## MWA System User Guide Table of Contents

MWA Main Menu	1
Office Section Screens	
New Participant List	2
Transferred Participant List	4
Case Manager Task List	5
Case Manager Participant List	7
Mass Participation Hours	9
<u>Office Detail</u>	11
Region Detail	12
Office Case Manager List	13
Staff Detail	14
Case Transfer Request	15
Caseload Transfer	16
Case Manager History	17
Staff Search	18
Participant Section Screens	
Name/SSN Search	19
Participant Information	21
Domestic Violence Screens	
DV Screening	25
DV Assessment	27
DV Summary	29
Assessment	30
Employment Assessment	31
Employment History List	34

Education Assessment       3         Transportation Assessment       4         Legal Assessment       4         Child Care Assessment       4         Health Assessment       4         Assessment – Case Manager Summary       4         Individual Employment Plan (IEP)       4         Participation Hours Verification       5         Paid Activity Hours       5         Unpaid Activity Hours       5         Unpaid Activity Hours       5         Vork Related Expenses (WRE)       5         Case Notes       5         Case Notes       5         TA Info Listing       6         TA Participation Information       6         TA Participation Information       6         TA Exclusion Listing       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Listing       6         Educational Listing       7         Educational Listing       7         Education Documentation       7         Education Documentation       7	Employment Detail	35
Transportation Assessment       4         Legal Assessment       4         Child Care Assessment       4         Health Assessment       4         Assessment – Case Manager Summary       4         Individual Employment Plan (IEP)       4         Participation Hours Verification       5         Paid Activity Hours       5         Unpaid Activity Hours       5         Unpaid Activity Hours       5         Stransportation Reimbursement Expenses (TRE)       5         Work Related Expenses (WRE)       5         Case Notes       5         Case Actions       5         TA Info Listing       6         TA Participation Information       6         TA Participation Information       6         TA Exclusion Record       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record for Mandatory Recipients       6         Education Documentation       7         Education Documentation       7         Resource Section       7	Household Assessment	37
Legal Assessment       4         Child Care Assessment       4         Health Assessment       4         Assessment – Case Manager Summary       4         Individual Employment Plan (IEP)       4         Participation Hours Verification       5         Paid Activity Hours       5         Unpaid Activity Hours       5         Unpaid Activity Hours       5         Transportation Reimbursement Expenses (TRE)       5         Work Related Expenses (WRE)       5         Case Notes       5         Case Actions       5         TA Info Listing       6         TA Participation Information       6         TA Participation Information       6         TA Exclusion Listing       6         TA Exclusion Record       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Education Assessment	39
Child Care Assessment       4         Health Assessment       4         Assessment – Case Manager Summary       4         Individual Employment Plan (IEP)       4         Participation Hours Verification       5         Paid Activity Hours       5         Unpaid Activity Hours       5         Unpaid Activity Hours       5         Unpaid Activity Hours       5         Vork Related Expenses (WRE)       5         Case Notes       5         Case Actions       5         Tamporary Assistance Information       6         TA Participation List       6         TA Participation Information       6         TA Exclusion Listing       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Listing       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Transportation Assessment	40
Health Assessment       4         Assessment – Case Manager Summary       4         Individual Employment Plan (IEP)       4         Participation Hours Verification       5         Paid Activity Hours       5         Unpaid Activity Hours       5         Unpaid Activity Hours       5         Unpaid Activity Hours       5         Vork Related Expenses (WRE)       5         Case Notes       5         Case Actions       5         TA Info Listing       6         TA Participation List       6         TA Participation List       6         TA Exclusion Listing       6         Conciliation/Sanction Record       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7	Legal Assessment	41
Assessment - Case Manager Summary       4         Individual Employment Plan (IEP)       4         Participation Hours Verification       5         Paid Activity Hours       5         Unpaid Activity Hours       5         Unpaid Activity Hours       5         Vork Related Expenses (WRE)       5         Case Notes       5         Case Actions       5         TA Info Listing       6         TA Participation Information       6         TA Participation Information       6         TA Exclusion Listing       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Child Care Assessment	42
Individual Employment Plan (IEP)       4         Participation Hours Verification       5         Paid Activity Hours       5         Unpaid Activity Hours       5         Transportation Reimbursement Expenses (TRE)       5         Work Related Expenses (WRE)       5         Case Notes       5         Case Notes       5         Case Actions       5         TA Info Listing       6         Temporary Assistance Information       6         TA Participation List       6         TA Exclusion Record       6         Conciliation/Sanction Record       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Health Assessment	43
Participation Hours Verification       5         Paid Activity Hours       5         Unpaid Activity Hours       5         Transportation Reimbursement Expenses (TRE)       5         Work Related Expenses (WRE)       5         Case Notes       5         Case Actions       5         TA Info Listing       6         TA Participation List       6         TA Participation Information       6         TA Exclusion Record       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Listing       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Assessment – Case Manager Summary	44
Paid Activity Hours       5         Unpaid Activity Hours       5         Transportation Reimbursement Expenses (TRE)       5         Work Related Expenses (WRE)       5         Case Notes       5         Case Actions       5         TA Info Listing       6         Temporary Assistance Information       6         TA Participation List       6         TA Exclusion Listing       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Individual Employment Plan (IEP)	46
Unpaid Activity Hours       5         Transportation Reimbursement Expenses (TRE)       5         Work Related Expenses (WRE)       5         Case Notes       5         Case Actions       5         TA Info Listing       6         Temporary Assistance Information       6         TA Participation List       6         TA Exclusion Listing       6         TA Exclusion Record       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Participation Hours Verification	50
Transportation Reimbursement Expenses (TRE)       5         Work Related Expenses (WRE)       5         Case Notes       5         Case Actions       5         TA Info Listing       6         Temporary Assistance Information       6         TA Participation List       6         TA Participation List       6         TA Exclusion Listing       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Paid Activity Hours	51
Work Related Expenses (WRE)       5         Case Notes       5         Case Actions       5         TA Info Listing       6         Temporary Assistance Information       6         TA Participation List       6         TA Participation Information       6         TA Exclusion Listing       6         TA Exclusion Record       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Unpaid Activity Hours	52
Case Notes       5         Case Actions       5         TA Info Listing       6         Temporary Assistance Information       6         TA Participation List       6         TA Participation Information       6         TA Participation Information       6         TA Exclusion Listing       6         Conciliation/Sanction Record       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Transportation Reimbursement Expenses (TRE)	53
Case Actions       5         TA Info Listing       6         Temporary Assistance Information       6         TA Participation List       6         TA Participation List       6         TA Participation List       6         TA Participation Information       6         TA Exclusion Listing       6         TA Exclusion Record       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Work Related Expenses (WRE)	55
TA Info Listing       6         Temporary Assistance Information       6         TA Participation List       6         TA Participation Information       6         TA Participation Information       6         TA Participation List       6         TA Participation Information       6         TA Exclusion Listing       6         TA Exclusion Record       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Case Notes	57
Temporary Assistance Information       6.         TA Participation List       6.         TA Participation Information       6.         TA Participation Information       6.         TA Exclusion Listing       6.         TA Exclusion Listing       6.         Conciliation/Sanction Record       6.         Conciliation/Sanction Record for Mandatory Recipients       6.         Educational Listing       7.         Education Documentation       7.         Resource Section       7.	Case Actions	59
TA Participation List       6         TA Participation Information       6         TA Exclusion Listing       6         TA Exclusion Record       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7         Resource Section       7	TA Info Listing	61
TA Participation Information       6         TA Exclusion Listing       6         TA Exclusion Record       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7         Resource Section       7	Temporary Assistance Information	62
TA Exclusion Listing       6         TA Exclusion Record       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7         Resource Section       7	TA Participation List	64
TA Exclusion Record       6         Conciliation/Sanction Listing       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7         Resource Section       6	TA Participation Information	65
Conciliation/Sanction Listing       6         Conciliation/Sanction Record for Mandatory Recipients       6         Educational Listing       7         Education Documentation       7         Resource Section	TA Exclusion Listing	66
Conciliation/Sanction Record for Mandatory Recipients       66         Educational Listing       77         Education Documentation       77         Resource Section       74	TA Exclusion Record	67
Educational Listing       7         Education Documentation       7	Conciliation/Sanction Listing	68
Education Documentation 74	Conciliation/Sanction Record for Mandatory Recipients	69
Resource Section	Educational Listing	73
	Education Documentation	74
Letters & Forms	Resource Section	
	Letters & Forms	75

Reports	77
TA Policy	78
Federal Calendars	80
MWA User Guide	81
MERIC	82

### MWA Main Menu



The MWA system is easily navigated with your cursor or mouse by selecting an option on the main menu. This menu, also referred to as the Dashboard, displays when you are logged into the MWA System. The menu is divided into three sections: Office (1), Participants (2), and Resources (3). Each section is followed by links to screens or resources that relate to the section heading.

Detailed information on individual screens is included on the corresponding pages in the user guide. When working in the MWA system, you may return to this MWA Main Menu screen at any time by selecting the Missouri Work Assistance – Family Support Division link (4) that displays in the upper left corner of each screen.

When a participant's DCN is entered in most screens on the PARTICIPANT section of this system, it auto-populates other screens if they are accessed using the tab system across the top of the page.

The Privacy Policy (5) for the State of Missouri can be accessed from each MWA System screen and also links to other sites available from the Official Missouri State Website.

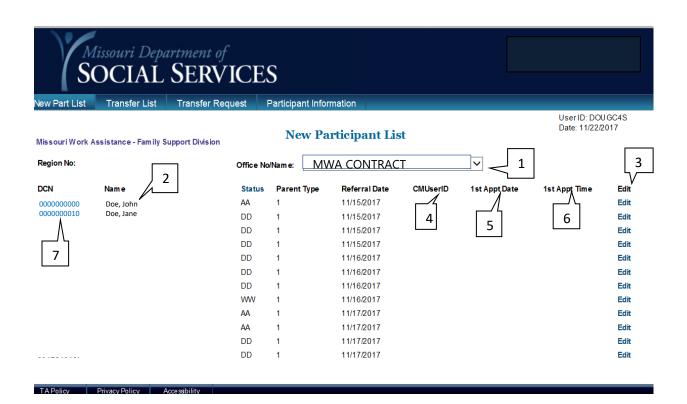
The Mo.gov website complies with standards of accessibility. The Accessibility link (6) is available at the bottom of each MWA System screen.

#### **OFFICE SECTION SCREENS**

#### **New Participant List**

This screen lists new participants referred to the MWA provider. MWA staff with the required security access use this screen to assign new participants to a MWA case manager, schedule an initial appointment, and generate the initial call-in letter. New participants remain on this listing until they are reassigned to a caseload within the region. Once assigned, the participant is displayed on the assigned staff member's caseload listing information.

To access this screen, select New Participant List from the MWA Main Menu.



Status key:

- AA = Sanctioned Applicant
- DD = Mandatory
- WW = Voluntary
- ZZ = Closed Case
- M3 = Active Case with Children's Division
- M4 = Temporarily Disabled
- M8 = Lack of Child Care
- M9 = Lack of Transportation
- TB = TEB

## TO ASSIGN A CASE MANAGER AND SCHEDULE AN INITIAL APPOINTMENT:

- 1. Select your office from the Office No/Name drop-down menu (1).
- 2. You will see a New Participant List for your location if new participants have been referred to your office. (2).
- 3. Select Edit for the participant you wish to update (3). The Parent Type column will display a "1" for single parent households and a "2" for 2-parent households.
- 4. Select the case manager you wish to assign the participant to from the drop-down menu that appears under CMUserID (4). If the case manager will send Call-In Letter #1, select Update at this time. This places the new participant on the case manager's task list. When the case manager identifies a new participant on his/her task list, he/she goes to the Participant Info screen and completes the first appointment date and time, and selects Print Letter.
- You can also assign the participant to a case manager *and* schedule the first appointment. To do this, select the case manager from the CMUserID drop-down box (4), select the date in the 1<sup>st</sup> Appt Date column (5) and select the appointment time (6).
- 6. Select Update to save the case manager assignment and generate Call-In Letter #1 (if you have elected to complete the appointment date and time). If you are only assigning a case manager on this screen, you will select Update. The message '*The attempt to process new participant has been successful*' will display when the action is complete and the participant no longer appears on the New Participant List.

**NOTE:** The process is the same for Sanctioned Applicants (AA) except the system will bring up a different call-in letter for applicants.

**NOTE:** Selecting an individual DCN on the New Participant List (7) takes you to the Participant Information screen for the selected participant.

## **Transferred Participant List**

This screen is used to accept transferred participants from other MWA Regions. MWA contracted staff with the required security access use this screen to reassign transferred participants to a case manager in the receiving office.

To access this screen, select the Transferred Participant List from the MWA Main Menu.

	Se Se	lissouri Department o OCIAL SERV	/ICES		
	New Part List	Transfer List Transfer R	equest		
		ssistance - Family Support Division	Iransierred Participant L		User ID: DOUGC4S Date: 11/22/2017
	Region No:		Office No/Name: MWA CONTRACT PF		
5	DCN > 0000000000 0000000000	Name 2 Doe, John Doe, Jane	<b>Transferred</b> 9/1/2016 12:00:00 AM 9/7/2016 12:00:00 AM	StaffID 4 SuperCM2 System000	Edit 3 Edit

## TO ACCEPT A TRANSFER-IN AND ASSIGN A CASE MANAGER:

- 1. Select your office from the Office No/Name drop-down menu (1).
- 2. You will see a Transferred Participant List for the selected location (2).
- 3. Select Edit (3) (visible with proper security level) beside the participant you wish to assign to a case manager.
- 4. A drop-down menu appears. Select the appropriate case manager from the dropdown menu (4).
- 5. Select the Save option beside the participant's name.
- 6. The message '*The attempt to process Transfer has been successful*' will display when the action is complete.
- 7. The participant is now assigned to a case manager, and no longer shows on the Transferred Participant List.

**NOTE:** Selecting an individual DCN (5) on the Transferred Participant List takes you to the Participant Information screen for the selected participant.

## Case Manager Task List

This screen allows tasks to be viewed for the selected MWA office as well as individual case managers in the selected MWA office. The Case Manager Task List screen displays the task and its due date next to the participant the task is assigned to.

To access this screen, select Case Manager Task List from the MWA Main Menu.

Office CM List	Staff Detail	CM Task Lis	t CM Part List					
	ssistance - Fami	ily Support Division		Manager Tas	sk List	1		User ID: DOUGC4 Date: 11/22/2017
Region No:			Office No/Name:	MWA CONTRA	ACT PROVIE	DER		
Case Manager: (for complet	ALL e office list, select A	ALL)					8	
Total of Number of	of Tasks Comple	eted During Previous	5.7 Days: 114		Com pleted	Tasks Only:		
Enter date rang	e if desired:	From:			To:			
			5			1		
Choose a task	descripti <del>on if</del> de Last Name, Fir		ALL Task		~	Filter Due Date	6 Com plete	9 Print
-		rst Name	ALL	JVER FOR PARTICIPA	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u>ل</u>	
DCN	Last Name, Fir	rst Name	ALL	IVER FOR PARTICIPA	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Due Date	Complete	Print
DCN	Last Name, Fir	rst Name	ALL Task TEMPORARY WA SANCTIONED	IVER FOR PARTICIPA	)	Due Date 4/26/2017	Com plete	Print Print
DCN	Last Name, Fir	rst Name	ALL Task TEMPORARY WA SANCTIONED PARTICIPANT DII 50% - SEND 50%	D NOT ATTEND 1st 6 SANCTION ALERT		Due Date 4/26/2017 4/27/2017 4/28/2017 4/28/2017	Com plete	Print Print Print Print Print
DCN	Last Name, Fir	rst Name	ALL Task TEMPORARY WA SANCTIONED PARTICIPANT DII 50% - SEND 50% 50% - SEND 50%	D NOT ATTEND 1st 6 SANCTION ALERT 6 SANCTION ALERT		Due Date 4/26/2017 4/27/2017 4/28/2017 4/28/2017 4/28/2017	Com plete	Print Print Print Print Print Print
DCN	Last Name, Fir	rst Name	ALL Task TEMPORARY WA SANCTIONED PARTICIPANT DII 50% - SEND 50% 50% - SEND 50% 50% - SEND 50%	D NOT ATTEND 1st 6 SANCTION ALERT 6 SANCTION ALERT 6 SANCTION ALERT	2	Due Date 4/26/2017 4/27/2017 4/28/2017 4/28/2017 4/28/2017 4/28/2017	2	Print Print Print Print Print Print Print
DCN	Last Name, Fir	rst Name	ALL Task TEMPORARY WA SANCTIONED PARTICIPANT DII 50% - SEND 50% 50% - SEND 50% 50% - SEND 50% 3 WEEKS HAVE F	D NOT ATTEND 1st 6 SANCTION ALERT 6 SANCTION ALERT 6 SANCTION ALERT PASSED SINCE SANC	2	Due Date 4/26/2017 4/27/2017 4/28/2017 4/28/2017 4/28/2017 4/28/2017 4/28/2017	Com plete	Print Print Print Print Print Print Print Print
DCN	Last Name, Fir	rst Name	ALL Task TEMPORARY WA SANCTIONED PARTICIPANT DII 50% - SEND 50% 50% - SEND 50% 50% - SEND 50% 3 WEEKS HAVE F Hours provided b	D NOT ATTEND 1st 6 SANCTION ALERT 6 SANCTION ALERT 6 SANCTION ALERT PASSED SINCE SANC 9 JOBS.MO.GOV.	2	Due Date 4/26/2017 4/27/2017 4/28/2017 4/28/2017 4/28/2017 4/28/2017 4/28/2017 4/28/2017 4/29/2017	Com plete	Print Print Print Print Print Print Print Print Print
DCN	Last Name, Fir	rst Name	ALL Task TEMPORARY WA SANCTIONED PARTICIPANT DII 50% - SEND 50% 50% - SEND 50% 50% - SEND 50% 3 WEEKS HAVE F	D NOT ATTEND 1st 6 SANCTION ALERT 6 SANCTION ALERT 6 SANCTION ALERT PASSED SINCE SANC 9 JOBS.MO.GOV. IGED BY TANF	2	Due Date 4/26/2017 4/27/2017 4/28/2017 4/28/2017 4/28/2017 4/28/2017 4/28/2017	Com plete	Print Print Print Print Print Print Print Print

## TO REVIEW CASE MANAGER TASKS:

- 1. Select your office from the Office No/Name drop-down menu (1).
- 2. All tasks for this office (2) will be displayed. To view tasks for an individual case manager, select that case manager from the Case Manager drop-down menu (3).
- 3. If you wish to view only tasks from a specific date range, put the date range in the from and To boxes beside Enter date range if desired.
- 4. The number of pages of tasks displays at the bottom of the list (4). Select a page number to view the tasks for that page.
- 5. The list of tasks displays in order of due date. You may choose any of the blue column headings (5) to re-sort the list according to your needs. For example, you may view all tasks assigned for a specific participant by selecting LAST NAME, FIRST NAME to re-sort the list alphabetically by participant last name. Selecting the blue column again reverses the display order.
- 6. Important information about the participant shows beside his/her name in the Task column (2).
- 7. Once you have viewed this information and taken any necessary action, check the box in the Complete (6) column and then select the Complete button (7) at the bottom of the screen to remove the task from the list.
- 8. To view all completed tasks, check the Completed Tasks Only box (8).
- 9. Selecting the Print option (9) beside a participant takes you away from the Case Manager Task List and directs you to Letters and Forms.

**NOTE:** Selecting the DCN shown in blue (10), takes you to the Participant Information screen for that participant.

**NOTE:** The participant's name also shown in blue (11) may be selected to direct you to the Add Task screen to create a new task to show on the list in the future.

**NOTE:** The Add Task button may be found at the bottom of many screens in the MWA System.

### **Case Manager Participant List**

This screen lists participants assigned to a MWA case manager and allows specific groups of participants to be viewed. MWA contracted staff with the required security access can use this screen to assign a participant to a new MWA case manager.

To access this screen, select Case Manager Participant List from the MWA Main Menu.

	Missouri Department of SOCIAL SERVI	CES		
	Missouri Work Assistance - Family Support Division CM UserID: SuperCM2	Case Manager Partici Region: <u>MWA CONTRACT</u> CM First Name	pant List Office: MWA OFFICE	User ID: DOUGC4S Date: 11/22/2017
2	- Total Participants Assigned To Case Manager: Total Participants Never Assigned an Activity: Total Participants Where All Activities Are Ended: Previous Month Total Participants Who Had an Open Activity but No Hours Posted to It:	35 1 6 2	Total Participants Sanctioned: Sanctioned Less Than 45 Days: Sanctioned More Than 45 Days: Total Participants With Waiver: Total Participants In Conciliation: Total Participants With Barriers:	0 0 6 5 21
6		Total Participants Never Assigned MWA STATUS REQUIRED HOURS MANDATORY 100 Add Task	ACTIVITY HOURS CASE MANAGER SuperCM2	REASSIGN 4

TA Policy Privacy Policy Accessibility

## TO VIEW PARTICIPANTS ASSIGNED TO AN MWA CASE MANAGER:

- 1. Select the case manager from the CM UserID drop-down menu (1).
- 2. The categories (2) you may choose to view will display. Select the blue number beside the category of participants you wish to view.
- 3. The list of participants displays in order of DCN.

**NOTE:** You may choose any of the blue column headings (3) to re-sort the list according to your needs. For example, if you are looking for a specific participant, you may wish to select LAST NAME and re-sort the list alphabetically by participant last name. Selecting the blue column again reverses the display order.

#### TO ASSIGN A PARTICIPANT TO A DIFFERENT MWA CASE MANAGER:

- 1. Select the case manager from the CM USERID drop-down menu.
- 2. Select the number beside the Total Participants Assigned To Case Manager field.
- 3. Locate the participant you wish to reassign. You may choose to sort the list by name or DCN to make it easier to find the participant.
- 4. Once you have located the participant, select Edit (4) (visible with proper security level) beside his/her name.
- 5. A drop-down menu appears in the CASE MANAGER column (5). Select the new MWA case manager from the drop-down menu.
- 6. Select Save. The message '*The attempt to process reassignment has been successful*' will display when the action is complete and the participant is removed from the previous case manager's listing.
- 7. Select Cancel to avoid making any changes.

**NOTE**: Selecting the DCN (6), (shown in blue) takes you to the Participant Information screen for that participant.

#### Mass Participation Hours

This screen lists each participant assigned to a case manager, sanction status, any activity he/she has open on the IEP, and the expected hours for each activity. Any participation hours already verified for the selected month also display.

This screen may be used to research which participants are in an activity, which participants have hours verified in an activity, and also to enter participation hours for any activity.

To access this screen, select Mass Participation Hours from the MWA Main Menu.

			partment of L SERVI	CES								
Mass Part Hours	CM Part List	CM Task Lis	it									
Missouri Work Assis	CM UserID: Sur CM Last Name:	perCM2		-			IWA	OFFIC	CE LOO		D N N	ser D: DOUGC4S  ate: 11/22/2017 -
										<u> </u>	1	
	DCN	Last Name	First Name	Sanctioned	Activity	Exp Hrs	9/2	eek Endi 9/9	ng 9/16	9/23	9/30	1
	DCN	Last Name	riist name	Y	Activity	CAP ITS	9/2	919	9/10	9/2.5	9/30	-
	0000000000	Doe	John	Y	Job Search & Readiness (Manual Entry)	20						·
					Conciliation	0						
				N	Unsubsidized Paid Employment	20	[12]	[12]				4
	0000000000	Doe	Jane	N	Unsubsidized Paid Employment	30	[30]	[30]				
	0000000000	DUE	Jane		Conciliation	0						]
				Y								
				Y								
				Y								
				N	High School	20						
				Y								-
				N	Unsubsidized Paid Employment	12	[11]	[11]				
				Y	Unsubsidized Paid Employment	32	[19]	[19]				-
				Y	Vocational Education & Training AWEP/CWEP	20 25						-
				Y	Assessment	25						1
				Add Note				<u>I</u>	<u> </u>	<u> </u>	1	1

Privacy Policy

# TO ENTER ACTIVITY HOURS ON THE MASS PARTICIPATION HOURS VERIFICATION SCREEN:

- 1. Select the case manager from the CM UserID drop-down menu (1).
- 2. Select the month you wish to view from the Monitor Period drop-down menu (2).
- 3. All participants and open activities display.
- 4. Select the week (3) you wish to enter hours for. The weeks you will be able to enter hours for show a number in blue or have two blue dashes (4).
- 5. Once you select the week, you are taken to the PAID/UNPAID ACTIVITY HOURS screen to record verified hours in the activity. See user guide instructions for Participation Hours Verification. Selecting Save and then Close from the Participation Hours Verification page allows you to return to the Mass Participation Hours Verification screen.

**NOTE**: Selecting the DCN, (shown in blue) takes you to the Participant Information screen for that participant.

**NOTE:** You have the option to access the Case Notes Detail screen by selecting the blue Add Note option at the bottom of the screen. You may also access the Add Task screen by selecting the blue Add Task option.

#### **Office Detail**

The purpose of this screen is to capture the MWA Office and Name, Region, Counties served, Physical and/or Mailing Address, Phone and/or Fax Number, and Contact Name.

This screen is accessed from the MWA Main Menu, Office Case Manager List, Staff Detail, and Region Detail.

	Mis SC	ssouri Depa DCIAL	rtment of SERVIC	ES				
	Office CM List	Regional Detai	Office Detail	Staff Detail	CM Task List	New Par	rt List Transfe	 
	Missouri Work Ass	sistance - Family Su	upport Division	M	WA Office D	etail	2	User ID: DOUGC4S Date: 11/22/2017
	MWA Office:		Select An Office		V F	Region Se	lect Region	$\sim$ 1
3	Office Name							
5	County/Counties S	erved						
~~	Physical Address	S						
4	Address1							
	Address2							
5	City				State		Zip	
>	Mailing Address							
	Address1							
	Address2							 
	City				State		Zip	
6	Phone Num ber				Γ	•		
	Fax Num ber			7		8		
	Contact Nam e		Select Staff V		Phone:	-	EMail:	
				Save	9	New Office		
	TA Policy P	rivacy Policy	10.10					

#### TO ENTER/UPDATE OFFICE MAINTENANCE

- 1. Select the MWA Region from the drop down menu (1).
- 2. Select the MWA Office from the drop down menu (2).
- 3. Enter the Office Name in the box provided (3).
- 4. Enter the Physical Address in the Physical address section (4).
- 5. Enter the Mailing Address in the in the Mailing Address section (5).
- 6. Enter the Phone, and Fax numbers in space provided (6).
- 7. Select a Staff Name (7) from the drop down menu and add their phone number and e-mail address (8).
- 8. Select Save (9). The message '*Operation is Successful*' will display when action is complete.

**NOTE:** Only MWA contracted staff with the required security access may enter data or update this screen.

### **Region Detail**

The purpose of this screen is to show and/or update the MWA Region and the offices served. The Region Detail screen also shows the Physical and/or Mailing Address, Phone and/or Fax Number, Region Contact, MWA Coordinator, and the MWA Field Manager for the Region.

This screen is accessible from the MWA Main Menu, the Office Case Manager List, and Staff Detail screens.

	Missouri Department of SOCIAL SERVICES	
Office CM List	Regional Detail Office Detail Staff Detail CM Task List New Part List Transfer List	
Missouri Work A	sistance - Family Support Division 1 Region Detail	User ID: DOUGC4S Date: 5/18/2017
	Region:Select A Region	
	Offices Sarved OfficeID Location	
	Address1	
/	Phone:	
	Ellar	
3	City State Zip MWA Coordinator 5 Mailing Address -Select State 7	
	Address1 Phone:	
	Address2	
	City State Zee MWA Field Manager 6	
	Select Stati-	
	Phone Number	
	Fax Number 7	
	Save	

## TO ENTER/UPDATE REGION MAINTENANCE

- 1. From the drop down menu select the Region Number/Contractor (1) you wish to access. Offices served (2) should populate below that information after you select the Region Number/Contractor.
- 2. Offices Served (2) show the Office ID and the Location (County) for all offices in the Region above.
- 3. The Address fields (3) show the Physical Address, Mailing Address, Phone and Fax numbers for the Regional Office selected.
- 4. The Region Contact (4), MWA Coordinator (5), and MWA Field Manager (6) are drop down fields for selecting the individuals that are serving the selected Region.
- 5. If fields are changed or updated, select Save (7), The message '*Operation Successful*' will display when the action is complete

**NOTE:** Only MWA contracted staff with the required security access may enter data or update this screen.

## Office Case Manager List

This screen allows the office manager or other persons with the appropriate security clearance level to view a listing of case managers associated with the office and the total active cases assigned to each case manager.

To access this screen, select Office Case Manager List from the Main Menu.

	MA SC	issouri Depa DCIAL	rtment of SERV	ICES				
Office CM List	Regional Detail	Office Detail	Staff Detail	New Part List	Transfer List			
Missouri Work As	sistance - Family Supp	port Division		Offic	e Case Manage	er List		User ID: DOUGC4S Date: 5/18/2017
	Region No:			Office No/Name:	MWA CONT	RACT	1	
3		ients from FAMIS for , ides those NOT referred CM Na	to MWA)	<u>v this office:</u> 44		Total Active Cases 0 0 0 28 0	4	

## TO VIEW A LIST OF CASE MANAGERS ASSOCIATED WITH AN OFFICE AND THE CASELOAD SIZE OF EACH:

- 1. Select the office from the Office No/Name drop-down menu (1).
- 2. The total TANF recipients for the counties served by the office displays (2).
- 3. The list of case managers associated with the selected office display (3) along with the total active cases assigned to each case manager (4).
- 4. Page numbers display at the bottom of the listing if there are multiple pages of case managers.

**NOTE**: Selecting the CM UserID (5) of a case manager directs you to the Staff Detail screen for that case manager.

**NOTE**: Selecting CM Name (6) directs you to the Case Manager Participant List for that case manager.

### Staff Detail

The purpose of this screen is to list logistical information (Title, Address, E-Mail, Phone, Fax, and Supervisor ID) for a selected case manager based on the Office Name selected.

The Staff Detail screen is accessible from the MWA Main Menu, Case Manager Task List, Office Case Manager List, and the Region Detail Screen.

	M	issouri Depa DCIAL	urtment of SERV	ICES					
Office CM List	Regional Detail	Office Detail	Staff Detail	CM Task List	New Part List	Transfer List	CM Part List		
Missouri Work Assi	istance - Fami <u>1</u>	t Division			Staff Detail	l			User ID: MACILIO Date: 12/5/2018
	Office No/Name	Select An (	Office		✓ Region No			_	
	Staff:	$\sim$			Role:	-Selec	t-	$\sim$ /	
3	Last Nan 2 First Name				MI: [		Suffix:		
	Email Address Phone Number				Extension:				
	Fax Number Worker Statu	4 Active O II	nactive		Status Dat	ie: 5	]		
	6	5		Add New		Save	8		

## TO ADD/UPDATE STAFF MAINTENANCE

- 1. Select the Office Name and Number (1) from the drop down menu.
- 2. Select the Staff Person (2) that you wish to update from the drop down menu.
- 3. The Last Name, First Name, Middle Initial, Suffix, Title, E-Mail Address, Phone, and Fax Number (3) of the Staff Person previously selected in the boxes provided are displayed.
- 4. The Active or Inactive button (4) shows the current Worker Status. The date the Status is updated is provided under Status Date (5).
- 5. The Supervisor ID (6) displays in the box provided;
- 6. The appropriate security role for the individual (7) is listed on the right.
- 7. Upon completing updates, select Save (8), the message 'Operation Successful' will display when complete.

**NOTE:** Only MWA contracted staff with the required security access may update this screen. All initial staff details and terminations are completed by FSD MWA staff.

### Case Transfer Request

The Case Transfer Request screen is used to transfer a participant from one MWA contractor to another. This happens when a participant moves to another region or chooses to work with a contractor in another region.

To access this screen, select Transfer Request from the MWA Main Menu.

Persons with the required clearance level use this screen to request a participant be transferred to another MWA contractor.

Missouri Department of SOCIAL SERVICES New Part List Transfer List Transfer Request		
Missouri Work Assistance - Family Support Division DCN G0 Last Name:	ransfer Request First Name:	User ID: DOUGC4S Date: 5/18/2017
1       Current Region:         Provider:       Current Office:         Location:       Location:         CM User ID:       Transfer Date:         New Office:      Select An Office         4      Select An Office	Subject Note	5

## TO REQUEST A PARTICIPANT BE TRANSFERRED TO ANOTHER MWA CONTRACTOR:

- 1. Type the participant's DCN in the DCN field (1) and select Go (2).
- 2. The participant's current office assignment (3) will display.
- 3. Select the office you wish to transfer the participant to from the drop-down menu beside New Office (4).
- 4. You may type a note in the Subject and Note sections (5) if you have information you wish for the receiving agency to have.
- 5. Select Submit (6).
- 6. The message '*Transfer was successful*' will display when the action is complete. The participant shows on the Transferred Participant List of the new agency.

## **Caseload Transfer**

The Caseload Transfer screen is available for users with appropriate security clearance to transfer multiple participants from one MWA caseload to another.

To access this screen, select Caseload Transfer from the MWA Main Menu.

ľ	Missouri D SOCIA	epartment o L SERV	of / ICES					
Office CM List	Regional Detail	Office Detail	Staff Detail	CM Task List	New Part List	Transfer List	Transfer Request	CM Part List
Missouri Work A Division	ssistance - Family S	Support		Caseload	Transfer			User ID: DOUGC4S Date: 5/18/2017
CM UserID	-Select-	~	Region:	MWA PROVIE	DER	Office M	WA OFFICE LOCA	TION
CM Last N	ame:		CM First Na	ame:	2			
Transfer	Checked Participan	ts to this Case Ma	nager: -Select-	~				
3 Chec	k All	DCN	La	st Name, First Nam	ie	:	Zip Code	
	000	000000	Doe, John					
				Transfer C	hecked	4		

## TO TRANSFER PARTICIPANTS TO ANOTHER CASELOAD:

- 1. Use the CM UserID drop-down menu (1) to select the caseload for which you want to transfer cases OUT. A list of cases in that load will display.
- 2. Use the Transfer Checked Participants (2) to this Case Manager drop-down menu to select the caseload you wish to transfer cases TO.
- 3. If you wish to transfer all cases in the original load, use the Check All box (3) at the top of the left column. If you wish to transfer only certain cases, select those cases in the left column.
- 4. Select Transfer Checked. (4) The message 'Save Successful' will display when the action is complete.

### Case Manager History

The Case Manager History screen is used to view prior and current case managers assigned to a case or offices a case has been assigned to.

To access this screen, select Case Manager History from the MWA Main Menu.

	Case Actions k Assistance - Fam	I	om Violence IEF	Assessment	l	TA Info List	New Part List	Exclusion Listing User ID: DOUGC4 Date: 5/18/2017
Division DCN: Last Nar Office:	ne: MWA OFFIC		2 First Name:	_		Case Manage	er: SuperCM	2
Begin Da			e Manager ID	Case Man	ager Name		Office	
5/31/201			DEJA12	Doe, Ja	ine			
10/2/201: 9/27/201:								
8/22/201								
5/23/201	2 8/22/	2012						
5/22/201	2 5/23/	2012						
5/22/201	2 5/22/	2012						
Next	4			Add Note	Add Task	1		

#### TO SEARCH FOR PRIOR CASE MANAGER ASSIGNMENTS BY DCN:

- 1. Type the DCN (1) of the participant you wish to view a case manager history of.
- 2. Select Go (2).
- 3. A history of case manager assignments will appear (3).
- 4. If more than one page of history appears, the Next option (4) appears at the bottom and will take you to the following page if selected. Selecting the two arrows (>>) beside the word Next takes you to the last page of the list.

### Staff Search

This screen allows you to search for MWA System users by USERID or by name.

To access this screen, select Staff Search from the MWA Main Menu.

Missouri Depart SOCIAL S	ment of SERVI	CES				
Missouri Work Assistance - Family Support Division		Staff Se	arch			User ID: DOUGC48 Date: 5/18/2017
Select your search category, enter se User ID. CLast Name and First Name only	arch value and	click GO:				
* Indicates Required Field * User ID: SuperC	2					
G0 Clear Entry						
USER ID LAST NAME	FIRST NAME	MWA OFFICE	PHONE NUMBER	REGION	ROLE	STATUS
SuperCM2 Doe	Jane	MWA Office Location	(000) 111-2222	#	Case Manager	Active

### TO SEARCH FOR A STAFF MEMBER BY USERID:

- 1. Select the USERID button (1).
- 2. A field will appear allowing you to enter the staff member's USERID (2).
- 3. Type the USERID of the staff member you wish to find in the box beside USERID (2).
- 4. Select GO (3).
- 5. The user should appear, with the USERID in blue.
- 6. Selecting the USERID (shown in blue) takes you to the Staff Detail Screen for that staff member.

#### TO SEARCH FOR A STAFF MEMBER BY NAME:

- 1. Select the Last Name and First Name button (1).
- 2. Fields appear allowing you to enter the staff member's Last Name and First Name. You may also enter only a portion of the staff member's first and last names if you are unsure of the spelling.
- 3. Select GO (3).
- 4. A list of staff members matching your search criteria appear.
- 5. Selecting the USERID (shown in blue) takes you to the Staff Detail Screen for that staff member.

### Name/SSN Search

This screen allows you to search for participants by name or social security number. This is useful if you do not have the participant's DCN.

To access this screen, select Name/SSN Search from the MWA Main Menu.

		S	Missouri I OCIA	Departmen L SEF	t of WICES							
	Mis: Divis		istance - Family	r Support		Name / SSN	Search			-	lser ID: DOUGC4 Pate: 5/18/2017	4S
1	] /	SSN only. Clast Name	and First Name or		lue and click GO:							
	l	₩ SSN:	Required Field	2								
			LAST NAME	FIRST NAME	SCLR STREET ADDRESS	CITY	STATE	ZIP	OFFICE	OFFICE NAME	STATUS	
	TA	000000000000	Doe acy Policy	Jane Accessibility	Main Street	Anytown	МО	60000	MWA	MWA Office	Active	

## TO SEARCH FOR A PARTICIPANT BY SOCIAL SECURITY NUMBER:

- 1. Select the SSN only button (1).
- 2. A field appears allowing you to enter the participant's SSN (2). Enter the SSN and select Go (3).
- 3. The participant appears. Selecting the DCN, (shown in blue) takes you to the Participant Information screen for that participant.

## TO SEARCH FOR A PARTICIPANT BY NAME:

- 1. Select the Last Name and First Name only button (4).
- 2. Fields appear allowing you to enter the participant's Last Name and First Name. You may also enter only a portion of the participant's first and last names if you are unsure of the spelling.
- 3. Select Go (3).
- 4. A list of participants matching your search criteria appear.
- 5. The Next option appears at the bottom and takes you to the following page if multiple pages exist. Selecting the two arrows (>>) beside the word Next takes you to the last page of the list.
- 6. Selecting the DCN, (shown in blue) takes you to the Participant Information screen for that participant.

**NOTE:** If a participant comes into your office the same day she/he is approved for TANF and is not in the MWA System, contact your MWA PDS to pull participant details into the MWA System. Likewise, if a sanctioned applicant comes into your office the same day he/she applies for TANF and is not in the MWA System, contact your MWA PDS to pull details into the MWA System.

#### Participant Information

This screen displays logistical information about the participant including MWA Status, Temporary Waiver Status, and contact information. Several tasks can be completed from this screen such as scheduling the participant's first appointment, generating Callin Letter #1, placing a participant in temporary waiver status, and generating manual alerts. You may access other screens with the blue navigation bar at the top of the page. The bottom of the screen includes buttons to Add Task, Add Note for the participant, and enter Employment History.

The Participant Information screen auto-populates the FSD Address with data from FAMIS. This field cannot be updated by the MWA contract provider. If the MWA contract provider obtains a different address from the participant, the Change Of MO Address alert or the Moved Out Of State alert should be sent.

## TO ACCESS PARTICIPANT INFORMATION FOR A PARTICIPANT FROM THE MAIN MENU:

- 1. Select Participant Information from the main menu.
- 2. Enter the participant's DCN (1) and select Go (2).

**NOTE:** You may also access Participant Information from many other screens in the MWA System by selecting the Part Info tab at the top of the page.

			Missouri Depa SOCIAL	rtment of SERVI	ICES				
Case Notes	Case Actions Part Info	Conciliation/Sanction Listing	Dom Violence IEP	Assessment	Part Hours	TA Info List Ne	ew Part List	Exclusion Listing	
Missouri Work	Assistance - Family Support Divis	Sion	Participant	Informat	ion				
	Last Name:		t Name:		MWA	Status:			
	Office:	Reg	ion:		Case	Manager:			
	Last Name:	Fi	rst Name:		Mide	dle Initial:	Suffix:		_
	Date of Birth:	Gender:		Race:		Languag	ge:		
	MWA Status:	6 7	Status Date:						
	1st Appt. Date:	1st Appt. Time:	<b>x- v v v</b>		1st Appt. Held? 🗌	)			
	Temporary Waiver Dates:	3					4		
	Begin:	Anticipated End	:		Waiver Reason: -	-Select a Reason		~	
	Parent Type:	~							
	Teen Parent	Child Under 6	Domestic Violence		Currently Employe	ed:			10
	FSD Address Updated B Address 1:	By: On:			Manual Alerts				
	Address 2:				Age 60 or Over	r			
	City:	State:				etaker for a Child L		eks	
	Zip:	County:				bled Family Memb	er		
					Disabled (Men				
	Fmaile		Contract Dy Emaily		Uvolunteer not l	Participating			
	Email:		Contact By Email:		Moved Out Of	State			
(	Other Phone/Email (if dif	ferent from FSD Phone/Email)			Change Of MO				
	Updated By:	On:							
$\neg$	Home:	Cell:							
9 5	TTY(TDD):	Message:	11		, 5				
	Email:				ן בן ו				
			V	8	JV				
l			oyment History Two Parent	Prin Letter	Save Add No	Add Task			

## TO ENTER A TEMPORARY WAIVER STATUS FOR A PARTICIPANT:

- 1. Put your cursor in the Begin field (3) to get to the calendar and choose the begin date from the Begin field in the Temporary Waiver Dates section and the anticipated waiver end date from the Anticipated End field.
- 2. Select the reason for the waiver from the Waiver Reason drop-down menu (4).
- 3. Select Save (5) at the bottom of the screen.
- 4. The message, *Participant Information for DCN: XXX has been updated successfully* will display when the action is complete.

**NOTE:** Temporary waivers must be end-dated on the IEP, not the Participant Information screen.

Although Call-in Letter #1 may be generated from the NEW PARTICIPANT LIST screen, you are also able to generate it from the PARTICIPANT INFO screen for an individual participant.

## TO GENERATE CALL-IN LETTER #1 FROM THE PARTICPANT INFORMATION SCREEN:

- 1. Select the box beside 1<sup>st</sup> Appt. date (6) and select the date you wish to schedule the first appointment.
- 2. Use the drop down menu beside 1<sup>st</sup> Appt. Time (7) to select the appointment time.
- 3. If the case has not previously been assigned to a case manager, the Select Case Manager field displays under the Manual Alerts box. Select the appropriate Case Manager from the drop down menu (visible with proper security level).
- 4. Hit Save at the bottom of the screen.
- 5. Select the Print Letter button (8) that displays at the bottom of the screen in blue.
- 6. You will be taken to Call-In Letter #1 for the participant.
- 7. Edit the letter if necessary then Print.

You may add or update the phone number, or email address for a participant from this screen. You may change the Parent Type by selecting the drop down box. However, this does not change the required hours or official household type. Changing the Parent Type sends an alert to FSD staff to review the household composition.

## TO ADD OR UPDATE CONTACT INFORMATION FOR A PARTICIPANT:

- 1. Fill in the appropriate box with the new contact information (9).
- 2. Select Save (5) at the bottom of the screen.
- 1. **TO SEND A MANUAL ALERT TO FAMIS:** A list of possible alerts displays in the box titled Manual Alerts (10). The alerts include Age 60 or Over, Custodial Caretaker for a Child Under 12 Weeks, Cares for Disabled Family Member, Disabled (Mental/Physical), Volunteer not Participating, AA-30 Hours Met (displays if a participant is in Sanctioned Applicant status), Moved Out Of State, and Change Of MO Address. Check the box next to the manual alert you wish to send. If you select the AA-30 Hours Met alert, a box will pop up asking you to confirm you do want to send this alert. To confirm, select OK and continue to step 2.
- 2. Select Save (5).
- 3. The message '*Participant Information for DCN: XXX has been updated successfully*' will display when the action is complete.

NOTE: Teen parent alerts are sent from the IEP screen. Refer to the IEP instructions in this guide.

**NOTE:** You may also identify the second parent in a 2-parent household by selecting the Two Parent button (11) at the bottom of the screen. This takes you to the Participant Information screen for the second parent.

**NOTE:** You may view the participant's past employment history by clicking the Employment History button (12) at the bottom of the Participant Information screen and also on the Employment Assessment screen.

## **Domestic Violence – Screening**

The Domestic Violence Screening captures information about the impact, past or present, of Domestic Violence on the participant.

This screen can be accessed from the MWA Main Menu as well as any screen displaying the Dom Violence tab across the top of the page.

eening     DV Assessment     DV Summary     Assessment     IEP     Case Notes     Par       uri Work Assistance - Family Support on	ng Case Manager: SuperCM2	User ID: DOUGC Date: 5/18/2017
Have you been in an adult relationship where the other person: Did things that scared you or children in the home? Told you that you were worthless or stupid, or something similar? Kept you from family or friends? Spied on you by listening to phone calls, following you, checking mileage, or similar? Refused to let you have money, checks, credit cards, or debit cards? Made demands on you which made you feel you could not make the right decisions? Destroyed your belongings? Harmed any of your pets? (ht, kicked, punched) Pushed or shoved you? Threatened to hurt you if you tried to get help? Forced you to do anything sexual that you didn't want to do? Hit, kicked, or punched you? Hurt your children? Scared you enough that the police were called or you had to get an order of protection? Hurt you enough you needed medical attention? (Even if you didn't seek it.) Threatened to kill you?		
Of the things that happened in the past or a past relationship, are you afraid of this person now? Is this person the parent of any children in the home? Enter children's first names: Based on things that are happening now, are you afraid of this person? Is this person the parent of any children in the home? Enter children's first names: Date screening completed: Date participant refused to complete screening: Add Note 7 Add Task 8 1 1 1 1 1 1 1 1 1 1 1 1 1	Select V Select V Select V Select V Select V	4 Print

TA Policy Privacy Policy Accessibility

## DOMESTIC VIOLENCE SCREENING:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Ask the participant the screening question, being certain to ask each individual question. Select the appropriate check box or choose from the drop down menu being certain to list children's names where appropriate.
- 3. Once the screening is complete, enter the date by clicking on the Calendar (3) and selecting the proper date.
- 4. Enter the UserID of the person completing the screening. (4)
- 5. If the participant refuses to complete the screening, enter the date by clicking on the Calendar (5) and selecting the proper date.
- 6. Select Save (6); the message 'Save Successful' will display when the action is complete.
- 7. If Notes (7) or Tasks (8) are required, select the appropriate box.

**NOTE:** Depending on answers to the screening, the Domestic Violence Assessment may be required.

#### **Domestic Violence - Assessment**

When the Domestic Violence Screening indicates the possibility of a domestic violence situation, complete the Domestic Violence Assessment.

Access the Domestic Violence Assessment from the Domestic Violence Screening screen by selecting the tab at the top of the page.

Missouri Department of SOCIAL SERVICES	
DV Screening     DV Assessment     DV Summary     Assessment     IEP     Case Notes     Participant Info       Missouri Work Assistance - Family Support     2     Domestic Violence Assessment       Division     Go       Last Name:     Go       Office:     MWA OFFICE LOCATION	User ID: DOUGC4S Date: 5/18/2017
Participant has indicated possibility of domestic violence in household. Questions are to assess how we can assist you and your family. Everything is confidential, however if children are being abused, we must report that information to assure they can be made safe. Participant has the option to not answer any or all of the questions.	
Name of person that presents a potential threat: Children in the Home (either part of the time or all of the time):	
Does this person want to harm your children or other children in the household?       S         Do you want child support from this person?       Select v       Does this person owe you child support?         If you try to get paternity/child support, will this person want to visit your children?       S         Does this person know where you live?       Select v       Do you want to continue to have contact with this person?         Have you moved either within or outside of the state to avoid this person?       S         Have you changed your phone number(s) to avoid this person?       Select v         Have you changed your social security number to avoid this person?       Select v         Have you changed your social security number to avoid this person?       Select v         Have you changed your social security number to avoid this person?       Select v         Have you changed your social security number to avoid this person?       Select v         Have you changed your social security number to avoid this person?       Select v         Have you changed your social security number to avoid this person?       Select v         Have you received non-shelter domestic violence services because of this person?       Select v         Have you received non-shelter domestic violence services because of this person?       Select v	Select V Select V Select V Select V Select V Select V Select V Select V Select V Select V
Do you want a temporary waiver (which allows you not to participate in work activities for a period of time) because of your concerns about this person? If NO, please answer the following questions: Does this person refuse to let you work? Has this person taken your vehicle when you went to work? Has this person called your work and threatened you? Has this person harassed and/or threatened your boss and/or coworkers? Will this person harm you if you go to work?	Select V Select V Select V Select V Select V Select V Select V
I do not think anyone believes me. Select V This person already knows where I live.	Select V Select V Select V
TA Policy Privacy Policy Accessibility	

#### TO COMPLETE THE DOMESTIC VIOLENCE ASSESSMENT

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Ask the participant the assessment questions, being certain to ask each individual question. Choose the appropriate response from the drop down menu
- 3. Once the assessment is complete, enter the date by clicking on the Calendar (3) and selecting the proper date.
- 4. If the participant refuses to complete assessment, enter the date by clicking on the Calendar (4) and selecting the proper date.
- 5. Select Save (5). The message, 'Save Successful' will display when the action is complete.
- 6. If Notes (6) or Tasks (7) are required, select the appropriate box.

#### **Domestic Violence - Summary**

The Domestic Violence Summary is a place to review the impact of domestic violence on the household. Document case management services provided to assist in barrier removal on this screen. The Domestic Violence Summary is completed after the Domestic Violence Screening and/or Assessment (if applicable).

The Domestic Violence Summary is accessed from the Domestic Violence Screening page by selecting the DV Summary tab at the top of the page.

Missouri Department of SOCIAL SERV	ICES			
DV Screening DV Assessment DV Summary A	ssessment IEP	Case Notes Participa	int Info	
Missouri Work Assistance - Family Support Division 2	Domestic Vi	iolence Summary		User ID: DOUGC4S Date: 5/18/2017
Office: MWA OFFICE LOCATION	Region: MWA PR	ROVIDER	Case Manager: SuperCM2	
Was Domestic Violence Screening completed?	Yes 🗸	Date completed:	9/3/2013	3
Reason not completed:			errens	
Was Domestic Violence Assessment needed?	No 🗸	Date Completed:		
Does participant need a temporary waiver?	Select V			
Has a temporary waiver been granted? Date granted:	Select V	Explain No:		
Did you contact a Domestic Violence resource per the part If yes, check all that apply: Domestic Violence Shelter Department of Mental Health Program Other Community Resources	icipant's request?	Select	upport Group	
Did you ONLY provide Domestic Violence resource informa	ation to the participant?	Select -		
If yes, check any that apply:				
<ul> <li>Local Community Resource Directory Provided</li> <li>Other Community Resources:</li> </ul>				
Has the participant been referred to supportive services to HUD housing, mental health assistance, etc.)	stabilize the situation (i.e. lega	al counseling/fees		
Supportive Services Name:				
Phone Number Add Note TA Policy Privacy Policy Accessibility	Add Task	Save	4	Print

## TO COMPLETE THE DOMESTIC VIOLENCE SUMMARY:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Complete the summary questions. Choose the appropriate response from the drop down menu or mark the appropriate check box.
- 3. Enter dates as appropriate by clicking on the Calendar and selecting the proper date. (3)
- 4. Select Save (4). The message '*Save successful*' will appear when the action is complete.

#### **Assessment**

The purpose of the Assessment is to evaluate the MWA participant for appropriate case management services.

The Assessment consists of eight screens accessible by selecting the tabs at the top of the screen:

- Employment Assessment
  - Employment Detail (complete when the MWA participant has or gains employment.)
  - Employment History (shows employment history if the participant has or has had employment and employment was captured on the Employment Detail screen).
- Household Assessment
- Education Assessment
- Transportation Assessment
- Legal Assessment
- Child Care Assessment
- Health Assessment
- Assessment Case Manager Summary

These Assessment screens are accessible from the Main Menu by selecting Assessment.

Selecting Assessment on the Main Menu displays the Employment Assessment screen. From the Employment Assessment screen you can navigate to the other 7 assessment screens by selecting the tabs at the top of the screen. Once entered, the participant's DCN auto-populates to each screen as you navigate through the assessment.

## **Employment Assessment**

The Employment Assessment screen captures information regarding a participant's current and previous employment experience, including job seeking skills and barriers to finding or maintaining employment.

SO	uri Department of CIAL SERVICES			
	n Transportation Legal Child Ca	re Health CM Summary Part Info	-	
1 support Division		ent Assessment		
t Name:	D First No	MWA Status:		
t Name: ce:	Region	Case Manage		
fork Status:	ct- V	Are You Looking For Work?	-Select- V	
That Type Of Work?				
	venings DNight DWeekends DW	Avekdays Other Explain:		
ob Soeking Skills				
	ct- ¥	Do You Need Help With Interview Skills?	-Select- V	
There A Reason You Can't Look For W		-Select- V	Landard and a second	
Yes, Explain:				
				~
				4
Did You Get To Work On Time? -Seie	ect- 🗸	How Often Did You Go To Work?	-Select-	
Why Did You Miss?			1	
What Did You Like Most & Least About	Past Jobs ?		-	
				~
				~
What Equipment Can You Operate?			1	
Other Work Related Skills:			1	
What Is The Longest You Have Worked	With Any One Employer?			É
Why Did You Leave This Employer?				
				~
				~
	Last Three Months But Were Not Hired?	-Select-		
#Yes, Explain:				121
				~
				~
Have You Ever Been Fired Or Had To Qu	nt A Job Because Of:			2
Have You Ever Been Fired Or Had To Qu	ait A Job Because Of:	Could Not Get Alone	With Supervisor	~
Child Care	Could Not Get Along With Others	Could Not Get Along	With Supervisor	~
Child Care	Could Not Get Along With Others	Transportation	With Supervisor	2
Child Care	Could Not Get Along With Others		With Supervisor	×
Child Care Fighting At Work Drags/Ricohol Poor Work Habits	Could Not Get Along With Others Could Not Learn Job Flighting At Home	Transportation Poor Hygiene Other	With Supervisor	2
Child Care Fighting At Work Drugs/Alcohol	Could Not Get Along With Others Could Not Learn Job Flighting At Home	Transportation Poor Hygiene	With Supervisor	>
Child Care Fighting Al Work Drugs/Ricohol Poor Work Habits Veteran Status : -Sciect-	Could Not Get Along With Others Could Not Learn Job Flighting At Home	Transportation Poor Hygiene Other	With Supervisor	>
Child Care Fighting Al Work Drugs/Ricohol Poor Work Habits Veteran Status : Sciect- Dates: Frem:	Could Not Get Along With Others Could Not Learn Job Flighting At Home Did Not Have Work Clothes	Transportation Poor Hygiene Other  Branch: -Select-	With Supervisor	>
Child Care Fighting Al Work Drugs/Ricohol Poor Work Habits Veteran Status : -Sciect-	Could Not Get Along With Others Could Not Learn Job Flighting At Home	Transportation Poor Hygiene Other  Branch: -Select-	With Supervisor	~
Child Care Fighting At Work Drugs/Ricohol Poor Work Habits Veteran Status: Sciloct- Dates: From:	Could Not Get Along With Others Could Not Learn Job Flighting At Home Did Not Have Work Clothes	Transportation Poor Hygiene Other  Branch: -Select-	With Supervisor	>
Child Care Fighting Al Work Drugs/Ricohol Poor Work Habits Veteran Status : Sciect- Dates: Frem:	Could Not Get Along With Others Could Not Learn Job Flighting At Home Did Not Have Work Clothes	Transportation Poor Hygiene Other  Branch: -Select-	With Supervisor	>
Child Care Fighting At Work Drugs/Ricohol Poor Work Habits Veteran Status: Sciloct- Dates: From:	Could Not Get Along With Others Could Not Learn Job Flighting At Home Did Not Have Work Clothes	Transportation Poor Higgiene Other	With Supervisor	>
Child Care Fighting At Work Drugs/Ricohol Poor Work Habits Veteran Status: Sciloct- Dates: From:	Could Not Get Along With Others Could Not Learn Job Flighting At Home Did Not Have Work Clothes	Transportation Poor Hygiene Other  Branch: -Select-	With Supervisor	>
Child Care Child Care Fighting At Work Dougss/Rochol Poor Work Habits Veteran Status: Select- Dates: From. Work History[Last Three Employers] Employment History	Could Not Get Along With Others Could Not Learn Job Flighting At Home Did Not Have Work Clothes	Transportation Poor Higgiene Other		>

### TO COMPLETE THE EMPLOYMENT ASSESSMENT:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Answer each question using the drop down boxes or by typing in the participant's answers.
- 3. Complete each section of the assessment as applicable.
- 4. Select Save (3). The message '*Record Updated*' will display when the action is complete.
- 5. Add Case Notes (4) as needed to provide further explanation.
- 6. Select Employment History (5) to view the participant's past employment history.
- 7. Select an employer listed under Work History (Last Three Employers) to view Employment Details for past employers (6).

### **Employment History List**

The Employment History List is used to display the participant's work history. Information is displayed if the MWA participant currently has or had employment captured on the Employment Detail screen.

To access this screen, select the blue Employment History button (5) from the lower left corner of the Employment Assessment screen. The Employment History button can also be found at the bottom of the Participant Information Screen.

Missouri Department of SOCIAL SERVI						
SOCIAL SERVI	CES					
Empl Assesmnt IEP Hours Verif TRE	WRE	Empl History	Part Info			
Missouri Work Assistance - Family Support Division	Er	nployment I	History List			User ID: DOUGC4S Date: 5/18/2017
DCN: GO	First Name:					
Office: MWA OFFICE LOCATION	Region: M	WA PROVIDER		Case Manager:	SuperCM2	
		Employment Hist	-			
Employer Name			mployer City and State	÷	Start Date 6/2/2014	End Date
Home Town BBQ Main Street Bowling			Any Town, MO		5/28/2014	
Local Hair Studio					6/24/2013	2/6/2014
Home Child Care Hair Care Your Way					6/22/2010	6/1/2011
Home Style Restaurant					10/1/2008	6/1/2009
1         Add New Employer           TA Policy         Privacy Policy         Accessibility	2	Add Task		Add Note		3

**NOTE:** You can use the blue buttons on the bottom of the screen to Add New Employer (1), Add Tasks (2), or Add Notes (3).

### Employment Detail

The Employment Detail screen captures information on the work history and current employment of each participant. This information populates on the Employment History List.

New employment information entered on the Employment Detail screen generates an alert to FSD with the information regarding employer, rate of pay, and other information entered on this screen.

Access this screen from the Employment Assessment and/or Employment History Detail screens.

Empl Assesmnt IEP	Hours Verif TRE WRE Empl History Part Info	
Missouri Work Assistance - Division	- Family Support Employment Detail	User ID: DOUGC4 Date: 5/18/2017
DCN:	Last Name: First Name:	
Employer Name: Address1: Address2:	Home Town BBQ	
Address2: City: Start Date: First check date:	State:         MO         Zip:           6/2/2014         End Date:         Image: Compare the second seco	
Pay Frequency:	Bi-Weekly V Hourly Pay Rate: \$7.50 Expected Weekly Hours: * Enter number with 2 decimal places	20
Title: Job Description:	SERVER SERVING, CUSTOMER SERVICES, AND CLEANING TABLES	
	953 Characters remaining	

### TO COMPLETE THE EMPLOYMENT DETAIL:

- **1.** Select the Add New Employer button from the Employment Assessment screen or the Employment History screen.
- **2.** Enter the participant's DCN and select Go.
- **3.** Complete the details of employment (1).
- 4. Select if Employment is Verified or Unverified (2).
- 5. If applicable, add Reason for Leaving in the box provided (3).
- **6.** Select if Termination is Verified or Unverified (4) if applicable.
- **7.** Select Save (5). The message '*Save Successful*' will display when the action is complete.

### TO VIEW EMPLOYMENT DETAILS:

- **1.** From the Work History box (6) on the Employment Assessment screen, select the employer you wish to view. The employer's name is in blue letters.
- 2. This takes you to the Employment Detail screen for the selected employer.

**NOTE:** If a participant has no employment history, leave all fields blank.

### Household Assessment

The Household Assessment screen captures the participant's housing situation and may be used to record a physical address different from the FSD Address or Other Address.

The screen also displays household members, their birthdays, relationships, parent type, and if a child is under 6 years of age. This information is populated from FAMIS.

After selecting the Assessment tab, select the Household tab from across the top of the page. This accesses the Household Assessment screen.

	( S	issouri Departm OCIAL SI	ent of ERVICE	S					
Em	nployment Ho	usehold Education	Transportation	Legal	Child Care	Health	CM Summary	Part Info	
	issouri Work Assis vision DCN: Last Name:	stance - Family Support	2 First Na		ehold Asse	essment			User ID: DOUGC4S Date: 5/18/2017
		VA OFFICE LOCATIO			PROVIDE	२	Case Manag	Jer: SuperCM2	
	Housing Situ Explain If Oth		√ 3	Upda	te Record and	Save			
								^	
4 L	<b>_</b>							~	1
	Parent Type:	SINGLE PARENT		Child	l Under 6:	Ν			
	Physical Add	ress:						-	1
								^	h.
								~	1
	Date Physical	Address Updated:		5					
	List Househo								
	DCN	Name	Date of Bi	irth Rela	itionship	Child Under Si	x		
			8/22/1998	Daug	ghter	Ν			
			3/6/2000	Son		Ν			
			6/24/2004	Daug	ghter	Ν			
			9/21/2007	Daug	ghter	Ν			
		IEP	Save	Print	Add	Note	Add Task	Clea	

### TO COMPLETE THE HOUSEHOLD ASSESSMENT:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Use the drop down box to select the appropriate housing situation (3) for the household.
- 3. If "Other" is selected type an explanation and/or Physical Address in the box (es) provided (4).
- 4. Enter the date the address was updated and select Save (5). The message: *'Record Updated'* will display when the action is complete.

### **Education Assessment**

The Education Assessment screen captures information regarding what education and training the participant has completed, is currently attending, or previously attempted.

After selecting the Assessment tab, select the Education tab from across the top of the page. This accesses the Education Assessment screen.

	Case Manager: Highest Grade Completed:	Date: 5/18 SuperCM2
Office:     MWA OFFICE LOCATION     Region:     MWA PROVIDER       Do You Attend School Now?		SuperCM2
	Highest Grade Completed	
High School Name (If Graduated/Or Enrolled		-Select-
Now):	High School Address:	
-	High School City:	
High School State: High School Zip:	Date Started High School:	
Comment if Teen Parent stops attending		
school: College Name (If Diploma Received):	College Address:	
List Any Training Completed With A Certificate (IE Computer Class, Welding Class)	concyc Auuress.	
List Any Classes Completed That Led To A License Or Certification (IE Insurance Sales, Med T	Tech, Radiology Tech)	
Are There Any Training Programs Started But Didn't Or Haven't Yet -Select-  Completed?		
Do You Have A Learning Disability? -Select- V		
If Yes, Explain:		
Are You Interested In More Training Or Skill Enhancement?		
If Yes, Explain:		

### TO COMPLETE THE EDUCATION ASSESSMENT:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Answer each Question using the drop down boxes or by typing in the participant's answers.
- 3. Complete each section of the Assessment as applicable.
- 4. Add notes (3) to provide further details, if needed.
- 5. Select Save (4). The message 'Record Updated' will display when the action is complete.

### **Transportation Assessment**

The Transportation Assessment screen captures information about the participant's access to reliable transportation and helps identify barriers.

After selecting the Assessment tab, select the Transportation tab from across the top of the page. This accesses the Transportation Assessment screen.

ployment Household Education	Transportation Legal	Child Care Health	CM Summary Part Info	User ID: DOUGO Date: 5/18/2017
souri Work Assistance - Family Support	2 Transpo	ortation Assessmen	ıt	Date: 0/10/2011
DCN: G0 -	First Name:			
Office: MWA OFFICE LOCATIO	N Region: MWA	PROVIDER	Case Manager: SuperCM2	
Do You Have A Valid Drivers License?	-Select- 🗸	Class:	-Select- V	
Endorsements:		Π-		
└─ Air Brakes □ Double/Triple Trailer	Hazardous Materials	) Passenger		
Concealed Weapon	Tank Vehicle	Other		
What Is Your Back-Up Plan If Primary Trans				$\langle \rangle$
Explain What Would Keep You From Having	Your Own Transportation:			^
IEP	3 Save Print	Add Note	Add Task	Clear
	Print	Add Note		

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Select the correct answers using the drop down boxes or entering the participant's statement for each area.
- 3. Select Save (3). The message '*Record Updated*' will display when the action is complete.

### Legal Assessment

The Legal Assessment screen identifies any legal issues that may cause barriers to participation including current legal status.

After selecting the Assessment tab, select the Legal tab from across the top of the page. This accesses the Legal Assessment screen.

	Missouri SOCI	Departm AL SI	ent of E <b>RVICE</b>	S				
Employment	Household	Education	Transportation	Legal Child Car	e Health	CM Summary	Part Info	
Missouri Work A Division 1 DCN: Last Name: Office:		Go	2 First Na ON Region			Case Manag	ger: SuperCM2	User ID: DOUGC4S Date: 5/18/2017
Have You	Ever Been Con	victed Or Found	d Guilty Of A Crime A	After The Age Of 17?	-Select	- 🗸		
Explain Yes:								
Do You Ha	ave Criminal Ch	arges Pending	Against You Or A Pe	ending Court Case?	-Select	- <b>V</b>		
Explain Yes:						$\langle \rangle$		
Are There	e Some Jobs Yo	ou Can No Long	jer Do Because Of Yo	our Conviction?	-Select	<b>~</b>		
Explain Yes:						$\langle \rangle$		
Are There	e Any Special Li	imitations Or Is	sues You Must Con	nply With?	-Select	<b>~</b>		
(IE, Due To	Receiving A DW	l, I Can't Work An	ywhere When The Maj	or Sales Is Alcohol)				
Explain Yes:						$\hat{}$		
What Is Y	our Legal Statu	s?		-Select-	~			
How Have Y Explain:	ou Or Will You I	Find Ways To C	Obtain Employment	Given Your Current Leg	al Circumstand	ces?		
	IE	P	Save	Print	Add Note	Add Ta	ask	Clear

### TO COMPLETE THE LEGAL ASSESSMENT

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Answer questions by selecting drop down boxes.
- 3. Type any needed explanations in boxes provided.
- 4. Select Save (3) and you should see the message '*Record Updated*' will display when the action is complete.

### **Child Care Assessment**

The Child Care Assessment screen is used to determine if there is a child care need or barrier for the household.

After selecting the Assessment tab, select the Child Care tab from across the top of the page. This accesses the Child Care Assessment screen.

			Missou SOC	ri Departn IAL SI	nent of E <b>RVICE</b>	S					Jay Nixon, Governor
	Empl	loyment	Household	Education	Transportation	Legal	Child Care	Health	CM Summary	Part Info	
	Miss Divis		k Assistance - F	amily Support		Chile	d Care Asse	essment			User ID: DOUGC4S Date: 8/5/2014 User ID: DOUGC4S Date: 5/18/2017
1		DCN: Last Nation Office:	me:	Go	2 First Na Region				Case Manag	ger:	
		Do Yo	MWA OFFI		N k Or Working	MWA	PROVIDER	L	<b>~</b>	SuperCM2	
		Explain	Yes:								
											$\sim$
3		What Is	Your Back-Up P	an If Your Primar	y Care Provider Is N	ot Available	?				
_		Explain:									
											$\bigcirc$
				IEP	Save Save	Print	Ad	d Note	Add Ta	sk C	lear

### TO COMPLETE THE CHILD CARE ASSESSMENT:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Use the drop down menu to answer child the care need question.
- 3. Add any needed information to explain answers (3).
- 4. Select Save (4). The message '*Record Updated*' will display when the action is completed.

### Health Assessment

The Health Assessment screen captures information regarding the participant's and household member's current health condition(s). Information is gathered about possible drug use, pregnancy, and special work environment needs to properly identify the participant's work ready status.

After selecting the Assessment tab, select the Health tab from across the top of the page. This accesses the Health Assessment screen.

Missouri Department of SOCIAL SERVICES	
Employment Household Education Transportation Legal Child Care Health CM Summary Part Info	
Missouri Work Assistance - Family Support Division 1 DCN: Co 2	User ID: DOUGC4S Date: 5/18/2017
Last Name: Office: MWA OFFICE LOCATION Region: MWA PROVIDER Case Manager: SuperCM2	
Are You The Primary Care Giver For A Disabled Family Member? -Select- V	
How Does This Affect Your Ability To Gain Or Maintain Employment?	
Explain: Could You Pass An Employment Drug Screening If Given Today?	
Due Date:	
Explain:	
$\Diamond$	
Reason Why Any Of Your/Your Household's Conditions Keep You From Working Or Doing Certain Kinds Of Work:	
Alcohol/Drug Abuse Emotional Problems Developmental Disability	
Physical Problems     Physical Violence     Other Explain:	
Have You Applied For SSI, SSDI, VA, Or Any Other Disability Benefits? Date Applied:	
Appeals:	
IEP Save Print Add Note Add Task O	Clear

### TO COMPLETE THE HEALTH ASSESSMENT:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Answer questions by selecting from the drop down boxes provided.
- 3. Type any needed explanations in fields provided (3).
- 4. Select Save (4). The message '*Record Updated*' will appear when the action is complete.

### Assessment – Case Manager Summary

The Assessment – Case Manager Summary screen uses information captured in the assessment phase to prepare for creating or updating the Individual Employment Plan.

This screen should be updated at any contact with the participant to reflect changes reported.

To access this screen, select Assessment from the MWA Main Menu then select the CM Summary Tab.

### TO COMPLETE THE ASSESSMENT – CASE MANAGER SUMMARY:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Go to the section(s) you wish to complete or update. Select the appropriate answer from the drop down menu.
- 3. If you wish for any additional information to display on this screen, go to the box marked Comments or Explain in the appropriate section. Type the information you wish to display in the field available.
- 4. In the Health section, if a referral is needed, mark the box beside the appropriate referral (3) based on the health assessment. Marking these boxes <u>will not</u> create a referral to another agency.
- 5. In the box titled, "What Are Participant's Barriers?" (4), you may select any barrier(s) the participant currently has. If the participant has a barrier not on the selection list, put your cursor in the box after Explain Other (5) and enter the type of barrier the participant has in your own words. The barrier(s) selected will appear in the Barriers section of the IEP.
- 6. If you wish to print the summary, select the Print button (6) at the bottom of the screen.
- Select the Save (7) button at the bottom of the screen before exiting this screen or selecting one of the links at the bottom (blue boxes). The message '*Record Updated*' will display when the action is complete.

Missouri Department	
	VICES
Employment Household Education Tran	ansportation Legal Child Care Health CM Summary Part Info User ID: DOUGC4S
	2 Assessment - Case Manager Summary Date: 5/18/2017
Last Name: Office: MWA OFFICE LOCATION	First Name: Region: MWA PROVIDER Case Manager: SuperCM2
Employment Is The Participant Work Ready?	-Select- V Is There A Work History?
Are There Specific Job Skills?	-Select- V Are There Current Barriers To Employment? -Select- V
Comments:	
Household	
Is Housing A Barrier To Employment? If Yes Describe Living Conditions:	-Select- V
Are All Household Members Supportive Of Pa	articipation In Work Activities?
Explain:	
Comments:	
Education	
Is AEL Needed?	-Select- V Is ESL Needed?
Is Short-Term Training Recommended?	-Select- V Is Remedial Education Needed? -Select- V
Is The License/Certificate Still Valid?	-Select- V
If No Can They Become Recertified?	-Select- V Explain:
Is Individual Able To Work In The Field They Are	-Select- V
Comments:	
3 Transportation Is Transportation A Barrier To Employment?	-Select- V
Legal Is There A Legal Issue Creating A Barrier?	-Select- V
Child Care Is A Child Care Application Needed?	-Select- V
Health Are There Health Limitations?	-Select- V
Is Referral Needed To:	□ Vocational Rehabilitation □ Alcohol Or Substance Abuse □ Counseling □ Mental Health
Comments:	
4       What Are The Participant's Barriers?         Lack Of Child Care         Could Not Get Along With Supervisor         Health Problems         Fighting At Home         Poor Hygiene         Legal Problems	Housing       Could Not Get Along With Others         Alcohol Or Substance Abuse       Learning Disability         Family Health Problems       Fighting At Work         Poor Work Habits       Lack Of Transportation         Education       5         Does Not Have Clothes       Other
Explain Other:	
IEP Sav	we Print Add Note Add Task Clear
TA Policy Privacy Policy Accessibility	

### Individual Employment Plan (IEP)

To access this screen, select Individual Employment Plan (IEP) from the MWA Main Menu. You may also select the IEP tab from the top menu bar to access this screen for an individual you are currently viewing.

### TO COMPLETE THE IEP THE FIRST TIME:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Enter information in each applicable field based upon information provided by the participant.
- 3. The Barriers field (3) auto-populates with information from the assessment. You should enter the plan to overcome barriers identified during the Assessment (4).
- 4. Enter the Steps To Obtain Goal (5) and Expected Completion date, if known (6). There is also space to record notes (7) about these steps.
- 5. To select the participant's work activity, choose from the Activity drop-down menu (8) and enter the appropriate number of hours (9). Enter the start date or select the Calendar icon and choose the appropriate start date (10). You must designate the activity as core or non-core by selecting from the drop-down menu (11).
- 6. If you need to open more than one activity, select the Update Activities button (12). This will create an additional Enrollment in Activity field to enter an additional activity. Repeat this step as many times as necessary to open needed activities.
- 7. Add the Date of Signature at the bottom of the screen (13) and check the box beside Form was printed and agreed to (14).
- 8. Once you have completed the participant's IEP, select Save & Print (15) to create a hard copy for the participant's signature. A case action will be written to indicate the IEP was agreed to that day.

**NOTE:** If errors are found, they will appear in red at the top of the screen. If errors appear, please complete the actions indicated and again select Save & Print.

**NOTE:** Failing to select Save & Print will result in no activities open for the participant. The IEP must be saved before exiting the screen.

**NOTE**: The IEP screen also displays information <u>as of the date the IEP was developed</u> showing the number of months the participant received Temporary Assistance, the number of core/non-core hours required, how many hours or months the participant has used time-limited components (job search, vocational education), as well as the AWEP/CWEP/Community Service hours maximums.

**NOTE:** This information remains unchanged until a new IEP is developed. For updates on TA months, required hours, work experience hours maximum and other data refer to the TA Info List or TA Participation List pages.

MISSOURI WORK	k Assistance - Family Support Division User ID, MACILIO Date: 12/5/2018
	2
1	
	Last Name: First Name: Plan Start: Plan End: Case Managi SuperCM2
	Parent Type: If 2-parent household, MY share of required hours is: Core: Non-Core:
	MWA Status: Begin: End: Reason for Temporary Waiver:
	My Career Pathway is: Choose Career Pathway Career Pathway Career Pathway Start Date:
	Description (if other): Education Listings
	Veteran Status: <u>My Employment Goal Is</u>
	Desired Position: Short Term:
	Reason:
	Long Term:
	Reason:
	My Education Goal Is: Reason:
Э	3 Barriers
	Plan to Overcome Barriers: NO BARRIERS AT THIS TIME
	6
16	
E	Add Row         Show Closed Steps           Steps To Obtain Goal         Start Date           Expected Completion         Actual End Date
5 >	APPLY FOR EMPLOYMENT 5/30/2017 6/30/2017
Notes:	RESEARCH WORK FROM HOME         5/30/2017         7/28/2017
Notes:	RESEARCH WORK FROM HOME         5/30/2017           7/28/2017         7/28/2017
Notes:	
7	8 11 Save Steps
7	A Closed Activities
7 Show Enroliment Objective:	Image: Conset Activities     Image: Conset Activity:     Yes
Show Enrollment Objective: Activity: Start Date:	Image: Closed Activities     Image: Closed Activities       Image: State of the state o
5 Show Enrollment Objective: Activity:	Image: Conset Activities     Image: Conset Activity:     Yes       Job Search & Readiness (Manual Entry)     Wkly Expected Hours:     Zo
7 Enrollment Objective: Activity: Start Date: End Date: Enrollment	Image: Closed Activities     Image: Closed Activities       Image: Closed Activities     Image: Closed Activity:       Image: Closed Activity:     Yes ~       Job Search & Readiness (Manual Entry) ~     Wkly Expected Hours:       5/30/2017     Outcome:       Choose Outcome ~     9
T Show Enrollment Objective: Activity: Start Date: End Date:	Image: Second Activities     Image: Second Activities       Sin Activity     Image: Second Activity:       Job Search & Readiness (Manual Entry) >     Save Steps       Sin Activity     Core Activity:       Solution     Image: State Steps       Sin Activity     Image: State Steps       Sin Activity     Image: State Steps       Sin Activity     Image: State Steps       State Steps     Image: State Steps
The second secon	Image: state of the state o
7 Characteristics Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Constructi	Image: state of the state o
7 Choice Show Enrollment Objective: Activity: Start Date: Enrollment Objective: Activity: Start Date: Enrollment Objective: Activity: Start Date: Enrollment	Image: state stat
7 Carlow Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Const	Image: Source Steps       1       Image: Source Steps         Image: Source Steps       1       Source Steps         Image: Steps       1       Source Steps       1         Image: Steps       1       Source Steps       1         Image: Steps       1       Steps       1         Image: Steps       1       Steps       1
7 C Show Enrollment Objective: Activity: Start Date: Enrollment Objective: Activity: Start Date: Enrollment Start Date: Enrollment Start Date: Start Da	Image: second
7 Carlow Show Enrollment Objective: Activity: Start Date: Enrollment Objective: Activity: Start Date: Enrollment Start Date: Enrollment Start Date: Enrollment Start Date: Enrollment Copiective: Activity: Start Date: Enrollment Copiective: Activity: Start Date: Enrollment Copiective: Activity: Start Date: Enrollment Copiective: Activity: Start Date: Enrollment Copiective: Core:	In Activities     Image: Conserved activities       In Activity     Image: Conserved activity:       Job Search & Readiness (Manual Entry)       Side activity:       Job Search & Readiness (Manual Entry)       In Activity       Core Activity:       Job Search & Readiness (Manual Entry)       Outcome:       Choose Outcome       9       In Activity       Conclination       In Activity       Outcome:       Consectivity:       0       In Activity       In Activity <t< td=""></t<>
7 Carlow Show Enrollment Objective: Activity: Start Date: Enrollment Objective: Activity: Start Date: Enrollment Start Date: Enrollment Start Date: Enrollment Start Date: Enrollment Copiective: Activity: Start Date: Enrollment Copiective: Activity: Start Date: Enrollment Copiective: Activity: Start Date: Enrollment Copiective: Activity: Start Date: Enrollment Copiective: Core:	Image: second

### TO ADD OR UPDATE STEPS ON AN EXISTING IEP:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Add additional steps or add Actual Completion date to appropriate steps.
- 3. To add an addition line for steps, select the Add Row button (16).
- 4. Once changes are completed, select the Save Steps button at the bottom of the steps section (17).

**NOTE:** Steps entered prior to the date the steps Start Date was added to the system will show a default date of 07/01/2011.

# TO CHANGE THE START DATE OR WEEKLY EXPECTED HOURS OF AN EXISTING ACTIVITY:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Make appropriate changes to the existing activity such as change start date or weekly expected hours.
- 3. Select the Update Activities button (12).

# TO UPDATE GOALS, TO UPDATE NOTES ON STEPS, OR TO ADD A NEW ACTIVITY TO THE IEP:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Select New Plan button at the bottom of the screen (18).
- 3. Make appropriate changes to the page. If you need to open more than one activity, select the Update Activities button (12). This will create an additional Enrollment in Activity field to enter an additional activity. Repeat this step as many times as necessary to open needed activities.
- 4. Select the Form was printed and agreed to button (14) and complete the Date of Signature box (13). You may select the calendar icon and select Today at the bottom of the calendar to insert current date in the Date of Signature box.
- **5.** Select the Save and Print button (15).

**NOTE:** If errors are found, they will appear in red at the top of the screen. If errors appear, please complete the actions indicated and again select Save & Print (15).

**NOTE:** When multiple plans exist for a participant, the previous plan/s may be viewed by selecting the PREV button that will appear at the bottom of the page. If PREV is selected to view a previous plan, the NEXT button may be selected to move forward to the following plan/s.

### TO END A TEMPORARY WAIVER FOR A PARTICIPANT:

- 1. Select the Calendar icon and choose the end date on the Temporary Waiver Activity.
- 2. Select the appropriate Outcome from the drop-down box.
- 3. Select the Update Activities (12) button at the bottom of the activities section of the screen. Select Case Notes to explain any other information necessary.

### TO SHOW CLOSED CORE/NON-CORE ACTIVITIES

- 1. Check the box marked Show Closed Activities (19). All prior activities agreed to by the participant are made part of the IEP display.
- 2. Once checked, you have the option to sort the closed activities further, either by activity type or by closed date. Do this by checking the appropriate box.
- 3. After viewing closed activities, you may return to viewing only open activities and the current IEP by checking the box Show Closed Activities (19) again.

## NOTE: The activity of Conciliation is automatically opened and closed by the system when entries are made on the Conciliation/Sanction Record screen.

**NOTE:** Other options at the bottom are Case Notes, Case Actions, Conciliation, Add Note, Add Task, Two Parent, and Add New Employer.

**NOTE:** Opening or closing the activity of High School on a Teen Parent will send an alert to FSD (alert will indicate *Teen Parent in school* or *Teen Parent not in school*.)

### Participation Hours Verification

The Participation Hours Verification Screen is used to capture and view participation hours. This screen is accessible from the MWA Main Menu and any screen displaying the Part Hours tab.

	Missouri Department of OCIAL SERVIC	CES									
IEP Employment Househo	old Empl History TRE Part	Hours WRE									
Missouri Work Assistance - Family Support Division Participation Hours Verification DCN: Last Name: Office: MWA OFFICE LOCATION Region MWA PROVIDER Case Manager SuperCM2 Monitor Period: September 2016								User ID: DOUGC4S Date: 5/18/2017			
Monitor Period		5								4	
		1	$\rightarrow$			leek Endi	-				
	Activity	Start Date	Exp Hrs	9/2	9/9	9/16	9/23	9/30	Avg		
	Excused				0	0	0	0	0		
	Holiday	011010015			3	0	0	0	0.6		
	Vocational Education & Training Job Search & Readiness (Manual Entry)	8/10/2015 8/13/2015	20 5	26	23	26	26		20.2 0		
	Job Search (from Jobs.Mo.Gov)         12/29/2015         0            0           Monthly AWEP/CWEP & Comm Service Max:         77         Core:         20         Non-Core:         0           Total Voc-Ed Used:         8         Job Search for Prev.         12 Months:         0										
	Two	Parent	Ad	ld Note		Add T	ask				

### TO ENTER PARTICIPATION HOURS:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Select the Monitor Period or Month from the drop down box (3).
- 3. Hours entered show under week ending (4).
- 4. To enter hours, click on the blue line under "Week Ending" (5) to open the Activity Hours Screen. This may be Unpaid, Paid, Work Experience, or other hours.
- 5. Select Save.

### TO ENTER SELF-EMPLOYMENT OR COMPENSATION IN LIEU OF WAGES HOURS:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Select the Monitor Period or Month from the drop down box (3).
- 3. Hours entered show under week ending (4).
- 4. To enter hours, click on a blue line under "Week Ending" (5) to open the Paid Activity Hours Screen. Enter the total monthly income, minus expenses in the Monthly Amount box.
- 5. Select Save. The system will automatically convert the monthly pay to weekly hours.

**NOTE:** Other options at the bottom are Add Note and Add Task.

### Paid Activity Hours

Missouri Department of SOCIAL SERVICES	
DCN: First Name: Last Name: First Name: Office MWA OFFICE LOCATION Region: MWA PR	Zinc         Zinc           TRE Week Ending:         9/30/2016           Day         TRE Amount           Saturday         0.00           Sunday         0.00           Monday         0.00           Tuesday         0.00           Wednesday         0.00           Wednesday         0.00
Self-Employment       Image: Self-Employment         Weekly Hours:       Image: Self-Employment         Documentation:       (9/30/2016)         Image: Self-Employment       Image: Self-Employment         Documentation:       (10/7/2016)         Image: Self-Employment       Image: Self-Employment         TA Policy       Privacy Policy         Accessibility       Image: Self-Employment	Thursday 0.00 Friday 0.00 Friday 0.00 Save

### TO ENTER PAID ACTIVITY HOURS:

- 1. For Paid Activities, enter the total hours worked in the week 1 & 2 fields (1).
- 2. You may enter TRE amounts (2) from the Paid or Unpaid Activity Hours screen.
- 3. Enter a description of hours and how verified in the Documentation field (3).
- 4. Select Save (4).
- 5. Select Close (5) to return to the Participation Hours Verification Screen.

souri Work Assistance	ri Departri CIAL S		ICE.		aid Activity H	Iours		User ID: DOUGC4 Date: 5/18/2017
ast Name: )ffice: MWA OF Veek Ending: 7/25/2014	FICE LOCATI	NC	First Nar Region: 1		A PROVIDER		Case Manager: SuperCM2	
Date 07/19/2014 07/20/2014 07/21/2014 07/22/2014 07/23/2014 07/24/2014 07/25/2014	Sunday Monday Tuesday Wednesday Thursday	Hours	Holiday         E           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0	xcused 0 0 0 0 0 0 0 0 0			TRE Amount         2           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00           0.00         0.00	
Documentation:			5	7	llose Save		4	

### TO ENTER UNPAID ACTIVITY HOURS:

- 1. For Unpaid, Work Experience, or other hours enter the number of hours worked each day (1), including holidays and/or excused absences.
- 2. You may enter TRE amounts (2) from the Paid or Unpaid Activity Hours screen.
- 3. Enter a description of hours and how verified in the Documentation field (3).
- 4. Select Save (4).
- 5. Select Close (5) to return to the Participation Hours Verification Screen.

### Transportation Reimbursement Expenses

The Transportation Reimbursement Expenses screen captures Transportation Reimbursement Expense monies paid to a participant.

**NOTE:** TRE monies paid may also be recorded on the Paid or Unpaid Activity Hours screen. If TRE is recorded on Paid or Unpaid Activity Hours, they will carry over to the TRE screen and vice versa.

Access this screen from the Participation Hours Verification, Employment History List, Work Related Expenses screens, or the Main Menu.

Missouri Department of SOCIAL SERVICES	
IEP Employment Household Empl History TRE Part Hours WRE CaseActions	
Missouri Work Assistance - Family Support Division	User ID: MACILI0 Date: 12/5/2018
Enter Updates and Press Save	_
Week Ending:       11/2/2018       Total TRE to Date:       1590.50       3         Auth Date:       11/29/2018       4       4       5       3         Started       Activity       Description       3       3         8/31/2015       JB1       Job Search & Readiness (Manual Entry)       5/7/2018       VOC       Vocational Education & Training       6/18/2018       EMP       Unsubsidized Paid Employment	
Payment Detail:       Day       Amount       Number of Days: 4         Sunday:       0.00       5       Amount for Week: 20.00         Tuesday:       5.00       5       5         Thursday:       5.00       5       6	
TA Policy Privacy Policy Accessibility	

### TO CAPTURE TRE MONIES PAID TO A PARTICIPANT:

- 1. If the participant's name/information is not already displayed on the screen, enter the participant's DCN (1) and select Go (2).
- 2. If TRE for the participant has been previously recorded, the Total TRE to Date displays (3).
- 3. Fill in the date in the Week Ending field by selecting the Calendar icon (4). Select the Friday of the week you wish to view or add information to.
- 4. Enter the amount of TRE paid to the participant for each day of that week (5).
- 5. Select Save (6). The message '*Record Processed Successfully*' will display when the action is complete.

**NOTE:** Other options at the bottom are Add Note and Add Task.

**NOTE:** Once a TRE payment has been recorded, an action will be written to Case Actions. The week for which TRE was paid will display and there will be a link (blue TRE in the action line) available to navigate to the TRE screen to show the payment.

### **Work Related Expenses**

The Work Related Expenses screen is used to capture monies paid on behalf of a participant for an allowable expense which assists in enabling them to participate in the program.

Access this screen from the Participation Hours Verification, Employment History List, Transportation Reimbursement Expenses screens, or the Main Menu.

	Missouri Department of SOCIAL SERVICES	
IEP Employmen	t Household Empl. History TRE Part Hours WRE CaseActions	
Missouri V 1	Work Related Expenses	User ID: MACILI0 Date: 12/5/2018
	Last Name: MWA Status: Mandatory	
	Office: MWA OFFICE LOCATION Region: MWA PROVIDER Case Manager: SuperCM2	
	Authorization Date: 11/19/2018 Total WRE Paid In 12-Month Period: 275.91 3 Activity: Activity Description	
	EMP Unsubsidized Paid Employment	
	JB1 Job Search (from Jobs.Mo.Gov)	
	Vendor Name: GREAT SCRUBS & MORE 5	
	Date of Payment: 11/19/2018	
	Amount Requested: 61.99 Actual Amount 61.99	
	Pay Expense: Work Clothes V	
	Description: Purchased one pair of white non-skid nursing shoes.	
	(Aliowa only 200 charactere)	
Prev	Next New Record Add Note Add Task Print Voucher Save Update	
Prev	Date of Payment: 11/19/2018 Amount Requested: 61.99 Pay Expense: Work Clothes 7 Description: Purchased one pair of white non-skid nursing shoes. (Allows only 200 charactere) 4 9	

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### TO ENTER WORK RELATED EXPENSES:

- 1. If the participant's name/information is not already displayed on the screen, enter the participant's DCN in the DCN field (1) and select Go (2).
- 2. If WRE for the participant has been previously recorded, the Total WRE to Date will display (3).
- 3. Select the New Record button (4) to add a new payment record.
- 4. Enter name of vendor in Vendor Name field (5).
- 5. Complete the Amount Requested field (6).
- 6. Select answer from the drop down field for Pay Expense (7).
- 7. In the Description field comment about this entry (8).
- 8. Select Save (9). The message 'Added New WRE Record' will display when the action is complete.

**NOTE:** Other options at the bottom are Add Note, Add Task, Print Voucher, and Update.

**NOTE:** If a WRE payment is updated, the Date of Payment will be changed to the date of the update and the original payment date will not be preserved.

**NOTE:** Once a WRE payment has been recorded, an action will be written to Case Actions. There will be a link (blue WRE in the action line) available to navigate to the WRE screen to show the payment. Add info about using Prev and Next buttons.

### Case Notes

The Case Notes List screen allows access to a list of individual Case Notes. You may query Case Notes by DCN and date range. This screen offers the options of printing and provides links to Add Task and Add Note.

Access this screen from the MWA Main Menu or any screen displaying the Case Notes tab.

	Missouri Department of SOCIAL SERVICES	
CASE NOTES LIST	T PART INFO DOM VIOLENCE IEP ASSESSMENT PART HOURS	
Missouri Work As Division	Case Notes List	User ID: DOUGC4S Date: 5/18/2017
Last Name: Office:	First Name: MWA OFFICE LOCATION Region: MWA PROVIDER 6	12
Enter date	es range if desired: From: To: Filter	7
DATE 8/6/2014 7/29/2014 7/25/2014 7/21/2014	SUBJECT       FIRST 30 CHARACTERS OF NOTE         FSD SENT ALERT (CANCEL CLOSING)       FSD SENT ALERT CANCEL CLOSING.         CONCILIATION       CLIENT IS NOT MEETING HER REQU         ATTEMPTED CONTACT       ATTEMPTED TO CONTACT CLIENT TH         FSD SENT ALERT (TANF EMPLOYER CHANGE)       FSD SENT ALERT TANF EMPLOYER C	ADDED BY
7/21/2014 7/17/2014 7/15/2014 7/15/2014 7/15/2014 7/14/2014 7/11/2014	APPOINTMENT SCHEDULED     APPOINTMENT SCHEDULED FOR 7/28     4       EMPLOYMENT VERIFICATION     EMPLOYMENT VERIFICATION COMPLE     4       HSE TESTING PAYMENT APPROVAL     RECEIVED REQUEST FOR HSE TESTI     0       UPDATED IEP     CLIENT CAME IN THIS DATE TO UP     7/11       TRE WE 7/11     ATTENDANCE LOGS FOR WE 7/11 R       IEP UPDATED     IEP UPDATED THIS DATE, CLIENT	
Next >>	Add Task Add Note Clear All	

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### TO VIEW OR RETRIEVE CASE NOTES:

- 1. Type the participant's DCN (1) and select Go (2).
- 2. To review a Case Note's full details, click on the subject line (3). You will be taken to the full note.
- 3. You may view the note in "hover mode" by placing your cursor over the field containing the first 30 characters of the note (4). This displays the full note for a short time.
- 4. Use the FROM field Calendar icon (5) to select the beginning of your date range.
- 5. Use the TO field Calendar icon to select the ending of your date range (6).
- 6. Select Filter (7) to limit your search.

**NOTE:** Other options at the bottom are Add Task, Add Note and Clear All. Once on the Case Notes Detail screen, you may use the Prev button or Next button to access additional case note details. You may Print or Add New Case Notes and with appropriate security access you may update the case note here. To return to the Case Notes List, select Close.

**NOTE:** Call-in letters generated will create an automatic Case Note with details listed on the letter. However, a copy of the full letter should be retained.

### **Case Actions**

The Case Actions screen lists actions taken on a participant's case.

Access this screen from the MWA Main Menu or any screen displaying the Case Actions tab.

Mis SC	souri Departm OCIAL SI	ent of E <b>RVICES</b>	;				
CASE NOTES CASE ACTION	IS PART INFO	DOM VIOLENCE	IEP ASSESSMENT	PART HOURS	Exclusion Listing		
Missouri Work Assistance - Family S	Support Division	2 First Name	Case Actions			User ID Date: 5/	DOUGC4S 18/2017
	OFFICE LOCAT		 MWA PROVIDER	Case	Manager: SuperCM	2	
	if desired:	From:		To:	ter 7	6	
	USERID OR BATCH	ACTION DES			TREAVRE	CASE NOTES	
09/28/2016			ED 09/23/2016		TRE	N	
09/28/2016 09/28/2016			ED 09/16/2016 DATED: EMP W/E 09/23/2016		TRE	N	
09/28/2016			ED 09/09/2016		TRE	N	
09/13/2016	3		ED 09/02/2016		TRE	N	
09/13/2016		1 1	DATED: EPR W/E 09/09/2016			N	
08/30/2016		TRE ENTER	ED 08/26/2016		TRE	N	
08/30/2016		TRE ENTER	ED 08/19/2016		TRE	Ν	
TA Policy Privacy Policy	Accessibility	Add No	tes Add Task	Print			

### TO VIEW CASE ACTIONS:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. The most recent actions (3) on the participant's case display.
- 3. You may select Next >> (4) to navigate to older actions.
- 4. To limit the search to a specific timeframe, use the drop-down boxes to enter the desired date range.
- 5. Use the From field Calendar icon (5) to select the beginning of the date range.
- 6. Use the To field Calendar icon (6) to select the end of the date range.
- 7. Select Filter (7) to limit the search.
- You may further filter the display by selecting from the drop-down menu from the field Choose an action description if desired (8) and selecting the Filter button (7).
- 9. If a case note was attached to an action when it was created, a blue Y appears beside the action in the CASE NOTES column (9). You may select the blue Y to view this note.
- 10. Selecting Date (10) will allow you to change the date or to ascending or descending.

**NOTE:** Other options at the bottom are Add Notes, Add Task and Print.

### TA Info Listing

The TA Info listing screen is for review purposes only. It cannot be updated manually. The screen provides a history of information about the participant's Temporary Assistance and other information from the Income Maintenance system. The information on this screen will normally be for a previous month and current benefit amounts or details may not be displayed.

	Miss. SO	souri Depa CIAL	ertment of SERVI	CES								
PART LIST	PART INFO	ASSESSME	NT CASE AC	TION <sup>-</sup>	TA PARTICIP	ATION LIS	л I	FA INFO I	LIST			
souri Work As	ssistance - Family S	upport Divis ion	<u>60</u> 2	]	TA I	nfo List	ing					User ID: DOUG0 Date: 5/18/2017
	LastName: Office MWA	OFFICE LOC	CATION	First Nam Region:	MWA PR	ROVIDE	२		Cas e Manager	: SuperCM2		
	Enter dates range	e if des ired:	From:			To:	[			Filter		
3	DATE PROCES SED	WORK STATUS	MONTHS ON TANF	PARENT T	YPE FS GRAN	TA GRANT	r child	UNDER 6	CLOSURE CODE	BATCH PROGRAM	LAST UPDATED	
	10/05/2016	DD	12	1	343.00	234.00	Y			FJRDD006	10/05/2016	
	11/12/2015	ZZ	11	1	521.00	257.00	Y		015	FJRMM010	11/30/2015	
	11/02/2015	DD	11	1	521.00	257.00	Y			FJRMM025	11/05/2015	
	10/30/2015	DD	11	1	521.00	257.00	Y			FJRMM032	11/04/2015	
	10/23/2015	DD	10	1	333.00	234.00	Υ			FJRDD006	10/24/2015	
	10/20/2015	DD	10	1	333.00	234.00	Υ			FJRDD006	10/20/2015	
	10/02/2015	DD	10	1	333.00	234.00	Y			FJRMM025	10/05/2015	
	09/04/2015	DD	9	1	333.00	234.00	Y			FJRMM032	10/04/2015	
	09/01/2015	DD	9	1	324.00	226.00	Y			FJRMM032	09/04/2015	
	08/14/2015	DD	8	1	649.00	226.00	Y			FJRDD006	08/14/2015	
	08/06/2015	DD	8	1	649.00	226.00	Y			FJRDD006	08/06/2015	
	08/04/2015	DD	8	1	649.00	226.00	Y			FJRMM025	08/05/2015	
	08/03/2015	DD	8	1	649.00	226.00	Y			FJRDD005	08/03/2015	

### TO VIEW MORE DETAILED INFORMATION ABOUT A SPECIFIC PROCESS DATE:

- 1. Enter the participant's DCN (1) and select GO (2).
- 2. Select the DATE PROCESSED in blue in the left column.(3)
- 3. You will be taken to Temporary Assistance Information for that date.

### **Temporary Assistance Information**

The Temporary Assistance Information screen is for review purposes only. It cannot be updated manually. To access the Temporary Assistance Information screen, select TA Info Listing from the MWA Main Menu or any screen displaying the TA Info tab. From TA Info Listing, select the DATE PROCESSED you wish to view.

Missouri Departmen SOCIAL SEI		
CM Part List Part Info Assessment C	ase Action TA Participation List TA Info List	
Missouri Work Assistance - Family Support Division	2 Temporary Assistance Information	User ID: DOUGC4S Date: 5/18/2017
1 DCN: GO Last Name: Office: . MWA OFFICE LOCATION	First Name: Region: MWA PROVIDER Case Manager: SuperCM2	
Work Status: DD Date Processed: 8/1/2014	DCN: 000000000 Referral Date: 6/17/2014	
TANF Case ID: TA000000000TAC001	Pay County: 072	
No Months on TANF: 3	TANF Worker Name: TANF Eligibility Specialist	
TANF Worker Phone:	TANF Worker Email:	
Address Change Indicator:	Domestic Violence: Closure Code: Citizenship: Y	
Work Reason:		
Child Under 6: Y	TA Grant: 234.00 F\$ Grant: 347.00	
School Name:	School Address 1:	
Student Status:	School Address 2:	
Employer Name: MAIN STREET CAFE	City: State: Zip:	
Start Date: 7/22/2014	Salary: 649.80	
Last Load Date 8/1/2014 6	Add Notes Add Task	

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- 1. Enter the participant's DCN (1) and select Go (2).
- 2. The top section of the screen contains information on the participant's region and provider (3).
- 3. The date the participant was referred to the provider and the participant's current work status is also shown in the upper section of this screen (4).
- 4. The lower section contains information from the participant's FAMIS record.
- 5. You may view the name/contact information for the participant's FSD worker in addition to benefit information, student status, and any employment information that has been reported to FSD (5). **NOTE**: The FSD worker field is no longer accurate due to changes in caseload management, do not contact the FSD worker listed on this screen.
- 6. The bottom left section displays the date that the information was loaded from FAMIS into the MWA system (6).

**NOTE:** Other options at the bottom are Add Notes and Add Task.

### **TA Participation List**

After accessing the TA Info Listing screen, the TA Participation List tab will display at the top of the screen. The TA Participation List screen is for review purposes only. It cannot be updated manually. The screen lists information about the participant's history of childcare, under 6 indicators, benefit history, and monthly FLSA amount history. To view more detailed information about a specific process date, select a DATE PROCESSED from the left column. This will take you to that date's TA Participation Information screen.

		Missour SOC	i Depar IAL	tment of SERV	of VICE	S						
ART LIST	PART IN	NFO AS	SESSMENT	r Case	E ACTION	TA INFC	D LIST	TA Participation List				
uri Work As	ssistance - Fa	imily Support	Divis ion		2	TA I	Participa	ation List				ser ID: DOUGC ate: 5/18/2017
- >	DCN:			Go								
	Last Name:				First Na							
	Office: \			ATION	Region	Ν/\Λ/Δ	PROVID	ED	Case Manager:	SuperCM2		
						INIWA					<b>_</b>	
	Enter dates	s range if des	ired:	From:			To	3	4	Filter	5	
	Enter dates	a range if des	ired:		TA GRANT	CSRETND		3		Filter	5 PROGRAM	LAST
6	Enter dates DATE PROCESSED	a range if des	ired: UNDER 6	From: FS GRANT	TA GRANT	C S RETND	To	3		Filter MONTHLY FLSA	PROGRAM	UPDATED
6	Enter dates DATE PROCE SSED 10/05/2016	s range if des CHILDCARE	ired: UNDER 6 Y	From: FS GRANT 343.00	TA GRANT 234.00	CSRETND 0.00	WPR CODE	3 o: WPR TEXT		Filter MONTHLY R.SA 77	PROGRAM FJRDD006	UPDATED 10/05/2016
6	Enter dates DATE PROCESSED	s range if des CHILDCARE N	ired: UNDER 6	From: FS GRANT	TA GRANT 234.00 257.00	C S RETND	WPR CODE	3		Filter MONTHLY FLSA	PROGRAM	UPDATED 10/05/2016 11/04/2015
6	Enter dates DATE PROCESSED 10/05/2016 11/04/2015	s range if des CHILDCARE N N	ired: UNDER 6 Y Y	From: FS GRANT 343.00 521.00	TA GRANT 234.00 257.00 234.00	C S RETND 0.00 0.00	WPR CODE	3 D: WPR TEXT CONCILIATION		Filter MONTHLY R.SA 77 102	PROGRAM FJRDD006 FJRMW032	UPDATED 10/05/2016 11/04/2015
6	Enter dates DATE PROCE SSED 10/05/2016 11/04/2015 11/02/2015	s range if des CHILDCARE N N N	ired: UNDER 6 Y Y Y Y	From: FS GRANT 343.00 521.00 333.00	TA GRANT 234.00 257.00 234.00 234.00	C S RETND 0.00 0.00 0.00 0.00	WPR CODE L E E	3 D: WPR TEXT CONCILIATION ASSESSMENT		Filter MONTHLY R.SA 77 102 74	PROGRAM FJRDD006 FJRMM032 FJRMM030	UPDATED 10/05/2016 11/04/2015 11/02/2015 10/30/2015
6	Enter dates DATE PROCE SSED 10/05/2016 11/04/2015 11/02/2015 10/04/2015	s range if des CHILDCARE N N N N	ired: UNDER 6 Y Y Y Y Y	From: FS GRANT 343.00 521.00 333.00 333.00	TA GRANT 234.00 257.00 234.00 234.00 226.00	C S RETND 0.00 0.00 0.00 0.00 0.00	WPR CODE	3 D: WPR TEXT CONCILIATION ASSESSMENT ASSESSMENT		Filter MONTHLY R. SA 77 102 74 74	FJRDD006 FJRM032 FJRM030 FJRDD006	UPDATED 10/05/2016 11/04/2015 11/02/2015 10/30/2015 10/02/2015

#### TA Policy Privacy Policy Accessibility

### TO VIEW MORE DETAILED INFORMATION ABOUT A SPECIFIC PROCESS DATE:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. To limit the search to a specific timeframe, use the drop-down boxes to enter the desired date range.
- 3. Use the Form field Calendar icon (3) to select the beginning of the date range.
- 4. Use the To field Calendar Icon (4) to select the end date range.
- 5. Select Filter (5) to limit the search.
- 6. Select the DATE PROCESSED in blue in the left column 6).
- 7. You will be taken to TA Participation Information for that date.

### **TA Participation Information**

This is a read-only screen providing the current TA, Food Stamp (FS), and Child Support amounts (1) used to calculate the FLSA maximums. The participant hours are broken down by activity and there is a Time Limited Activity Tool for Job Search Hours and Vocational Education Months used (2). The screen is accessed by selecting a DATE PROCESSED on the TA Participation List screen.

tList Part Info Assessment Case Ac	tion TA Participatio	n List 🔋 TA I	nfo List		
rri Work Assistance - Family Support	TA Partici	ipation In	formation		ser ID: DOU ate: 5/18/20
CN: GO ast Name: Office: MWA OFFICE LOCATION	First Name: Region: MWA	PROVIDER	Case Manager:		
Region: 16 Coun Child Care: N Child Under Y 6:	ty: 039 TA Grant:	121.00	DCN: <b>4</b> 0062844544 FS Grant: 430.00 CS	Grant: 0.00	
Activity		Hours	Excused Absences	Holiday	Total
Insubsidized Employment		38	N/A	N/A	38
Subsidized Employment - Private		0	N/A	N/A	0
Subsidized Employment - Public		0	N/A	N/A	0
AWEP / CWEP		0	N/A	N/A	0
On-The-Job Training		0	0	0	0
Job Search / Readiness		0	0	0	0
Community Service		0	0	0	0
Vocational Education		0	0	0	0
Job Skills / Training		0	0	0	0
Education Related To Employment		0	0	0	0
ligh School		2	0	0	0
Other			0	0	0
Nork Participation Rate Status: TWO PARENT P					
	Time Lin	nited Activity T	ools		
Job Search Hours For Previous 12 0 Months:	Excused Absence Hours For Years:	0	No. of Vocational Educ. Months Us		
set Report Date					
<u>.ast Report Date</u> /4/2014					

**NOTE:** Other options at the bottom are Add Notes and Add Task.

### **TA Exclusion Listing**

The TA Exclusion *Listing* screen shows all instances of exclusions referred since the screen was added.

To access this screen, select TA Exclusion Listing from the MWA Main Menu.

Missouri Department of SOCIAL SERV	f / ICES			
IEP Case Actions Case Notes Part Info Conciliatio	n/Sanction Listing Exclusion Listing			
Missouri Work Assistance - Family Support Division	2 First Name: Region: MWA PROVIDER	<b>ng</b> Case Manager: Super	CM2	User ID: DOUGC4S Date: 5/18/2017
Office: MWA OFFICE LOCATION		Case Manager: Super	CIVIZ	
Enter dates range if desired: From:	To:	Filt	er	
A CLUSION EXCLUSION STATUS OPEN DATE	EXCLUSION DESCRIPTION	LAST REVIEW NEXT REVIEW DATE DATE	LIFT EXCLUSION DATE	
12/05/2016 Active	Temporarily Disabled			

TA Policy Privacy Policy Accessibility

### **TA Exclusion Record Review**

The TA Exclusion *Record Review* is used to extend and lift exclusions.

	Missor SOC	uri Depart CIAL S	ment of SERVICI	ES				
IEP Case Actions	Case Notes	Part Info	Conciliation/Sanctio	n Listing	Exclusion Listing			
Missouri Work Assistance	e - Family Support Di	vision		TA Ex	cclusion Record Rev	view		User ID: DOUGC4S Date: 5/18/2017
DC La: Off	st Name:	FICE LOCA		Name: on: M	WA PROVIDER	Case Manage	er: SuperCM2	
	Exclusion Start Date:			t Review I	Date:	Lift Exclusi	on Date:	
4	Review Actions: (P	ease check one)			Last Review Date:			
6		e Reviewed Within N ger Exists.	ON 30 Calendar Days, Ext Case Actions	tending the	Exclusion Waiver.	Fask Print	Cancel	
TA Policy Privacy Po	licy Accessibility							

### TO EXTEND AN EXCLUSION ON A PARTICIPANT:

- 1. From the TA Exclusion Listing, enter the participant's DCN (1) and select Go (2).
- 2. Select the open record (3) under EXCLUSION OPEN DATE.
- 3. You will be taken to the TA Exclusion Record Review.
- 4. Check the box beside RECOMMEND CONTINUE EXCLUSION (4).
- 5. Hit Save (5).

### TO LIFT AN EXCLUSION ON A PARTICIPANT:

- 1. From the TA Exclusion Listing, enter the participant's DCN (1) and select Go (2).
- 2. Select the open record (3) under EXCLUSION OPEN DATE.
- 3. You will be taken to the TA Exclusion Record Review.
- 4. Check the box beside LIFT EXCLUSION (6).
- 5. A confirmation box will pop up asking if you are sure you want to lift the exclusion.
- 6. Select OK. × Message from webpage 7. Hit Save (5). V Are You Sure You Want to LIFT EXCLUSION? If So, Click [OK] and then Click [SAVE] to Process, Otherwise Click [CANCEL]. OK Cancel 10-2022

### **Conciliation / Sanction Listing**

The Conciliation / Sanction *Listing* screen shows all instances of conciliations started since the screen was added as well as any Conciliation Sanction Checklists that were saved in the system prior to this screen being added to the MWA System.

To access this screen, select Conciliation / Sanction Listing from the MWA Main Menu.

Missouri Dep. SOCIAL	artment of SERVICES			
IEP Case Actions Case Notes Part Info	Conciliation/Sanction Listing	Exclusion Listing		
Missouri Work Assistance - Family Support Division	2 Concilia	tion / Sanction Listing		User ID: DOUGC4S Date: 5/18/2017
Last Name:	First Name:	MWA Status:		
Office:	Region:	Case Manager		
	E	nter DCN and Press Go		
Enter dates range if desired:	From:	To:	Filter	1
			Create New Record	]

The Conciliation / Sanction *Record* for Mandatory Recipients is used to generate a Conciliation letter and to send alerts regarding the sanction process.

# Conciliation / Sanction Record for Mandatory Recipients (C/S Record)

Missouri Department of SOCIAL SERVICES	
Missouri Work Assistance - Family Support Division Conciliation / Sanction Record for Mandatory Recipients User ID: DOUGC4 Date: 5/18/2017	IS
DCN: Last Name: First Name: Office MWA OFFICE LOCATION Region: MWA PROVIDER Case Manager: SuperCM2	
Record Open Date: 04/14/2016 Record Close Date: Conciliation Activity Start Date: 05/02/2016	
1. Reasons for Conciliation: Fails to participate as required in Work Activities	
2. Send a Conciliation-Sanction-Mandatory Letter scheduling a Face to Face Sanction Appointment at least 10 Business days into the future but no more than 20 Business days into the future.	
Scheduled Appointment Date: 04/29/2016	
Appeared for Appointment: Yes No Called To Reschedule: Yes No 5	
Good Cause Exist: Ores INO Generate CONCILIATION Letter	
NOTE: If that date and time is not convenient, they need to call and reschedule during the same calendar week as the appointment date, unless good cause exists. They must call prior to the scheduled meeting. If good cause exists, onlyone additional appointment will be scheduled, and will occur within 10 business days of the original meeting date.           6         Rescheduled Date:         7         Reschedule Time:            Appeared for Rescheduled Appointment:         Yes         No	
Please Note Timeframe Below: If No Call / No Show, the Six Week Timeframe for Compliance begins the first business dayof the week following the Scheduled Meeting Date. If No Compliance during the Six Week period, send the Sanction Alert to reduce grant by 50%. 50% Sanction remains in effect for no more than Ten Weeks. Participant must participate at least 30 hours Weeklyfor Four Consecutive Weeks to end the Sanction. If No Compliance during the Ten Week Period, FAMS sends adverse action to Close TAC ase due to "FULL FAMILY SANCTION". If Participant Complies with full Requirements during the Period, Send Alert to Lift Sanction.	
10 3. End Conciliation Conciliation Resolved. (Use When SANCTION ALERT has NOT been sent.)	
4. Send ALERTS 11 ✓ RECOMMEND 50% SANCTION - do not send prior to 6 week date of: Date Sanctioned by FAMIS:	
(Date Sanctioned by FAMIS is the start date of the Ten Week period.) Date FULL FAMILY SANCTION started in FAMIS:	
( Case will close in approximately 10 days from this date. )	
<ul> <li>LIFT SANCTION         <ul> <li>Completed an average of 30 hours per Week, for Four Consecutive Weeks to End Sanction; OR</li> <li>Participant was placed in a Temporary Waiver.</li> </ul> </li> <li>NOTE: If a Sanction Alert has been sent in error and cannot be recalled on the same day, Please contact your PDS. Do NOT send a Lift Sanction Alert in this situation.</li> </ul>	
Comments	
Client was working but quit job when hours chged, scheduled an appointment to meet with staff on 4/4 but no showed. No response to phone call or postcard sent. Client is not meeting participation. Conciliation letter sent out for appointment on 4/29 but client no called/no showed.	
500 Characters remaining Update Case Actions Add Note Add Task Print Cancel	
A Poli cy Privacy Poli cy Accessibility	

# TO GENERATE A CONCILIATION LETTER FOR A PARTICIPANT:

- 1. Enter the participant's DCN (1) and select Go (2).
- 2. Select Create New Record.
- 3. You will be taken to the Conciliation / Sanction Record for Mandatory Recipients.
- 4. Complete the Reasons for Conciliation by using the drop-down menu (3).
- 5. Set the appointment date and time for the appointment (the system will ensure this date is at least 10 business days into the future (4).
- 6. Hit Save.
- 7. Select Generate CONCILIATION letter (5).
- 8. You will be taken to the conciliation letter, where you may make any necessary edits. Once the letter is satisfactory, select Print. Select Close to return to the C/S Record.

**NOTE:** Call-in letters generated will create an automatic Case Note with details listed on the letter. However, a copy of the full letter should be retained.

**NOTE:** Generating a conciliation letter from the Record automatically opens Conciliation on the IEP tab.

### TO ENTER A RESCHEDULED DATE FOR THE APPOINTMENT:

- 1. From Conciliation / Sanction Listing: Enter the participant's DCN (1) and select Go (2).
- 2. Select the most recent record using the blue Record Open Date (9). The most recent record will be at the top of the list.
- 3. You will be taken to the Conciliation / Sanction Record for Mandatory Recipients.
- 4. Place the cursor in the Rescheduled Date box, a calendar should display (6).
- 5. Select the date the appointment is being rescheduled to. Fill in the time for the scheduled appointment (7).
- 6. Hit Update at the bottom of the screen. The message *Record Updated Successfully* should appear at the top of the screen (8).

**NOTE:** The reschedule date must be within the same calendar week.

**NOTE:** The system will automatically make any necessary changes to the Conciliation start date on the IEP tab, based on the new appointment date.

	-		artment of SERVI						
C	ase Actions	Case Notes	Part Info Con	ciliation/Sanctio	n Listing Exclus	ion Listing			User ID: DOUGO
s our i W	Vork Assistance	- Family Support Divi	sion	Concil	iation / San	ction Listi	ng		Date: 5/18/2017
	DCN: LastName: Office: MV	VA OFFICE LO	Go CATION	FirstName Region: MV	/a providef	8	Cas e Manage	er: SuperCM2	
	Enter dates r	ange if des ired:	From:		To:			Filter	
<u>,</u>	RECORD OPEN DATE	APPOINTMENT DATE	RESCHEDULED APPOINTMENT DATE	POSSIBLE SANCTION DATE	SANCTION ALERT SENT	ACTUAL SANCTION DATE	CLOSING PROCESS START DATE	LIFT SANCTION DATE	RECORD CLOSE DATE
<u>`</u> ``	08/30/2016 10/30/2014	09/14/2016		10/21/2016			START DATE		09/14/2016 08/30/2016

# From Conciliation / Sanction Listing: Enter the participant's DCN (1) and select Go (2). Select the most recent record date using the blue Record Open Date (9). The most recent record will be at the top of the list. You will be taken to the Conciliation / Sanction Record for Mandatory Recipients. Select the Conciliation Resolved box *under item 3 End Conciliation (10)*. A warning will pop up letting you know you are about to end conciliation. To continue, select OK. Continue to step 6.

6. Hit Update at the bottom of the screen (6). The message *Record Updated Successfully* should appear at the top of the screen.

**NOTE:** After ending conciliation, if you return to the Conciliation / Sanction Listing, you will notice that the record is now closed. A close date will appear in the RECORD CLOSE DATE column.

OK

Cancel

# TO SEND A SANCTION ALERT FOR A PARTICIPANT:

- From Conciliation / Sanction Listing: Enter the participant's DCN (1) and select Go (2).
- 2. Select the most recent record using the blue Record Open Date (9). The most recent record will be at the top of the list.
- 3. You will be taken to the Conciliation / Sanction Record for Mandatory Recipients.
- 4. Select the RECOMMEND 50% SANCTION box under item 4. Send ALERTS (11). Hit Update at the bottom of the screen (6). The message *Record Updated Successfully* should appear at the top of the screen.

**NOTE:** Alerts cannot be sent until the date listed beside the alert (12).

## TO SEND A LIFT SANCTION ALERT FOR A PARTICIPANT:

- 1. From Conciliation / Sanction Listing: Enter the participant's DCN (1) and select Go (2).
- 2. Select the most recent record using the blue Record Open Date. The most recent record will be at the top of the list.
- 3. You will be taken to the Conciliation / Sanction Record for Mandatory Recipients.
- 4. Select the LIFT SANCTION box under item 4. Send ALERTS (13).
- 5. Hit Update at the bottom of the screen (6). The message *Record Updated Successfully* should appear at the top of the screen.

**NOTE:** You may always check Case Actions to be sure an alert or action saved properly.

# **Educational Listing**

The Educational *Listing* screen shows all instances of schooling entered since the screen was added to the MWA System.

	S	aissouri Depa OCIAL	rtment of SERVICES					
Case Notes	Case Actions	Participant Info	Conciliation/Sanction Listing	IEP Education	isting Assessment	Part Hours	Exclusion Listing	
Missouri Work As	sistance - Family	Support Division	2 Education	Documentatio	n Listings			ID: DOUGC4S 9/7/2017
	DCN: Last Name: Office: M	WA OFFICE	Go First Name: Region: MW	A PROVIDER	MWA Status: N Case Manager:			
	Career Pathw	vay: N/A		Education Listing				
	Certificate/Di	iploma Name	School Name	Lauran Loury	Date of Completion	on (	Dutcome	
	CERTIFICATE	-	VOCATIONAL CENTER OF N	IISSOURI	05/20/2017		COMPLETED	
	HISET		JOB CENTER OF MISSOURI		08/31/2015	c	COMPLETED	
TA Policy F		ew Document	3					

To access this screen, select Educational Listing from the MWA Main Menu.

### **Educational Documentation Details**

The Educational *Record* is used to open, update, and close educational records. Information added to the Educational Record is used to calculate performance measures.

S	issouri Department OCIAL SER	of VICES				
Missouri Work Assistance - Family S	upport Division	Education Document	ation Details			User ID: DOUGC4S Date: 9/7/2017
DCN: Last Name: Office: MW	A OFFICE LOCATION	First Name:	MWA Status Case Manap	Mandalory Br: SuperCM2	2	
		Record Saved Success	fully			
Career	Pathway: N/A					
Diploma / C	rtificate: Certificate or Licen	5e Y				
	Type: Health Care and S	ocial Assistance 🗸 Descrip	tion: LPN Licence			]
Scho	Name: Vocational Center	rf Missouri State	Missouri 🗸	City:	Somewhere	
Be	gin Date: 9/1/2015	Completion Dat	e: 5/20/2017	Outcome:	Completed	~
	Date Copy of Certificate of	Completion or Degree was Received by MW/	5/20/17			_
		2 YEARS OF HER NURSING DEGREE A ACHELOR'S IN NURSING	ND HAS RECEIVED HER LPH	G LICENSE.	PLANS TO	
	500 Charaders r	emaining Close Upda	e			

### TO ADD AN EDUCATION RECORD:

- 1. From Educational Listing: Enter the participant's DCN (1) and select Go (2).
- 2. Select Add New Education Document (3).
- 3. You will be taken to the Education Record.
- 4. Complete the record by selecting from the drop-down menus and calendar options as they apply.
- 5. Hit Save/Update.

TA Policy Privacy Policy

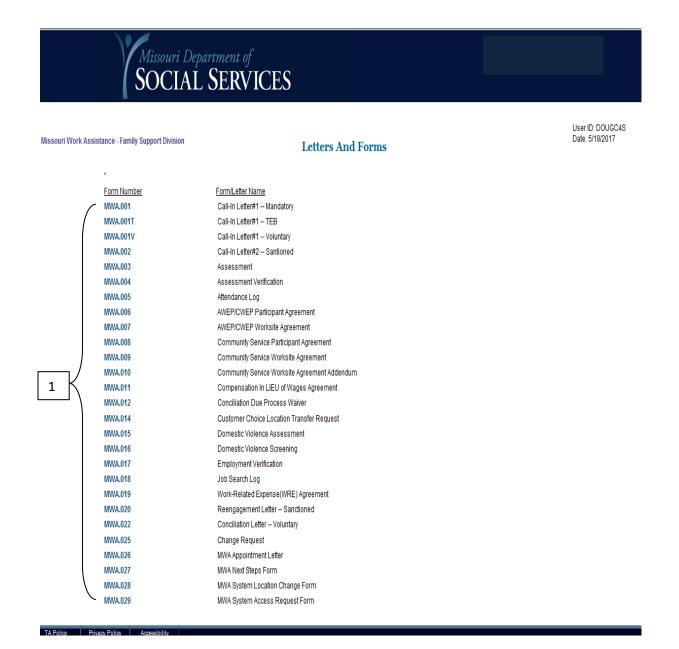
### TO UPDATE AN EDUCATION RECORD:

- 1. From Educational Listing: Enter the participant's DCN (1) and select Go (2).
- 2. Select the record you wish to update. The most recent record will be at the top of the list.
- 3. You will be taken to the Education Record.
- 4. Make the desired changes to the record.
- 5. Hit Save/Update.

### Letters and Forms

The Letters & Forms screen lists the MWA form numbers and names of the forms available through the MWA system. You may select any form number to generate the form or letter for an individual participant.

To access this screen, select Letters & Forms from the MWA Main Menu.



# TO GENERATE A FORM OR LETTER FOR A PARTICIPANT:

- 1. Select the form number of the letter/form (1) you wish to generate;
- 2. You will be taken to the selected form or letter. Enter the participant's DCN and select Go.
- 3. Any participant information the system is able to complete for you displays automatically on the form or letter.
- 4. Complete all other fields on the letter or form and select the blue Print button (for a letter) or your normal Print icon (for a form). **NOTE:** If you wish to discard the letter you have worked on, select Reset to start the letter over.
- 5. Once you have selected Print, the letter or form will display in a new window to be printed. Print the letter and then close the window.
- 6. If you have generated a letter, select Close to return to Letters and Forms.

**NOTE:** An action displays on Case Actions to indicate the letter has been generated for the participant.

**NOTE**: You must print an extra copy or photocopy the letter. The original letter should be mailed to the participant and a copy should be kept in the participant's paper file. Call-in letters generated will create an automatic Case Note with details listed on the letter. However, a copy of the full letter should be retained.

### **Reports**

MWA Reports are for review purposes only. They cannot be updated manually. Reports may be viewed according to the user's security clearance.

	ssouri Department of DCIAL SERVICES	
Missouri Work Assistance - Family Suppo	ort Division MWA Reports RE Report - Provides TRE payment data using the 'federal week ending' date in the date range fields	User ID: MACILI0 Date: 12/5/2018
	RE Report - Provides WRE payment data using the 'federal week ending' date in the date range fields aff Details Report - Provides current data regarding staff roles and office assignment in the region	
	emporary Waiver Report - Provides data regarding participants in each Temporary Waiver category during the selected fede apervisor Staff Listing Report - Supervisor Staff Listing Report	ral calendar month
	ase Manager Caseload Report - Case Manager Caseload Report onthly Sanction Alert Report - Provides data regarding sanction alerts generated and date sanctioned by FSD	
	erts Report - Provides data regarding the number of times a specific alert was sent in the selected month.	
TA Policy Privacy Policy Access		

### VIEWING MWA REPORTS:

- 1. Select the report name (in blue) you wish to view (1).
- 2. Select or complete the date period you wish to view a report for and select Submit, if applicable.
- 3. Select the office, supervisor unit, or caseload you wish to view. Continue to make selections from the blue options until you have reached the information you wish to review. **NOTE**: you may find multiple options in blue at different times. Try each option to see which way you prefer to view the information.
- To go backward in your search, select the stage you wish to return to from the Reports Menu filter (example: Reports Menu > Case Manager Caseload Report > State). This will take you back to the selected stage of your search.

### TO EXPORT A REPORT TO AN EXCEL DOCUMENT:

- 1. Pull up the report or portion of the report you wish to export to Excel.
- 2. Select the blue Export To Excel button.
- 3. You will be prompted to answer the question, "Do you want to open or save *Report name* from dsswebapp2?" The options will be Open, Save, and Cancel. Selecting Open will start the process of exporting the data.

- 4. Once Open is selected, you may receive a warning question confirming you wish to open the document. Select Yes.
- 5. The Excel document will be created. If you wish to save the document, be sure to change the document type to Excel Workbook during the save process.

### **TA Policy**

The TA Policy link provides easy access to the Temporary Assistance/Case Management Manual for the Missouri Department of Social Services, Family Support Division (FSD).

The Temporary Assistance/Case Management Manual is accessible from the MWA Main Menu.

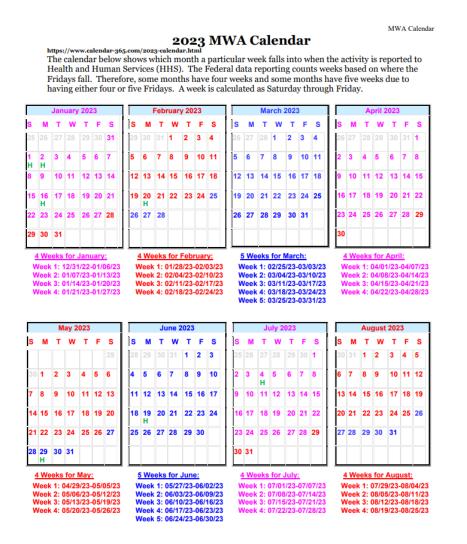
The Table of Contents displays manual references and headings to help you research TA Policy (1). If you wish to research another category of FSD policy, you may select the desired program (3) at the top of the screen.

	partment of Social Se Jals & Me		MO.go	v Governor Parson	Find an Agency	Online Services	Search C
Child Care	Child Welfare	SNAP	MAGI	MHABD	Temp Assist	M	emos / Practice Points
Temporary A	ssistance/Case	Managei	ment Man	ual	TA	Quick Links	
Temporary Assista	nce/Case Manageme	nt Manual				200.000.00 Over Assistance Progra	view of the Temporary m
	view of the Temporar	y Assistance	Program			203.000.00 Tem Application Proce	porary Assistance ssing
• 0200.005.00 Le	- -				C	)205.000.00 Eligi	bility Requirements
0203.000.00 Temp	orary Assistance App	plication Proc	essing		C	210.000.00 Nee	1
<ul> <li>0203.015.00 Ap</li> <li>0203.020.00 Sig</li> <li>0203.0</li> <li>0203.030.00 Da</li> </ul>	quests for Assistance plications Received with jning the Application 20.05 Application with N ting the Application mporary Assistance Prog	o Signature	5	ess		0220.000.00 Disp investigation 0225.000.00 Inte	im Contacts
<ul><li>0203.0</li><li>0203.060.00 Vo</li></ul>	50.05 Joint IM and Food luntary Withdrawal of Ap tification of Application I	pplication	ion Interview		C	Conservator	s with a Guardian or e Supplementation
	ange of Payee for Tempo		e Required New	Application		-	
		Concurrent with	ı Cash Program	5	c	0235.000.00 Fam 0240.000.00 Tem Test Requirement	porary Assistance Drug
	lays in Processing Tempo 20.05 Reasons for Delay					0242.000.00 Tem Diversion Require	porary Assistance ments
•	bility Requirements					)245.000.00 Tran Benefit	sitional Employment
	05.05 Property Counted	as a Resource					ouri Work Assistance
	05.10 Real Property 0205.005.10.05 Homes 0205.005.10.10 Life Es			er Interest		0255.000.00 Tem Requirement	porary Assistance Work
	0205.005.10.15 Burial	Lots				1260.000.00 Miss	ouri Work Assistance

### **Federal Calendars**

The Federal Calendar link shows the federal calendar on which the participation rate is based.

To access this screen, select the Federal Calendar for the appropriate year from the MWA Main Menu.



### Possible uses for the calendar include:

- 1. To select an ideal start date for an activity.
- 2. As a tool when discussing participation hours with a participant.
- 3. As a tool to calculate how many hours the participant needs to complete by the end of a federal month to count as fully participating.
- 4. To identify holidays that may count as excused absences (please refer to the TA Manual, section 0270.035.00 HOLIDAYS).

# MWA User Guide

To access the MWA User Guide from within the MWA System select the MWA User Guide Link under the Resource section from the Main Menu, shown below:

Missouri Department of SOCIAL SERVI		
iss ouri Work Assistance - Family Support Division	MWA Main Menu	
Office	Participants	Resources
New Participant List	Name/SSN Search	Letters & Forms
Transferred Participant List	Participant Information	Reports
Case Manager Task List	Domestic Violence	TA Policy
Case Manager Participant List	Assessment	2022 Federal Calendar
Mass Participation Hours	Individual Employment Plan (IEP)	2021 Federal Calendar
Office Detail	Participation Hours Verification	2020 Federal Calendar
Region Detail	Transportation Reimbursement Expenses (TRE)	MWA Us er Guide
Office Case Manager List	Work Related Expenses (WRE)	MERIC
Staff Detail	Case Notes	
Transfer Request	Case Actions	
Caseload Transfer	TA Info Listing	
Case Manager History	TA Participation List	
Staff Search	TA Exclusion Listing	
	Conciliation/Sanction Listing	
	Education Listing	

### **MERIC**

MERIC is the research division for the Missouri Department of Economic Development.

By selecting MERIC (1) from the Main Menu as shown below you will be linked to the Missouri Economic Research and Information Center website.

