SNAP APPLICATION USER GUIDE

How to search for an individual in MoJobs.

From "My Staff Dashboard" Click on Manage Individuals in the left navigational menu



Next, click on "Assist an Individual"

| | This Is the TRAIN site | |
|---------------------------------------|--|----------------|
| E Menu | 🏘 Hame 🚳 My Dashboard 🖙 Sign Out 🛔 Services for Individuals 🎽 Services for Employers | Quick Search 🔎 |
| Quick Search Enter Search | Please select from the Manage Individuals options listed below. | |
| My Staff Workspace My Staff Dashboard | Create an Individual One Case Note to Multiple Individuals Select this option to create an account for a user. Select this option to record one case note to multiple individuals. | |
| My Staff Resources | Assist an Individual | |
| My Staff Account | Select this option to assist a registered Individual. | |
| Directory of Services | | |
| Services for Workforce | My Staff Dashboard | |

Or from "My Staff Dashboard" place the cursor over the "Manage Individuals" drop-down menu and click "Assist an

| | | This Is the TRAIN site | | | | | | | | |
|---------------------------------|--|---|------------|----------------------|-----------------|----------|----------------|-----------|----------------|--------|
| E Menu | 💏 Hame 🛛 🖓 My Dast | nboard 🕞 Sign Out 👗 Services for Individuals 🛛 🕍 Services for Em | ployers | | | | | | Quick S | Search |
| Quick Search Enter Search | This page allows you t | Workspace Stacy Kaylor. o customize the content you are interested in. Click on tion from the menu on the left hand side of the screen. | a button i | n the grid to | o access | the deta | iils of a v | vork iter | n, | |
| My Staff Workspace | | | | | | | | | | |
| My Staff Dashboard | My Staff Dashboard My Staff Resources My Staff Account | nt Directory of Services | | | | | | | | |
| My Staff Resources | My Messages | X I My Correspondence | X | E My Cale | endar | | | | | X |
| My Staff Account | Q Unread Messages | Q Letters | | 44 4 | | Octol | ber 2018 | | <u>.</u> | ++ |
| Directory of Services | | | | S | M | T | W | Т | F | 5 |
| | Q Read Messages | Q Correspondence Templates | | <u>30</u> Z | 1 | 2 | <u>3</u> 10 | 4 11 | <u>5</u> 12 | 1 |
| Services for Workforce Staff | | | | 14 | 15 | 16 | 17 | 18 | 19 | 2 |
| | essage Center | Enter the Correspondence Center | | 21 28 | <u>22</u> 29 | 23 30 | 24 31 | <u>25</u> | <u>26</u> 2 | 2 |
| Manage Individuals | Create an Individual | | | 4 | 5 | 6 | Z | 8 | 2 | 1 |
| Manage Employers | One Case Note to Multiple Individuals | week Announced and the second second | 2000 | | | | | | | |
| Manage Résumés | * | My Report Indicators | X | Q New Ap 15 Upcor | | | | | | |
| Manage Job Orders | Assist an Individual ts Find answers to commonly asked questions abo | | | 13 opcor | | | intment C | enter C | 5 | |
| Manage Labor Exchange | the local labor market. | 0 Placements | | | | | | | | |

If you have recently worked with the individual they may appear on the "Quick Assist" List – this is the last 5 individuals you have assisted

| | | | This Is | the TRAIN site | | |
|--------|--|----------------|---------------|-------------------------|-----------------------------|--|
| Menu | 📅 Home | 🚯 My Dashboard | 🕞 Sign Out | Services for Individual | ls 🕈 Services for Employers | |
| | | | | | | For help click the question mark icon. |
| | | | [Ouick Assis | t General Office] | | |
| | | | | | | |
| | | | | | | |
| Quick | Assist | | | | | |
| | Assist we saved Individual item(s) in <u>My Search List</u> | <u>5.</u> | | | | |
| You ha | | Spice, Pumpkir | | | ist | |
| You ha | we saved Individual item(s) in My Search List | | ine (SUNSHII | NEFLOWERS) | ist | |

If you have not worked with the individual before search for the individual in the "General Criteria"

You can search using 1 field or multiple fields (do not enter too many criteria into the search or you may not receive any results).

Once you have entered the Search criteria scroll to the bottom of the screen and click "Search"

| General Criteria | |
|---|-------------------------------------|
| Individual Username: | |
| Individual User ID: | |
| | O Starts with these #s |
| | Matches exactly |
| State ID Number: | |
| SNAP Case Number: | |
| First Name: | |
| Last Name: | |
| SSN (last 4 digits): | |
| SSN (full number): | Example: 999999999 |
| Date of Birth: | (MM/DD/YYYY) |
| Telephone Number: | - Include Alternate |
| Email Address: | |
| Registration IP: | |
| Login IP: | |
| Résumé Available: | None Selected |
| Individual Registered within | days |
| Last Login Date: | Between 💼 Today And 💼 Today |
| Program Participation (Active only): | None Selected |
| Application # (Open or closed): | |
| Individual User Status: | None Selected |

Recommended search options:

Last Name and SSN or First Name and SSN, Last Name and DOB or First Name and DOB,

Last Name and last 4 of SSN, First Name and last 4 of SSN,

First Name, Last Name and DOB or First Name, Last Name and SSN

Not Recommended search options:

Phone Number

Email Address

Registration IP or Login IP

Example of Search:

| G | General Criteria | |
|---|----------------------|-------------------------------------|
| h | ndividual Username: | |
| h | ndividual User ID: | |
| | | O Starts with these #s |
| | | Matches exactly |
| s | State ID Number: | |
| s | SNAP Case Number: | |
| F | irst Name: | Jack |
| L | .ast Name: | |
| s | SSN (last 4 digits): | |
| s | SSN (full number): | Example: 999999999 |
| 0 | Date of Birth: | 10/31/1978 💼 (MM/DD/YYYY) |

And results:

| | | | | | This Is | the TRAIN site | | | |
|---|--|----------------------------------|------------------------|----------------|----------------------------|------------------------------|--------------------------------------|---|-----------------|
| | | | 希 Home | 🚯 My Dashb | xoard 🕞 Sign Ou | t 🐣 Services for Individuals | Services for Employers | | |
| | Aprovd partner of the american and the sector | Resource | a specific Ind | lividual, clic | k on a link in th | e <i>Action</i> column below | Ν. | | |
| | Results View: Summary To sort on any column, | | l. | | | | | For help click the ques | tion mark icon. |
| | <u>User Name</u> | <u>First Name</u> | <u>Last Name</u> | <u>SSN 1</u> | <u>/et</u> <u>State ID</u> | <u>Last Login Date</u> | <u>Last Created</u> <u>Exited</u> | Action | Select |
| • | JACKOLANTERN | Jack | O'Lantern | 0468 | 1433 | 10/05/2018 | 10/05/2018 | <u>Summary Tab</u> <u>Case Notes Tab</u> <u>Activities Tab</u> <u>Programs Tab</u> | |
| | | | | | | | | | Save New List |
| | SEARCH CRITERIA: First name bey | gins with Jack and date of birth | n equals 10/31/1978 12 | :00:00 AM | 1 R | ecords found | | | |
| | | | | | Records per pa | ge: 25 🔽 Go | | | |
| | | | | [] | New search crite | ria] [Modify current crit | eria) | - | |

Click on the User Name to go to the Individual Record

If you do not find the individual on the first search you may modify the search criteria and add or remove criteria.

Once you click on the User Name the Left Navigation Menu will display the person you are working with under "Currently Managing"

| | This Is the TRAIN site | |
|---|---|---|
| Menu | 💏 Home 🏽 🍄 Ny Dashboard 🔎 Sign Out 👗 Services for Individuals 👹 Services for Employers Quick Search | Q |
| Quick Search Enter Search | Please select from the My Portfolio options listed below. | |
| Currently Managing O'LANTERN, JACK Service Tracking: ON | [Assist an individual Staff Services] Image: Market Profiles I | |
| Release Individual Assist a new Individual | My Individual Profiles My Individual Plans Staff Profiles Profiles Profiles | |
| My Staff Workspace My Staff Dashboard | General Profile - Select this option to view general case information including access to notes and activities. | |
| My Staff Resources | Case Management Profile - Select this option to work with application and intake information that the selected Individual may be eligible for. | |
| Directory of Services | Report Profile - Select this option to work with reports for the selected Individual. For example view reports that display tracking, core service usage, and case history. | |
| Manage Individuals | | |
| Manage Employers | | |
| Manage Résumés | Return to Directory of Services | |
| | | |

After working with any participant remember to RELEASE THE INDIVIDUAL in the left navigation menu.

How to determine if a participant is a Volunteer or ABAWD in MoJobs?

From the Individual Record – expand the "Staff Profiles" column

| | | This Is the TRAIN site | |
|---------------------------|--|--|--------------|
| E Menu | | 🏘 Home 🛛 🍄 My Dashboard 🛛 🕂 Sign Out 🔺 Services for Individuals 🔤 Services for Employers | Quick Search |
| Quick Search Enter Search | A proof partner of the among the conter reflective | Please select from the My Portfolio options listed below. | |
| Currently Managing | | [Assist an individual Staff Services] | |
| O'LANTERN, JACK | | 🕂 🗂 My Individual Profiles 🛛 🕂 🗂 My Individual Plans 📄 🗂 Staff Profiles | |
| Service Tracking: ON | | General Profile Gase Management Profile | |
| Release Individual | | The Report Profile | |
| Assist a new Individual | | | |

Next, expand the "Case Management Profile" and click on "Programs"

| | | This I | s the TRAIN site | | |
|---------------------------|--------|--|-------------------------------------|---|--------------|
| Menu | | of Home 🚳 My Dashboard 🕞 Sign O | ut 👗 Services for Individuals 🐐 | Services for Employers | Quick Search |
| Quick Search Enter Search | Mejobs | Please select from the My Portfolio op | ptions listed below. | | |
| Currently Managing | | | [<u>Assist an individual</u> Sta | aff Services] | |
| O'LANTERN, JACK | | + my Individual Profiles | 🕂 🛅 My Individual Plans | - Staff Profiles | |
| Service Tracking: ON | | | | General Profile Gase Management Profile | |
| Release Individual | | | | Case Summary | |
| Assist a new Individual | | | | Programs Plan Assessments | |
| My Staff Workspace | | | | Eport Profile | |
| My Staff Dachboard | | | | | |

Scroll down until you see the yellow "SNAP Employment and Training" application

| SNAP Employment and Tra | ining | | | Apps: 1 | | | | |
|-------------------------------------|-------------------------------|---------------------|------------|---------|--|--|--|--|
| Create SNAP Employment & Training A | Application | | | | | | | |
| | ⊞ 🔆 📋 SNAP #2681 - Incomplete | | | | | | | |
| LWDB: | 09 - Central Region | Application Date | 10/05/2018 | | | | | |
| Onestop: | 591 - FSD Community College | Participation Date: | N/A | | | | | |
| | Partner Central | Closure Date: | N/A | | | | | |
| Open/Total Activities: | 0/0 | Exit Date: | N/A | | | | | |

Note: In MoJobs production the app will appear as SNAP #XXXX – Partial

If the individual does not have a SNAP application in MoJobs: immediately send the SkillUP Eligibility and DCN Verification Form to <u>FSD.Agreements@dss.mo.gov</u> to verify the participant's Food Stamp eligibility and status as ABAWD or Volunteer.

If the individual has a SNAP application that has an "Exit Date" and the participant states they are currently receiving Food Stamps: immediately send the SkillUP Eligibility and DCN Verification Form to <u>FSD.Agreements@dss.mo.gov</u> to verify the participant's Food Stamp eligibility and status as ABAWD or Volunteer.

Next, click on the plus sign next to the SNAP application

SNAP Employment and Training

Apps: 1

Create SNAP Employment & Training Application

| • | ₩ 🗐 SNAP #2681 - Complete | | | |
|---|---------------------------|-------------------------------------|---------------------|------------|
| | LWDB: | 09 - Central Region | Application Date | 10/05/2018 |
| | Onestop: | 591 - FSD Community College Partner | Participation Date: | 10/10/2018 |
| | | Central | Closure Date: | N/A |
| | Open/Total Activities: | 1/3 | Exit Date: | N/A |

The SNAP application is expanded and the Participation Type will display as Voluntary or ABAWD

| 🗏 🔆 📄 SNAP #2681 - Com | blete | | | |
|--|-------------------------------------|----------------------------------|--------------------|--|
| LWDB: | 09 - Central Region | Application Date | 10/05/2018 | |
| Onestop: | 591 - FSD Community College Partner | Participation Date: | 10/10/2018 | |
| | Central | Closure Date: | N/A | |
| Open/Total Activities: | 1/3 | Exit Date: | N/A | |
| Case Information Case Number: Location and Staff | pa | rticipation Type: Voluntary | | |
| LWDB: 09 - Central Region | Or | estop: 591 - FSD Community Colle | ge Partner Central | |
| Create Staff: Stacy Kaylor (5387) | Ed | it Staff: Stacy Kaylor (5387) | | |
| | | mporary Case Manager: N/A | | |

After working with any participant remember to RELEASE THE INDIVIDUAL in the left navigation menu.

How to complete a Partial SNAP Application and SkillUP Enrollment

Click on the "Starburst" or "Flower" next to the SNAP application

| SNAP Employment and Training | | | | | | |
|------------------------------------|---|---|-------------------|--|--|--|
| Create SNAP Employment & Tra | Create SNAP Employment & Training Application | | | | | |
| IWDB: | complete 09 - Central Region | Application Date | 10/05/2018 | | | |
| Onestop: Open/Total Activities: | 591 - FSD Community College Partner Central 0 / 0 | Participation Date Closure Date: Exit Date: | N/A N/A N/A | | | |

Most fields will be pre-populated, it is important to review the application with the participant to ensure all information is accurate and up to date. Required Fields are marked with a red asterisk *.

If at any time you need to leave the application click on "Exit Wizard" link – you may come back and complete the application by clicking the "starburst" next to the SNAP application

The "Start Page" tab indicates whether the participant is an ABAWD or Volunteer, verify DOB, Region and Office/Location and click Next

| Application Staff | Application Document Management | | Application Eligibility | Application Participation | |
|---|------------------------------------|---------------------------|----------------------------|---|--|
| Start <u>Application</u> Page <u>Contact</u> | Application Demographic | Application Employment | Application Veteran | Application Public Assistance | |
| Indicates required fields. | | | For help click | he question mark icon next to each section. | |
| Identifying Information | | | | | |
| | | | | 0 | |
| Username: | JACKOLANTERN | | | | |
| User ID: | 5781 | | | | |
| State ID: | 1433 | | | | |
| Benefit Year Beginning (BYB) Date: | | | | | |
| | | | |) | |
| General Information | | | | | |
| A | 2504 | | | 0 | |
| Application ID: | 2681 | | | | |
| Staff User ID: | 5387 - Kaylor, Stacy | | | | |
| * Application Date: | 10/05/2018 (mm/dd/yyyy) | Today | | | |
| * Participation Type: | Voluntary 🖌 | | | | |
| * Application Status: | Active 🖌 | | | | |
| * LWIA/Region: | Central Region 🗸 | | | | |
| * Office Location: | FSD Community College Partne | er Central 🔽 | | | |
| | | | | | |
| | | | |) | |
| Exit Wizard | | | | | |
| | | Next >> | | | |

Verify all Information on the "Application Contact" tab and click Next

| Application Staff | Application Document Management | | Application Eligibility | Application Participation |
|---|---|---------------------------|----------------------------|---------------------------------------|
| Start Page Application Contact | Application Demographic | Application Employment | Application Veteran | Application Public Assistance |
| Indicates required fields | | | | For help click the question mark icon |
| Name | | | | |
| * First Name: | Jack | | | |
| M.I: | | | | |
| * Last Name: | O'Lantern | | | |
| Social Security | | | | |
| | | | | |
| SSN: (do not enter dashes. eg: 999999999) | 900-00-0468 [Edit SSN] Individual has not provided a valid | | | |
| | individual nus not provided a valio | 001 | | |
| Residential Address | | | | |
| * Address 1: | 666 Spooky Hollow Ln | | | |
| Address 2: | | | | |
| * City: | Columbia | | | |
| * State: | Missouri 🗸 | | | |
| • Zip: | 65201 | | | |
| * County / Parish: | Boone County 🔽 | | | |
| Country: | United States | \sim | | |
| | | | | |
| Mailing Address | | | | |
| Check here to use residential ac | dress information | | | |
| | | | | |
| * Mailing Address 1: | 666 Spooky Hollow Ln | | | |
| Mailing Address 2: | | | | |
| Directions: | | | | |
| | | | | |

On the "Application Demographic" tab verify all information and make sure you answer the English Language Learner question, then click Next

| Application Staff | Application Document Management | Application Eligibility | Application Participation | | | |
|--|--|-----------------------------|--------------------------------------|--|--|--|
| <u>Start</u> <u>Application</u> Page <u>Contact</u> | Application Demographic Employment | Application Veteran | Application Public Assistance | | | |
| Indicates required fields. | \smile | | For help click the question mark ico | | | |
| Individual Information | | | | | | |
| * Date of Birth: | 10/31/1978 (mm/dd/yyyy) | | | | | |
| Age: | 39 | | | | | |
| * Gender: | | | | | | |
| * Do you have a disability? | Yes, I do have a disability. No, I don't have a disability. Not Specified (optional) | | | | | |
| Type of Disability | None Selected | | | | | |
| • English Language Learner | ○ Yes ○ No | | | | | |
| * Are you a U.S. Citizen? | Citizen of U.S. or U.S. Territory | | | | | |
| USCIS (Alien Registration) Number: | e.g. A123456789 | | | | | |
| USCIS (Alien Registration) Expiration Date: | IS (Alien Registration) Expiration Date: (mm/dd/yyyy) | | | | | |
| Educational Information | | | | | | |
| * Are You Attending School? | No, Not Attending Any School | | | | | |
| Federal Definition of Attending School: | Not attending school; Secondary School Graduate or | has a recognized equivalent | | | | |
| Individual Registration Highest Grade Completed: | High School Diploma | ~ | | | | |

On the Application Employment Tab, verify the Employment and Unemployment Status as well as the desired occupation and title. If the participant is currently employed, staff will enter the employment information on this tab by clicking "Add a new Employment History" at the bottom of the screen

| Application Staff | Application Document Management | Application Eligibility | Application Participation |
|-----------------------------------|-------------------------------------|---|-------------------------------------|
| Start Application Page Contact | | plication Application ployment Veteran | Application Public Assistance |
| ndicates required fields. | | | For help click the question mark is |
| Employment Information | | | |
| Employment Status | Employed | × | |
| Unemployment Eligibility Statu | Neither Claimant nor Exhauste | ee | |
| Desired Occupation and Title # | 47211100 Search for O*Net Code | | |
| Desired Occupation and Title # | None Selected Search for O*Net Code | | |
| Type of job looking for | Electrician | | |
| Years of experience in this area | | | |
| Type of employment desired: | None Selected | | |
| Full-time or part-time: | None Selected | \checkmark | |
| Employment History | | | |
| Company Name | City Job Title (Occu | upation) Start | /End Dates Action |
| | No Employm | nent History | |
| | | | |
| | | | |
| | [Add a new Emplo | ovment History] | |

Enter all required employer information then scroll down and click Save at the bottom of the screen

| Employer | |
|-----------------------------|--|
| * Employer Name: | Halloween City |
| Address: | |
| | |
| Store / Location Number: | |
| Zip Code: | 65201 |
| * City: | Columbia |
| * State / Province: | Missouri 🔽 |
| * Country: | United States |
| | |
| Job Title | |
| | below for this employment history. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see |
| your job title in the list, | select it. |
| * Job title: Sale | es Associate |
| | |
| Occupation | |
| | ation that best matches your job title. You may either select from the Suggested Occupations drop-down list, which is populated based on the job title h for an occupation using the search link. |
| | Suggested occupation(s): |
| Retail Salespersons | |
| Retail Salespersons | v |
| | [Search for an occupation] |
| *Occupation Reta title: | il Salespersons |
| Occupation 412 | 203100 |
| code: | |
| | |
| Position | |

Once you have saved the Employment History it will appear under the "Employment Information" section

| Employment Information | | | | | |
|------------------------------------|----------------------------|----------------------------------|-----------------------|----------------------|------------|
| * Employment Status | | Employed | $\mathbf{\mathbf{v}}$ | | |
| • Unemployment Eligibility Status | | Neither Claimant nor Exhaustee |] | | |
| Desired Occupation and Title #1 | 47211100 Sea | arch for O*Net Code | | | |
| Desired Occupation and Title #2 | Electricians None Selected | arch for O*Net Code | | | |
| Type of job looking for | | Electrician | | | |
| Years of experience in this area | | | | | |
| Type of employment desired: | | None Selected 🖌 | | | |
| Full-time or part-time: | | None Selected | - | | |
| Employment History Company Name | Location | .lob Title | (Occupation) | Start/End Dates | Action |
| | | | | | |
| Halloween City Co | olumbia, MO | Sales Associate (Retail Salesper | sons) | 09/15/2018 - present | Edit |
| | | | | | Delete |
| | | | | | |
| | | | | | |
| | | 🚺 🜗 Page 🛛 | 🛩 of 1 🕨 🕅 | | Rows: 25 🗸 |

Verify all information on the "Application Veteran" tab, then click Next

| | Application Staff | | | | Application Eligibility | Application Participation |
|-------------------------------------|--|--------------------------------------|---------------------------------|------------------------|--------------------------------------|------------------------------|
| Start Page | Application Contact | Application Demographic | Application Employment | Application Veteran | Application Public Assistance | |
| Indicates required | fields. | | | | For help click the question mark ico | |
| Military Service | | | | | | |
| Veterans and th | eir spouses may be entitled t | o State and Federal Benefits. Please | e answer the following question | ns. | | |
| | ouse/Dependent of someone rvice, National Guard or Rese ted: | | | | | |
| | e you within 24 months of rei harge from the military (Trans | | | | | |
| forces and were | ave you served on active duty e discharged or released from ns other than dishonorable?" | | | | | |
| service connect the line of duty | e you the spouse of a veterar ted disability, is Missing In Ac by a hostile force, is a Prison vice connected disability? | tion, captured in | | | | |

If you answered No to questions 1, 2 and 3 above please proceed to the bottom of the page and click the Next button.

Verify all information on the "Application Public Assistance" tab – the Supplemental Nutrition Assistance Program (SNAP) question should be marked Yes when working with SkillUP participants. Click Next

Note: If you are creating a new SNAP application, FSD Counselor should always state "FSDProcessingCenter" and Counselor phone number should be 855-373-4636 (FSD INFO) and theCase Number is the DCN

| State Application Application Application Application Application Application Indicates required fields. @ For help Christing question mark icon Public Assistance Aid • FSD Counselor: FSD Processing Center • Counselor Phone Number: BS5 - 173 - 4638 Ext: • Case Number: Individual is receiving, or in the past 6 months has received, the following: • Temporary Assistance for Needy Families Yes @ No • Supplemental Security Income (SSI) Yes @ No • Supplemental Nutrition Assistance (RCA) Yes @ No • Supplemental Nutrition Assistance Program @ Yes @ No • Supplemental Nutrition Assistance Program Yes @ No • Supplemental Nutrition Assistance Program @ Yes @ No | | cation aff | Application Documen Management | t | Application Eligibility | Application Participation |
|---|---------------------------------------|-------------------------------|-----------------------------------|------------------------|----------------------------|--|
| Public Assistance Aid * FSD Counselor: FSD Processing Center * Counselor Phone Number: 855 - 373 - 4638 Ext: Case Number: 855 - 373 - 4638 Ext: Individual is receiving, or in the past 6 months has received, the following: * Temporary Assistance for Needy Families Yes No * Supplemental Security Income (SSI) Yes No * Social Security Disability Insurance Income Yes No * Refugee Cash Assistance (RCA) Yes No * General Assistance (GA) Yes No * Supplemental Nutrition Assistance Program (* Yes No | | | | | | |
| • FSD Counselor: FSD Processing Center • Counselor Phone Number: Ø555 - 373 - 4636 Ext: • Case Number: Image: Case Number: Individual is receiving, or in the past 6 months has received, the following: • Temporary Assistance for Needy Families Yes Image: No • Supplemental Security Income (SSI) Yes Image: No • Social Security Disability Insurance Income (SSDI) Yes Image: No • Refugee Cash Assistance (RCA) Yes Image: No • Supplemental Nutrition Assistance Program (SNAP) Yes No | Indicates require | d fields. | | | | For help click the question mark icon. |
| Courselor Phone Number: Case Number: Boss - 373 - 4636 Ext: Case Number: Individual is receiving, or in the past 6 months has received, the following: Temporary Assistance for Needy Families Yes No Supplemental Security Disability Insurance Income Yes No Social Security Disability Insurance Income Yes No Social Security Disability Insurance Income Yes No General Assistance (GA) Yes No Supplemental Nutrition Assistance Program Yes Yes No | Public Assistan | ce Aid | | | | |
| Case Number: Individual is receiving, or in the past 6 months has received, the following: * Temporary Assistance for Needy Families Yes No * Supplemental Security Income (SSI) Yes No * Social Security Disability Insurance Income Yes No * Refugee Cash Assistance (RCA) Yes No * General Assistance (GA) Yes No * Supplemental Nutrition Assistance Program (SNAP) Yes No | FSD Counselor | : | FSD Processing Center | | | |
| Individual is receiving, or in the past 6 months has received, the following: * Temporary Assistance for Needy Families Yes Yes No * Supplemental Security Income (SSI) Yes Yes No * Social Security Disability Insurance Income (SSDI) Yes Yes No * Refugee Cash Assistance (RCA) Yes Yes No * General Assistance (GA) Yes Yes No * Supplemental Nutrition Assistance Program (SNAP) Yes Yes No | * Counselor Pho | ne Number: | 855 - 373 - 4636 E | xt: | | |
| Temporary Assistance for Needy Families Yes No Yes No Supplemental Security Income (SSI) Yes No Social Security Disability Insurance Income Yes No Social Security Disability Insurance Income Yes No Yes No General Assistance (RCA) Yes No Supplemental Nutrition Assistance Program (SNAP) Yes No | Case Number: | | | | | |
| (TANF) * Supplemental Security Income (SSI) Yes No * Social Security Disability Insurance Income Yes No * Refugee Cash Assistance (RCA) Yes No * General Assistance (GA) Yes No * Supplemental Nutrition Assistance Program (SNAP) Yes No | Individual is reco | eiving, or in the past 6 mont | ths has received, the following: | | | |
| * Social Security Disability Insurance Income Ves No (SSDI) * Refugee Cash Assistance (RCA) Ves No * General Assistance (GA) Ves No * Supplemental Nutrition Assistance Program Yes No | | istance for Needy Families | ○ Yes ◉ No | | | |
| (SSDI) * Refugee Cash Assistance (RCA) · Yes • No * General Assistance (GA) · Yes • No * Supplemental Nutrition Assistance Program • Yes · No (SNAP) | * Supplemental | Security Income (SSI) | ⊖ Yes ◉ No | | | |
| * General Assistance (GA) O Yes O No * Supplemental Nutrition Assistance Program O Yes O No (SNAP) | | Disability Insurance Incom | e 🔿 Yes 🖲 No | | | |
| * Supplemental Nutrition Assistance Program | * Refugee Cash . | Assistance (RCA) | 🔿 Yes 🖲 No | | | |
| (SNAP) | General Assista | ance (GA) | ○ Yes ● No | | | |
| * Receiving or Notified of Pell Grant: O Yes No | | Nutrition Assistance Progra | am 🖲 Yes 🔿 No | | | |
| | * Receiving or N | otified of Pell Grant: | 🔿 Yes 🖲 No | | | |
| *Are you a Publicly Supported Foster Child? O Yes, I am a publicly supported Foster Child | * Are you a Publ | icly Supported Foster Child | | | | |
| No, I am not a publicly supported Foster Child | | | No, I am not a publicly: | supported Foster Child | | |

The "Application Staff" tab is where staff will add themselves or, if needed assign another staff member as the Case Manager. Add a Case Note. Click Next

| <u>Start Application</u> Page <u>Contact</u> | Application Demographic | Application Employment | Application Veteran | Application Public Assistance |
|---|---|---------------------------|----------------------------|---------------------------------------|
| Application Staff | Application Document <u>Management</u> | | Application Eligibility | Application Participation |
| Indicates required fields. | | | | For help click the question mark icon |
| Staff Information | | | | |
| SNAP Eligibility: Yes | | | | |
| * Staff Position: Staff | \checkmark | | | |
| Staff Created ID: 5387 | | | | |
| Date Created: 10/05/ | 2018 | | | |
| Staff Edited ID: 5387 | | | | |
| Date Last Edited: 10/09/ | 2018 | | | |
| Current Case Manager: | Case currently Not Ass Assign Case Manager | igned to a Case Manager | | |
| | Assign Case Manager | <u>L</u> | | |
| Previous Case Manager: | Remove Case Manage | er Assignment | | |
| Case Note: | 1 | | | |
| Add a new Case Note Show Filter Cri | teria 1 | | | |
| ID Create | | Subject | Action | |
| No data found. | | | | |
| | | | | |

The "Application Document Management" tab allows staff to upload documents to MoJobs. Remember to NEVER enter confidential documents into MoJobs, these should be stored in a confidential file in office. Click Next

| Start Page | Application Contact | Application Demographic | Application Employment | Application Veteran | Application Public Assistance | |
|--|-------------------------------|---|---------------------------------|----------------------------|----------------------------------|--|
| | olication Staff | Application Document Management | > | Application Eligibility | Application Participation | |
| | Indicates required fields. | | | | | |
| SNAP Program | | e selected Individual. Click the View lin | k below to view that particular | tom | | |
| Listed below are i | the documents available on tr | e selected individual. Click the view in | No records found | tem. | | |
| | | | | | | |
| Uploaded and scanned documents with spaces in the document name may be incompatible with some browsers. These spaces will be replaced with _ when saving the document in our system. | | | | | | |
| Add a Document | | | | | | |
| | | | | | | |

The "Application Eligibility" tab displays the SNAP eligibility. Click Next to complete enrollment.

| Start Page | Application Contact | Application Demographic | Application Employment | Application Veteran | Application Public Assistance |
|------------------------------------|------------------------------|-------------------------------|---------------------------|----------------------------|--|
| | Application Staff | Application Docu Managemen | | Application Eligibility | Application Participation |
| Indicates requ | | | | Ser help | click the question mark icon next to each section. |
| Eligibility In | formation | | | | ١ |
| Eligible for | SNAP? Yes | | | | |
| | | | | | |
| TO PROCEED D | DIRECTLY TO ENROLLMENT CL | ICK THE NEXT BUTTON | | | |
| TO NOT ENRO | LL AT THIS TIME CLICK THE FI | NISH BUTTON | | | |
| Exit Wizard | | | | | |
| | | << Bac | k Next >> | Finish | |

The "Application Participation" tab must be completed to finish enrollment. Enter the participation date (should be the same day the SNAP application is completed) Staff can click on the calendar to choose a date or can click on Today to input today's date. Click Next

| | <u>Start</u> Page | Application Contact | Application Demographic | Applica Employ | | Application Veteran | Application Public Assistance |
|---|--|------------------------|----------------------------|-------------------------|--------------|----------------------------|---------------------------------------|
| | Application Staff | 2 | | ion Document agement | | Application Eligibility | Application Participation |
| • | Indicates required fields | | | | | | For help click the question mark icon |
| 1 | General Information |) | | | | | |
| | Login Name: | JACKOL | ANTERN | | | | |
| | User ID: | 5781 | | | | | |
| | State ID: | 1433 | | | | | |
| | Name: | Jack O'I | antern | | | | |
| | SSN: | 900-00- | 0468 | | | | |
| | Application Date: | 10/05/2 | 018 | | | | |
| | Eligibility Date: | 10/05/2 | 018 | | | | |
| | | | | | | | |
| | Participation Information | tion | | 4 | | | |
| | Participation Date | 10/10/2 | 018 (mm/dd/yyyy) 📷 Tod | ay 🗸 | | | |
| | Participation Age | 39 | | | | | |
| | Highest Education Le | vel Achieved Attaine | d High School Diploma | | \checkmark | | |
| | Participation Type | Volunt | ary | | ~ | | |
| | | | | | | | |

The Activity Enrollment screen populates. Remember all items marked with * are required fields.

| General Information | Service Provider | Enrollment Cost | Einancial <u>Aid</u> | Enroliment Budget | Budget Planning | Closure Information | | |
|-------------------------|--|--|-------------------------|----------------------|--------------------|------------------------|--|--|
| General Information | | | | | | | | |
| Participant User Name: | JACKOLANTER | ı | | | | ۲ | | |
| Participant State ID: | 1433 | 1433 | | | | | | |
| Last Name, First Name N | /II: O'Lantern, Jack | | | | | | | |
| Social Security Number: | 0468 | 0468 | | | | | | |
| Address: | | 665 Spooky Hollow Ln Columbia, MC 55201 | | | | | | |
| Application Summary: | Program:SNAP Application Da Eligibility Date | | | | | | | |
| Participation Date: | 10/10/2018 | | | | | | | |
| * Customer Program Grou | p: 50A - SNAP E | and T 🗸 | | | | | | |
| * LWDB: | Central Region | modified if staff has local region a | ssignment. | | | | | |
| * Office Location: | FSD Communi | y College Partner Central | v | | | | | |

Note: the Actual Begin Date is pre-populated with the Participation Date.

| Enrollment Information | |
|------------------------|--|
| * Activity Code: | Select Activity Code] |
| Projected Begin Date: | Today |
| Actual Begin Date: | 10/10/2018 Actual begin date may not be modified on the first activity. |
| * Projected End Date: | Today |
| | |

Staff may add a Comment on the "General Information" tab but cannot enter a Case Note until the activity has been saved

| Staff Information | | | | | |
|------------------------|----------------|---|---------|--------|------------|
| | | | | | \bigcirc |
| Staff ID: | 5387 | | | | |
| | | | | | |
| * Position: | Staff 🗸 | | | | |
| Current Case Manager: | | Case currently Not Assigned to a Case M | anager | | |
| | | Assign Case Manager | | | |
| | | Assign Me | | | |
| Previous Case Manager: | | Remove Case Manager Assignment | | | |
| | | | | | |
| Comments: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Case Notes: | | | | | |
| | | ote Show Filter Criteria] | | | |
| | ID | Create Date | Subject | Action | |
| | No data found. | | | | |
| | | | | | |
| | | | | | |
| l | | | | | |
| | | | | | |

The first activity on a SNAP application will be the Funding Source. Click on "Select Activity Code" a new window will pop up. Providers will select the appropriate funding source for their agency. Note: ABAWDs will never be the SkillUP FNS funding source

| | n an activity link below. Activities selected customer group and / or | that do not have a link mean there are r region. |
|---------------|---|---|
| Activity Code | Activity Title | Provider Type |
| S20 | SkillUP FNS | PS - Other |
| S10 | SkillUP TANF | PS - Other |
| | Close Window | |
| | 18.1 | |
| | | |
| | | |
| | | |

After selecting the appropriate code, enter the projected end date of today, and click Next.

| Enrollment Information | | |
|------------------------|--|---|
| * Activity Code: | S10 Skillup TANF [Select Activity Code] | ۲ |
| Projected Begin Date: | Today | |
| Actual Begin Date: | 10/10/2018 Actual begin date may not be modified on the first activity. | |
| * Projected End Date: | 10/10/2018 Today | |
| | | J |

On the "Service Provider" tab select your agency from the Provider list, select the Service and select your office location from the Provider Locations. Note: the training region does not have providers loaded at this time. Please notify DWD Support if the provider information is not complete or incorrect.

| General Information | Service Provider | Enrollment <u>Cost</u> | Einancial <u>Aid</u> | Enroliment Budget | Budget Planning | <u>Closure</u> Information |
|----------------------------------|------------------------------------|--|-------------------------|----------------------|--------------------|-------------------------------|
| Enrollment Service Provider Info | rmation | | | | • | |
| | | | | | | |
| Enrollment Summary: | SNAP Applic Activity Code | ACKOLANTERN | nt | | | |
| * Provider: | Better Family Provider canno | | | | | |
| * Service, Course or Contract: | Office Service Provider Service | es | | | | |
| Provider Locations: | ARCHS BFL 456 2nd st | | | | | |
| | Saint Louis, You do not har | MO 63118 ve the privilege to modify Provider Lo | cations | | | |
| Provider Contacts: | You do not ha | ve the privilege to modify Provider Co | ntacts | | | |
| * Occupational Training Code: | Not Applicab | le | | | | |

At this time the Enrollment Cost, Financial Aid, Enrollment Budget, and Budget Planning tabs will not be completed on services in the SNAP application. Click Next until you reach the Closure Information tab

Enter the Last Activity Date as Today and select Successfully Completed in the Completion Code. Add a Case Note and click Finish

| General Information | Service Provider | Enrollment <u>Cost</u> | Financial <u>Aid</u> | Enrollment Budget | Budget Planning | Closure Information | | |
|------------------------|---|---------------------------|-------------------------|----------------------|--------------------|------------------------|--|--|
| | | | | | | | | |
| Closure Information | | | | | | 0 | | |
| Enrollment Summary: | Enrollment ID: 3535 Usemame: JACKOLANTERN SNAP Application ID: 2681 Activity Code: S10 - SkillUP TANF Activity Dates: 10/10/2018 - 10/10/2018 | | | | | | | |
| Last Activity Date: | 10/10/2018 | Today | | | | | | |
| Completion Code: | Successful C | completion 🗸 | | | | | | |
| Case Notes: | [Add a new | Case Note Show Filt | ter Criteria] | | | | | |
| | ID | Create Date | | Subject | | Action | | |
| | 6675 | 10/10/2018 | Funding Source | | | 1 | | |
| | | | 🕅 🍕 Page | 1⊻ of 1 ▶ № | | Rows: 25 🔽 | | |
| | | | | | | | | |
| | | << E | Back Finish | Delete | | | | |

This is what the activity should look like once it is completed

| Status | Activity / Provider | wz | Funding / Grant | Projected Begin Date | Actual Begin Date | Projected End Date | Actual End Date |
|--------|---|----|-----------------|-------------------------|-------------------|--------------------|-------------------------------------|
| G | <u>S10 - SkillUP TANF</u> Better Family Life | ۵ | SNAP E and T | N/A | 10/10/2018 | 10/10/2018 | 10/10/2018 Successful Completion |

After working with any participant remember to **RELEASE THE INDIVIDUAL** in the left navigation menu.

How to enter an activity/service/enrollment in MoJobs.

Expand the SNAP application and expand the Activities/Enrollments/Services tab. Click on Create Activity/Enrollment/Service.

| SNAP Employment and Training | | | | | | | |
|---|-----------------------------|---|-------------|------------|--|--|--|
| Create SNAP Employment & Training Application | | | | | | | |
| □ 🔆 👜 SNAP #2681 - Complete | | | | | | | |
| LWDB: | 09 - Central Region | Application Date | 10/05/2018 | | | | |
| Onestop: | 591 - FSD Community College | Participation Date: | 10/10/2018 | | | | |
| | Partner Central | Closure Date: | N/A | | | | |
| Open/Total Activities: | 0/1 | Exit Date: | N/A | | | | |
| Case Information | | | | | | | |
| Case Number: | | Participation Type: Voluntary | | | | | |
| Location and Staff | | | | | | | |
| LWDB: 09 - Central Region | | Onestop: 591 - FSD Community College Part | ner Central | | | | |
| Create Staff: Stacy Kaylor (5387) | | Edit Staff: Stacy Kaylor (5387) | | | | | |
| Case Manager: N/A | | Temporary Case Manager: N/A | | | | | |
| Self Assessment | | | | | | | |
| Communication Letters | | | | | | | |
| Participation | | | | 10/10/2018 | | | |
| Activities / Enrollments / Services | | | | 1 | | | |
| Create Activity / Enrollment / Service | | | | | | | |

The Activity Enrollment screen populates. Remember all items marked with * are required fields.

| General Information | Service Provider | Enrollment Cost | <u>Financial</u> <u>Aid</u> | Enrollment Budget | Budget Planning | Closure Information | | |
|-------------------------|-------------------------------|--|--------------------------------|----------------------|--------------------|------------------------|--|--|
| General Information | | | | | | | | |
| Participant User Name: | JACKOLANTER | N | | | | Ø | | |
| Participant State ID: | 1433 | | | | | | | |
| Last Name, First Name I | MI: O'Lantern, Jack | : | | | | | | |
| Social Security Number | 0468 | | | | | | | |
| Address: | 666 Spooky He Columbia, MO | | | | | | | |
| Application Summary: | Application D | Program:SNAP Employment and Training Application Date:10/05/2018 Eligibility Date:10/05/2018 | | | | | | |
| Participation Date: | 10/10/2018 | | | | | | | |
| * Customer Program Grou | Jp: 50A - SNAP E | and T 🗸 | | | | | | |
| * LWDB: | Central Region | n modified if staff has local region a: | ssignment. | | | | | |
| Office Location: | FSD Commun | ity College Partner Central | ~ | | | | | |

The Enrollment Information tab is used to enter the activity code projected begin, actual begin date and projected end dates. Click on Select Activity Code, then select an activity from the pop up window.

| Enrollment Information | | _ |
|------------------------|--------------------------|---|
| * Activity Code: | [Select Activity Code] | |
| Projected Begin Date: | Today | |
| Actual Begin Date: | To Ioday | |
| * Projected End Date: | Today | |
| | | |

To select an activity, click on an activity link below. Activities that do not have a link mean there are no programs offered for the selected customer group and / or region.

| Activity Code | Activity Title | Provider Type |
|------------------|---|------------------------|
| S20 | SkillUP FNS | PS - Other |
| S01 | Initial Assessment | PS - Office Services |
| S10 | SkillUP TANF | PS - Other |
| S02 | Attended TAP Workshop | PS - Office Services |
| S03 | Referred to other Services | PS - Office Services |
| S04 | Internships | PS - Work Experience |
| S05 | Attended Workshop - Career & Skills Assessment | PS - Office Services |
| S06 | Pre-Apprenticeship | PS - Work Experience |
| S07 | Attended Workshop - Career Advancement and Enhancement | PS - Office Services |
| S08 | Occupational Skills Training - Approved Provider (ITA) | PS - Approved Provider |

Projected Begin Date – is not a required field, but should be used when entering an activity that a participant will be entering in the future (e.g. participant starts OJT in a week)

Actual Begin Date – this date will be entered on the day the participant starts the activity (you cannot enter a future date in this field)

Projected End Date – for all one day services this will be today, but staff can enter a future date in this field for trainings that have a duration of more than 1 day.

| Enrollment Information | | |
|------------------------|--|---|
| * Activity Code: | 213 Comprehensive Assessment [Select Activity Code] | Ø |
| Projected Begin Date: | 10/12/2018 Today | |
| Actual Begin Date: | 10/12/2018 🔀 Ioday | |
| * Projected End Date: | 10/12/2018 Today | |
| | | |

Refer to the SNAP application Activity and Service Guide for definitions and durations of each service on the SNAP application.

Staff may add a Comment on the "General Information" tab but cannot enter a Case Note until the activity has been saved. Click Next

| Staff ID: 5387 * Position: Staff Current Case Manager: Case currently Not Assigned to a Case Manager Assign Case Manager Assign Me Previous Case Manager: Remove Case Manager Assign Me Comments: Comprehensive Assessment completed with Jack 10/12/18 | | | |
|---|--------------------------------|--------|--|
| Current Case Manager: Current Case Manager: Case currently Not Assigned to a Case Manager Assign Case Manager Assign Me Remove Case Manager Assignment Comments: Comprehensive Assessment completed | 5387 | | |
| Assign Case Manager Assign Me Remove Case Manager Assignment Previous Case Manager: Comments: Comprehensive Assessment completed | Staff 🗸 | | |
| Previous Case Manager: Comprehensive Assessment completed | Assign Case Manager | | |
| Comprehensive Assessment completed | Remove Case Manager Assignment | | |
| | | | |
| Case Notes: | | | |
| [Add a new Case Note Show Filter Criteria] ID Create Date Subject Action | | Action | |
| No data found. | No data found | | |

The Service Provider tab populates. Click on Select Provider and choose your agency from the pop up list. Click on Select Service, Course or Contract and select the appropriate option. Staff must also click on Provider Location and select the correct office address.

| General Information | Service Provider | Enrollment <u>Cost</u> | Einancial <u>Aid</u> | Enrollment Budget | Budget Planning | Closure Information |
|----------------------------------|-------------------------------|---|-------------------------|----------------------|--------------------|------------------------|
| Enrollment Service Provider Info | rmation | | | | | |
| | | | | | | Ø |
| Enrollment Summary: | Enrollment IE Username: JA |): 3604 ICKOLANTERN | | | | |
| | | ation ID: 2681 : 213 - Comprehensive Assessmer :: 10/12/2018 - 10/12/2018 | it | | | |
| * Provider: | | | | | | |
| | Select Provi | der] | | | | |
| * Service, Course or Contract: | [Salart Sanii | e, Course or Contract] | | | | |
| Provider Locations: | <u> Select Servi</u> | | | | | |
| Provider Locations. | | | | | | |
| | [Select Provi | der Locations] | | | | |
| Provider Contacts: | | | | | | |
| | <u> Select Provi</u> | der Contacts] | | | | |
| * Occupational Training Code: | Not Applicab | le | | | | |

If staff are unable to find their agency or office location, or they see that a provider record is incorrect, please contact <u>dwdsupport@ded.mo.gov</u> or call 866-506-0251.

| General Information | Service Provider | Enrollment <u>Cost</u> | Einancial <u>Aid</u> | Enrollment Budget | Budget Planning | <u>Closure</u> Information |
|----------------------------------|--|-------------------------------|-------------------------|----------------------|--------------------|-------------------------------|
| Enrollment Service Provider Info | rmation | | | | | |
| | | | | | | 0 |
| Enrollment Summary: | SNAP Applica Activity Code | CKOLANTERN | ıt | | | |
| * Provider: | Better Family Select Provid | | | | | |
| * Service, Course or Contract: | Office Service | s .e, Course or Contract] | | | | |
| Provider Locations: | ARCHS BFL 456 2nd st Saint Louis, Select Provid | MO 63118 der Locations 1 | | | | |
| Provider Contacts: | [Select Provid | der Contacts] | | | | |
| * Occupational Training Code: | Not Applicab | le | | | | |

At this time staff will not complete the Enrollment Cost, Financial Aid, Enrollment Budget or Budget Planning Tabs. Click Next until you reach the Closure Information tab.

Last Activity Date – This is the date the participant completes the activity. Reminder: one day activities must be closed the same day.

Completion Code – Staff will choose from the drop down list for the appropriate code.

Case Note – Case notes should be added every time staff work with a participant. When case notes are added to an activity, it is tied to that activity, but can still be viewed from the Case Notes tab under the General Profile.

| Case Note Details | | | | | | |
|---|--|--|--|--|--|--|
| Please check to see the second sec | uppress this Case Note | | | | | |
| * Contact Date: | 10/12/2018 To Loday | | | | | |
| Type ID: | 3604 Delete | | | | | |
| LWIA/Region: | Central Region | | | | | |
| Office Location: | FSD Community College Partner Central | | | | | |
| * Program: | SNAP Employment and Training | | | | | |
| App ID: Partner Program: Subject: Contact Type: | None Selected Comprehensive Assessment None Selected | | | | | |
| * Case Note Descript | ion: | | | | | |
| Completed Objective Assessment Summary with Jack in office today. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| l | [Spell Check] | | | | | |

Click Finish to complete the activity

| Closure Information | | | |
|---------------------|--|-----------------------|------------|
| | | | |
| Enrollment Summary: | Enrollment ID: 3604 Username: JACKOLANTERN SNAP Application ID: 2681 Activity Code: 213 - Comprehensive Assessment Activity Dates: 10/12/2018 - 10/12/2018 | | |
| Last Activity Date: | 10/12/2018 Today | | |
| Completion Code: | Successful Completion | | |
| Case Notes: | [Add a new Case Note Show Filter Crite ID Create Date | eria] Subject | Action |
| | | prehensive Assessment | <i>∎</i> ⊠ |
| | | ₩ 4 Page 1 ✓ of 1 ▶ ₩ | Rows: 25 🔽 |
| | | | |
| | *** | Back Finish Delete | |

The activity now displays as Closed and the Actual End Date displays the completion code as well.

| Status | Activity / Provider | wz | Funding / Grant | Projected Begin Date | Actual Begin Date | Projected End Date | Actual End Date |
|--------|---|----|-----------------|-------------------------|-------------------|--------------------|-------------------------------------|
| C | <u>213 - Comprehensive</u> <u>Assessment</u> Better Family Life | 0 | SNAP E and T | 10/12/2018 | 10/12/2018 | 10/12/2018 | 10/12/2018 Successful Completion |

After working with any participant remember to **RELEASE THE INDIVIDUAL** in the left navigation menu.

The 4 activities that must be completed on each SkillUP participant prior to enrollment in any training programs are:

213 Comprehensive Assessment – This activity is added when you complete the Objective Assessment Summary

205 Develop Service Strategies – This activity is added when you complete the IEP with the participant.

101 Orientation - This activity is added after the participant has attended an informational session on the SkillUP program.

107 Provision of Labor Market Research – This activity is added when you review Labor Market Information with the participant.

Each activity above is a one day activity and must be closed by staff the same day.