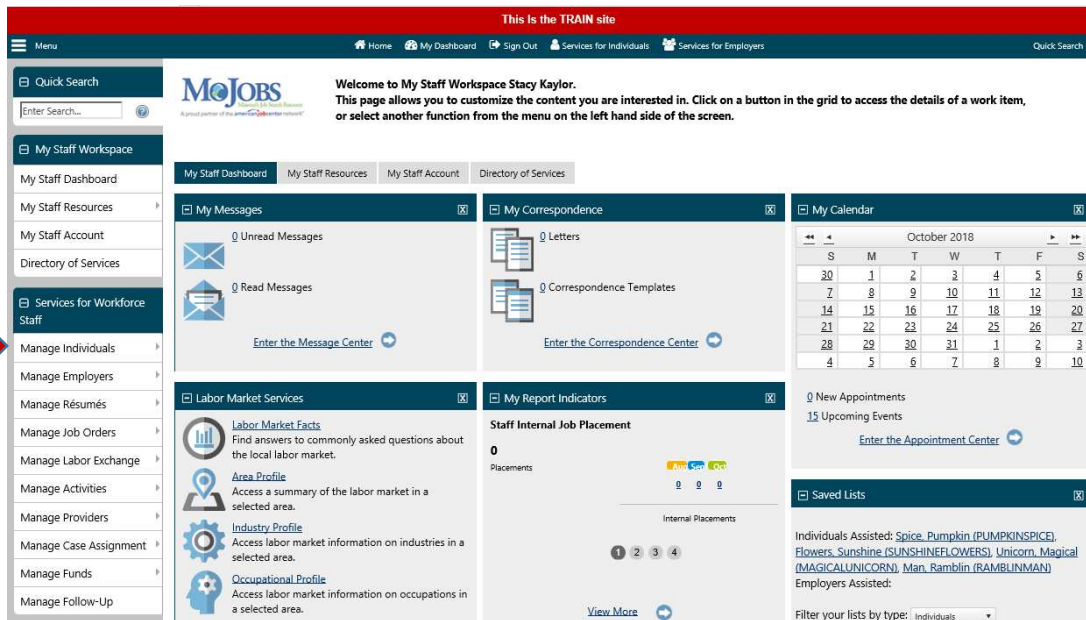


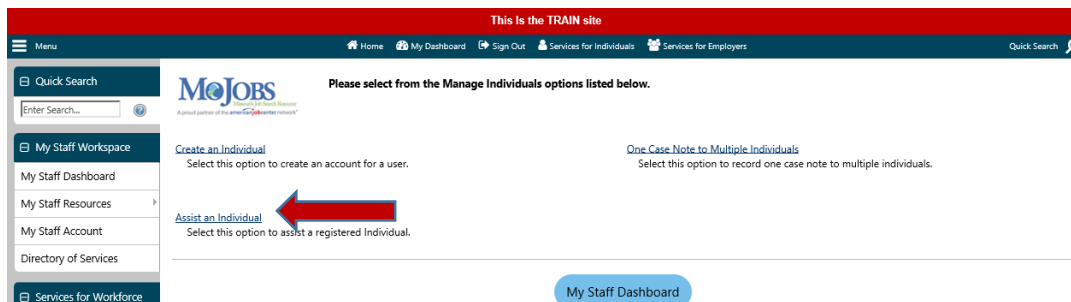
SNAP APPLICATION USER GUIDE

How to search for an individual in MoJobs.

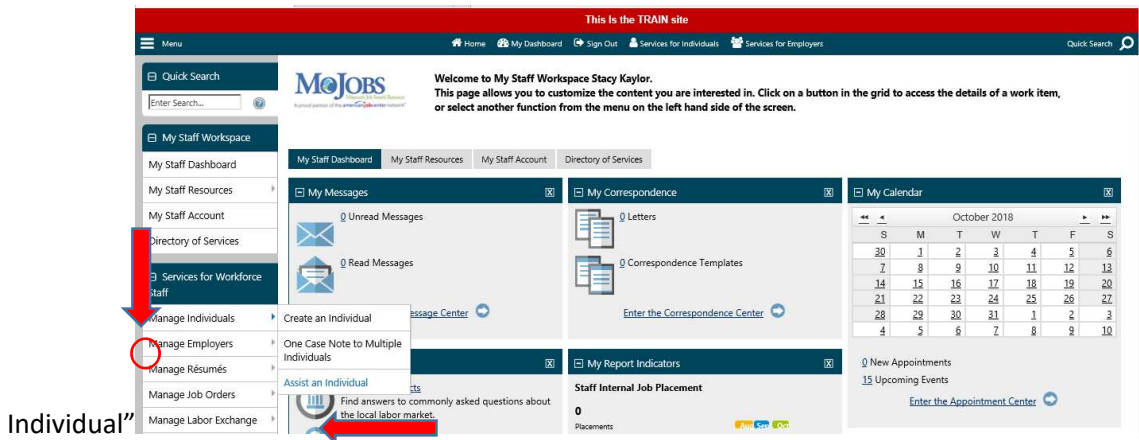
From “My Staff Dashboard” Click on Manage Individuals in the left navigational menu



Next, click on “Assist an Individual”



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



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 Individuals Services for Employers Quick Search

For help click the question mark icon.

[Quick Assist | General | Office]

Quick Assist

You have saved Individual item(s) in [My Search Lists](#).

Here are the 5 most recent individuals you assisted:

Spice, Pumpkin (PUMPKINSPICE)	Assist
Flowers, Sunshine (SUNSHINEFLOWERS)	
Unicorn, Magical (MAGICALUNICORN)	
Man, Ramblin (RAMBLINMAN)	

[Top | Search | Bottom]

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:

☐ 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:

General Criteria

Individual Username:

Individual User ID:

☐ 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)

And results:

This is the TRAIN site

Menu Home My Dashboard Sign Out Services for Individuals Services for Employers

MoJOBS
A proud partner of the **United Way** network

To assist a specific Individual, click on a link in the Action column below.

Results View: [Summary](#) | [Detailed](#)
To sort on any column, click a column title.

For help click the question mark icon.

User Name	First Name	Last Name	SSN	Vet	State ID	Last Login Date	Last Exited	Created	Action	Select
JACKOLANTERN	Jack	O'Lantern	0468		1433	10/05/2018		10/05/2018	Summary Tab Case Notes Tab Activities Tab Programs Tab	<input type="checkbox"/>

1 Records found

SEARCH CRITERIA: First name begins with Jack and date of birth equals 10/31/1978 12:00:00 AM

Records per page: [Go](#)

[\[New search criteria \]](#) [\[Modify current criteria \]](#)

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 My Dashboard Sign Out Services for Individuals Services for Employers Quick Search

Quick Search

Enter Search...

Currently Managing

O'LANTERN, JACK

Service Tracking: ON

Release Individual

Assist a new Individual

My Staff Workspace

My Staff Dashboard

My Staff Resources

My Staff Account

Directory of Services

Services for Workforce Staff

Manage Individuals

Manage Employers

Manage Résumés

Manage Job Orders

Please select from the My Portfolio options listed below.

[Assist an individual | Staff Services]

My Individual Profiles My Individual Plans Staff Profiles

General Profile - Select this option to view general case information including access to notes and activities.

Case Management Profile - Select this option to work with application and intake information that the selected Individual may be eligible for.

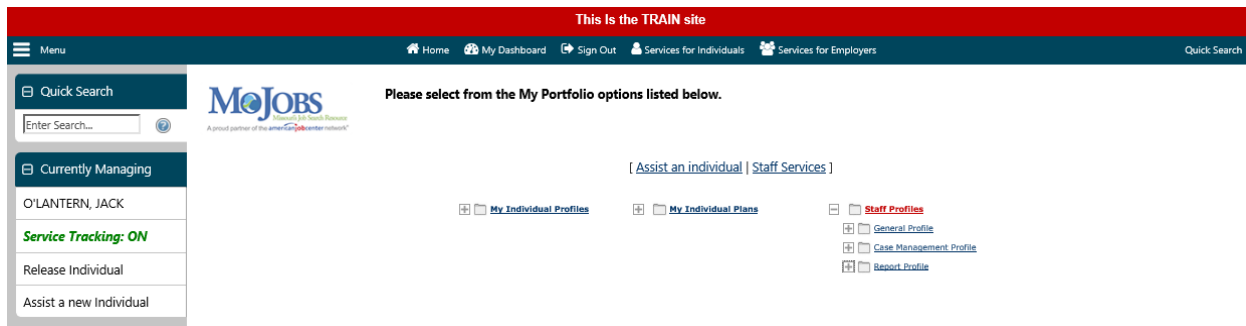
Report Profile - Select this option to work with reports for the selected Individual. For example view reports that display tracking, core service usage, and case history.

Return to Directory of Services

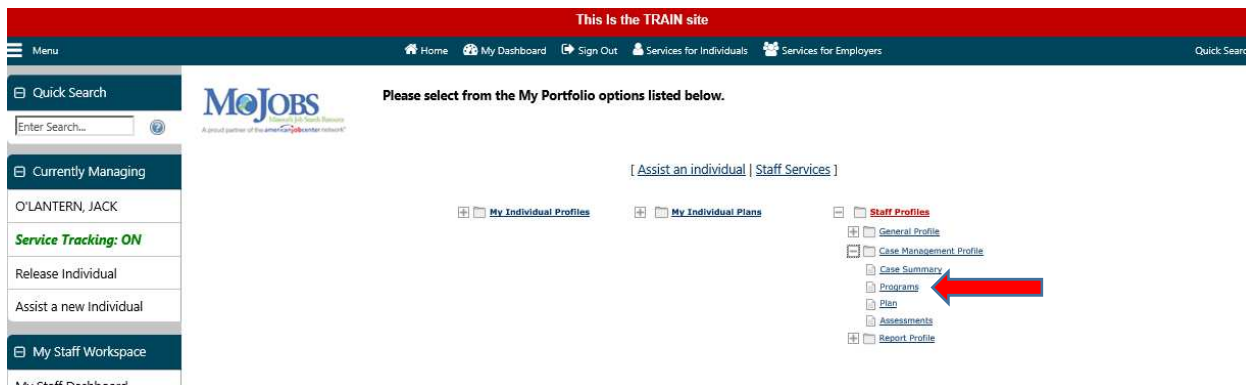
After working with any participant remember to **RELEASE THE INDIVIDUAL** in the left navigation menu.

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

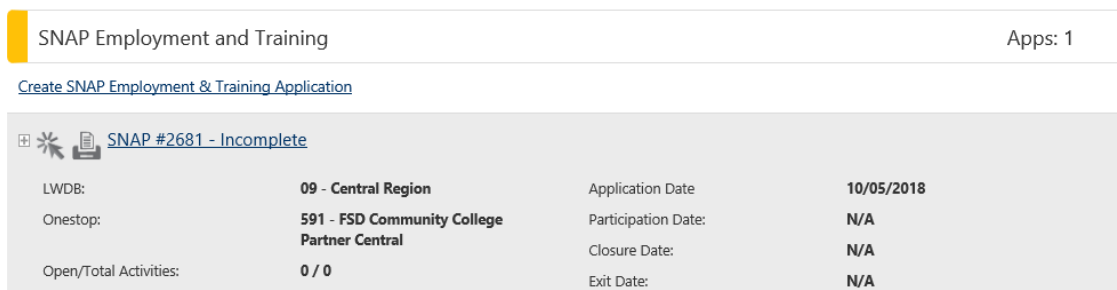
From the Individual Record – expand the “Staff Profiles” column



Next, expand the “Case Management Profile” and click on “Programs”



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



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 FSD.Agreements@dss.mo.gov 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 FSD.Agreements@dss.mo.gov 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

[Create SNAP Employment & Training Application](#)  [SNAP #2681 - Complete](#)

LWDB:	09 - Central Region	Application Date	10/05/2018
Onestop:	591 - FSD Community College Partner Central	Participation Date:	10/10/2018
Open/Total Activities:	1 / 3	Closure Date:	N/A
		Exit Date:	N/A

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

 [SNAP #2681 - Complete](#)

LWDB:	09 - Central Region	Application Date	10/05/2018
Onestop:	591 - FSD Community College Partner Central	Participation Date:	10/10/2018
Open/Total Activities:	1 / 3	Closure Date:	N/A
		Exit Date:	N/A

Case Information

Case Number:  **Participation Type:** Voluntary


Location and Staff

LWDB: 09 - Central Region	Onestop: 591 - FSD Community College Partner Central
Create Staff: Stacy Kaylor (5387)	Edit Staff: Stacy Kaylor (5387)
Case Manager: N/A	Temporary 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		Apps: 1	
Create SNAP Employment & Training Application			
 SNAP #2681 - Incomplete			
LWDB:	09 - Central Region	Application Date	10/05/2018
Onestop:	591 - FSD Community College Partner Central	Participation Date:	N/A
Open/Total Activities:	0 / 0	Closure Date:	N/A
		Exit Date:	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 Page	Application Contact	Application Demographic	Application Employment
Application Veteran	Application Public Assistance		

* Indicates required fields. For help click the question mark icon next to each section.

Identifying Information
Username: JACKOLANTERN
User ID: 5781
State ID: 1433
Benefit Year Beginning (BYB) Date:

General Information
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 Partner 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 Public Assistance

* Indicates required fields. [For help click the question mark icon.](#)

Name

* First Name:
 M.I.:
 * Last Name:

Social Security

* SSN: (do not enter dashes, eg: 999999999) [\[Edit SSN\]](#)
 Individual has not provided a valid SSN

Residential Address

* Address 1:
 Address 2:
 * City:
 * State:
 * Zip:
 * County / Parish:
 Country:

Mailing Address

☐ Check here to use residential address information

* Mailing Address 1:
 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
Start Page	Application Contact	Application Demographic	Application Employment	Application Public Assistance

* Indicates required fields. [For help click the question mark icon.](#)

Individual Information

* Date of Birth: (mm/dd/yyyy)

Age:

* Gender: ☒ Male ☐ Female ☐ Did not self-identify

* Do you have a disability?
☐ Yes, I do have a disability.
☒ No, I don't have a disability.
☐ Not Specified (optional)

Type of Disability:

* English Language Learner: ☐ Yes ☐ No

* Are you a U.S. Citizen?

USCIS (Alien Registration) Number: e.g. A123456789

USCIS (Alien Registration) Expiration Date: (mm/dd/yyyy)

Educational Information

* Are You Attending School?

Federal Definition of Attending School:

* Individual Registration Highest Grade Completed:

Ethnic Origin

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

Start Page

Application Document Management

Application Contact

Application Demographic

Application Employment

Application Eligibility

Application Veteran

Application Participation

Application Public Assistance

* Indicates required fields. For help click the question mark icon.

Employment Information

* Employment Status

Employed

* Unemployment Eligibility Status

Neither Claimant nor Exhaustee

Desired Occupation and Title #1

47211100

Search for O*Net Code

Electricians

Desired Occupation and Title #2

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

Employment History

Company Name	City	Job Title (Occupation)	Start/End Dates	Action
No Employment History				

Add a new Employment 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

Please enter a 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:

Sales Associate

Occupation

Please select the occupation 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 above, or you can search for an occupation using the search link.

Suggested occupation(s):

Retail Salespersons

[Search for an occupation]

* Occupation title:

Retail Salespersons

Occupation code:

41203100

Position

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

Employment Information

* Employment Status

Employed

* Unemployment Eligibility Status

Neither Claimant nor Exhaustee

Desired Occupation and Title #1

47211100

Search for O*Net Code

Electricians

Desired Occupation and Title #2

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

Employment History

Company Name	Location	Job Title (Occupation)	Start/End Dates	Action
Halloween City	Columbia, MO	Sales Associate (Retail Salespersons)	09/15/2018 - present	<a>Edit <a>Delete

Page 1 of 1

Rows: 25

Verify all information on the “Application Veteran” tab, then 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

Military Service

Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.

* Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who are currently activated: ☐ Yes ☒ No

* Question 1. Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? ☐ Yes ☒ No

* Question 2. Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable?" ☐ Yes ☒ No

* Question 3. Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability? ☐ Yes ☒ No

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 “FSD Processing Center” and Counselor phone number should be 855-373-4636 (FSD INFO) and the Case Number is the DCN

Application Staff Application Document Management Application Eligibility Application Participation Application Public Assistance

Start Page Application Contact Application Demographic Application Employment Application Veteran

* Indicates required fields. For help click the question mark icon.

Public Assistance Aid

* FSD Counselor: FSD Processing Center

* Counselor Phone Number: 855 - 373 - 4636 Ext:

Case Number:

Individual is receiving, or in the past 6 months has received, the following:

* Temporary Assistance for Needy Families (TANF) ☐ Yes ☒ No

* Supplemental Security Income (SSI) ☐ Yes ☒ No

* Social Security Disability Insurance Income (SSDI) ☐ Yes ☒ No

* Refugee Cash Assistance (RCA) ☐ Yes ☒ No

* General Assistance (GA) ☐ Yes ☒ No

* Supplemental Nutrition Assistance Program (SNAP) ☒ Yes ☐ No

* Receiving or Notified of Pell Grant: ☐ Yes ☒ No

* Are you a Publicly Supported Foster Child? ☐ Yes, I am 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

Start Page Application Contact Application Demographic Application Employment Application Veteran Application Public Assistance

Application Staff Application Document Management Application Eligibility Application Participation

* Indicates required fields. For help click the question mark icon.

Staff Information

SNAP Eligibility: Yes

* Staff Position: Staff

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 Assigned to a Case Manager

Previous Case Manager:

Case Note:

[Add a new Case Note | Show Filter Criteria]

ID	Create Date	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
Application Staff	Application Document Management			Application Eligibility	Application Participation

* Indicates required fields. For help click the question mark icon.

SNAP Program Document(s)

Listed below are the documents available on the selected Individual. Click the View link below to view that particular item.

No records found

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 Document Management		Application Eligibility		Application Participation

* Indicates required fields. For help click the question mark icon next to each section.

Eligibility Information

Eligible for SNAP? Yes

TO PROCEED DIRECTLY TO ENROLLMENT CLICK THE NEXT BUTTON

TO NOT ENROLL AT THIS TIME CLICK THE FINISH BUTTON

[Exit Wizard](#)

<< Back
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

Start Page	Application Contact	Application Demographic	Application Employment	Application Veteran	Application Public Assistance
Application Staff	Application Document Management		Application Eligibility	Application Participation	

* Indicates required fields. For help click the question mark icon.

General Information

Login Name: JACKOLANTERN

User ID: 5781

State ID: 1433

Name: Jack O'Lantern

SSN: 900-00-0468

Application Date: 10/05/2018

Eligibility Date: 10/05/2018

Participation Information

* Participation Date: 10/10/2018 (mm/dd/yyyy) Today

Participation Age: 39

* Highest Education Level Achieved: Attained High School Diploma

* Participation Type: Voluntary

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

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information
<div>General Information</div> <p>Participant User Name: JACKOLANTERN</p> <p>Participant State ID: 1433</p> <p>Last Name, First Name MI: O'Lantern, Jack</p> <p>Social Security Number: 0468</p> <p>Address: 666 Spooly Hollow Ln Columbia, MO 65201</p> <p>Application Summary: Program:SNAP Employment and Training Application Date:10/05/2018 Eligibility Date:10/05/2018</p> <p>Participation Date: 10/10/2018</p> <p>* Customer Program Group: 50A - SNAP E and T</p> <p>* LWDB: Central Region <small>LWDB cannot be modified if staff has local region assignment.</small></p> <p>* Office Location: FSD Community College Partner Central</p>						

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

Staff ID: 5387

* Position: Staff

Current Case Manager: Case currently Not Assigned to a Case Manager
[Assign Case Manager](#)
[Assign Me](#)
[Remove Case Manager Assignment](#)

Previous Case Manager:

Comments:

Case Notes: [Add a new Case Note](#) | [Show Filter Criteria](#)

ID	Create Date	Subject	Action
No data found.			

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

Activity Code	Activity Title	Provider Type
S20	SkillUP FNS	PS - Other
S10	SkillUP TANF	PS - Other

18.1

Enrollment Information


* Activity Code:

S10

SkillUP TANF

[\[Select Activity Code \]](#)

Projected Begin Date:

 Today


Actual Begin Date:

10/10/2018

Actual begin date may not be modified on the first activity.

* Projected End Date:

10/10/2018

 Today

General Information	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information
Enrollment Service Provider Information					
<div> <div>Enrollment Summary:</div> <div> <div>Enrollment ID: 3604</div> <div>Username: JACKOLANTERN</div> <div>SNAP Application ID: 2681</div> <div>Activity Code: 213 - Comprehensive Assessment</div> <div>Activity Dates: 10/12/2018 - 10/12/2018</div> </div> </div>					
<div> <div> <div>Provider:</div> <div>Better Family Life</div> <div>Provider cannot be modified.</div> </div> <div> <div>Service, Course or Contract:</div> <div>Office Services</div> <div>Provider Service cannot be modified.</div> </div> </div>					
<div> <div> <div>Provider Locations:</div> <div> <div>ARCHS BFL</div> <div>456 2nd st</div> <div>Saint Louis, MO 63118</div> </div> <div>You do not have the privilege to modify Provider Locations</div> </div> <div> <div>Provider Contacts:</div> <div></div> <div>You do not have the privilege to modify Provider Contacts</div> </div> </div>					
<div> <div>Occupational Training Code:</div> <div>Not Applicable</div> </div>					

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 Cost

Financial Aid

Enrollment Budget

Budget Planning

Closure Information

Closure Information

Enrollment Summary:

Enrollment ID: 3535

Username: 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 Completion

Case Notes:

Add a new Case Note

Show Filter Criteria

ID	Create Date	Subject	Action
6675	10/10/2018	Funding Source	✎ ✉

Page 1 of 1

Rows: 25

<< 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
	S10 - SkillUP TANF Better Family Life		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.

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

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

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:

Today

* 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:

Comprehensive Assessment

[Select Activity Code]

Projected Begin Date:

Today

Actual Begin Date:

Today

* Projected End Date:

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 Information

Staff ID: 5387

* Position:

Staff

Current Case Manager:

Case currently Not Assigned to a Case Manager

[Assign Case Manager](#)

[Assign Me](#)

[Remove Case Manager Assignment](#)

Previous Case Manager:

Comments:

Comprehensive Assessment completed with Jack 10/12/18

Case Notes:

[[Add a new Case Note](#) | [Show Filter Criteria](#)]

ID	Create Date	Subject	Action
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 Cost

Financial Aid

Enrollment Budget

Budget Planning

Closure Information

Enrollment Service Provider 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

* Provider:

[Select Provider]

* Service, Course or Contract:

[Select Service, Course or Contract]

Provider Locations:

[Select Provider Locations]

Provider Contacts:

[Select Provider Contacts]

* Occupational Training Code:

Not Applicable

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

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information
Enrollment Service Provider 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				
* Provider:		<input type="text" value="Better Family Life"/> [Select Provider]				
* Service, Course or Contract:		<input type="text" value="Office Services"/> [Select Service, Course or Contract]				
Provider Locations:		<input type="text" value="ARCHS BFL"/> <input type="text" value="456 2nd st"/> <input type="text" value="Saint Louis, MO 63118"/> [Select Provider Locations]				
Provider Contacts:		<input type="text"/> [Select Provider Contacts]				
* Occupational Training Code:		Not Applicable				

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 suppress this Case Note

* Contact Date: [Today](#)

Type ID: [Delete](#)

* LWIA/Region:

* Office Location:

* Program:

App ID:

Partner Program:

* Subject:

Contact Type:

* Case Note Description:

Completed Objective Assessment Summary with Jack in office today.

[\[Spell Check \]](#)

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 Criteria](#)

ID	Create Date	Subject	Action
6680	10/12/2018	Comprehensive Assessment	

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Rows: 25

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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
	213 - Comprehensive Assessment Better Family Life		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.