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Participant Section Screens

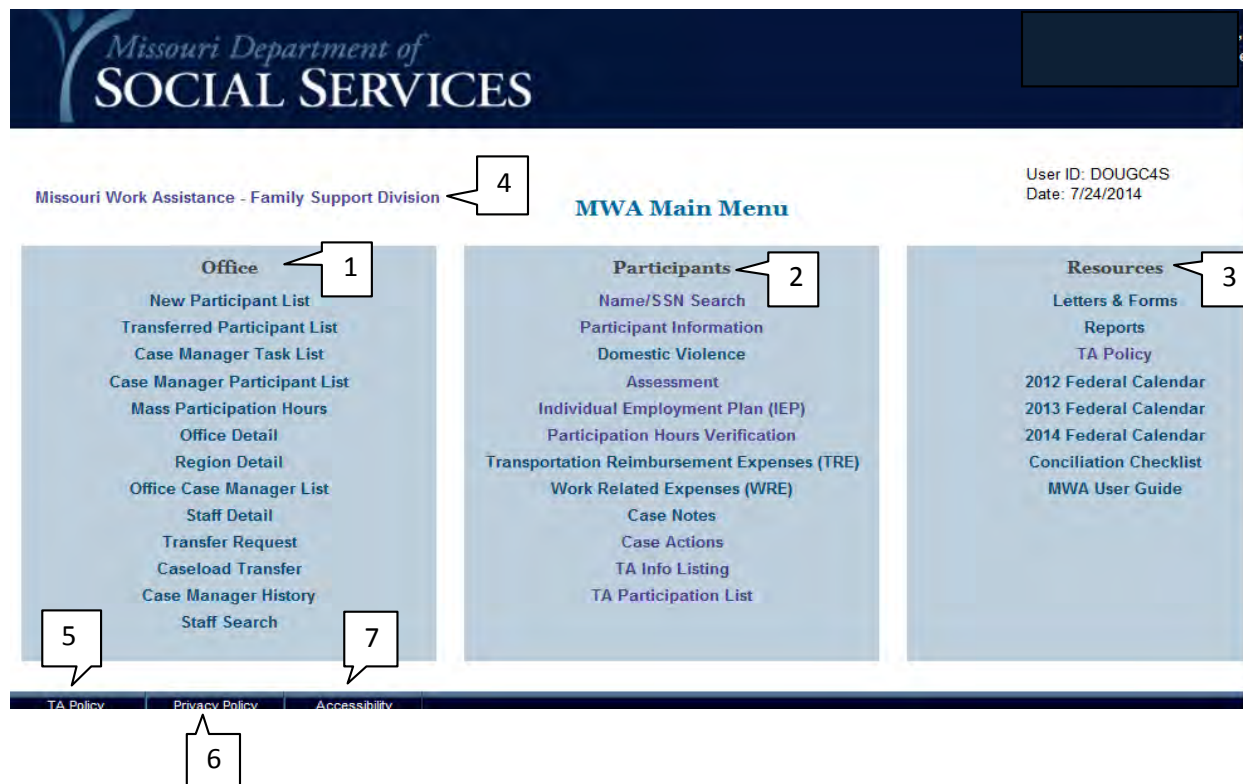
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MWA Main Menu



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 TA Policy link (5) is available at the bottom of each MWA System screen for easy access to the Temporary Assistance/Case Management Manual for the Missouri Department of Social Services, Family Support Division (FSD).

The Privacy Policy (6) 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 (7) is available at the bottom of each MWA System screen.

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.

Missouri Department of Social Services

New Part List | Transfer List | Transfer Request | Participant Information

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 7/25/2014

New Participant List

Region No: 01

DCIN: 0000000000

Name: Doe, John

Office No/Name: 010000 CMCA - BOONE

Parent Type	Referral Date	CMUserID	1st Appt Date	1st Appt Time	Edit
1	7/8/2014	SYSTM010	7/31/2014	13:30:00	Edit
1	7/9/2014	SYSTM010	8/5/2014	13:30:00	Edit
1	7/9/2014	SYSTM010	7/31/2014	13:30:00	Edit
1	7/10/2014	SYSTM010	7/31/2014	13:30:00	Edit
1	7/10/2014	SYSTM010	8/5/2014	13:30:00	Edit
1	7/10/2014	SYSTM010	7/31/2014	13:30:00	Edit
2	7/11/2014	SYSTM010	7/31/2014	13:30:00	Edit
2	7/11/2014	SYSTM010	7/31/2014	13:30:00	Edit
1	7/14/2014	SYSTM010			Edit
1	7/15/2014	SYSTM010	8/5/2014	13:30:00	Edit
1	7/15/2014	SYSTM010	8/5/2014	13:30:00	Edit
1	7/16/2014	SYSTM010	8/5/2014	13:30:00	Edit
1	7/16/2014	SYSTM010	8/5/2014	13:30:00	Edit
2	7/22/2014	SYSTM010			Edit
1	7/22/2014	SYSTM010	8/7/2014	13:30:00	Edit

2

TA Policy | Privacy Policy | Accessibility

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). **NOTE:** 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). **NOTE:** 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.
5. 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 1st 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: Selecting an individual DCN on the New Participant List (7) takes you to the Participant Information screen for the selected participant.

NOTE: If you receive an error generating Call-In Letter #1, check the Participant Info screen to view if the participant has been referred in Sanctioned status. If the participant is sanctioned, send the Reengagement Letter rather than MWA Call-In #1.

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.

Missouri Department of
SOCIAL SERVICES

New Part List | Transfer List | Transfer Request

Missouri Work Assistance - Family Support Division

Transferred Participant List

User ID: DOUGC4S
Date: 7/25/2014

Region No: 16

DCN: 0000000000

Name: Doe, John

Office No/Name: 005000 MONETT CAREER CENTER

Transferred: 7/23/2014 12:00:00 AM

StaffID: []

Edit

TA Policy | Privacy Policy | Accessibility

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 drop-down 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 MVA office as well as individual case managers in the selected MVA 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 MVA Main Menu.

The screenshot shows the 'Case Manager Task List' interface for the Missouri Department of Social Services. The header includes the department logo and navigation tabs: 'Office CM List', 'Staff Detail', 'CM Task List' (selected), and 'CM Part List'. The user is identified as 'User ID: DOUGC4S' with a 'Date: 7/25/2014'.

Filters at the top include:
- Region No: 06
- Case Manager: ALL (dropdown)
- Office No/Name: 016000 MERS/GOODWILL - CAPE GI (dropdown)
- Total of Number of Tasks Completed During Previous 7 Days: 144

The main table lists tasks for participant 'Doe, John' (DCN: 0000000000). The tasks and their due dates are:

Task	Due Date	Complete	Print
ATTENDANCE LOG NEEDED	7/21/2014	<input type="checkbox"/>	Print
1015 FOLLOW UP APPT. IF UNEMP	7/24/2014	<input type="checkbox"/>	Print
CALL CLIENT	7/24/2014	<input type="checkbox"/>	Print
FAILED TO SHOW??	7/25/2014	<input type="checkbox"/>	Print
CLOSE CONCILIATION??	7/25/2014	<input type="checkbox"/>	Print
TANF EMPLOYER CHANGE	7/25/2014	<input type="checkbox"/>	Print
CALL AGAIN	7/25/2014	<input type="checkbox"/>	Print
ATTENDANCE LOG W/E 25	7/28/2014	<input type="checkbox"/>	Print
ATTENDANCE LOG 7/25	7/28/2014	<input type="checkbox"/>	Print
9 AM (C) APPT	7/28/2014	<input type="checkbox"/>	Print

At the bottom, there is a 'Complete' button and a footer with links to 'TA Policy', 'Privacy Policy', and 'Accessibility'.

Numbered callouts on the screenshot:
1: Office No/Name dropdown
2: Task list
3: Region No field
4: Page number '3'
5: Total tasks completed '144'
6: Complete checkbox
7: Complete button
8: Print button
9: Print button
10: DCN field
11: Participant name 'Doe, John'

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. 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.
4. The list of tasks displays in order of due date. **NOTE:** 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.
5. Important information about the participant shows beside his/her name in the Task column (2).
6. 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.
7. To view all completed tasks, check the Completed Tasks Only box (8).
8. 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.

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 SERVICES

CM Part List | CM Task List | Office CM List

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 7/25/2014

Case Manager Participant List

CM UserID: **1**
CM Last Name:

Region: 15 MERS/MO GOODWILL INDUSTRIES
Office: 046000 MERS/GOODWILL - HOWELL

CM First Name:

2	Total Participants Assigned To Case Manager:	52
	Total Participants Never Assigned an Activity:	0
	Total Participants Where All Activities Are Ended:	2
	Previous Month -- Total Participants Who Had an Open Activity but No Hours Posted to It:	0

2	Total Participants Sanctioned:	50
	Sanctioned Less Than 90 Days:	17
	Sanctioned More Than 90 Days:	33
	Total Participants With Waiver:	0
Total Participants In Conciliation:	0	
Total Participants With Barriers:	11	

3 Total Participants Where All Activities Are Ended:

DCN	LAST NAME	FIRST NAME	MWA STATUS	REQUIRED HOURS	ACTIVITY HOURS	CASE MANAGER
0000000000	Doe	John	PENDING CLOSE	140		<input type="text" value="--Select Staff--"/>
			PENDING CLOSE	140		

6

5

4 REASSIGN
Edit
Save Cancel

7 Add Task

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 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.

Missouri Department of
SOCIAL SERVICES

Mass Part Hours CM Part List CM Task List

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 7/25/2014

Mass Participation Hours Verification

CM UserID: **1**

CM Last Name:

Region: 12 MO VALLEY COMMUNITY ACTION Office: 021000 MVCAA - CHARITON

CM First Name:

Monitor Period: July 2014 **2**

DCN	Last Name	First Name	Sanctioned	Activity	Exp Hrs	Week Ending				
						7/4	7/11	7/18	7/25	N/A
0000000000	Doe	John	N	Unsubsidized Paid Employment	20	[33]	[33]	[33]	[33]	
			Y	Conciliation	0					
			N	Job Search	20	--	--	--	--	
				AWER/CWEP	20	--	--	--	--	
			N	Vocational Education & Training	30	31	33	--	--	
			N	Conciliation	0					
			N							
			Y	Conciliation	0					
			N	Vocational Education & Training	30	33	32	--	--	
			N	AWER/CWEP	20	--	--	--	--	
N	Unsubsidized Paid Employment	20	[22]	[22]	[22]	[22]				

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TA Policy Privacy Policy Accessibility

**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 are 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.

Missouri Department of
SOCIAL SERVICES

Office CM List | Regional Detail | **Office Detail** | Staff Detail | CM Task List | New Part List | Transfer List

Missouri Work Assistance - Family Support
Division

MWA Office Detail

User ID: DOUGC4S
Date: 7/25/2014

MWA Office: --Select An Office--
Region: --Select Region --
Office Name
County/Countries Served
Physical Address
Address1
Address2
City
State
Zip
Mailing Address
Address1
Address2
City
State
Zip
Phone Number
Fax Number
Contact Name
--Select Staff--
Phone: FMail:
Save New Office

TA Policy | Privacy Policy | Accessibility

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.

The screenshot displays the 'Region Detail' screen for the Missouri Department of Social Services. The page header includes the department name and a navigation bar with links: Office CM List, Regional Detail, Office Detail, Staff Detail, CM Task List, New Part List, and Transfer List. The user ID is DOUGC4S and the date is 7/28/2014. The main content area is titled 'Missouri Work Assistance - Family Support' and 'Division'. The 'Region' is set to '18 - LOCAL INVESTMENT COMM (LINC)'. Below this is a table of 'Offices Served' with columns 'OfficeID' and 'Location'. The table lists two offices: '048000 LINC' and 'R18CON CONVERSION-REGION 18 CLOSED'. To the left of the table are fields for 'Physical Address' and 'Mailing Address', each with 'Address1', 'Address2', 'City', 'State', and 'Zip' fields. Below these are 'Phone Number' and 'Fax Number' fields. To the right of the table are fields for 'Region Contact', 'MWA Coordinator', and 'MWA Field Manager', each with a dropdown menu, 'Phone', and 'Email' fields. A 'Save' button is at the bottom right. Numbered callouts 1 through 7 point to specific elements: 1 points to the Region dropdown, 2 points to the Offices Served table, 3 points to the Physical Address fields, 4 points to the Region Contact dropdown, 5 points to the MWA Coordinator dropdown, 6 points to the MWA Field Manager dropdown, and 7 points to the Save button.

Missouri Department of
SOCIAL SERVICES

Office CM List | Regional Detail | Office Detail | Staff Detail | CM Task List | New Part List | Transfer List

User ID: DOUGC4S
Date: 7/28/2014

Missouri Work Assistance - Family Support
Division

Region Detail

Region: 18 - LOCAL INVESTMENT COMM (LINC) 1

Offices Served

OfficeID	Location
048000	LINC
R18CON	CONVERSION-REGION 18 CLOSED

 2

Physical Address

Address1: 3100 BROADWAY
Address2: SUITE 1114
City: KANSAS CITY State: MO Zip: 64111

Mailing Address

Address1: 3100 BROADWAY
Address2: SUITE 1114
City: KANSAS CITY State: MO Zip: 64111

Phone Number: 816-303-0660
Fax Number: 816-303-0682

Region Contact: ANDREA O'NEAL 4
Phone: 816-303-0664
Email: AONEAL@LINCWORKS.ORG

MWA Coordinator: KAMI MACIAS 5
Phone: 816-889-3981
Email: KAMI.S.MACIAS@DSS.MO.GOV

MWA Field Manager: PAM BURRELL 6
Phone: 417-895-6067
Email: PAMELA.D.BURRELL@DSS.MO.GOV

Save 7

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.

Missouri Department of
SOCIAL SERVICES

Office CM List | Regional Detail | Office Detail | Staff Detail | New Part List | Transfer List

Missouri Work Assistance - Family Support
Division

Office Case Manager List

User ID: DOUGC4S
Date: 7/28/2014

Region No: 19 Office No/Name: 020000 WCMCAA - CEDAR

Total TANF Recipients from FAMIS for counties served by this office: 89
(above number includes those NOT referred to MWA)

CM UserID	CM Name	Total Active Cases
		0
		0
		72
		0
		0
		0

TA Policy | Privacy Policy | Accessibility

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.

Missouri Department of
SOCIAL SERVICES

Office CM List | Regional Detail | Office Detail | **Staff Detail** | CM Task List | New Part List | Transfer List | CM Part List

Missouri Work Assistance - Family Support

Staff Detail

User ID: DOUGC4S
Date: 7/28/2014

1. Office No/Name: --Select An Office--

2. Staff: --Select--

3. Last Name: [Text Box]
First Name: [Text Box]
Title: [Text Box]
Email Address: [Text Box]
Phone Number: [Text Box]
Fax Number: [Text Box]

4. Worker Status: ☐ Active ☐ Inactive

5. Status Date: [Text Box]

6. Supervisor ID: [Text Box]

7. Role: --Select--

8. Save

TA Policy | Privacy Policy | Accessibility

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 is 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 left.
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.

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.

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.

Missouri Department of
SOCIAL SERVICES

Office CM List | Regional Detail | Office Detail | Staff Detail | CM Task List | New Part List | Transfer List | Transfer Request | CM Part List

Missouri Work Assistance - Family Support
Division

Caseload Transfer

User ID: DOUGC4S
Date: 7/28/2014

CM UserID: (1) Region: 08 GREEN HILLS COMMUNITY ACTION Office: 040000 GHCAA - GRUNDY
CM Last Name: CM First Name: (2)

Transfer Checked Participants to this Case Manager: (3)

☐ Check All DCN Last Name, First Name Zip Code

<input type="checkbox"/>	0000000000	Doe, John	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

(4)

TA Policy | Privacy Policy | Accessibility

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.

Missouri Department of
SOCIAL SERVICES

Case Notes | Case Actions | Part Info | Dom Violence | IEP | Assessment | Part Hours | TA Info List | New Part List

Missouri Work Assistance - Family Support
Division

User ID: DOUGC4S
Date: 7/28/2014

Case Manager History

1 DCN: 2 Go

Last Name: SMITH First Name:

Office: 096000 BETTER FAMILY LIFE - COUNTY Region: 02 BETTER FAMILY LIFE, INC Case Manager:

Begin Date	End Date	Case Manager ID	Case Manager Name	Office
5/31/2014		DOEJA12	Doe, Jane	096000
10/2/2012	5/31/2014			096000
9/27/2012	10/2/2012			096000
8/22/2012	9/27/2012			096000
5/23/2012	8/22/2012			096000
5/22/2012	5/23/2012			096000
5/22/2012	5/22/2012			096000

3

4 Next >>

Add Note Add Task

TA Policy Privacy Policy Accessibility

TO SEARCH FOR PRIOR CASE MANAGER ASSIGNMENTS BY DCN:

1. Type the DCN of the participant you wish to view a case manager history of.
2. Select Go.
3. A history of case manager assignments will appear.
4. If more than one page of history appears, the Next option 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 Department of
SOCIAL SERVICES

Missouri Work Assistance - Family Support
Division

Staff Search

User ID: DOUGC4S
Date: 7/29/2014

Select your search category, enter search value and click GO:

☒ User ID.
☐ Last Name and First Name only

* Indicates Required Field

* User ID:

USER ID	LAST NAME	FIRST NAME	MWA OFFICE	PHONE NUMBER	REGION	ROLE	STATUS
DOEJA12	Doe	Jane	MWA Local Office	(000) 111-2222	#	Case Manager	Active

TA Policy | Privacy Policy | Accessibility

TO SEARCH FOR A STAFF MEMBER BY USERID:

1. Select the USERID button.
2. A field will appear allowing you to enter the staff member's USERID.
3. Type the USERID of the staff member you wish to find in the box beside USERID.
4. Select GO.
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.
2. Fields appear allowing you to enter the staff member's Last Name and First Name. .
NOTE: You may enter only a portion of the staff member's first and last names if you are unsure of the spelling.
3. Select GO.
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.

Missouri Department of
SOCIAL SERVICES

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 7/29/2014

Name / SSN Search

Select your search category, enter search value and click GO:

☒ SSN only.

☐ Last Name and First Name only

* Indicates Required Field

* SSN:

DCN	LAST NAME	FIRST NAME	STREET ADDRESS	CITY	STATE	ZIP	OFFICE	OFFICE NAME	STATUS
00000000000	Doe	Jane	Main Street	Herman	MO	65432	MWA	Local Office	Active

[TA Policy](#) [Privacy Policy](#) [Accessibility](#)

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. 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 (2).
2. Fields appear allowing you to enter the participant's Last Name and First Name.
NOTE: You may 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 Coordinator to pull participant details into the MWA System.

Participant Information

This screen displays logistical information about the participant including MVA Status, Temporary Waiver Status, and contact information. Several tasks can be completed from this screen such as changing the participant's address, scheduling the participant's first appointment, generating Call-in 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 MVA contract provider. If the MVA contract provider obtains a different mailing address from the participant, that address may be entered in the Other Address field as needed. Whenever an address is entered in this field all mail is sent to the participant at the address listed here. In addition, an alert is generated to notify FSD staff of the new information.

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 MVA System by selecting the Part Info tab at the top of the page.

Missouri Work Assistance - Family Support

User ID: DOUGC4S
Date: 7/28/2014

Division

Participant Information

1

DCN:

Go

SSN:

Last Name:

First Name:

Office:

Region:

Case Manager:

Last Name:

First Name:

Middle Initial:

Suffix:

Date of Birth:

Gender:

Race:

Language:

MWA Status:

Status Date:

1st Appt. Date:

1st Appt. Time:

1st Appt. Held? ☐

Temporary Waiver Dates:

Begin:

Anticipated End:

Waiver Reason:

Parent Type:

☐ Teen Parent

☐ Child Under 6

☐ Domestic Violence

Currently Employed:

FSD Address Updated By:

On:

Address 1:

Address 2:

City:

State:

Zip:

County:

Other Address (if different from FSD Address)

☐ Unable To

Locate: Updated By:

On:

Address 1:

Address 2:

City:

State:

Zip:

Phone Numbers

Home:

Cell:

TTY(TDD):

Message:

Email:

Manual Alerts

- ☐ Age 60 or Over
- ☐ Custodial Caretaker for a Child Under 12 Months
- ☐ Cares for Disabled Family Member
- ☐ Disabled (Mental/Physical)
- ☐ Recommend Sanction
- ☐ Lift Sanction
- ☐ Volunteer not Participating

Last MWA Letter Date:

Employment History

Two Parent

Print Letter

Save

Add Note

Add Task

Load from FAMIS

TA Policy

Privacy Policy

Accessibility

TO ENTER A TEMPORARY WAIVER STATUS FOR A PARTICIPANT:

1. Select the Calendar icons (3) to 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 PARTICIPANT INFORMATION SCREEN:

1. Select the Calendar icon beside 1st Appt. date (6) and select the date you wish to schedule the first appointment.
2. Use the drop down menu beside 1st 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. Select the Print Letter button (8) that displays at the bottom of the screen in blue.
5. You will be taken to Call-In Letter #1 for the participant.

You may add or update the Other Address field (9), 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.

NOTE: Any letter printed will be populated with the address listed in the Other Address field. If that field is blank, then the address will be populated with the FSD Address shown on this page. The FSD Address is the most recent address (mailing address if different from physical address) from the FAMIS system.

TO ADD OR UPDATE CONTACT INFORMATION FOR A PARTICIPANT:

1. Fill in the appropriate box with the new contact information (10).
2. Select Save (5) at the bottom of the screen.
3. The message, '*Participant Information for DCN: XXX has been updated successfully*' will display when the action is complete.

NOTE: When a new participant is referred with an "Other Address," you may wish to review this address and delete it if it appears to be out of date. This will ensure mail generated for the participant has the most current address on it.

1. **TO SEND A MANUAL ALERT TO FAMIS:**A list of possible alerts displays in the box titled Manual Alerts (11). The alerts include Age 60 or Over, Custodial Caretaker for a Child Under 12 Months, Cares for Disabled Family Member, Disabled (Mental/Physical), Recommend Sanction, Lift Sanction, and Volunteer not Participating. Check the box next to the manual alert you wish to send.
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: If mail is returned with no forwarding address, an alert should be sent to FSD stating you are unable to locate the participant by checking the box labeled Unable To Locate (12), adding the date the letter was sent in the field Last MWA Letter Date, then selecting Save (5). **NOTE:** If you wish to make a note that is tied to the action you took before sending the alert, select Add Note after saving the request for alert. This takes you to the Case Notes Detail screen. Type and save a note that indicates which alert was generated and any information needed to explain the alert. The note is accessible from Case Actions in the Case Notes column by selecting the Y beside the case action the note was created for (visible with proper security level).

NOTE: You may also identify the second parent in a 2-parent household by selecting the Two Parent button (13) 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 (14) 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 MVA Main Menu as well as any screen displaying the Dom Violence tab across the top of the page.

Missouri Department of SOCIAL SERVICES

Navigation: DV Screening | DV Assessment | DV Summary | Assessment | IEP | Case Notes | Participant Info

User ID: DOUGC4S
Date: 7/28/2014

Missouri Work Assistance - Family Support Division

Domestic Violence Screening

1. DCN: [Text Box] 2. Go [Button]

Last Name: [Text Box] First Name: [Text Box] Case Manager: [Text Box]
Office: [Text Box] Region: [Text Box]

Have you been in an adult relationship where the other person:

	Now	Past	Never
Did things that scared you or children in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Told you that you were worthless or stupid, or something similar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept you from family or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spied on you by listening to phone calls, following you, checking mileage, or similar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refused to let you have money, checks, credit cards, or debit cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made demands on you which made you feel you could not make the right decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destroyed your belongings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmed any of your pets? (hit, kicked, punched)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushed or shoved you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatened to hurt you if you tried to get help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced you to do anything sexual that you didn't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit, kicked, or punched you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hurt your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared you enough that the police were called or you had to get an order of protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hurt you enough you needed medical attention? (Even if you didn't seek it.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatened to kill you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Of the things that happened in the past or a past relationship, are you afraid of this person now? [Select ▼]
Is this person the parent of any children in the home? [Select ▼]
Enter children's first names: [Text Box]
Based on things that are happening now, are you afraid of this person? [Select ▼]
Is this person the parent of any children in the home? [Select ▼]
Enter children's first names: [Text Box]
Date screening completed: [Text Box] [Calendar Icon] Interviewed by: [Text Box] 4.
Date participant refused to complete screening: [Text Box] [Calendar Icon] 5.

7. Add Note [Button] 8. Add Task [Button] 6. Save [Button] Print [Button]

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 chose 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 Division

DCN: **Go**

Last Name: First Name: Office: Region: Case Manager:

Domestic Violence Assessment

User ID: DOUGC4S
Date: 7/29/2014

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):

When was the last time you had contact with this person?

How often did the abusive behaviors you told me about happen?

When was the last time the abusive behaviors you told me about happen?

Does this person want to harm you?

Does this person want to harm your children or other children in the household?

Do you want child support from this person?

If you try to get paternity/child support, will this person want to visit your children?

Does this person know where you live?

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?

Have you changed your phone number(s) to avoid this person?

Have you changed your name to avoid this person?

Have you changed your social security number to avoid this person?

Have you received non-shelter domestic violence services because of this person?

Have you changed or left employment to avoid this person?

Do you think participating in a work activity may result in this person becoming more abusive toward you?

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?

I understand what a temporary waiver is.

I do not think anyone believes me.

This person visits the children.

Date assessment completed:

Date signed:

I have evidence to prove the harm or threat of harm.

This person already knows where I live.

I don't believe it can get any worse.

Interviewed by:

6 Add Note

Add Task **7**

Save **5**

4 Print

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. Chose 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 SERVICES

DV Screening DV Assessment DV Summary Assessment IEP Case Notes Participant Info

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 7/29/2014

Domestic Violence Summary

1 DCN: [] 2 Go

Last Name: [] First Name: []
Office: 039000 SPRINGFIELD CAREER CENTER Region: 16 CITY OF SPRINGFIELD, MWA Case Manager: []

Was Domestic Violence Screening completed? Yes Date completed: 9/3/2013 3
Reason not completed: []
Was Domestic Violence Assessment needed? No Date Completed: []
Does participant need a temporary waiver? Select
Has a temporary waiver been granted? Select
Date granted: []

Explain No: []

Did you contact a Domestic Violence resource per the participant's request? Select
If yes, check all that apply:
☐ Domestic Violence Shelter
☐ Domestic Violence Support Group
☐ Department of Mental Health Program
☐ Children's Services
☐ Other Community Resources []

Did you ONLY provide Domestic Violence resource information to the participant? Select
If yes, check any that apply:
☐ Local Community Resource Directory Provided
☐ Other Community Resources: []

Has the participant been referred to supportive services to stabilize the situation (i.e. legal counseling/fees HUD housing, mental health assistance, etc.) Select
Supportive Services Name: []
Phone Number []

5 Add Note 6 Add Task 4 Save Print

TA Policy Privacy Policy Accessibility

TO COMPLETE THE DOMESTIC VIOLENCE SUMMARY:

1. Enter the participant's DCN (1) and select Go (2).
2. Complete the summary questions. Chose 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 MVA 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 MVA 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.

Missouri Department of
SOCIAL SERVICES

Employment Household Education Transportation Legal Child Care Health CM Summary Part Info

User ID: DOUGC4S
Date: 7/29/2014

Missouri Work Assistance - Family Support Division

Employment Assessment

1

2

DCN:

Last Name: First Name:

Office: Region: Case Manager:

Work Status: Are You Looking For Work?

What Type Of Work?

Availability: ☐ Days ☐ Evenings ☐ Night ☐ Weekends ☐ Weekdays ☐ Other Explain:

Job Seeking Skills

Do You Have A Resume? Do You Need Help With Interview Skills?

Is There A Reason You Can't Look For Work Or Accept A Job?

If Yes, Explain:

Did You Get To Work On Time? How Often Did You Go To Work?

Why Did You Miss?

What Did You Like Most & Least About Past Jobs?

What Equipment Can You Operate?

Other Work Related Skills:

What Is The Longest You Have Worked With Any One Employer?

Why Did You Leave This Employer?

Have You Applied For A Job Within The Last Three Months But Were Not Hired?

If Yes, Explain:

Have You Ever Been Fired Or Had To Quit A Job Because Of:

☐ Child Care
☐ Fighting At Work
☐ Drugs/Alcohol
☐ Poor Work Habits

☐ Could Not Get Along With Others
☐ Could Not Learn Job
☐ Fighting At Home
☐ Did Not Have Work Clothes

☐ Could Not Get Along With Supervisor
☐ Transportation
☐ Poor Hygiene
☐ Other

Veteran Status: Branch:

Dates: From: To:

6

Work History(Last Three Employers)

Employer Name	Start Date	End Date
COMMUNICATION SOLUTIONS TECHNOLOGY	6/2/2014	
BRANSON TRAVEL	5/28/2014	
MERCY HOSPITAL	6/24/2013	2/6/2014

5

3

4

Update Record and Save

IEP Save Print Add Note Add Task Clear

TA Policy Privacy Policy Accessibility

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 SERVICES

Empl Assesmnt IEP Hours Verif TRE WRE Empl History Part Info

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 8/5/2014

Employment History List

DCN: Go

Last Name: First Name:
Office: 039000 SPRINGFIELD CAREER CENTER Region: 16 CITY OF SPRINGFIELD, MWA Case Manager: DOEJA1

Employment History Table

Employer Name	Employer City and State	Start Date	End Date
Home Town BBQ	SPRINGFIELD, MO	6/2/2014	
Main Street Bowling	SPRINGFIELD, MO	5/28/2014	
Local Hair Studio	SPRINGFIELD, MO	6/24/2013	2/6/2014
Home Child Care	SPRINGFIELD, MO	6/22/2010	6/1/2011
Hair Care Your Way	SPRINGFIELD, MO	10/1/2008	6/1/2009
Home Style Restaurant	SPRINGFIELD, MO		

1 Add New Employer 2 Add Task 3 Add Note

TA Policy Privacy Policy Accessibility

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.

Missouri Department of SOCIAL SERVICES

Empl Assessmnt | IEP | Hours Verif | TRE | WRE | Empl History | Part Info

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 8/5/2014

Employment Detail

DCN: [] Last Name: [] First Name: []

Employer Name: [Home Town BBQ]
Address1: []
Address2: []
City: [Springfield] State: [MO] Zip: [65809]
Start Date: [6/2/2014] End Date: []
First check date: [6/13/2014] Type: [Part Time]
Pay Frequency: [Bi-Weekly] Hourly Pay Rate: [\$7.50] Expected Weekly Hours: [20]

* Enter number with 2 decimal places

Title: [SERVER]
Job Description: [SERVING, CUSTOMER SERVICES, AND CLEANING TABLES]

953 Characters remaining

Verified employment: [] Verified [] Unverified [X]
Reason for Leaving: []
Verified Termination: [] Verified [] Unverified []

Prev Save Add Note Next

TA Policy | Privacy Policy | Accessibility

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.

Missouri Department of
SOCIAL SERVICES

Employment Household Education Transportation Legal Child Care Health CM Summary Part Info

Missouri Work Assistance - Family Support Division

Household Assessment

User ID: DOUGC4S
Date: 8/5/2014

1 DCN: 2 Go

Last Name: First Name:
Office: 039000 SPRINGFIELD CAREER CENTER Region: 16 CITY OF SPRINGFIELD, MWA Case Manager: ADAMXAJ

Housing Situation: Subsidized 3

Update Record and Save

4 Explain If Other:

Parent Type: SINGLE PARENT Child Under 6: N

Physical Address:

5 Date Physical Address Updated:

List Household Members:

DCN	Name	Date of Birth	Relationship	Child Under Six
		8/22/1998	Daughter	N
		3/6/2000	Son	N
		6/24/2004	Daughter	N
		9/21/2007	Daughter	N

IEP Save Print Add Note Add Task Clear

TA Policy Privacy Policy Accessibility

TO COMPLETE THE HOUSEHOLD ASSESSMENT:
--

- | |
|---|
| <ol style="list-style-type: none">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: <i>'Record Updated'</i> will display when the action is complete. |
|---|

NOTE: Other options at the bottom are IEP, Print, Add Note Add Task, and Clear.

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.

Missouri Department of
SOCIAL SERVICES

Employment Household **Education** Transportation Legal Child Care Health CM Summary Part Info

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 8/5/2014

Education Assessment

1 DCN: [] 2 Go

Last Name: [] First Name: [] Case Manager: []
Office: [] Region: []

Do You Attend School Now? [-Select-] Highest Grade Completed: [-Select-]
High School Name (If Graduated/Or Enrolled 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)
[]
List Any Classes Completed That Led To A License Or Certification (IE Insurance Sales, Med Tech, Radiology Tech)
[]

Are There Any Training Programs Started But Didn't Or Haven't Yet Completed? [-Select-]
Do You Have A Learning Disability? [-Select-]
If Yes, Explain:
[]
Are You Interested In More Training Or Skill Enhancement? [-Select-]
If Yes, Explain:
[]

3 4

IEP Save Print Add Note Add Task Clear

TA Policy Privacy Policy Accessibility

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.

Missouri Department of
SOCIAL SERVICES

Employment Household Education **Transportation** Legal Child Care Health CM Summary Part Info

Missouri Work Assistance - Family Support Division

Transportation Assessment

User ID: DOUGC4S
Date: 8/5/2014

1 DCN: [] Go 2

Last Name: [] First Name: []
Office: [] Region: [] Case Manager: []

Do You Have A Valid Drivers License? [-Select-] Class: [-Select-]

Endorsements:

<input type="checkbox"/> Air Brakes	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Passenger
<input type="checkbox"/> Double/Triple Trailer	<input type="checkbox"/> Hazardous Materials(Tank)	<input type="checkbox"/> School Bus
<input type="checkbox"/> Concealed Weapon	<input type="checkbox"/> Tank Vehicle	<input type="checkbox"/> Other []

Licensing State: []

What Is Your Transportation?
[]

What Is Your Back-Up Plan If Primary Transportation Is Unavailable?
[]

Explain What Would Keep You From Having Your Own Transportation:
[]

IEP Save 3 Print Add Note Add Task Clear

Save

TA Policy Privacy Policy Accessibility

TO COMPLETE THE TRANSPORTATION ASSESSMENT:

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.

NOTE: Other options at the bottom are IEP, Print, Add Note, Add Task, and Clear.

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 Department of
SOCIAL SERVICES

Employment Household Education Transportation **Legal** Child Care Health CM Summary Part Info

Missouri Work Assistance - Family Support Division

Legal Assessment

User ID: DOUGC4S
Date: 8/5/2014

1 DCN: [] 2 Go

Last Name: First Name: Case Manager:
Office: Region:

Have You Ever Been Convicted Or Found Guilty Of A Crime After The Age Of 17? -Select-
Explain
Yes:

Do You Have Criminal Charges Pending Against You Or A Pending Court Case? -Select-
Explain
Yes:

Are There Some Jobs You Can No Longer Do Because Of Your Conviction? -Select-
Explain
Yes:

Are There Any Special Limitations Or Issues You Must Comply With? -Select-
(E, Due To Receiving A DWI, I Can't Work Anywhere When The Major Sales Is Alcohol)
Explain
Yes:

What Is Your Legal Status? -Select-

How Have You Or Will You Find Ways To Obtain Employment Given Your Current Legal Circumstances?
Explain:

3

IEP Save Print Add Note Add Task 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.

NOTE: Other options at the bottom are IEP, Print, Add Note, Add Task, and Clear.

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.

Missouri Department of Social Services

Employment Household Education Transportation Legal Child Care Health CM Summary Part Info

Missouri Work Assistance - Family Support Division

Child Care Assessment

User ID: DOUGC4S
Date: 8/5/2014

1 DCN: [Text Box] 2 Go

Last Name: [Text Box] First Name: [Text Box]
Office: [Text Box] Region: [Text Box] Case Manager: [Text Box]

Do You Need Child Care While Looking For Work Or Working? [-Select-]

3 Explain Yes: [Text Box]
What Is Your Back-Up Plan If Your Primary Care Provider Is Not Available?
Explain: [Text Box] 4

IEP Save Print Add Note Add Task Clear

TA Policy Privacy Policy Accessibility

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.

NOTE: Other options at the bottom are IEP, Print, Add Note, Add Task, and Clear.

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

User ID: DOUGC4S
Date: 8/5/2014

Missouri Work Assistance - Family Support Division

Health Assessment

1 DCN: [Text Field] 2 Go [Button]

Last Name: [Text Field] First Name: [Text Field]
Office: [Text Field] Region: [Text Field] Case Manager: [Text Field]

Are You The Primary Care Giver For A Disabled Family Member? [-Select-]

How Does This Affect Your Ability To Gain Or Maintain Employment?

3 Explain: [Text Area]

Could You Pass An Employment Drug Screening If Given Today? [-Select-]

Are You Pregnant? [-Select-] Due Date: [Text Field]

Do You Require, Need, Or Desire Any Special Work Environment? [-Select-]

Explain: [Text Area]

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: [Text Area]

Have You Applied For SSI, SSDI, VA, Or Any Other Disability Benefits? [-Select-] Date Applied: [Text Field]

Appeals: [Text Area]

4 Save [Button]

IEP [Button] Print [Button] Add Note [Button] Add Task [Button] Clear [Button]

TA Policy Privacy Policy Accessibility

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.

NOTE: Other options at the bottom are IEP, Print, Add Note, Add Task, and Clear.

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.

[Employment](#)
[Household](#)
[Education](#)
[Transportation](#)
[Legal](#)
[Child Care](#)
[Health](#)
[CM Summary](#)
[Part Info](#)

Missouri Work Assistance - Family Support Division

DCN:

Go

Last Name:

First Name:

Office:

Region:

Case Manager:

Assessment - Case Manager Summary

User ID: DOUGC4S
Date: 8/5/2014

1

2

3

4

5

6

7

Employment

Is The Participant Work Ready?

-Select-

Is There A Work History?

-Select-

Are There Specific Job Skills?

-Select-

Are There Current Barriers To Employment?

-Select-

Comments:

Household

Is Housing A Barrier To Employment?

-Select-

If Yes Describe Living Conditions:

Are All Household Members Supportive Of Participation In Work Activities?

-Select-

Explain:

Comments:

Education

Is AEL Needed?

-Select-

Is Short-Term Training Recommended?

-Select-

Is The License/Certificate Still Valid?

-Select-

If No Can They Become Recertified?

-Select-

Is Individual Able To Work In The Field They Are Licensed/Certified?

-Select-

Is ESL Needed?

-Select-

Is Remedial Education Needed?

-Select-

Explain:

Comments:

Transportation

Is Transportation A Barrier To Employment?

-Select-

Legal

Is There A Legal Issue Creating A Barrier?

-Select-

Child Care

Is A Child Care Application Needed?

-Select-

Health

Are There Health Limitations?

-Select-

Is Referral Needed To:

☐ Vocational Rehabilitation
 ☐ Alcohol Or Substance Abuse
 ☐ Counseling
 ☐ Mental Health

Comments:

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
 ☐ Alcohol Or Substance Abuse
 ☐ Family Health Problems
 ☐ Poor Work Habits
 ☐ Education
 ☐ Does Not Have Clothes

☐ Could Not Get Along With Others
 ☐ Learning Disability
 ☐ Fighting At Work
 ☐ Lack Of Transportation
 ☐ Other

Explain Other:

IEP

Save

Print

Add Note

Add Task

Clear

TA Policy

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10-2014

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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. **NOTE:** marking these boxes does not 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.
7. 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.

NOTE: Other options at the bottom are IEP, Print, Add Note, Add Task, and Clear.

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.

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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.

The IEP screen also displays information as of the date the IEP was developed 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 AWE/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.

TO ADD OR UPDATE STEPS ON AN EXISTING IEP:

1. Enter the participant's DCN (1) and select Go (2). **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.
2. Add additional steps or add Actual Completion date to appropriate steps. **NOTE:** if you require an additional line to add a step, select the Add Row button.
3. Once changes are completed, select the Save Steps button at the bottom of the steps section.

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 (change start date or weekly expected hours).
3. Select the Update Activities button.

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.
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 and complete the Date of Signature box. 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. **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: 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 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 (16). 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 again.

TO OPEN CONCILIATION FOR A PARTICIPANT:

1. Select the Add Conciliation button (17). Conciliation will appear in the Activity field.
2. Adjust the start date of Conciliation, if necessary.
3. Select the Update Activities button to save Conciliation.
4. Conciliation may also be added by selecting the New Plan option.

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
SOCIAL SERVICES

IEP | Employment | Household | Empl History | TRE | **Part Hours** | WRE

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 8/5/2014

Participation Hours Verification

DCN: **Go**

Last Name: First Name:

Office: 011000 CAPSTJOE - BUCHANAN Region: 03 CAPSTJOE Case Manager:

Monitor Period:

Activity	Start Date	Exp Hrs	Week Ending				N/A	Avg
			7/4	7/11	7/18	7/25		
Excused			0	0	0	0		0
Holiday			0	0	0	0		0
AWEP/CWEP	4/15/2013	10	--	--	--	--		0
Unsubsidized Paid Employment	7/29/2013	10	[10]	[10]	[10]	[10]		10

Monthly AWEP/CWEP & Comm Service Max: 89 Core: 20 Non-Core: 0
Total Voc-Education Used: 0 Job Search for Prev. 12 Months: 0

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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.

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

Paid Activity Hours

Missouri Work Assistance - Family Support Division

DCIN:

Last Name:

Office: 011000 CAPSTJOE - BUCHANAN

First Name:

Region: 03 CAPSTJOE

Case Manager:

Paid Employment

Week 1 (7/11/2014): [Projected]

Week 2 (7/18/2014): [Projected]

Self-Employment

Monthly Amount:

Weekly Hours:

TRE Week Ending: 7/11/2014

Day	TRE Amount
Saturday	<input type="text" value="0.00"/>
Sunday	<input type="text" value="0.00"/>
Monday	<input type="text" value="0.00"/>
Tuesday	<input type="text" value="0.00"/>
Wednesday	<input type="text" value="0.00"/>
Thursday	<input type="text" value="0.00"/>
Friday	<input type="text" value="0.00"/>

TRE Week Ending: 7/18/2014

Day	TRE Amount
Saturday	<input type="text" value="0.00"/>
Sunday	<input type="text" value="0.00"/>
Monday	<input type="text" value="0.00"/>
Tuesday	<input type="text" value="0.00"/>
Wednesday	<input type="text" value="0.00"/>
Thursday	<input type="text" value="0.00"/>
Friday	<input type="text" value="0.00"/>

Documentation: (7/11/2014)

Documentation: (7/18/2014)

Close

Save

TA Policy

Privacy Policy

Accessibility

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.

Unpaid Activity Hours

Missouri Department of
SOCIAL SERVICES

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 8/6/2014

Unpaid Activity Hours

DCN:

Last Name: First Name:

Office: 026000 CMCA - COLE Region: 01 CENTRAL MO COMMUNITY ACTION Case Manager:

Week Ending: 7/25/2014

Date	Day	Hours	Holiday	Excused	Date	Day	TRE Amount
07/19/2014	Saturday	3	0	0	07/19/2014	Saturday	0.00
07/20/2014	Sunday	3	0	0	07/20/2014	Sunday	0.00
07/21/2014	Monday	4	0	0	07/21/2014	Monday	0.00
07/22/2014	Tuesday	7	0	0	07/22/2014	Tuesday	0.00
07/23/2014	Wednesday	2	0	0	07/23/2014	Wednesday	0.00
07/24/2014	Thursday	5	0	0	07/24/2014	Thursday	0.00
07/25/2014	Friday	0	0	0	07/25/2014	Friday	0.00

Documentation:

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: DOUGC4S
Date: 8/6/2014

Transportation Reimbursement Expenses

1 DCN: 2 Go

Last Name: Office: 002000 CAPSTJOE - ANDREW First Name: Region: 03 CAPSTJOE Case Manager:

Enter Updates and Press Save

4 Week Ending: 7/18/2014 (Fridays only) 3 Total TRE to Date: 1370.00

Auth Date: 7/24/2014

Started	Activity	Description
12/21/2013	VOC	Vocational Education & Training

Payment Detail:

Day	Amount
Saturday:	0.00
Sunday:	0.00
Monday:	10.00
Tuesday:	10.00
Wednesday:	10.00
Thursday:	10.00
Friday:	10.00

Number of Days: 5
Amount for Week: 50.00

5

6

Add Note Add Task Save

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 | Employment | Household | Empl. History | TRE | Part Hours | **WRE** | CaseActions

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 8/6/2014

Work Related Expenses

1 DCID: 2

Last Name: Office: 074000 NW MO REG COUNCIL OF GOVMTS First Name: Region: 04 NW MO REG COUNCIL OF GOVMTS Case Manager:

Authorization Date: 7/21/2014 Total WRE Paid In 12-Month Period: 350.00 3

Activity: Activity Description
JBR Job Readiness Activities

Vendor Name: NW MO REGIONAL COUNCIL 5

Available Amount: 0.00 Date of Payment: 7/21/2014

Amount Requested: 350.00 6 Actual Amount: 350.00

Pay Expense: Auto Repair 7

Description: MC Auto and Repair. 8
(Allows only 200 characters)

9

4

TA Policy | Privacy Policy | Accessibility

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 MVA Main Menu or any screen displaying the Case Notes tab.

The screenshot shows the 'Case Notes List' interface for the Missouri Department of Social Services. The header includes the department name and a navigation bar with tabs: CASE NOTES LIST, PART INFO, DOM VIOLENCE, IEP, ASSESSMENT, and PART HOURS. The user is identified as 'User ID: DOUGC4S' with a date of '8/6/2014'. The main section is titled 'Case Notes List' and includes a search area with fields for DCN (labeled 1), Last Name, Office, First Name, Region (06 MERS/MO GOODWILL INDUSTRIES), and Case Manager (labeled 6). A 'Go' button (labeled 2) is next to the DCN field. Below these are date range filters 'From' and 'To' (labeled 3) with a 'Filter' button (labeled 4). The main table lists case notes with columns for DATE, SUBJECT, FIRST 30 CHARACTERS OF NOTE, and ADDED BY. The first row shows a note from 8/6/2014 with the subject 'FSD SENT ALERT (CANCEL CLOSING)'. At the bottom are buttons for 'Add Task', 'Add Note', and 'Clear All'. A footer bar contains links for 'TA Policy', 'Privacy Policy', and 'Accessibility'.

DATE	SUBJECT	FIRST 30 CHARACTERS OF NOTE	ADDED BY
8/6/2014	FSD SENT ALERT (CANCEL CLOSING)	FSD SENT ALERT CANCEL CLOSING.	
7/29/2014	CONCILIATION	CLIENT IS NOT MEETING HER REQU	
7/25/2014	ATTEMPTED CONTACT	ATTEMPTED TO CONTACT CLIENT TH	
7/21/2014	FSD SENT ALERT (TANF EMPLOYER CHANGE)	FSD SENT ALERT TANF EMPLOYER C	
7/21/2014	APPOINTMENT SCHEDULED	APPOINTMENT SCHEDULED FOR 7/28	
7/17/2014	EMPLOYMENT VERIFICATION	EMPLOYMENT VERIFICATION COMPLE	
7/15/2014	HSE TESTING PAYMENT APPROVAL	RECEIVED REQUEST FOR HSE TESTI	
7/15/2014	UPDATED IEP	CLIENT CAME IN THIS DATE TO UP	
7/14/2014	TRE W/E 7/11	ATTENDANCE LOGS FOR W/E 7/11 R	
7/11/2014	IEP UPDATED	IEP UPDATED THIS DATE, CLIENT	

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.

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.

The screenshot shows the 'Case Actions' screen for the Missouri Department of Social Services. The header includes the department name and a navigation bar with tabs: CASE NOTES, CASE ACTIONS, PART INFO, DOM VIOLENCE, IEP, ASSESSMENT, and PART HOURS. The user is identified as 'User ID: DOUGC4S' with a date of '8/6/2014'.

Below the header, the 'Missouri Work Assistance - Family Support Division' is noted. The 'Case Actions' title is centered. On the left, there are input fields for 'DCN:' (with a 'Go' button), 'Last Name:', 'Office: 064000 MERS/GOODWILL - MARION', 'First Name:', 'Region: 13 MERS/MO GOODWILL INDUSTRIES', and 'Case Manager:'. A 'Next >>' button is at the bottom left.

Search filters include 'Enter date range if desired:' with 'From:' and 'To:' date pickers, and 'Choose an action description if desired:' with a dropdown menu set to 'All' and a 'Filter' button. A table of actions is displayed with columns: DATE, USERID OR BATCH, ACTION DESCRIPTION, TRE/WRE, and CASE NOTES. The table lists several actions, including 'CASE CLOSURE PENDING', 'PARTICIPANT INFO ADDED/UPDATED', 'HOUSEHOLD ASSESSMENT', 'ASSESSMENT SUMMARY', 'CHILD CARE ASSESSMENT', and 'HOURS UPDATED'. A 'Print' button is at the bottom right.

Numbered callouts (1-10) point to specific elements: 1 points to the DCN field, 2 to the Go button, 3 to the ACTION DESCRIPTION column, 4 to the Next >> button, 5 to the From date field, 6 to the To date field, 7 to the Filter button, 8 to the Enter date range label, 9 to the CASE NOTES column, and 10 to the DATE column.

DATE	USERID OR BATCH	ACTION DESCRIPTION	TRE/WRE	CASE NOTES
08/01/2014		CASE CLOSURE PENDING		
07/28/2014		PARTICIPANT INFO ADDED/UPDATED		Y
07/21/2014		HOUSEHOLD ASSESSMENT		
07/21/2014		ASSESSMENT SUMMARY		
07/21/2014		CHILD CARE ASSESSMENT		
07/21/2014		HOURS UPDATED: EMP W/E 07/18/2014		
07/21/2014		HOURS UPDATED: EMP W/E 07/18/2014		
07/14/2014		EMPLOYMENT DETAIL		

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.
8. 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.

For a complete list of Case Actions and what produced each type, refer to the [MWA System Case Action Table](#) in the Temporary Assistance Program Manual.

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.

Missouri Department of
SOCIAL SERVICES

CM PART LIST | PART INFO | ASSESSMENT | CASE ACTION | TA PARTICIPATION LIST | **TA INFO LIST**

Missouri Work Assistance - Family Support
Division

User ID: DOUGC4S
Date: 8/6/2014

TA Info Listing

1 DCN: 2 Go

Last Name: First Name:
Office: 072000 MERS/GOODWILL - NEW MADRID Region: 05 MERS/MO GOODWILL INDUSTRIES Case Manager:

Enter dates range if desired: From: To: Filter

3

DATE PROCESSED	WORK STATUS	MONTHS ON TANF	PARENT TYPE	FS GRANT	TA GRANT	CHILD UNDER 6	CLOSURE CODE	BATCH PROGRAM	LAST UPDATED
08/01/2014	DD	3	1	347.00	234.00	Y		FJRM025	08/05/2014
07/22/2014	DD	2	1	347.00	234.00	Y		FJRM032	08/04/2014
07/04/2014	DD	2	1	37.00	109.00	Y		FJRM025	07/07/2014
07/03/2014	DD	2	1	37.00	109.00	Y		FJRM032	07/04/2014
06/30/2014	DD	2	1	347.00	109.00	Y		FJRDD004	07/01/2014
06/17/2014	DD	1	1	347.00	109.00	Y		FJRDD005	06/17/2014

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. 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 Department of
SOCIAL SERVICES

CM Part List | Part Info | Assessment | Case Action | TA Participation List | TA Info List

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 8/6/2014

Temporary Assistance Information

1 DCN: Go

2

Last Name: First Name: Office: 072000 MERS/GOODWILL - NEW MADRID Region: 05 MERS/MO GOODWILL INDUSTRIES Case Manager:

3 Work Status: DD DCN: 000000000 Referral Date: 6/17/2014

4 Date Processed: 8/1/2014

TANF Case ID: TA000000000TAC001 Pay County: 072

No Months on TANF: 3 TANF Worker Name: NEW MADRI FAMILY SUPP

TANF Worker Phone: TANF Worker Email:

5 Address Change Indicator: Domestic Violence: Closure Code: Citizenship: Y

Parent Type: 1

Work Reason:

Child Under 6: Y TA Grant: 234.00 FS Grant: 347.00

School Name: School Address 1:
Student Status: School Address 2:
City: State: Zip:

Employer Name: MAIN STREET CAFE

Start Date: 7/22/2014 Salary: 649.80

Last Load Date
8/1/2014 6

Add Notes Add Task

TA Policy Privacy Policy Accessibility

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).
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.

Missouri Department of
SOCIAL SERVICES

CM PART LIST | PART INFO | ASSESSMENT | CASE ACTION | TA INFO LIST | **TA Participation List**

User ID: DOUGC4S
Date: 8/6/2014

Missouri Work Assistance - Family Support
Division

1 DCIN: 2 Go

Last Name: First Name:
Office: 097000 MVCAA - SALINE Region: 12 MO VALLEY COMMUNITY ACTION Case Manager:

3 4 5
Enter dates range if desired: From: To: Filter

6

DATE PROCESSED	CHILDCARE	UNDER 6	FS GRANT	TA GRANT	CS RETND	WPR CODE	WPR TEXT	MONTHLY FLSA	PROGRAM	LAST UPDATED
08/04/2014	N	Y	632.00	661.00	432.00		UNKNOWN CODE	172	FJRM032	08/04/2014
06/27/2014		Y	632.00	319.00	0.00			127	FJRDD006	06/27/2014


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 From 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.



CM Part List

Part Info

Assessment

Case Action

TA Participation List

TA Info List

Missouri Work Assistance - Family Support

Division

DCN:

Last Name:

Office: 039000 SPRINGFIELD CAREER CENTER

First Name:

Region: 16 CITY OF SPRINGFIELD, MWA

Case Manager:

Region: 16

County: 039

DCN: 0062844544

Child Care: N

Child Under 6: Y

TA Grant: 121.00

FS Grant: 430.00

CS Grant: 0.00

Activity	Hours	Excused Absences	Holiday	Total
Unsubsidized 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
High School	0	0	0	0
Other	0	0	0	0

Work Participation Rate Status: TWO PARENT P

Time Limited Activity Tools

Job Search Hours

For Previous 12 Months: 0

Excused Absence

Hours For Years: 0

No. of Vocational

Educ. Months Used: 0

Last Report Date

8/4/2014

Add Notes

Add Task

TA Policy

Privacy Policy

Accessibility

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

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.

Missouri Department of
SOCIAL SERVICES

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 8/8/2014

Letters And Forms

Form Number	Form/Letter Name
MWA.001	Call-In Letter#1 – Mandatory
MWA.002	Call-In Letter#1 – Voluntary
MWA.003	Assessment
MWA.004	Assessment Verification
MWA.005	Attendance Log
MWA.006	AWEP/CWEP Participant Agreement
MWA.007	AWEP/CWEP Worksite Agreement
MWA.008	Community Service Participant Agreement
MWA.009	Community Service Worksite Agreement
MWA.010	Community Service Worksite Agreement Addendum
MWA.011	Compensation In LIEU of Wages Agreement
MWA.012	Conciliation Due Process Waiver
MWA.013	Conciliation/Sanction Checklist
MWA.014	Customer Choice Location Transfer Request
MWA.015	Domestic Violence Assessment
MWA.016	Domestic Violence Screening
MWA.017	Employment Verification
MWA.018	Job Search Log
MWA.019	Work-Related Expense(WRE) Agreement
MWA.020	Reengagement Letter – Sanctioned
MWA.022	Conciliation Letter – Voluntary
MWA.023	Conciliation- Sanction Letter – Mandatory
MWA.025	Change Request
MWA.026	MWA Appointment Letter
MWA.027	MWA Next Steps Form
MWA.028	MWA System Location Change Form
MWA.029	MWA System Access Request Form

TA Policy Privacy Policy Accessibility

TO GENERATE A FORM OR LETTER FOR A PARTICIPANT:

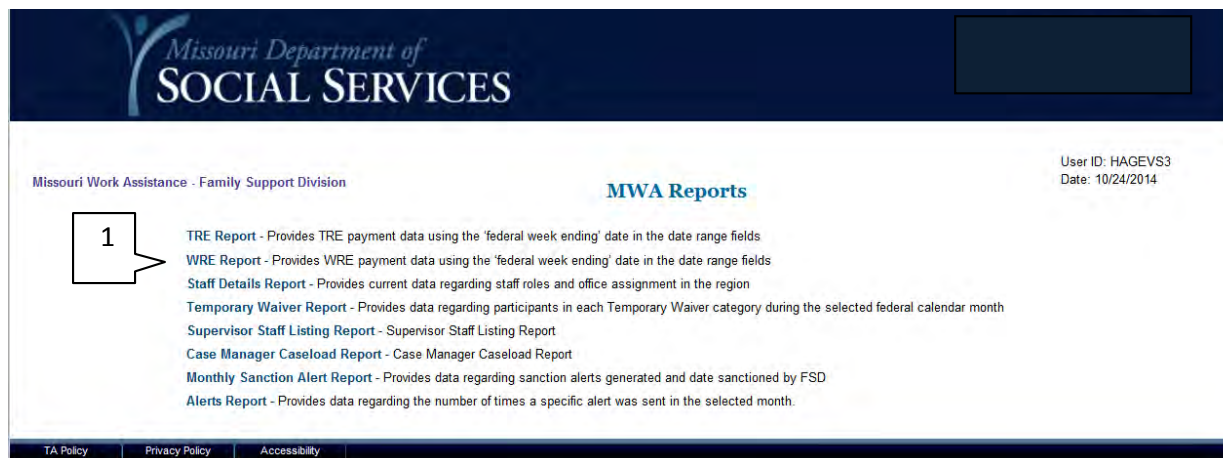
1. Select the form number of the letter/form (1) you wish to generate;
2. You will be taken to the selected form or letter. Enter the participant's DCN and select Go.
3. Any participant information the system is able to complete for you displays automatically on the form or letter.
4. Complete all other 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. The MWA Call-In Letter #1 is the only letter that may be viewed in the system after it is generated. To view the most recent Call-In Letter #1 sent to a participant, go to the Participant Information screen and select Print Letter.

Reports

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



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.
4. 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 or by selecting the TA Policy link in the lower left-hand corner of any MWA System screen.

The Table of Contents displays manual references and headings to help you research TA Policy (1). To skip to the Case Management section of the Table of Contents, select the underlined Case Management link (2) in the title of the contents page. If you wish to research another category of FSD policy, you may select the IM Manual link (3) at the top of the Table of Contents.

To return to the MWA System, close out the manual but clicking the red "X" in the upper right hand corner of the screen.

The screenshot shows a web interface for the Temporary Assistance/Case Management Table of Contents. At the top, there is a header bar with the text "Temporary Assistance/Case Management" and "- Table of Contents -". Below this, there are three callouts: Callout 1 points to the "Missouri Work Assistance (MWA)" link; Callout 2 points to the "Case Management" link in the header; Callout 3 points to the "IM Manual" link. The main content area lists various policy sections and their corresponding manual references.

IM Manual	Temporary Assistance/Case Management - Table of Contents -
0250.000.00	Missouri Work Assistance (MWA)
0250.000.05	Work-Eligible Individual
0250.000.10	Family Support Division (FSD) and Missouri Work Assistance Program Contracts
0255.000.00	TEMPORARY ASSISTANCE WORK REQUIREMENT
0255.005.00	Individuals Exempt From Participating In Work Activities
0255.010.00	Individuals Temporarily Excluded From Participation In Work Activities
0255.015.00	Volunteers
0255.020.00	Pending Assessment (Code P)
0255.025.00	Mandatory (Work Eligible) Individuals
0260.000.00	Missouri Work Assistance (MWA) Policy for Service Providers
0262.000.00	Special Circumstances
0262.005.00	Domestic Violence
0262.005.05	Guidelines for Case Managing Victims of Domestic Violence
0262.005.15	Mailing Address for Letters and Payments
0262.010.00	Unable to Locate
0262.010.05	Returned Mail With No Forwarding Address
0262.010.10	Returned Mail With Forwarding Address
0262.010.15	Returned Mail And Recipient Resides At That Address
0262.015.00	Refugee Recipients
0262.015.05	Referrals from FSD

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.

MWA Calendar

2014 MWA Calendar

The below calendar shows which month a particular week falls into when the activity is reported to Health and Human Services (HHS). The Federal data reporting counts weeks based on where the Fridays fall. Therefore, some months have four weeks and some months have five weeks due to having either four or five Fridays. A week is calculated as Saturday through Friday.

January 2014	February 2014	March 2014	April 2014
S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S
29 30 31 1 2 3 4	26 27 28 29 30 31 1	23 24 25 26 27 28 1	30 31 1 2 3 4 5
5 6 7 8 9 10 11	2 3 4 5 6 7 8	2 3 4 5 6 7 8	6 7 8 9 10 11 12
12 13 14 15 16 17 18	9 10 11 12 13 14 15	9 10 11 12 13 14 15	13 14 15 16 17 18 19
19 20 21 22 23 24 25	16 17 18 19 20 21 22	16 17 18 19 20 21 22	20 21 22 23 24 25 26
26 27 28 29 30 31	23 24 25 26 27 28	23 24 25 26 27 28 29	27 28 29 30
		30 31	
<u>5 Weeks for January:</u>	<u>4 Weeks for February:</u>	<u>4 Weeks for March:</u>	<u>4 Weeks for April:</u>
Week 1: 12/28/13-01/03/14	Week 1: 02/01/14-02/07/14	Week 1: 03/01/14-03/07/14	Week 1: 03/29/14-04/04/14
Week 2: 01/04/14-01/10/14	Week 2: 02/08/14-02/14/14	Week 2: 03/08/14-03/14/14	Week 2: 04/05/14-04/11/14
Week 3: 01/11/14-01/17/14	Week 3: 02/15/14-02/21/14	Week 3: 03/15/14-03/21/14	Week 3: 04/12/14-04/18/14
Week 4: 01/18/14-01/24/14	Week 4: 02/22/14-02/28/14	Week 4: 03/22/14-03/28/14	Week 4: 04/19/14-04/25/14

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).

NOTE: Do not use this calendar to count 10 business days when sending conciliation letter or sanction alert. Not all State of Missouri holidays are listed on the federal calendar. These state holidays must be taken into consideration and are not counted as a business day.

Conciliation Checklist

The MWA Conciliation/Sanction Checklist for Mandatory Recipients is a tool to ensure the proper conciliation/sanction process is followed.

The checklist may be accessed from the individual participant's IEP screen by selecting the Conciliation button at the bottom of the screen. Navigating to the MWA Conciliation/Sanction Checklist for Mandatory Recipients from the participant's IEP screen allows information on the checklist to be saved. The document can be updated during the conciliation period and/or until the Conciliation/Sanction process is complete.

The MWA Conciliation/Sanction Checklist for Mandatory Recipients can also be accessed from the MWA Main Menu. However, information **cannot** be saved when the checklist is accessed from the MWA Main Menu.

Missouri Department of
SOCIAL SERVICES

Missouri Work Assistance - Family Support Division

User ID: DOUGC4S
Date: 8/8/2014

MWA Conciliation/Sanction Checklist for Mandatory Recipients

Last Name: _____ First Name: _____
Open Date: _____ Close Date: _____

1 DCN: _____ Go 2

- Place a recipient into 'Conciliation' (Step #2) for a variety of reasons, including, but not limited to:
 - ☐ The recipient fails to respond to call-in letter #1.
 - ☐ The recipient reschedules the call-in letter #1 appointment more than once without good cause.
 - ☐ The scheduled recipient appointment is missed and not rescheduled.
 - ☐ The recipient fails to provide documentation (i.e. pay stubs, attendance sheets, etc.) requested.
 - ☐ The recipient does not meet participation requirements and does not have good cause.
 - ☐ The recipient fails to provide documentation of actual hours without good cause when this documentation would normally have been available.
 - ☐ The recipient fails to appear for a job referral or job interview without good cause and the job is consistent with their IEP.
 - ☐ The recipient leaves an on-the-job training assignment without good cause before the expiration of the contract.
 - ☐ The recipient reduces their earnings without good cause by: voluntarily working fewer hours; refusing to accept a reasonable offer of employment; and/or voluntarily terminates his/her employment.
- To place a TA recipient into conciliation:
 - ☐ Send a 'Pre/Post Conciliation-Sanction-Mandatory' letter scheduling a sanction appointment at least 10 business days into the future, and
 - ☐ Complete the 'Conciliation' activity on the 'Individual Employment Plan' screen.
Enter the 'Start Date' and
Leave 'Wkly Expected Hours' blank.
- During the conciliation period:
 - ☐ If there is no contact with the TA recipient prior to and including the sanction appointment date on the Conciliation letter, immediately move to 'Step #4' the day following the missed appointment.
 - ☐ If there is contact with the TA recipient, refer to the policy.
 - ☐ In all situations, leave the TA recipient in conciliation until he/she has completed the necessary steps outlined in the policy to end conciliation.
 - ☐ Record all conciliation activities in the MWA system.
- When conciliation (Step #3) has failed:
 - ☐ Verify the sanction appointment date as indicated on the 'Pre/Post Conciliation-Sanction-Mandatory' letter was 10-business days into the future. If it was not, resend the Conciliation letter with another appointment (Return to 'Step #2' and follow the process);
 - ☐ Verify the current date is within 10-business days of the missed appointment as indicated on the 'Pre/Post Conciliation-Sanction-Mandatory' letter. If it is not, resend the 'Pre/Post-Enrollment Conciliation-Sanction-Mandatory' letter with another appointment (Return to 'Step #2' and follow the process);
 - ☐ Send alert to FSD recommending sanction from the 'Participant Information' screen;
 - ☐ Close 'Conciliation' activity; and
 - ☐ Close open activities as necessary.
- If no action to sanction is taken by FSD within 30 days:
 - ☐ Follow your local process to contact your local FSD office.

6 Prev 5 3 4 Next

IEP Case Actions Add Note Close Record Save Print

TA Policy Privacy Policy Accessibility

TO UTILITZE THE CONCILIATION CHECKLIST:

1. Enter the participant's DCN (1) and select Go (2). The name of the participant displays. If you navigate to the MWA Conciliation/Sanction Checklist for Mandatory Recipients from the participant's IEP screen, his/her DCN is already populated.
2. You may use the checklist to decide what steps should be taken during the process. Select the box beside any applicable steps.
3. Select Save (3). The message '*Successfully Saved*' appears at the top of the form. If you wish to print the document, select Print (4) at the bottom of the screen.
4. The information you have saved to the document will be available to view in the MWA System by accessing the checklist again.
5. If at any time you wish to delete a checklist and start recording steps on a new conciliation/sanction process for a participant, select Close Record (5) at the bottom of the screen. This closes the checklist and gives you a new checklist for the participant. The checklist you have closed could later be viewed by using the Prev button (6) at the bottom of the screen.

NOTE: Other options at the bottom are IEP, Case Actions, Add Note, and Add Task.