



September 8, 2021

**Comprehensive Case Management and Employment Program Manual Transmittal Letter No. 4**

TO: All Human Services Innovation Manual Holders, Local Elected Officials, Workforce Innovation and Opportunity Act (WIOA) Local Workforce Development Boards, Fiscal Agents, and OhioMeansJobs Center Operators

FROM: Matt Damschroder, Director

SUBJECT: Comprehensive Case Management and Employment Program (CCMEP) form updates

**Purpose**

This letter transmits three amended and two new forms governing the Comprehensive case Management and Employment Program (CCMEP).

**Background**

On June 30, 2017, Governor Kasich signed House Bill 49 into permanent law which codified CCMEP. This program helps 14 to 24-year-olds find a new way to work. Proposed forms were simplified and streamlined to allow more time and flexibility for person-centered case management, which is vital to success of program participants in CCMEP. In some instances, a new version of an existing form was created to further simplify and remove unneeded language.

**Overview**

JFS 03000 "TANF Recertification Application"

**Purpose:** This new form is a condensed version of the JFS 03002, which now only contains the TANF recertification section (i.e., omits sections on WIOA). This form is needed as the combined form caused confusion regarding sections needed to be completed when recertification is required.

JFS 03001 "CCMEP Plan"

**Purpose:** This form is completed bi-annually and is the program plan for how a local area or workforce development area plans to serve CCMEP participants, the partnerships they will engage in, and the policies they will adhere to.

**Changes:** This form is more streamlined in that it has replaced some open text fields with confirmation statements regarding adherence to a specific rule or policy. This form also now includes a procurement, SNAP E&T, and a co-funding section, with an expanded section on conducting outreach. A sample TANF income counting policy has been inserted with the option for a local area to either adopt the policy or supply their own.

30 East Broad Street  
Columbus, OH 43215  
jfs.ohio.gov

JFS 03002 “CCMEP WIOA Youth & CCMEP TANF Program Eligibility Application”

Purpose: This revised form collects data that is needed to determine CCMEP program eligibility and which funding sources may be available to serve the participant.

Changes: Text was modified to align with text appearing in and in the order of data entry in OWCMS). Questions no longer required were removed (e.g., ‘Are you interested in the Oil and Gas Industry?’). Directions for completion are simplified. The federal poverty level chart is removed and is replaced with a table that collects household members income. This will ensure that the form does not become outdated as soon as the yearly updated FPL table is released.

JFS 03004 “CCMEP Individual Opportunity Plan”

Purpose: This form collects information on a participant’s guided plan to meet goals regarding a career pathway and associated training or educational goals.

Changes: This revised form now collects additional contact information for both the participant and the case manager, has an expanded goals section, and a condensed Services and Activities section (removing unnecessary fields). In addition, there is a section to capture employment history information, ONET code if needed and a section to include notes.

JFS 03005 “CCMEP Individual Opportunity Plan for Non-OWF Work Eligibles”

Purpose: This new form is a condensed version of the JFS 03004, which omits the language regarding Ohio Works First recipients.

JFS 03005 (8/2021)

Ohio Department of Job and Family Services  
**TANF RECERTIFICATION APPLICATION**

**SEEKER ID**

Applicant Name (First, MI, Last)			
Mailing Address	City	State	Zip Code
Phone Number (###) ### - ####	Alternate Phone Number (###) ### - ####		
Emergency Contact	Contact Person's Phone Number (###) ### - ####		
Applicant Email Address	Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type <input type="checkbox"/> Non-Commercial (D) or <input type="checkbox"/> CDL: <input type="checkbox"/> A; <input type="checkbox"/> B; <input type="checkbox"/> C	

1. Have you or anyone you are living with been ordered to repay cash assistance (OWF), due to a determination of fraud and still owe repayment?  Yes  No  
**If YES, skip to 'Acknowledgement' section.**
2. Are you currently receiving cash assistance?  Yes  No **If YES, skip to 'Acknowledgement' section.**
3. Are you currently receiving SNAP?  Yes  No **If YES, skip to 'Acknowledgement' section.**
4. Complete the table below indicating each household member's monthly income.

Household Members Monthly Income			
Name	Relationship	Hourly / Weekly Wage	Monthly Income
	Self		
			Total

5. Do you have a child under age 18 or 18 who is attending high school full-time?  Yes  No  
 Number of children \_\_\_\_\_ Oldest child age \_\_\_\_\_
6. Are you one of the following (*check all that apply*):  a minor child (including age 18 attending high school full-time);  a parent, specified relative, legal guardian or legal custodian of a minor child;  a non-custodial parent;  a pregnant individual; or  an individual age 18-24 that is part of a family that includes a minor child?
7. Have you been given the opportunity to register to vote?  Yes  No  N/A (age 16 or under)

**Acknowledgement**

By signing, I attest that the information stated on this application is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for immediate termination in the CCMEP program and/or penalties as specified by law. If the applicant is under age 18, the parent/guardian signature below gives permission for the youth to participate in CCMEP services and activities.

I have received a copy of the JFS Form 08063 “Complaint Rights under the Workforce Innovation and Opportunity Act (WIOA)”.

**Parent/Guardian Signature:**

Parent/Guardian Signature <i>(If applicant is under age 18**)</i>	Date
Applicant Signature	Date

**TO BE COMPLETED BY ELIGIBILITY STAFF PERSON ONLY:**

**TANF Funding Eligibility Determination:**

Does the individual live in an assistance group with someone who has been ordered to repay TANF assistance, due to a determination of fraud and still owe repayment?  Yes  No

**If YES, not eligible unless moves into a household that does not include an individual who owes fraudulent OWF.**

If the individual is receiving cash assistance, they are automatically **eligible**.

If the individual is receiving SNAP, the individual automatically meets the **income requirement**.

Is the household's monthly income [under 200% of the Federal Poverty Guidelines](#)? Please refer to Section 6.3 of your local county plan to confirm whose income is counted for TANF eligibility determination.  Yes  No

Does the individual have a child under age 18?  Yes  No

Is the individual one of the following (*check all that apply*):  a minor child;  a parent, specified relative, legal guardian or legal custodian of a minor child;  a non-custodial parent;  a pregnant individual; or  an individual age 18-24 that is part of a family that includes a minor child?  Yes  No

**TANF Funding Eligibility Decision:**

TANF Funding Eligible;  OWF work eligible;  OWF volunteer;  PRC

or

Ineligible for TANF Funding

<b>Signature of TANF Eligibility Staff</b>	<b>Date</b>
--	-------------

*\*\* If a parent or guardian is not available to sign, please have the minor applicant sign and document in case notes the reason why the parent/guardian did not sign.*



Ohio Department of Job and Family Services  
**COMPREHENSIVE CASE MANAGEMENT AND EMPLOYMENT PROGRAM (CCMEP) PLAN**

for

**County or Counties:** \_\_\_\_\_

**Workforce Area:** Click or tap here to enter text.

**Effective Date:** Click or tap to enter a date.

**Plan Submission**

Each Lead Agency is required to adopt and submit a CCMEP Program Plan to the Ohio Department of Job and Family Services (ODJFS) each fiscal biennial period. The CCMEP plan must be submitted **no later than July 1st each biennium**. The CCMEP plan must be developed in coordination with the Lead Agency and the Workforce Development Board.

The plan may be amended by the Lead Agency as needed. The Workforce Development Board must be included in any amendments to the plan. An amended plan must be submitted to ODJFS no later than 10 calendar days after the amended program plan becomes effective. For each amendment, the submission must contain one version that clearly indicates what was added or stricken from the prior effective plan and one version that reflects the final plan with all amendments included.

If a board of county commissioners redesignates the Lead Agency during a fiscal biennial period, the new Lead Agency shall prepare and submit to ODJFS a new CCMEP plan no later than sixty calendar days after the redesignation takes effect.

The plan review process will be used to ensure that Lead Agencies meet program requirements. If ODJFS determines that a CCMEP plan is not consistent with the requirements of any program rules, the plan will be returned to the Lead Agency for amendment.

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## 1. Contact Information

### 1.1 Identify the Lead Agency designated to administer the CCMEP program.

Lead Agency Name				
Lead Agency Address		City	State	Zip Code
First Name of Lead Agency Director	Last Name of Lead Agency Director		Title	
Phone Number		Email Address		

Has the contact information listed above changed from the prior plan submission?  Yes  No

Program Contact Person	
Phone Number	Email Address

Has the contact information listed above changed from the prior plan submission?  Yes  No

Fiscal Contact Person	
Phone Number	Email Address

Has the contact information listed above changed from the prior plan submission?  Yes  No

### 1.2 Identify the other local participating agency (i.e., CDJFS or Workforce Development Agency that serves the county). Leave this section blank if the Workforce Agency is combined with the CDJFS.

Agency Name				
Agency Address		City	State	Zip Code
First Name of Lead Agency Director	Last Name of Lead Agency Director		Title	
Phone Number		Email Address		

Has the contact information listed above changed from the prior plan submission?  Yes  No

### 1.3 Identify the Workforce Development Board and Local Area for the county.

Workforce Development Area
Workforce Development Board Chair Name
Workforce Development Board Director Name



Phone Number	Email Address
Local Area Fiscal Agent Name	Email Address

Has the contact information listed above changed from the prior plan submission?  Yes  No

**1.4 Identify the implementation manager for the Lead Agency.**

First Name of Implementation Manager	Last Name of Implementation Manager	Title
Phone Number	Email Address	

Has the contact information listed above changed from the prior plan submission?  Yes  No

**1.5 Identify the Lead Agency’s performance and data management contact.**

Contact Person	
Phone Number	Email Address

Has the contact information listed above changed from the prior plan submission?  Yes  No

**1.6 Identify the Vendor’s contact information (please copy and paste if more vendors):**

Organization Name	Funding: <input type="checkbox"/> TANF <input type="checkbox"/> WIOA
Contact Person	Email Address

Organization Name	Funding: <input type="checkbox"/> TANF <input type="checkbox"/> WIOA
Contact Person	Email Address

**2. Collaboration and Program Strategy**

- Confirm that the [local workforce plan](#) was reviewed before completing this document.
- Confirm the Lead agency is partnering with the local board, local economic development entities, chambers of commerce and businesses to support local economic growth, meet business needs, build trusting relationships, develop job opportunities for CCMEP participants, provide support to businesses for job retention and support for participants for retention and career advancement.

**2.1 Confirm that the Lead Agency is collaborating with the Workforce Development Board, and other local stakeholders.**

- The Lead Agency collaborates with the Workforce Development Board, the other local participating agency, and subcontractors in accordance with section [5116.23](#) of the Revised Code.

Confirm collaboration includes the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Frequency of meetings established                           | <input type="checkbox"/> Process of streamlining procedures between agencies and partners |
| <input type="checkbox"/> Engagement of local businesses to secure work opportunities | <input type="checkbox"/> Engagement of community partners                                 |
| <input type="checkbox"/> Method of communication clear                               | <input type="checkbox"/> Work experiences   |
|  | <input type="checkbox"/> Incentives   |
|  | <input type="checkbox"/> Plans to provide summer employment                               |

Which partners/providers are included?

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Basic Literacy and Education (ABLE) Providers (ASPIRE) | <input type="checkbox"/> Publicly Funded Child Care Office   |
| <input type="checkbox"/> Alcohol, Drug and Mental Health (ADAMH) Board                | <input type="checkbox"/> Local Bridges provider  |
| <input type="checkbox"/> Businesses   | <input type="checkbox"/> Local Developmental Disabilities Board  |
| <input type="checkbox"/> Career and Technical Education                               | <input type="checkbox"/> Local Healthier Buckeye Council   |
| <input type="checkbox"/> Child Care Providers   | <input type="checkbox"/> Local School District(s)  |
| <input type="checkbox"/> Child Support Enforcement Agency                             | <input type="checkbox"/> Organizations serving fathers   |
| <input type="checkbox"/> Children Services Agency                                     | <input type="checkbox"/> Organizations serving homeless and runaway youth                              |
| <input type="checkbox"/> Community College(s)   | <input type="checkbox"/> Organizations serving young parents   |
| <input type="checkbox"/> Family and Children First Council                            | <input type="checkbox"/> Reentry organizations   |
| <input type="checkbox"/> Juvenile Court System  | <input type="checkbox"/> Refugee / immigrant serving organizations                                     |
| <input type="checkbox"/> Probation Office   | <input type="checkbox"/> SNAP serving agency/office  |
|   | <input type="checkbox"/> Vocational Rehabilitation (Opportunities for Ohioans with Disabilities (OOD)) |
|   | <input type="checkbox"/> Other: <input type="text"/>   |

- The Workforce Development Board has developed and reviewed the **Local Area Workforce Plans** ([29 U.S.C. 3123](#)) and the youth strategy in collaboration with the Lead Agency prior to completing this county plan.

Please attach the following WDB policies:

- Select basic skills assessment(s) *\*\*\*TABE is not necessarily the only option here, can use standardized test w/in last six months\*\*\**
- Ensure determination of eligibility for WIOA youth program
- Report and collect data
- Monitor contracts and ensure compliance
- Supportive services
- Follow up services
- "Needs additional assistance" policy
- Disclosure of relationship
- Other:

**2.2 Describe the Lead Agency and Workforce Development Board’s joint strategy and goals for preparing an educated and skilled workforce (including youth and individuals with barriers to employment), including goals relating to the performance accountability measures described in rule [5101:14-1-07](#) of the Administrative Code to support regional economic growth and economic self-sufficiency.**

**2.3 What methods are used to conduct outreach? Who conducts each method?**

<b><i>Outreach method</i></b>	<b><i>Lead Agency</i></b>	<b><i>Partner Agency</i></b>	<b><i>Outreach method</i></b>	<b><i>Lead Agency</i></b>	<b><i>Partner Agency</i></b>
Social media (e.g., Facebook, Twitter, Snapchat, Instagram, YouTube, Secret, & Whisper)	<input type="checkbox"/>	<input type="checkbox"/>	Brochures, posters, flyers	<input type="checkbox"/>	<input type="checkbox"/>
Promotion through local partners (e.g., schools, community centers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Postcards/Letters	<input type="checkbox"/>	<input type="checkbox"/>
CCMEP Participants	<input type="checkbox"/>	<input type="checkbox"/>	Special events	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

**2.4 Which local partners/providers are you collaborating with to enroll youth?**  
*(Remember for WIOA youth there is a 75% expenditure requirement to be spent on OSY.)*

- Adult Basic Literacy and Education (ABLE) Providers (ASPIRE)\*
- Alcohol, Drug and Mental Health (ADAMH) Board\*
- Career and Technical Education\*
- Child Care Providers\*
- Child Support Enforcement Agency\*
- Children Services Agency
- Community College(s)\* *(Youth who have been accepted but have yet to enroll in classes)*
- Family and Children First Council
- Juvenile Court System
- Probation Office\*
- Publicly Funded Child Care Office\*
- Local Bridges provider\*
- Local Developmental Disabilities Board\*
- Local Healthier Buckeye Council
- Local School District(s)\* *(youth graduating without a plan or dropping out)*
- Organizations serving fathers\*
- Organizations serving homeless and runaway youth\*
- Organizations serving young parents\*
- Reentry organizations\*
- Refugee / immigrant serving organizations\*
- SNAP serving agency/office\*
- Vocational Rehabilitation (Opportunities for Ohioans with Disabilities (OOD))\*

Other:

*\* Identifies organizations that are effective partners in reaching out-of-school youth.*

**2.5 Describe how the Lead Agency and Workforce Development Board ensures that all fourteen CCMEP services are being made available to program participants, including which entity is providing the services (See Paragraph (E) of rule [5101:14-1-02](#) of the Administrative Code).**

**2.6 Confirm that the Lead Agency helps program participants identify career goals and pathways and describe the strategy on coordinating education and services.**

The Lead Agency helps each CCMEP program participant identify a career goal and career pathway as part of the IOP.

**Describe the Lead Agency and the Workforce Development Board's joint strategy on coordinating education and CCMEP services carried out in the county and include relevant secondary and postsecondary education programs and activities to enhance services and avoid duplication of services.**

**2.7 Describe the Lead Agency's strategy to help program participants obtain a high school diploma or equivalent by offering the following options if needed:**

- [ASPIRE/OMJ](#), other training provider (training for HS equivalent) and
- [GED](#), [TASC](#), [HiSet](#), Credit recovery ([HS equivalent options](#)) or
- [Adult Diploma](#) (age 20 and up), [22+](#) options (ODE Adult HS diploma options)

### **3. Procurement**

**3.1 Confirm that the Workforce Development Board is following the policies and procedures in regard to procurement of the fourteen CCMEP services.**

The Workforce Development Board follows [WIOA Policy Letter 17-03](#) and rules [5101:9-4-07](#) and [5101:9-4-07.1](#) of the Administrative Code for procurement of the fourteen CCMEP services (if applicable).

### 3.2 Joint Procurement

Are the Lead Agency and Workforce Development Board jointly procuring youth service providers for both WIOA Youth and TANF funds?  Yes  No

### 3.3 WIOA Youth Designation of Lead Agency

Did the Workforce Development Board designate the Lead Agency to provide a portion of WIOA Youth services?  Yes  No

Does the Lead Agency plan to submit a bid for (or in the past, has submitted a bid for) the Workforce Development Board's procurement of WIOA Youth services?

Yes  No

- If yes, the Lead Agency confirms that none of its staff were involved (or will be involved) in developing the RFP.
- If no, describe the Lead Agency's role in the design of the CCMEP services procured through the Workforce Development Board, including collaboration and co-funding.

## 4. Program Entry

**Confirm that the Lead Agency is following policies and procedures for program entry.**

- The Lead Agency follows rule [5101:14-1-02](#) of the Administrative Code for program entry eligibility
- The Lead Agency/Case manager will establish preferred communication methods with each participant and follow rule 5101:14-1-05 of the Administrative Code for minimum engagement requirements, including creating associated case notes.

### 4.1 Co-funding

**Confirm that the Lead Agency and/or Fiscal Agent is co-funding participants when feasible.**

- The Lead Agency and/or Fiscal Agent co-funds participants with WIOA and TANF funding when feasible. (Co-funding helps to ensure funding is available for follow up).

### 4.2 Projected Annual Participants Served

- a. Projected number of required participants served annually (> 0)?
- b. Projected number of volunteer participants served annually (> 0)?
- c. Projected number of co-funded participants served annually (> 0)?

## 5. WIOA Youth Funding Eligibility

**Confirm that the Lead Agency or youth services provider is following policies and procedures for WIOA Youth funding eligibility.**

- The Lead Agency and youth services provider(s) (if applicable) follows rule [5101:10-3-01](#) of the Administrative Code for WIOA Youth funding eligibility and the WIOA Youth documentation requirements described in [WIOAPL 15-07.2](#) and [Attachment A](#).

## 6. TANF Funding Eligibility

**6.1 Confirm that the Lead Agency and youth services provider is following CCMEP policies and procedures for TANF funding eligibility.**

- The Lead Agency and youth services provider(s) (if applicable) follows rules [5101:14-1-04](#) and [5101:14-1-05](#) of the Administrative Code for TANF funding eligibility, including reviewing TANF eligibility before the annual recertification if the Lead Agency knows the participant's eligibility status has changed.

**6.2 Confirm that the Lead Agency and/or youth services provider is following other policies and procedures for TANF.**

- The Lead Agency and/or youth service provider(s) (if applicable) follows the following TANF guidelines:
- TANF non-assistance as defined in [45 C.F.R. 260.31](#) (b),
  - [Family Assistance Letter #103](#) for gas and gift cards;
  - [42 U.S.C. 608](#) TANF prohibitions for TANF funding.
  - The Lead Agency does not issue stipends or pay for medical services besides pre-pregnancy family planning services with TANF funding.
- Redeterminations will be conducted yearly for CCMEP TANF participants

## 6.3 Income Counting Policy

- The Lead Agency will use the sample policy below.  
If no, insert policy below sample policy.

*Sample policy:*

### **COUNTY POLICY ON INCOME COUNTING FOR TANF ELIGIBILITY**

#### **Household Members and Income Counting for CCMEP TANF Funding Eligibility**

Is one of the following:

- (i) A minor child;

For the minor child\*, Parents, Stepparents, and Domestic Partners' income will be counted to determine whether the group meets the 200% FPL.

(ii) The parent, specified relative, legal guardian or legal custodian of a minor child;

For the parent, specified relative, legal guardian or legal custodian\*, Parent, Specified Relative, Legal Guardian or Legal Custodian to be served, the Parents, Stepparents, Domestic Partner income will be counted to determine whether they meet the 200% FPL.

(iii) A non-custodial parent who lives in the state, but does not reside with his/her minor child(ren);

For the non-custodial parent\*, Parents, Stepparents, Domestic Partner income will be counted to determine whether they meet the 200% FPL.

(iv) A pregnant individual; or

For the pregnant individual\*, Parents, Stepparents, and Domestic Partner income will be counted to determine whether they meet the 200% FPL if the pregnant individual is a minor. If the pregnant individual is an adult, only the income of the pregnant individual and her domestic partner would be counted.

(v) An individual age 18 to 24 that is part of a family that includes a minor child.

For the individual age 18 to 24\*, the individual (18-24) to be served, Parents, Stepparents, Domestic Partner income will be counted to determine whether they meet the 200% FPL. For this individual, there would not need to be a relationship between the individual and the minor child other than living in the same household.

\*Remember any of these individuals to be served may be in the household temporarily and not receiving financial support other than shelter.

Customized policy:

## 7. WIOA Youth Funding Eligibility Prior to Exit

**Confirm that the Lead Agency reviews a program participant's eligibility for WIOA Youth funding before exiting.**

- The Lead Agency reviews a program participant's WIOA Youth funding eligibility before exiting due to a loss of TANF eligibility if the program participant never received a WIOA funded service. When the program participant would like to continue receiving CCMEP services and is WIOA Youth eligible, the Lead Agency provides WIOA Youth funded services prior to exit and during follow up as described in rule [5101:14-1-06](#) of the Administrative Code.

## 8. Policies

### 8.1 Confirm that the Lead Agency has the following Workforce Development Board and TANF policies and indicate if WIOA Youth policies are adopted for TANF.

- |   |   |
|---|---|
| <input type="checkbox"/> Supportive Services                                    | <input type="checkbox"/> Adopted WIOA Youth policy for TANF |
| <input type="checkbox"/> Follow-Up Services                                     | <input type="checkbox"/> Adopted WIOA Youth policy for TANF |
| <input type="checkbox"/> Work Experience ( <a href="#">WIOAPL No. 15-13</a> )   | <input type="checkbox"/> Adopted WIOA Youth policy for TANF |
| <input type="checkbox"/> Incentives Policy ( <a href="#">WIOAPL No. 15-13</a> ) | <input type="checkbox"/> Adopted WIOA Youth policy for TANF |

### 8.2 WIOA Rule and Policy Letters

- The Lead Agency is following rule [5101:10-3-01](#) of the Administrative Code and [policy letters](#), including:

[WIOAPL No. 15-03.1](#) WIOA Youth Program Eligibility  
[WIOAPL No. 15-04](#) Selective Service Registration  
[WIOAPL No. 15-05](#) Serving Applicants with a Close Relationship to the Workforce Innovation and Opportunity Act Program  
[WIOAPL No. 15-06](#) Determination of Dependent Status  
[WIOAPL No. 15-07.2](#) Source Documentation for WIOA Title I Program Eligibility  
[WIOAPL No. 15-10](#) Youth Program Services  
[WIOAPL No. 15-11.2](#) Use of Individual Training Accounts  
[WIOAPL No. 15-13](#) Work Experience for Youth  
[WIOAPL No. 15-19.1](#) Poverty Line and Lower Living Standard Income Level  
[WIOAPL No. 15-20.2](#) Priority of Service for Veterans and Eligible Spouses  
[WIOAPL No. 15-22.1](#) On-the-Job Training (OJT) Policy  
[WIOAPL No. 15-26](#) ITA Financial Definitions  
[WIOAPL No. 16-02.1](#) Eligible Training Providers  
[WIOAPL No. 17-02](#) WIOA Adult, Dislocated Worker, and Youth Programs Performance Accountability  
[WIOAPL No. 17-03](#) Procurement of the Comprehensive Case Management and Employment Program Provider for WIOA Youth-Funded Activities and Services  
[WIOAPL No. 17-04.1](#) Waivers for Implementation of the Comprehensive Case Management and Employment Program

### 8.3 CCMEP Rules and Procedure Letters

- The Lead Agency is following the [CCMEP rules](#) and [procedure letters](#).
- [5101:14-1-01\(Comprehensive Case Management and Employment Program: Definitions\)](#)  
[5101:14-1-02\(Comprehensive Case Management Employment Program: General\)](#)  
[5101:14-1-03\(Comprehensive Case Management and Employment Program: Program Plan\)](#)  
[5101:14-1-04\(Comprehensive Case Management and Employment Program: Referral, Comprehensive Assessment, Individual Service Strategy, and Individual Opportunity Plan\)](#)  
[5101:14-1-05\(Comprehensive Case Management and Employment Program: Case Management\)](#)  
[5101:14-1-06\(Comprehensive Case Management and Employment Program: Program Exit and Follow-Up Services\)](#)



5101:14-1-07(Comprehensive Case Management and Employment Program: Primary Performance Measures)

**8.4 Cash Assistance Rules**

- The Lead Agency is following CCMEP-related cash assistance [rules](#), including:
  - [5101:1-2-01](#) The Application Process for Ohio Works First and Refugee Cash Assistance
  - [5101:1-1-01](#) Temporary Assistance for Needy Families Definitions
  - [5101:1-3-11](#) Ohio Works First: Appraisals, Assessments, and Self Sufficiency Contract
  - [5101:1-3-13](#) Ohio Works First: Good Cause for Work Activity Failures
  - [5101:1-24-20](#) Prevention, Retention and Contingency Program: Excluded Income and Resources
- Confirm that TANF funds will not be used to directly pay a participant in subsidized employment

**9. OWF Recipients**

- The Lead Agency and youth services provider(s) (if applicable) have a process for providing notices of appointments and all staff are trained on the process

**9.1 Confirm that the Lead Agency has a process for working with the other local participating agency (if the workforce agency is not combined with the CDJFS) and/or any subcontractors to communicate information regarding OWF work-eligibles.**

The referral process is established between the Lead Agency and the local participating agency (including within the same agency if a combined structure).  Yes  No

The referral process acknowledges:

- There is agreement with local JFS for referrals.
  - All enrollment activities must be complete within 30 days of the cash assistance application (JFS 7200) (see 5101:1-2-01 of the Ohio Administrative Code).
  - For Ohio works first (OWF) work-eligible individuals as described in paragraph (B)(2) of rule 5101:1-2-01 of the Administrative Code this includes the individual signing an individual opportunity plan and includes an assignment to at least one comprehensive case management and employment program (CCMEP) service (e.g., LMI career counseling).
- The Lead Agency has a process to communicate information regarding:
    - Screening, referral, and other information about a program participant who is determined to be a victim of domestic violence, including modified hours of participation, waivers from requirements, referrals to counseling and other appropriate community resources, and protecting personal information;
    - The number of months a program participant has participated in OWF that were subject to the time limit described in rule [5101:1-23-01](#) of the Administrative Code for inclusion in the IOP;
    - CCMEP activities assigned for OWF work-eligible individuals;
    - OWF work-eligible individual's status changes, OWF recipient income information, FLSA hour maximums, good cause, OWF sanctions, compliance activity assignment and completion, hourly requirement updates (exemptions, etc.), and other factors impacting CCMEP activity hours or OWF eligibility;

- Verification and participation in CCMEP activities for OWF work-eligible participants;
- Completion of the comprehensive assessment and IOP no later than 30 calendar days from the date of application for OWF work eligible individuals;
- Completion of the comprehensive assessment and IOP no later than 60 calendar days from the date of referral for non-OWF work eligible individuals;
- Failure of an OWF work-eligible participant to comply with the terms of an IOP (within 10 calendar days of the failure); and
- OWF or Supplemental Nutrition Assistance Program (SNAP) recipients' information and acting upon it in accordance with rules 5101:1 and/or 5101:4 of the Administrative Code.
- Exiting an OWF work-eligible individual from CCMEP

**9.2 Confirm that the Lead Agency has a process for working with the other local participating agency and/or any subcontractors to notify of case transfers.**

- The Lead Agency has a “warm referral” or “warm hand-off” process (i.e., current case manager calls the new case manager prior to the move to discuss services, activities, goals of the program participant and to introduce the participant and new case manager) when a program participant moves to another county and it is in the best interest of the program participant to be served in the new county. All OWF recipients are transferred to the new county regardless of best interest if the participant qualifies for OWF in the new county. The new Lead Agency is notified within 10 calendar days of the move.

**9.3 Confirm that the Lead Agency certifies compliance with ADA in accordance with rule 5101:9-2-02 of the Administrative Code and section 188 of WIOA.**

- The Lead Agency must provide an assurance that it will comply with all requirements of the Americans with Disabilities Act (ADA) including that participants will have the right to request reasonable modification in CCMEP services, including hours.

**10. Performance**

**10.1 Performance Measures**

Did the Lead Agency meet or exceed the primary performance measures listed in rule [5101:14-1-07](#) of the Administrative Code and [Procedure Letter #5](#) last year?

- Yes     No

If no, please describe the plan(s) for improving performance.

## 10.2 Meeting Target Performance Measures

Is the Lead Agency on target to meet the primary performance measures listed in rule [5101:14-1-07](#) of the Administrative Code based on the most recent quarterly CCMEP [performance report](#)?  Yes  No

If no, would the Lead Agency benefit from additional technical assistance on performance measures?  Yes  No

## 10.3 Co-funding Rate

**What is the Lead Agency's and Workforce Development Board's co-funding rate based on the most recent CCMEP quarterly [performance report](#)?**

Describe the Lead Agency's and Workforce Development Board's planned efforts to increase co-funding.

## 11. Training

The Lead Agency provides the following trainings to case managers:

- Online virtual trainings found on the CCMEP Training webpage.
  - Case reviews between the staff member and supervisor to review the status and progress of individual cases as well as brainstorm solutions to help the participant enter a career pathway successfully.
  - The process for collecting and reporting supplemental data into the case management software.
  - Techniques to manage the size of the case load in the county.
- The Lead Agency will collect feedback from program participants and case managers to utilize this information for ongoing improvements.

## 12. SNAP E&T

- Confirm Lead Agency is collaborating with SNAP E&T case managers to help ensure CCMEP participants who are co-enrolled in SNAP E&T are meeting SNAP E&T requirements through CCMEP services.

### CCMEP Plan Certification

**Please provide the name, title, and signature of the administrator, director, or executive director of the CCMEP Lead Agency:**

Name and Title	
Signature	Date

**Please provide the name and signature of the director of the Workforce Development Board:**

Name	
Signature	Date



Ohio Department of Job and Family Services  
**COMPREHENSIVE CASE MANAGEMENT AND EMPLOYMENT PROGRAM (CCMEP)**  
**INDIVIDUAL OPPORTUNITY PLAN**

CCMEP provides employment, training and supportive services to mandatory and voluntary program participants based on a comprehensive assessment of each individual's employment and training needs using the CCMEP Comprehensive Assessment (OWCMS, JFS 03003, and/or JFS 03006).

<b>Name</b>	<b>Phone</b>	<b>Email</b>	<b>DOB</b>	<b>Last four of SSN or Seeker ID</b>	
<b>Case Manager Name</b>	<b>Phone</b>	<b>Email</b>	<b>Date</b>		
<b>Employment History (Leave end date blank for current employment)</b>					
<b>Employer Name</b>	<b>Job Title</b>	<b>End Date</b>	<b>County</b>	<b>State</b>	<b>Wage</b>
1					
2					
<b>Link to a CCMEP performance goal (check at least one)</b>					
<input type="checkbox"/> Obtain employment (full or part-time) <input type="checkbox"/> Obtain a recognized post-secondary credential <input type="checkbox"/> Obtain a secondary school diploma or its recognized equivalent		<input type="checkbox"/> Complete training or certification <input type="checkbox"/> Increase earnings			
<b>Long-term goals (Career Pathway/ Training/ Education)</b> Are these goals for an in-demand career? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Goal 1</b>		<b>Goal 2</b>			
<b>Short-term goals (Career Pathway/ Training/ Education)</b>					
<b>Goal 1</b> _____		<b>Goal 3</b> _____		<b>Goal 5</b> _____	
<b>Goal 2</b> _____		<b>Goal 4</b> _____		<b>Goal 6</b> _____	
<b>Services and Activities</b>					
<b>Service</b>	<b>ONET Code (if needed)</b>	<b>Service</b>	<b>ONET Code (if needed)</b>		
<b>Activity/Detail(s)</b>		<b>Activity/Detail(s)</b>			
<b>Location</b>		<b>Location</b>			
<b>Schedule/Frequency (including weekly hours)</b>		<b>Schedule/Frequency (including weekly hours)</b>			
<b>Start Date</b>	<b>Planned End Date</b>	<b>Start Date</b>	<b>Planned End Date</b>		
<b>Additional Instructions/Notes (including ADA modifications)</b>		<b>Additional Instructions/Notes (including ADA modifications)</b>			
<b>Service</b>	<b>ONET Code (if needed)</b>	<b>Service</b>	<b>ONET Code (if needed)</b>		

<b>Activity/Detail(s)</b>		<b>Activity/Detail(s)</b>	
<b>Location</b>		<b>Location</b>	
<b>Schedule/Frequency (including weekly hours)</b>		<b>Schedule/Frequency (including weekly hours)</b>	
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<b>Additional Instructions/Notes (including ADA modifications)</b>		<b>Additional Instructions/Notes (including ADA modifications)</b>	
<b>Service</b>		<b>Service</b>	
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<b>Activity/Detail(s)</b>		<b>Activity/Detail(s)</b>	
<b>Location</b>		<b>Location</b>	
<b>Schedule/Frequency (including weekly hours)</b>		<b>Schedule/Frequency (including weekly hours)</b>	
<b>Start Date</b>	<b>Planned End Date</b>	<b>Start Date</b>	<b>Planned End Date</b>
<b>Additional Instructions/Notes (including ADA modifications)</b>		<b>Additional Instructions/Notes (including ADA modifications)</b>	
<b>Follow-Up Services</b> ( <i>Follow Up occurs for at least for 12 months and Case Managers will engage at least once a month</i> ) Possible services include: 1) Supportive Services; 2) Financial Literacy Skills; 3) Adult Mentoring; 4) LMI/Career Counseling (i.e., Career Advancement advice); and 5) Activities that Prepare Participant for Transition to Post-secondary Education			
<b>Follow-Up Service</b>		<b>Follow-Up Service</b>	
<b>Follow-Up Service</b>		<b>Follow-Up Service</b>	
<b>Follow-Up Service</b>		<b>Follow-Up Service</b>	
<b>Follow-Up Service</b>		<b>Follow-Up Service</b>	

### How often will my plan be changed?

I understand that my career coach will check-in with me at least every 30 days to assess and discuss my progress even after I am exited from the program to ensure my continued success. I am responsible for responding to my career coach and providing information as requested. Based on my progress and ongoing discussions with my career coach, this plan will be changed as needed.

### What are my rights and responsibilities?

- I agree that to achieve my goals identified in this plan and successfully enter a career, I will actively participate in services and strive towards reaching my goals.
- I understand that this plan can be changed if something in my situation changes or my goals change, and that these changes will be documented in a new plan.
- I have the right to request assistance and services that will help me achieve my goals and enter a career.
- I have the right to request to be referred to an alternative provider or worksite if I object to a faith-based provider or worksite.

### How will my career coach help me to achieve my goals?

My career coach will:

- Treat me with courtesy, dignity, respect and without discrimination.
- Assess my skills, employability and challenges to employment and/or education.
- Help me identify life and career goals and provide services and supports needed to achieve these goals including any special accommodation needed if I have a disability.
- Provide translation services if my primary language is not English or if I am hearing-impaired. My career coach will also provide key documents in my primary language or someone will be provided to translate the information on the documents into my primary language.
- Provide me with a copy of my plan, including any future amendment(s).
- Provide information on how I can appeal any decisions relating to the eligibility, enrollment, services or any other issues I may have regarding my participation in CCMEP.

### What if I receive Ohio Works First benefits? - NOTE: This section applies **ONLY** to Ohio Works First Recipients.

If I receive a monthly cash benefit as part of the Ohio Works First (OWF) program, I understand that:

- This is my plan to become self-sufficient and this plan is my self-sufficiency contract.
- If I fail or refuse without good cause to comply in full with any provision of this plan, my entire assistance group will not receive a cash benefit for:
  - *If it is my first failure/refusal:* One (1) month or until I stop failing or refusing to comply, whichever is longer. I also may receive less SNAP benefits.
  - *If it is my second failure/refusal:* Three (3) months or until I stop failing or refusing to comply, whichever is longer. I also may receive less SNAP benefits, but I will not lose Medicaid coverage.
  - *If it is my third (or more) failure:* Six (6) months or until I stop failing or refusing to comply, whichever is longer. I also may receive less SNAP and, I may lose my Medicaid coverage (but may regain Medicaid coverage at any time (even before the 6 months is up) if I begin to comply again with the CCMEP/work activity).

A sanction of my OWF benefits will not necessarily end my eligibility for this program as long as I work with my case manager during the sanction period.

- I understand that if I voluntarily terminate employment without "just cause", I will not receive cash assistance for my entire family for six months and I may receive less SNAP benefits. "Just cause" for voluntarily terminating employment includes, but is not limited to the following:
  - Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs or national origin
  - Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule
  - Employment that has become unsuitable due to any of the following:
    - The wage is less than the federal minimum wage
    - The work is at a site subject to a strike or lockout
    - The documented degree of risk to my health and safety is unreasonable
    - I am physically or mentally unfit to perform the employment, as documented by medical evidence or by reliable information from other sources.

- Documented illness for myself or another assistance group member that requires my presence
- A documented household emergency
- Lack of adequate childcare for my child(ren) who are under six years of age.
- Other reasons as determined by my case manager.
- I agree to cooperate with the Child Support Enforcement Agency (CSEA) in establishing paternity and establishing, modifying, and enforcing a support order. While on OWF, I will assign support rights to the CSEA, if required. Cooperation includes, but is not limited to, the following:
  - Identifying the parent(s) of my child(ren) and telling everything I know about him/her
  - Assisting the CSEA in establishing paternity (fatherhood) for each child
  - Attending required meetings
  - Repaying any child support money that I received but was not eligible to receive
  - Assisting the CSEA in getting support payments and any other payments and property for which my child(ren) are eligible; and
  - Other \_\_\_\_\_

I may not have to cooperate if I believe cooperation may reasonably result in physical or emotional harm to myself or my child; or if my child was conceived as a result of incest or rape; or if legal proceedings for adoption are pending before a court; or if I am currently being assisted by an agency to decide whether to keep my child or give my child up for adoption. I understand that the CSEA will need documents to show that I have "good cause" and will let me know if I have to cooperate or if I have "good cause."

- I understand that under state law, there is an initial 36-month time limit for getting OWF payments, and the 36 months do not have to run continuously. After I have received OWF for 36 months, I cannot get any more OWF payments unless I qualify under the CDJFS's rules for "extensions." There are three kinds of extensions: (1) "hardship" (2) "good cause" and (3) "domestic violence waiver." The CDJFS will discuss extensions with me before my initial 36-month time limit expires. **I understand that I have received \_\_\_\_\_ (enter number of state months used) months of OWF).**
- I understand that I can request a county conference and/or state hearing with the Ohio Department of Job and Family Services (ODJFS) if I do not agree with any action taken on my case, including but not limited to activities in my self-sufficiency contract and plan, CCMEP/work activities and supportive services.
- I have the responsibility to meet my commitments in this plan and I may fail to meet my commitments only when I have good cause. If I fail to meet my commitments on multiple occasions, I may lose my services in the program. I understand that it is my responsibility to notify my case manager within \_\_\_\_\_ of when I am unable to report for an assignment. It is my responsibility to provide written documentation to my case manager within \_\_\_\_\_ of the first missed/failed hour of participation of each assigned day missed/failed in order to verify my claim of good cause.
- I understand that good cause is limited to:
  - If I am ill; if it was necessary for me to take care of an ill family member that is related by blood, marriage or adoption and living in my household.
  - If I or a family member living in my household, have a previously scheduled appointment necessary for medical, dental, or vision care.
  - I have a previously scheduled job interview, including any subsequent interviews and/or testing requirements.
  - I have a court ordered appearances.
  - I have an appointment with another social service agency or program.
  - I have a death in my family. I understand that my case manager will work with me to determine the length of absence and that "family" includes a spouse, domestic partner (domestic partner is defined as one who stands in place of a spouse and who resides with the program participant), child, grandchild, parents, grandparents, siblings, stepchild, stepparent, step-siblings, great-grandparents, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, or legal guardian or other person who stands in the place of a parent.
  - The school, place of work or worksite was closed the day I was supposed to go.
  - I am a single custodial parent caring for a minor child under age six and did not have childcare. I understand that my case manager will work with me to determine if my lack of childcare was due to the unavailability or unsuitability of:
    - A licensed or certified childcare provider within a reasonable distance of my home or work site.
    - Informal childcare by a relative or other arrangement.
    - Appropriate and affordable formal childcare arrangements.
  - A failure by my case manager to provide supportive services.
  - A failure by my case manager to provide me with all information necessary about the assignment.
  - Circumstances involving domestic violence that make it difficult for me to comply in full with a provision of this plan.
  - Other circumstances determined on a case-by-case basis by my case manager.



I agree to follow this plan and understand that the plan can be changed if something in my circumstances change. Any plan changes will be in writing and signed by myself and my case manager. By signing this plan, I certify that I participated in the collaborative development of this plan and that I am committed to successfully achieving the goals and objectives outlined in this plan.

<b>Participant Signature</b>	<b>Date</b>
<b>Parent or Guardian Signature</b> <i>(If applicant is under age 18)</i>	<b>Date</b>

I understand that this plan can be changed if something in the participant's situation changes. Any plan changes will be in writing and signed by myself (or another case manager) and the participant. By signing this plan, I certify that I participated in the collaborative development of this plan and that I am committed to assisting the participant to successfully achieve the goals and objectives outlined in this plan.

<b>Case Manager Signature</b>	<b>Date</b>
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Ohio Department of Job and Family Services  
**COMPREHENSIVE CASE MANAGEMENT AND EMPLOYMENT PROGRAM (CCMEP)**  
**INDIVIDUAL OPPORTUNITY PLAN**

CCMEP provides employment, training and supportive services to mandatory and voluntary program participants based on a comprehensive assessment of each individual's employment and training needs using the CCMEP Comprehensive Assessment (OWCMS, JFS 03003, and/or JFS 03006).

<b>Name</b>	<b>Phone</b>	<b>Email</b>	<b>DOB</b>	<b>Last four of SSN or Seeker ID</b>	
<b>Case Manager Name</b>	<b>Phone</b>	<b>Email</b>	<b>Date</b>		
<b>Employment History (Leave end date blank for current employment)</b>					
<b>Employer Name</b>	<b>Job Title</b>	<b>End Date</b>	<b>County</b>	<b>State</b>	<b>Wage</b>
1					
2					
<b>Link to a CCMEP performance goal (check at least one)</b>					
<input type="checkbox"/> Obtain employment (full or part-time) <input type="checkbox"/> Obtain a recognized post-secondary credential <input type="checkbox"/> Obtain a secondary school diploma or its recognized equivalent		<input type="checkbox"/> Complete training or certification <input type="checkbox"/> Increase earnings			
<b>Long-term goals (Career Pathway/ Training/ Education)</b> Are these goals for an in-demand career? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Goal 1</b>		<b>Goal 2</b>			
<b>Short-term goals (Career Pathway/ Training/ Education)</b>					
<b>Goal 1</b> _____		<b>Goal 3</b> _____		<b>Goal 5</b> _____	
<b>Goal 2</b> _____		<b>Goal 4</b> _____		<b>Goal 6</b> _____	
<b>Services and Activities</b>					
<b>Service</b>	<b>ONET Code (if needed)</b>	<b>Service</b>	<b>ONET Code (if needed)</b>		
<b>Activity/Detail(s)</b>		<b>Activity/Detail(s)</b>			
<b>Location</b>		<b>Location</b>			
<b>Schedule/Frequency (including weekly hours)</b>		<b>Schedule/Frequency (including weekly hours)</b>			
<b>Start Date</b>	<b>Planned End Date</b>	<b>Start Date</b>	<b>Planned End Date</b>		
<b>Additional Instructions/Notes (including ADA modifications)</b>		<b>Additional Instructions/Notes (including ADA modifications)</b>			

Service	ONET Code (if needed)	Service	ONET Code (if needed)
Activity/Detail(s)		Activity/Detail(s)	
Location		Location	
Schedule/Frequency (including weekly hours)		Schedule/Frequency (including weekly hours)	
Start Date	Planned End Date	Start Date	Planned End Date
Additional Instructions/Notes (including ADA modifications)		Additional Instructions/Notes (including ADA modifications)	
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Activity/Detail(s)		Activity/Detail(s)	
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Start Date	Planned End Date	Start Date	Planned End Date
Additional Instructions/Notes (including ADA modifications)		Additional Instructions/Notes (including ADA modifications)	
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Activity/Detail(s)		Activity/Detail(s)	
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Start Date	Planned End Date	Start Date	Planned End Date
Additional Instructions/Notes (including ADA modifications)		Additional Instructions/Notes (including ADA modifications)	
<b>Follow-Up Services</b> <i>(Follow Up occurs for at least for 12 months and Case Managers will engage at least once a month) Possible services include: 1) Supportive Services; 2) Financial Literacy Skills; 3) Adult Mentoring; 4) LMI/Career Counseling (i.e., Career Advancement advice); and 5) Activities that Prepare Participant for Transition to Post-secondary Education</i>			
Follow-Up Service		Follow-Up Service	
Follow-Up Service		Follow-Up Service	
Follow-Up Service		Follow-Up Service	
Follow-Up Service		Follow-Up Service	

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- Provide me with a copy of my plan, including any future amendment(s).
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**Participant Signature**

**Date**

**Parent or Guardian Signature** *(If applicant is under age 18)*

**Date**

I understand that this plan can be changed if something in the participant's situation changes. Any plan changes will be in writing and signed by myself (or another case manager) and the participant. By signing this plan, I certify that I participated in the collaborative development of this plan and that I am committed to assisting the participant to successfully achieve the goals and objectives outlined in this plan.

**Case Manager Signature**

**Date**