)	%
For e.g., queue 1 named ABD	90	0	0	0	0.00%
For e.g., queue 2 named Non-TANF	248	0	1	1	0.00%
For e.g., queue 3 named TANF	43	0	0	0	0.00%
Total	**381**	**0**	**1**	**1**	**0.00%**

F-7: Sorted by Phone Versus Walk-In

Queue	Appts.	Phone Appt.	% Phone Appts.
For e.g., queue 1 named ABD	90	88	49.44%
For e.g., queue 2 named non-TANF	247	246	49.70%
Total			

F-8: Number of Appointments by Times and Queues

Queue 1 (e.g., TANF)

Time	Appts.	Percentage
09:00:AM	60	66.67%
10:00:AM	14	15.56%
Total	**74**	

G. AEC Statistics by Date Range

From: MM/DD/YY To MM/DD/YY based on user date entered

Note: This report is same as the Statistics by Date Range (Report H). The only difference being it's run only for AEC Intake and AEC Plus services so couple of tables being displayed are different and are mentioned below.

Sorted by: Services Requested:

Consultant Services Requested

Service	Number of Requests
For e.g., AEC Intake	
For e.g., AEC PLUS	
Total Requests	

	Unique Participants	

AEC Intake/AEC Plus Details and Count:

Participant ID	Queue Slot Unique Identifier	Name of queue	Unique Service Identifier	Service
		For e.g., Consultants Queue		For e.g., AEC Intake

AEC Intake Total Count	
AEC Plus Total Count	

H. Visit Services by Location

From MM/DD/YY To MM/DD/YY user entered

Services Requested:

Consultant Services Requested

Service	Number of Requests
For e.g., AEC Intake	47
For e.g., Aux Grant	2
For e.g., Refugee	3
Total Requests	
Unique Participants	

Visit Services Requested

Service	Number of Requests
For e.g., Apply for Benefits	
For e.g., Benefit Verification For e.g., Letter	
For e.g., CCU - Insufficient Documents	
Total Visit Services	

Visit Services by Location:

Services by location	Location	Location 0	Location1	Location 2	Location 3 for e.g., 3rd Floor Section 8	Location 4	Location 5 for e.g., 3rd Floor Housing
Service	Number of requests	Number of Requests	Number of Requests	Number of Requests	Number of Requests	Number of Requests	Number of Requests
For e.g., Apply for Benefits							
For e.g., Check-In for a Workshop							

Total Visit Services							

I.   CSC Referral Outcome Report

From MM/DD/YY To MM/DD/YY user entered

Summary of Referral Status:

e.g., Declined AEC Services	16
e.g., Did Not Return Required Documents	10
e.g., Missed Appointment	3
e.g., Referred to AEC Case Management	13
e.g., Unable to Contact	3

Total Count	45

Reason 1 (e.g., Declined AEC Services)

Name	Cell Phone	Home Phone	Email	Date Taken

Reason 2 (e.g., Did Not Return Required Documents)

Name	Cell Phone	Home Phone	Email	Date Taken

Reason 3 (e.g., Missed Appointment)

Name	Cell Phone	Home Phone	Email	Date Taken

Total Count:

Reason 1	#Count
Reason 2	#Count
Reason 3	#Count

J.   Document Drop Off

From MM/DD/YY To MM/DD/YY user entered

Total Drop-Offs:	

No.	Visit	Visit Recorded By:	Participant's Name	Dropped Off to:

K.   Resource Center

AEC Resource Room:

From MM/DD/YY To MM/DD/YY user entered

Visitors Summary

Total Visitors	
Unique Visitors	
First-time Visitors	

Age Group Information

21 and under	
22-54	
55+	

Services Provided

For e.g., Career Assessments	
For e.g., Job Search Assistance	
Total Services Provided	

L. Intake Eligibility Screening

Participant ID (User selected)

System pre-populated data, user input and basic calculation

INTAKE ELIGIBILITY SCREENING

Appt. Dates
January 30, 2023

01/26/2023

Assistance Requested

15, 19

CLIENT REPORT

Tel. Appt? No

Appt. Time 10:00 AM

SSN: 123-11-1111   **Screener:** Alvira, Diane   **Unit:** ☑ **TANF** ☐ **Families & Children** ☐ **Aged/Disabled**

Name: Fake, Diane   Immigration Status: Home Phone: 1234567890
DOB: 06/13/2021   Gender: Female   Work Phone: 7031221111
Address: 5555 North Fake Walk 1234 Arlington, VA 22204   Cell Phone:
Email: dfake@gmail.com

Responsible Person: Luis Fake   Relation: Legal Guardian   Sp-SSN: 111-11-1111
          DOB: 10/04/1964   Immigration Status: United States Citizen   Responsible Person – in home? No

Contact Name: Amado Fake   Contact Phone: 703-111-2222
Rent: 200.00

Children Living With Applicant

Child Name	Relation	Age	Immigration Status	ARP/PF	SSN
John Fake	Son	4	United States Citizen		222222222
Julie Fake	Daughter	7	United States Citizen		333333333

Other Household Members

Name	Relation
Debbie Russo	Sister

☑ **Present Assistance** ☐ SNAP ☑ Medicaid ☐ TANF ☐ GR ☐ Housing Grant ☐ Refugee ☐ Section 8/HCV
  Status: Active with BPS

☑ **Past Assistance** ☑ SNAP ☐ Medicaid ☐ TANF ☐ GR ☐ Housing Grant ☐ Refugee ☐ Section 8/HCV
  Status: SNAP - case closed 12/1/2022

☑ **Recent Hospitalization**   **Name**   **Hospital**   **Date**
              Diane   Arlington Hospital Center   01/09/2023

☐ **Pregnant – NO**

Page 1 of 2

Earned Income: YES

Name	Employer		Wage	Frequency	Monthly
Diane	Subway		200.00	Weekly	860.00

Unearned Income: YES

Name	Source		Amount	Frequency	Monthly
Diane	Social Security		100.00	Monthly	100.00

Name

Recent Income Termination   YES

	Source	Term date	Last pay date	Last pay amount	
Diane	McDonalds	12/30/2022	12/30/2022	60.00	Unknown

Name

Resources   YES   Cash on Hand 10.00

	Bank	Bank Name	Account Type	Amount
Diane	Yes	Bank of America	Checking	100.00

Vehicles   YES

Name	Make/Model	Year
Diane	Ford	1999

Page 2 of 2

32   February 12, 2024

Medical: 25.00   **Rent/Mortgage:** 200.00   **Heating/Cooling Costs:** Yes

Utilities

☐ Light   ☐ Heat   ☐ Garbage   ☑ Electricity for Air Cond.   ☐ Phone   ☐ Sewer   ☐ Other

☐ **Expedite**

Rent 200.00   Utility 25.00

Appointment Schedules

1st Appt.   **1st Re-Sch.**   **2nd Re-Sch.**
January 30, 2023

Date   **Notes**
01/26/2023   Client submitted SNAP, TANF application

M.   Daily Front Desk Registration by Location

From MM/DD/YY To MM/DD/YY user entered

Location: user selected

Last Name	First Name	Spanish	Program	In	Seen	Out	Screener	Left
		( )	For e.g., In Office, Dental, In Office, AEC Intake					( )
		(x)	For e.g., AFAC Renewal, AFAC Renewal					( )

N. Clinical Coordination Program (CCP) Reports

CCP reports are based on the CCP program queue and CCP Assessments.

The following 3 reports are based on the Clinical Coordination Program queue.

User entered Date Range: DD/MM/YY to DD/MM/YY

N-1: Duplicated Count of Clients by Type of Visit and months

	Month1	Month2	Month3	Month4	
Client type	Total clients	Total clients	Total clients	Total clients	Total
Existing/open	20	30	23	15	88
New client	2	3	5	7	17
Total clients	22	33	28	22	105

Count of De-duplicated clients for the report date range	

N-2: Count of new clients per month by Case workers

	Month1	Month2	Month3	Month4	Total
Case worker 1	2	1	3	2	8
Case worrker2	3	1	3	4	11
Total	5	2	6	6	19

N-3: Count of Services Requested

All Services Requested	Month1 Request	Month2 Request	Month3 Request	Month4 Request	Total
Service 1	2		3	2	7
Service 2	3	1		4	8
Service 3		3		5	8
Total Services Request	5	4	3	11	23

The following 5 reports are based on the Clinical Coordination Program Assessments:

February 12, 2024

N-4: Duplicated Count of Clients by Primary Need and months

	Month1	Month2	Month3	Month4	
Primary Need	Total clients	Total clients	Total clients	Total clients	Total
e.g. Shelter	20	30	23	15	88
Medical	2	3	5	7	17
Total clients	22	33	28	22	105

Count of De-duplicated clients for the report by date range	

N-5: Count of Veterans per month

	Month1	Month2	Month3	Month4	Total
Count of veterans	2	1	3	2	8

N-6: Count of Referrals

Type of Referral	Month1 Referral	Month2 Referral	Month3 Referral	Month4 Referral	Total
e.g. Housing	2		3	2	7
Utility	3	1		4	8
Medical		3		5	8
Total Referral	5	4	3	11	23

N-7: Outcome- Primary Need Request met by /month

Primary Need	Month1	Month2	Month3	Month4	Total
e.g Shelter	2	1	3	2	8
Medical	3	1	3	4	11
Total	5	2	6	6	19

N-8   List of clients by Assessment Date

Participant Name	Assessment Date	Primary need	Annual Income	Outcome of Primary Need
Client 1	1/5/23	Shelter	5.000.00	Need Met
Client 2	1/5/23	Medical	15,000.00	Need Not Met
Client 3	2/6/23	Utility	25,000.00	Need Met
Client 4	2/8/23	Food	3.000.00	Need Met

N-9   Number of Recorded Information and Referral Calls Per Month

	Month1	Month2	Month3	Month4	Total
Information and Referral	2	1	3	2	8

EMPLOYMENT SERVICES REPORTS

O.   AEC Demographic

O-1:   Participant Demographic details for participants with assigned funding source
From MM/DD/YY To MM/DD/YY user entered

Participant ID	Program Start Date	Program End Date	First Name	Last Name	DOB	Gender	Ethnicity	Primary Race	Language	US Citizen	Education	Disability	Ticket To Work	Felon	Funding Source	Immigration Status
Total Participant count																

O-2:   Demographic Counts and Totals by: Primary Race, Gender, Ethnicity, Funding Source, Immigration Status, and Citizenship
From MM/DD/YY To MM/DD/YY user entered

Examples: Primary Race	Count of Participants
e.g., American Indian or Alaskan Native	10
e.g., Don't know	3
Total Count of Participants	13
Gender	**Count of Participants**

e.g., Male	10
e.g., Female	5
Total Count of Participants	15

P.   AEC Active Participant by date range

P-1:   Summary count of Active participants by date range for each funding source

From MM/DD/YY To MM/DD/YY user entered

Funding Source	Count of Active Participants
e.g., B2W	1
e.g., GP	3
Total Active Unique participants for the reporting period	4

P-2:   Details of Active participants by date range for each funding source

Participant Name	Program Name	Program Start date	Program End date	Funding Source
Total unduplicated count of participants				

Q.   AEC New Enrollments for a reporting period

From MM/DD/YY To MM/DD/YY user entered

List and total participants by Funding Source:

Funding Source (e.g., WIOA, GP)

Participant Name	Program Start Date	Program End date
Total Participants		

R.　AEC Case Manager Assignment

From MM/DD/YY To MM/DD/YY user entered

Participant ID	Program Start Date	Program End Date	Participant Name	Date case assigned to the Case Worker	Funding Source	Gender	Ethnicity	Primary Race	Language

Case Manager	Unduplicated assigned participants Count

S.　AEC Intakes and Visits

From MM/DD/YY To MM/DD/YY user entered

S-1:　AEC Count and totals of Participants by: Primary Race, Age Range, Gender, Ethnicity, Immigration Status

Example: Primary Race	Count of Participants
e.g., American Indian or Alaskan Native	10
e.g., Don't know	3
Total Count of Participants	13
Example: Age Range	Count of Participants
e.g., 16 to 20	1
e.g., 21 to 34	3
Total Count of Participants	4

S-2:　AEC details of total participant intakes and visits
From MM/DD/YY To MM/DD/YY user entered

Name	Age	Gender	Ethnicity	Primary Race	Date of Intake	Date of Visit	Recorded by

T.　AEC Case Notes
From: MM/DD/YY To MM/DD/YY (based on user date entered and/or participant)

Participant/ Participant 1

Type of record	Activity/Referral service provider	Date	Case Note	Staff

U.   AEC Employment Goal

From: MM/DD/YY To MM/DD/YY (based on user date entered and/or participant)

Participant ID	Last Name	First Name	Intake Date	Contact Email	What kind of employment are you looking for?	SOC Code	Minimum Salary	Types of Employment	Date when the record was last updated
					E.g., Healthcare Support Occupations	e.g., Nursing Assistants, Orderlies, and Psychiatric Aides		e.g., Full time	
Number of unique participants									

V.   AEC Workshop tracking

From MM/DD/YY To MM/DD/YY user entered

Workshop Coordinator	Name of Workshop	Date of Workshop	Location	Number of participants	Satisfaction rate
e.g., Mary B	e.g., Behavioral Interview Questions		e.g., Virtual	4	75%
Total of number of participants					

W.   AEC Review Session tracking

Program Name	Participant ID	Date taken	Consultant name	Type of review session	Date of session	Did the participant attend the review session

X. AEC Placement

From: MM/DD/YY To MM/DD/YY (based on user date entered) and/or Case Worker, and/or Funding Source

Participant Name	Funding Source	Funding Source Start Date	Job Title	Job Start Date	Employer	Hourly Wage	Hours per Week	Employment Status	Occupation code	# of Days between Funding Source Enrollment and Employment	Case Worker

Y. AEC Digital Literacy

From MM/DD/YY To MM/DD/YY user entered

AEC Intake

Intake Date	Participant ID	Case Number	First name	Last name	Email	Participant Contact Number	Do you have access to a computer or laptop?	Do you have access to the internet?

Z. AEC Training Activity

Z-1:   List of participants with training start date from MM/DD/YYYY to MM/DD/YYY

Participant Name	Description	Start date	End date	Outcome	Test Date	Test Result	Currently Employed?	Income Improvement?	Obtained Employment?	Credential	Scholarship	Name of certification	Funding Source
	e.g., Common Interview Questions												

Z-2:   Summary for training start date from MM/DD/YYYY to MM/DD/YYYY

Training Type	# Of participant/cl	CSBG	CDBG	CSBG-TANF	GP-T3	GP-WR	Completed	In Progress	Drop Out	Certificate	Scholarship	New employment	Kept existing job	Salary Improvement
Total (unique counts) for each column														

AA.   AEC Activity Summary

From: MM/DD/YY To MM/DD/YY (based on user date entered)

AA-1:   AEC Activity: Reporting period from MM/DD/YY to MM/DD/YY

Funding Source	New Enrollment	Current Caseload	Placed	Placement Rate
B2W	150	153	50	32.68%
Sum:	Sum	Sum	Sum	

AA-2:   Summary of Counts

# of Unduplicated Caseload count	
# Of Unduplicated New Enrollment	
# Of Unduplicated Placement	
Average Hourly Wage	
Placement Rate	
# of participant in Training	

AA-3:   AEC Activity placement list

Participant ID	Participant Name	Funding Source	Start date	Days Between FS Enrollment	AEC CMS Date	Employment Date	Days Between CMS Assign and Employment	Employer	Hourly Wage	Case Worker
23587	Abraham, Aida	Follow-up for all programs		-6			338	Medics USA	18	Case Worker1

Participant ID	Name	Funding Source		Days between FS Enrollment and Employment			Employer	Hourly Wage	
23587	Abraham, Aida	WIOA Adult		271			338	Medics USA	18
Total unduplicated:									

AA-4: AEC Activity placement by Caseworkers

Participant ID	Participant Name	Funding Source	Start Date	Employment Date	Days between FS Enrollment and Employment	Job Title	Employer	Hourly Wage	Case Worker
		e.g., VIEW	3/10/2022	9/23/2022	197	Event Helper/Maintenance	J & A Hospitality Staffing	16	Case Worker1
		VIEW	10/4/2021	8/29/2022	329	Hostess		15	

AA-5:   AEC Activity follow-up

Participant ID	Name	Funding Source	Actual date of contact	Retention Value:	Primary employer from previous quarter?	Hourly wage at follow-up	Case Worker
		B2W	3/31/2022	Retained employment at 9 month	No	13.5	Morales, Jonatan
		B2W	6/30/2022	Retained employment at 12 month	No	13.5	Morales, Jonatan
		CSBG - Other	3/31/2022	Retained employment at 9 month	No	13.5	Morales, Jonatan

AA-6:   AEC Activity details based on funding sources

Funding Source 1

Participant ID	Name	Start date	End date
67698	Aguilar Arevalo, Guido	10/17/2022	1/31/2023
12634	Castillo, Silvia	10/13/2022	10/28/2022
Count of Unique participants:			

WORKFLOW REPORTS

The System must generate the following reports:

a. Average wait time to be served by staff (Customer Service Representative, Intake worker, Case worker)
b. Percentage of clients seen within 5 minutes (95/5 rule)
c. Percentage of time schedule fully available – basically no one out on vacation or sick leave based (program, date ranges)
d. Percentage of time schedule was filled to capacity
e. Number of clients seen, average screener time, grouped and sorted by screener's names, and total of clients seen, average wait time to be seen, and average time spent with client for unit
f. Client wait time based on date range selection showing counts for over 15 minutes, under 15 minutes, percentage under 15 minutes, the overall average wait time, and total clients
g. Monthly application assignments to each worker (Customer Service Consultant, Intake worker, Case worker)
h. Monthly case load by worker (open, closed, pending)
i. Monthly list of outstanding/incomplete ticklers (assessments, reviews, closure, program outcomes)
j. Report reflecting percentage and number of clients and no-shows using date, or date range parameters (daily, weekly, monthly, yearly)