

STRATEGIES TO EMPOWER PEOPLE (STEP) PROGRAM

REQUEST FOR PROPOSAL (RFP) # 360PURSSRFP016

QUESTIONS AND RESPONSES

Question #1: Who are the current providers of these services by Service Delivery Area?

Response #1: The State/Department of Children and Family Services (DCFS) currently provides these services.

Question #2: How long have the current providers provided these services?

Response #2: The State/DCFS has provided these services since the inception of the program in 2003.

Question #3: Is there current performance data available by provider?

Response #3: These are the indicators currently being captured.

PERFORMANCE INDICATOR	FY14 QTR 1
All Families overall participation rate	34.27%
State Placement rate	62.69%
Employment retention rate	59.69%
Percentage of non-sanctioned families with employment	18.37%
Percentage of individuals leaving cash assistance that returned to the program within 12 months	19.32%
Percentage of adult clients lacking high school diploma/GED who are engaged in work activities leading to completion of diploma or GED	8.4% (data as of 12/12)
Percentage of minor-aged, parents lacking high school diploma/GED who are engaged in work activities leading to completion of diploma or GED	39% (data as of 12/12)
Percentage of cases closed with employment	10.84%
Percentage of clients participating in Vocational Education	32.83% (data as of 9/13)

Question #4: Will you provide current staffing by job titles and salaries?

Response #4: No, see Response #1.

Question #5: Is profit considered part of the administrative/indirect cost or can it be allocated to the other cost categories?

Response #5: In a cost reimbursement contract, a Contractor shall only bill for actual costs incurred for services rendered as evidenced by invoices, cancelled checks, certified payroll sheets, etc. Per Louisiana R.S. 39:1510, the cost-plus-a-percentage-of-cost system of contracting shall not be used.

- Question #6: What were the supportive services costs between October 1, 2012 and September 30, 2013 by Service Delivery Area?
- Response #6: The Contractor is not responsible for supportive service costs. See RFP Attachment I, page 9, State Responsibilities section.
- Question #7: Who are the current providers of the STEP Program by Region and how long has each vendor provided STEP services?
- Response #7: See Response #1.
- Question #8: By Region, how many offices provide STEP services and which cities are the offices located? Are any offices co-located with DCSF or would the successful vendor need to secure separate facilities?
- Response #8: Services are currently provided by the State through various offices throughout the state. The Contractor will be responsible to secure separate facilities.
- Question #9: How many STEP FTE per office by job title?
- Response #9: There are no full-time STEP employees. Current DCFS staff provide services for STEP and various other department programs.
- Question #10: With regards to capital purchases, will there be existing equipment/furniture transferred to the awarded Contractor or should we include all items in our proposed budget? If there is equipment/furniture, please detail by current location.
- Response #10: No, the selected Contractor should include all capital purchases in their proposed budget(s).
- Question #11: To submit a bid, do we need to obtain a certificate of authority pursuant to R.S. 12:301-302 and file the disclosure of ownership with the Secretary of State of Louisiana or will that only be required prior to the execution of the contract for successful bidders? (Section 7.1 Corporation Requirements, page 14).
- Response #11: The certificate of authority and disclosure of ownership will only be required prior to the execution of the contract for successful bidders.
- Question #12: What are the current performance rates and the FY13 performance rates for each of the performance indicators listed in the Outcomes section 3 of the Scope of Work?
- Response #12: See Response #3.
- Question #13: How does the State make referrals to the Contractor? On average how many referrals are made each month by Region?
- Response #13: Currently, the State/DCFS provides these services; therefore, there are no referrals made to a Contractor. See RFP Attachment XII: Monthly Participation Of All Families as an example of the numbers of STEP participants by parish and region to be fully engaged each month in countable work activities. Additional statistics can be found at <http://www.dcfslouisiana.gov/index.cfm?md=pagebuilder&tmp=home&nid=213&pnid=158&pid=361>.
- Question #14: Does the State have current forms the Contractor will be required to use or is the State looking for the Contractor to develop and utilize their own forms? Such as the Individual

Career Plan (formally known as the Family Success Agreement) and the Family Transition Assessment (FTA). If the State has required forms, please provide a current version.

Response #14: The STEP program has forms that are currently required, such as the Family Success Agreement (FSA). The FSA is a contractual agreement between the recipient and DCFS that sets forth mutual and time-bound responsibilities, expectations, activities, and goals designed to transition the family from receipt of cash assistance to self-sufficiency. DCFS would be willing to allow the Contractor to use STEP forms currently being used, or to develop their own forms as long as all of the required components of the form were included. Any Contractor-developed forms must be approved by DCFS. See Questions And Responses Attachment I: Family Success Agreement Form. Additional STEP forms currently being utilized by DCFS can be found at <https://stellent.dss.state.la.us/LADSS/outlineSections.do?partID=59&agency=OFS&chapterID=3> in the Forms and Form Instructions sections listed below:

- Y-8000 STEP Forms and Forms Instructions-Forms 1 through 9
- Y-8010 STEP Forms and Forms Instructions-Forms 10 through 19
- Y-8020 STEP Forms and Forms Instructions-Forms 20 through 29
- Y-8030 STEP Forms and Forms Instructions-Forms 30 through 39
- Y-8040 STEP Forms and Forms Instructions-Forms 40 through 49
- Y-8060 STEP Forms and Forms Instructions-Forms 60 through 69
- Y-8310 STEP Forms and Forms Instructions-Forms 310 through 319
- Y-8410 STEP Forms and Forms Instructions-Forms 900-999

Question #15: The fourth paragraph in the Contractor Responsibilities section (Scope of Work, Page 1, Section 2 Tasks and Services) references “provide transportation services”. Can you provide an example of this service?

Response #15: The Contractor will not be responsible for providing transportation services. See Response #6 and Addendum 01, Modification to Attachment I: Scope Of Services, Section 2 Tasks and Services.

Question #16: Is there a current provider? If yes, what is their annual performance? Are they meeting performance requirements?

Response #16: See Responses #1 and #3.

Question #17: Can we do our own GED program?

Response #17: A proposal can demonstrate a comprehensive range of employment-focused services.

Question #18: Are all supportive services paid by the state and not included in the cost per?

Response #18: See Response #6.

Question #19: Do we need to propose the whole region or can we provide services in one county?

Response #19: No, a Proposer may not provide services in one county. Per section 1.1 of the RFP, the proposer may submit a proposal specific to a region, a number of regions or a statewide delivery approach. A table of the nine (9) regions is listed in RFP Attachment VI and funding allocation based on numbers served per region is listed in RFP Attachment XV of the RFP.

- Question #20: Are we required to provide paid work experience? If yes, does this come out of our cost per?
- Response #20: No.
- Question #21: Can work experience be provided through private or public companies, and through for profits and not for profits?
- Response #21: Yes, Work Experience Program placements shall be in non-profit, for-profit or private or public governmental agencies. See Addendum 01, Modification to Attachment I: Scope Of Services, Section 2 Tasks and Services.
- Question #22: Page 9 of the RFP asks for a copy of our financials, preferably audited and page 11, section 5 proposal content indicates that all pages of each proposal should be consecutively numbered from beginning to end. Is it your expectation that the entire audit be included in the consecutive page numbering? Or is a cover page to the audit with a page number sufficient? Likewise, will each of the attachments (in PDF) require a page number in the order in which it will go in the proposal, or is a cover page to the attachment sufficient?
- Response #22: The cover page to the audit with a page number is sufficient. All other pages should be numbered.
- Question # 23: The RFP states: "The State has the option to enter into contract extension(s) not to exceed an additional 24 months." Should the State elect to extend the contract, does such extension require the consent of both parties?
- Response #23: Yes, any extension shall be with the concurrence of the contractor and all appropriate approvals.
- Question #24: In order to ensure it receives complete and comprehensive proposals with well- defined solutions, will the State consider extending the proposal due date by two weeks?
- Response #24: An extension has been granted and the new proposal due date is November 21, 2013. See Addendum 02, Modification to RFP Section 2.5 Schedule of Events.
- Question #25: This section says "The proposer shall submit a total cost for providing all services in the service delivery area proposed (region(s) or statewide) as described in the RFP for the thirty-six (36) month contract period." However, in the required template "Attachment V – Budget," the headers are labeled as "12-Month Budget Period Totals." Shall bidders submit a budget for only the first 12 months? Shall bidders submit a 36-month total in Attachment V? Alternatively, each proposer could add three additional columns, one for the months 13 -24, a second for the months 25-36, and finally a third for the 36 month total.
- Response #25: The cost information should describe all services for the initial 12 months. See Addendum 01, Modification to RFP Section 5.6 Cost Information.
- Question #26: A proposer may wish to submit a proposal to cover the statewide service area, as well as be considered for specific regions. Should the proposer complete a budget form for a statewide proposal and a separate budget form for each individual region where they propose services? We appreciate the State's guidance so that it can compare cost proposals easily and fairly.

- Response #26: Yes, the proposer should complete a budget form for a statewide service area and each proposal should also provide cost information for each region proposed in the following formats: Budget(s), Budget Narrative(s), and Cost Allocation (if applicable). See Addendum 01, Modification to RFP Section 5.6 Cost Information.
- Question #27: Does the State require the contractor to have its own case management system to provide functionality that the State system does not have?
- Response #27: Yes, the Contractor will be required to utilize their own systems to exercise management control of the services and activities provided.
- Question #28: Item number 3 states as follows: "Proposer accepts the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this RFP." While certain requirements of the RFP are defined as mandatory, none of the terms and conditions of the contract are defined as mandatory and exceptions are expressly permitted. Please confirm that by signing the Certification Statement we are not committing ourselves to any terms and conditions.
- Response #28: The terms and conditions listed in the Sample Contract which use mandatory language such as "shall" or "must" are considered the mandatory contract terms and conditions. As stated on page 6 of the RFP, 3.12 Contract Award and Execution, "The proposer should submit with its proposal any exceptions or exact contract deviations that its firm wishes to negotiate. Negotiations may begin with the announcement of the selected proposer." As stated on page 7 of the RFP, 4.4 Certification Statement, "The proposer must sign and submit the Certification Statement shown in RFP Attachment II." and 5.1 Executive Summary, "It should include a positive statement of compliance with the contract terms. If the proposer cannot comply with any of the contract terms, an explanation of each exception should be supplied. The proposer should address the specific language in RFP Attachment III, Sample Contract, and submit whatever exceptions or exact contract modifications that its firm may seek. While final wording will be resolved during contract negotiations, the intent of the provisions will not be substantially altered."
- Question #29: Will vendors have access to reports available through JAS to help monitor the caseload and take needed case actions?
- Response #29: The Contractor may have inquiry access to the Jobs Automated System (JAS). Reports are not available through JAS, which is used to capture statistics and data.
- Question #30: What is the anticipated average monthly volume of referrals statewide?
- Response #30: See Response #13.
- Question #31: On Page 9 of the RFP, 4th bullet asks the proposer to describe the systems to be used to report programmatic and fiscal activities and show how the proposer will exercise management control of services and activities. Are proposers to assume that they will not enter data in the state system for at least those items required for federal reporting based on the information on Page 9 of the RFP that clearly states that the state will input reporting requirement data in the JAS system? If yes, will proposers be required to enter data in any state system? If yes, what system or systems?
- Response #31: No, the Contractor will not be required to input data in any State system.
- Question #32: RFP page 11, 5. Proposal Content, 5.6 Cost Information states that "...The proposer shall submit a total cost for providing all services in the service delivery area proposed (region(s)

or statewide) as described in the RFP for the thirty-six (36) month contract period...” However, the budget forms in Attachment IV reference 12 month periods. Are you requiring one 12-month budget for the initial year, 3 12-month budgets for the potential contract period or one 36-month budget?

- Response #32: The cost information should describe all services for the initial 12 months. See Addendum 01, Modification to RFP Section 5.6 Cost Information.
- Question #33: If proposing a statewide approach, may we submit a statewide combined budget? If No, are 9 separate region budgets required. If Yes, how should we show budget efficiencies for a statewide operation?
- Response #33: See Response #26. Efficiencies can be demonstrated in the proposal narrative. See Addendum 01, Modification to RFP Section 5.6 Cost Information.
- Question #34: If proposing more than one region but not statewide, may we submit a combined budget for the regions we are proposing to serve? If no, are separate region budgets required?
- Response #34: The proposer should complete a budget form for each region proposed in the following formats: Budget(s), Budget Narrative(s), and Cost Allocation (if applicable). See Addendum 01, Modification to RFP Section 5.6 Cost Information.
- Question #35: Will applicants be referred to the Contractor for service in addition to work eligible cash recipients? If so, what are the activities for which applicants are eligible? Are support services available for applicants? If so, which ones?
- Response #35: All individuals referred regardless if they are applicants or recipients should be engaged in core and/or non-core work activities. See RFP Attachment IX. See Response #6 regarding supportive services.
- Question #36: RFP defines that work experience program placements shall be in non-profit or governmental agencies and that wep placements lead to a bona fide position after the work experience. However, page 6 of the work verification plan states that “...WEP placement may include any bona fide business; and can be either a private or public/governmental entity, or a for-profit or not- for-profit concern...” Which is correct?
- Response #36: See Response #21. See Addendum 01, Modification to Attachment I: Scope Of Services, Section 2 Tasks and Services.
- Question #37: Attachment I: Scope of Services, 6 Program Requirements on page 11 lists under “...The Contractor shall provide the following services: Provider network development, Provider payment, Services necessary to recruit and enable the participation of qualified service providers...” Please clarify the provider network to be developed, the provider payments to be made, and the identity of qualified service providers.
- Response #37: The Contractor must develop and maintain a community network sufficient to deliver services to clients so that the required Contractor Work Participation Rate is met. This network may include subcontractors and other partners. The Contractor is responsible for provider payments (subcontractors) for any expenses incurred. The Contractor is responsible for the evaluation of qualified services providers when developing the community network.
- Question #38: How do the above Contractor-provided services interact with the state responsibilities outlined in Attachment I: Scope of Services, 2 Tasks and Services page 9, where it states the

“...The State will arrange for the provision of child care payment for the dependent children of the client in coordination with the Contractor; The State will issue stipends monthly to STEP participants to cover transportation cost; The State will arrange for reimbursement for supportive services that will appropriately assist the client when the Contractor makes referrals to the State for such reimbursements. Supportive services may include, but are not limited to union dues, eyeglasses, hearing aids, uniform/work clothes, tools, licenses, certification tests, safety equipment, auto insurance payments, vehicle repairs, mileage for use of personal vehicle to attend work activity, medical exams/tests, drug tests and disease inoculations required by the employment or training site and not provide by Medicaid or other resources. It appears that the RFP indicates that the state will arrange for reimbursement for supportive services and also provide some support services; however, it also refers to contractors making provider payments. Can you clarify?”

Response #38: See Responses #6 and #37.

Question #39: On page 11 the work verification plan under job search and job readiness assurance, the plan states the Louisiana DOL is under contract to provide these services for Louisiana’s TANF recipients and to report actual hours to the local TANF office. Under number 4 it also says that LDOL must supervise job search and job readiness no less frequently than once each day. There is also reference to a LDOL job readiness facilitator. Is this component automatically performed by LDOL in every location within the state or just in certain locations?

Response #39: LDOL is no longer providing these services. The Contractor must keep records of the job search activities of each participant. The Contractor must ensure that each participant maintains a log of all employer contacts. The Contractor must ensure that all clients participating in job search components enter resumes on the various job search sites on-line and up-date the resumes as necessary. The Contractor shall provide client services directly or subcontract with other providers to provide services within awarded service delivery areas. See RFP Attachment I, Scope of Services, 2 Tasks and Services, Contractor Responsibilities (page 5).

Question #40: May proposals be submitted in 3-ring binders?

Response #40: Yes.

Question #41: How often will the State make referrals to the Contractor?

Response #41: Daily.

Question #42: When items are requested i.e. on page 6, a certified copy of a board resolution, where should they be placed in the proposal document-in the section of the document where they are requested or as a referenced appendix?

Response #42: Proposals submitted for consideration should follow the format and order of presentation described in RFP Section 5 Proposal Content. All other documents should be included as attachments to the proposal.

Question #43: What assessment instruments are currently being used?

Response #43: The Family Assessment. See Questions And Responses Attachment II: Family Assessment Form.

Question #44: Who are the current STEP program providers by region?

Response #44: See Response #1.

Question #45: Please define the term “job coaching?”

Response #45: Job coaching refers to the training of clients, who need structured intervention to help them learn to perform job tasks to the employer's specifications and to learn the interpersonal skills necessary to be accepted as a worker at the job and in related community contacts.

Note: See Addendum 01 and 02 on the DCFS website,

<http://www.dcfslouisiana.gov/index.cfm?md=pagebuilder&tmp=home&nid=5&pnid=0&pid=165>

Questions And Responses Attachment I: Family Success Agreement Form

STEP 6
Rev. 10/13
09/10 Issue Obsolete

**Louisiana Department of Children and Family
Services
Economic Stability and Self-Sufficiency
RIGHTS AND RESPONSIBILITIES**

Worker # _____
Caseload# _____
JAS ID# _____

Cash assistance is temporary. The purpose of the STEP program is to help you become employed, move towards self-sufficiency, and take personal responsibility. In order to reach this goal, you must prepare for, obtain and retain a job. The Family Success Agreement (FSA) is your case plan to move toward self-sufficiency.

PARTICIPANT'S NAME	SOCIAL SECURITY NUMBER	DATE
--------------------	------------------------	------

PARTICIPANT RIGHTS AND RESPONSIBILITIES

I have the following right and/or responsibility to:

1. Be involved in developing my FSA/Case Plan to become economically independent so I can support my family and myself. I understand that I must do whatever I can to be successful in this plan.
2. Prepare for, obtain and report employment as soon as possible to support myself and my child(ren).
3. Participate in activities that will increase my education and work readiness.
4. Secure child care arrangements and backup child care arrangements in case of an emergency.
5. Attend and participate in all appointments, interviews and employment related activities on time.
6. Follow instructions and rules for my work activity, including time, attendance, attire and safety rules.
7. Provide verified participation hours to my Case Manager for each assigned work activity by the 5th of the month, unless given a different due date in writing.
8. Receive the assistance and supportive services I need to help me find and keep a job as quickly as possible. I understand that I can only receive 24 months of cash assistance in a 60-month period, unless I receive an extension, and cannot receive more than 60 months of cash assistance in my entire lifetime.
9. Take my children to the doctor or health unit for all immunizations and scheduled medical appointments.
10. Keep my school-aged children in school and in compliance with attendance requirements by participating in my children's education through parent-teacher conferences, homework assistance, or other activities which will keep me aware of my children's educational progress and possible attendance problems and provide documentation every six (6) months verifying my children's school attendance.
11. Cooperate in establishing paternity and securing child support.
12. Participate in Parenting Skills Training if I am pregnant or the parent/caretaker relative of a child under the age of one.
13. If I am a parent under 20 years of age and have not completed high school (or its equivalent), I will participate in my educational activities, maintain passing grades and maintain a good attendance record at school.
14. Talk with my Case Manager on an ongoing basis. Tell my Case Manager when I cannot participate and provide verification of good cause to the Case Manager.
15. Discuss my FSA/Case Plan and activities immediately with my Case Manager when there are changes or problems at my work activity (including employment), when there are changes in my family circumstances that may cause me to quit my activity, and when I do not think my assigned activities are appropriate for me. All changes must be reported within 10 days of knowledge of the change.
16. Appeal an agency action regarding my work activities and/or case by asking for a fair hearing.

PROGRAM RESPONSIBILITIES

My Case Manager will:

1. Complete assessments which will help me develop and improve my plan for self-sufficiency.
2. Inform me of resources and services that are available and help me access them if I need assistance.
3. Help me find education and job experiences that, when possible, match my interests, skills, work experience, education and child care needs.
4. Follow-up with me on a regular basis to talk about my progress and current activities.
5. Authorize payment for my approved childcare expenses and my approved transportation services.
6. Give my family members and me an explanation of good cause standards.
7. Tell me about all services available to me while I receive benefits and after I am no longer eligible for cash assistance.
8. Reassess and change FSA/Case Plan when needed.

SANCTIONS

1. All members of my family understand that if any of us refuse to cooperate in developing this agreement, sign this agreement or do not meet the responsibilities or work activities in this plan without good cause, I will be sanctioned and may become ineligible for cash assistance, Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits. The first time I am sanctioned my family will lose benefits for at least one month, the second time I am sanctioned my family will lose benefits for at least two months, and the third and subsequent times I am sanctioned my family will lose benefits for at least three months. I may be sanctioned if:
 - I fail or refuse to cooperate with my Case Manager in developing or signing my FSA/Case Plan.
 - Without good cause, I fail or refuse to satisfactorily participate and make progress on my goals and activities listed in this FSA/Case Plan.
 - I fail or refuse to cooperate with Child Support Enforcement Services.
 - I fail or refuse to turn in my verified activity hours.
 - I fail or refuse to turn in required documents.
 - Without good cause, I refuse to accept employment, I voluntarily quit my job, or I voluntarily reduce my income.
 - I fail or refuse to have my children immunized and/or keep scheduled medical appointments.
 - I fail or refuse to monitor my children's progress and attendance in school and provide documentation of this every six (6) months.
 - I fail or refuse to comply with drug screening or drug testing requirements without good cause.

STEP PROGRAM AND PARTICIPANT ASSURANCES

Both my Case Manager and I understand and agree that:

1. We will talk about the education and work experience of each adult member of my family, and develop a plan to move toward self-sufficiency through unsubsidized employment. As I work toward my goals, my Case Manager and I may want to change the plan. Any changes to the plan will become part of this original agreement when signed by both my Case Manager and me.
2. Even if I or members of my family are not eligible for cash assistance, I may be eligible for Medicaid, Child Care, SNAP, transportation, earned income tax credit (EITC), Kinship Care Subsidy, or other services.
3. My family, Case Manager and I agree that we will follow this FSA/Case Plan and we can ask to change it if needed (i.e. a new work or work-related activity). Any plan changes will be in writing and signed by both my Case Manager and me.
4. Both my Case Manager and my family agree that the attached plan(s) are part of this agreement. We also agree that this FSA/Case Plan is binding and we will carry out our responsibilities.

FAMILY SUCCESS AGREEMENT/CASE PLAN

PARTICIPANT'S NAME	SOCIAL SECURITY NUMBER	FAMILY SUCCESS AGREEMENT/CASE PLAN <input type="checkbox"/> Initial Plan <input type="checkbox"/> Updated Plan
--------------------	------------------------	---

MY SELF-SUFFICIENCY AND EMPLOYMENT GOALS

MY SHORT-TERM GOALS (WITHIN 6 MONTHS OR LESS) ARE:

MY LONG-TERM GOALS (6 MONTHS OR LONGER) ARE:

MY CHALLENGES

BELOW ARE OTHER NEEDS THAT MIGHT PREVENT ME FROM PARTICIPATING (i.e. housing, health, drug, legal, disabled child, needs of other household members, etc.):

IF UNEXPECTED PROBLEMS HAPPEN, MY BACK-UP PLAN IS TO (i.e. what I will do, who I will contact, where I will go, etc.):

MY EMPLOYMENT AND/OR EDUCATION ACTIVITY

THE SPECIFIC ACTIVITIES I WILL PARTICIPATE IN AND STEPS I NEED TO TAKE TO REACH MY GOALS ARE:

EMPLOYMENT ACTIVITY	HOURS PER WEEK	HOURS PER MONTH	PROVIDER	BEGIN DATE	EST. DATE OF ACHIEVEMENT
<input type="checkbox"/> EMPLOYMENT					
<input type="checkbox"/> WORK EXPERIENCE (WEP)					
<input type="checkbox"/> COMMUNITY SERVICE PROGRAM					
<input type="checkbox"/> ON THE JOB TRAINING (OJT)					
<input type="checkbox"/> PROVISION OF CHILD CARE					
<input type="checkbox"/> JOB SEARCH FOR _____ WEEKS (FROM _____ TO _____)					
<input type="checkbox"/> JOB READINESS FOR _____ WEEKS (FROM _____ TO _____)					
<input type="checkbox"/> PARENTING SKILLS TRAINING					
<input type="checkbox"/> OTHER _____					

I UNDERSTAND THAT IF I PARTICIPATE IN WEP OR COMMUNITY SERVICE ACTIVITIES, I AM SCHEDULED TO PARTICIPATE FOR _____ HOURS PER WEEK, BUT CAN WORK NO MORE THAN _____ HOURS PER MONTH IN WEP OR COMMUNITY SERVICE ACTIVITIES.

FOR OFFICE USE ONLY:

1. Grant Amount _____		3. (Divide by federal minimum wage) ÷ _____	
2. Add SNAP Amount + _____		4. Max # of hours per month = _____	+4.333
TOTAL _____		MAXIMUM # HOURS PER WEEK = _____	

EDUCATION ACTIVITY	HOURS PER WEEK	HOURS PER MONTH	PROVIDER	BEGIN DATE	EST. DATE OF ACHIEVEMENT
<input type="checkbox"/> VOCATIONAL EDUCATION					
<input type="checkbox"/> SECONDARY SCHOOL ATND, GED PREP, OR FAMILY/ADULT LITERACY					
<input type="checkbox"/> EDUCATION DIRECTLY RELATED TO EMPLOYMENT					
<input type="checkbox"/> JOB SKILLS TRAINING DIRECTLY RELATED TO EMPLOYMENT					
<input type="checkbox"/> OTHER _____					

CARE AND ACTIVITIES FOR MY CHILDREN

THE ACTIVITIES I WILL ARRANGE FOR MY CHILDREN AND THE SPECIFIC STEPS I WILL TAKE TO HELP ME REACH MY GOALS ARE (i.e. summer camp, computer training, after-school tutoring, etc.):

ACTIVITY	PROVIDER	BEGIN DATE	EST. DATE OF ACHIEVEMENT
<input type="checkbox"/> Enroll my children in a Pre-K program (4 year olds only)			
<input type="checkbox"/> Enroll my children in child care with a provider eligible for agency payment			
<input type="checkbox"/> Finalize care for my children			
<input type="checkbox"/> Arrange a back-up plan for child care			
<input type="checkbox"/> Enroll my children in school and/or in after school/extra-curricular activities			
<input type="checkbox"/> Other _____			

STEP WILL:

<input type="checkbox"/> Make payments to an eligible provider			
<input type="checkbox"/> Other _____			

MY TRANSPORTATION

THE SPECIFIC STEPS I NEED TO TAKE ARE:

ACTIVITY	PROVIDER	BEGIN DATE	EST. DATE OF ACHIEVEMENT
<input type="checkbox"/> Make arrangements for my transportation			

STEP WILL:

<input type="checkbox"/> Transportation stipend of \$100.00 monthly			
---	--	--	--

MY OTHER ACTIVITIES

THE SPECIFIC STEPS I WILL NEED TO TAKE TO HELP ME REACH MY EMPLOYMENT-RELATED GOALS ARE:

ACTIVITY	PROVIDER	BEGIN DATE	EST. DATE OF ACHIEVEMENT
<input type="checkbox"/> Provide verification of my children's school attendance every six (6) months			
<input type="checkbox"/> Cooperate with CSE to establish paternity and secure child support			
<input type="checkbox"/> Contact the following organization(s) for other assessments:			
<input type="checkbox"/> Contact other resources to obtain assistance (i.e. housing, counseling, etc.)			
<input type="checkbox"/> Other _____			

OUR FOLLOW-UP PLAN

MY CASE MANAGER AND I WILL DISCUSS MY PROGRESS ON THIS PLAN:

WEEKLY BI-WEEKLY

DAILY

THE BEST WAY FOR US TO COMMUNICATE WILL USUALLY BE:

PHONE IN PERSON BY EMAIL

BY

I understand that the FSA/Case Plan is required for participation in the STEP program. This FSA/Case Plan was developed by my Case Manager and me and contains activities that we agree will help me become employed. I agree to complete the activities listed above and understand that if I fail, without Good Cause, to complete these activities, I may become ineligible for cash assistance, Medicaid and/or SNAP benefits. I understand that if my situation changes, I will notify my Case Manager immediately and this plan can be changed. By signing below, I attest that my rights and responsibilities have been explained to me and I fully understand them.

PARTICIPANT'S SIGNATURE	DATE
PARTICIPANT/PARENT/CARETAKER'S SIGNATURE	DATE
MINOR UNMARRIED PARENT'S SIGNATURE	DATE

As a representative of the STEP program, I have carefully explained the rights and responsibilities. I have discussed the plan with the participant and believe the participant understands the terms of this plan. I agree to provide the support indicated to the best of my ability.

CASE MANAGER'S SIGNATURE	CASE MANAGER'S PHONE NUMBER	DATE
--------------------------	-----------------------------	------

Questions And Responses Attachment II: Family Assessment Form

OFS 4FA
Rev. 08/13
01/11 Issue Obsolete

Louisiana Department of Children and Family Services

Family Assessment

Section I. You and Your Family

Check each of the following that describes your household:

- Two Parent Teen Parent
 Single Parent Pregnant

Name _____

Sex: Male Female

Social Security Number _____ Birth date (month/day/year) _____ Home Telephone Number () _____
 Cell/Message Number () _____

Address(number and street, state, Zip code) _____ Parish _____

Case Number (FOR OFFICE USE ONLY) _____ Case head (FOR OFFICE USE ONLY) _____

Household Members

Name	Relationship to you	Birth Date	Current School or Employment	Does this person have any problems that will affect your work or school? If so, what are they?

Will you need help with child care costs?
 Yes No

Will you need help with transportation costs?
 Yes No

Do you have a driver's license? Yes No

What kind of transportation is available to you? Drive your own car Drive someone else's car
 Get a ride with someone Public Transportation

Section II. Employment/Skills

Employment History

1. Employer: _____ Position: _____ Salary: _____ Dates of employment: _____ Reason for leaving: _____	2. Employer: _____ Position: _____ Salary: _____ Dates of employment: _____ Reason for leaving: _____
3. Employer: _____ Position: _____ Salary: _____ Dates of employment: _____ Reason for leaving: _____	4. Employer: _____ Position: _____ Salary: _____ Dates of employment: _____ Reason for leaving: _____
5. Employer: _____ Position: _____ Salary: _____ Dates of employment: _____ Reason for leaving: _____	6. Employer: _____ Position: _____ Salary: _____ Dates of employment: _____ Reason for leaving: _____
7. Employer: _____ Position: _____ Salary: _____ Dates of employment: _____ Reason for leaving: _____	8. Employer: _____ Position: _____ Salary: _____ Dates of employment: _____ Reason for leaving: _____

Any additional employment information?

Have you ever been convicted of a crime? Yes No If yes, explain: _____

Are you now in or have you ever been in a domestic abuse situation? Yes No If yes, explain: _____

Do you have other problems that would keep you from getting a job?

What do you see as your work related skills/strengths?
 Mechanical Skills Electronic/Computer Skills Professional/Customer Services Skills
 Office Skills Cooking/Food Prep Other

Can you operate any of the following?
 Calculator Fax Machine Copier Postage Meter Cash Register

Computer Multi-Line Phone Other

Section III. Education/Training

(CIRCLE CURRENT OR HIGHEST GRADE COMPLETED)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 +

Date completed

Do you have:

GED High School Diploma
 College Degree

If college, degree or area of study

Vocational Training (list type of training)

School:

Do you need training to get a job?

What do you see yourself doing in 5 years?

(FOR OFFICE USE ONLY)

Barriers identified to employment (these can be noted at any time). Attach additional page(s) as needed.

Participant's Signature

Date

Agency Representative's Signature

Date