

ARKANSAS REGISTER

Transmittal Sheet



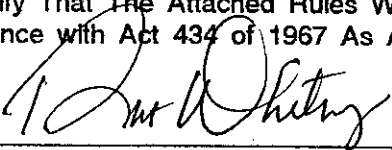
Sharon Priest
Secretary of State
State Capitol Rm. 01
Little Rock, Arkansas 72201-1094

For Office Use Only:	Effective Date _____	Code Number <u>016 20 01004</u>
Name of Agency	<u>Arkansas Department of Human Services</u>	
Department	<u>Division of County Operations</u>	
Contact Person	<u>Sandra Miller, Assistant Director, DCO, OPPD</u>	Phone <u>682-8251</u>
Statutory Authority for Promulgating Rules	<u>Arkansas Code 20-76-401</u>	

		Date
Intended Effective Date	Legal Notice Published	<u>2- 11- 01</u>
<input type="checkbox"/> Emergency	Final Date for Public Comment	<u>3- 12- 01</u>
<input checked="" type="checkbox"/> 10 Days After Filing	Filed With Legislative Council	<u>2 - 8 - 01</u>
<input type="checkbox"/> Other	Reviewed by Legislative Council	_____
	Adopted by State Agency	<u>3 / 26 / 01</u>

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended.

	BY _____ SECRETARY OF STATE OF ARKANSAS
Signature	
Director	
Title	
<u>1/19/01</u>	
Date	

FILED
AR. REGISTER DIV.
01 MAR 16 PM 3:37

Employment Plan (EP)

- Date: _____

1

1. The first part of the document is a title page. It contains the title "The History of the County of York" and the author's name "John Smith".

[illegible][illegible]

Activity/Assignment	Hours per Week	Task	Who is Responsible	Activity Start Date		Where	Activity Completion Date
Total hours per week							

I understand what is expected of me to meet the required work hours of certification.

I understand what is expected of me to meet the required weekly hours of participation. I helped develop this plan and I accept responsibility for this plan. I understand the services available to me and how to access the services to obtain the goal(s) of my plan. I understand that my TEA cash assistance payment may be reduced if I do not follow the steps in this plan.

Note

I have discussed the employment plan goal(s) and activities with the client. I have explained to the client what services are available and how to access the services to help obtain the stated goals of this plan. I have provided a copy of the employment plan to the client.

Date _____

Abstract

Instructions for Completion of DCO-181

PURPOSE

The purpose of the Employment Plan is to identify a participant's short and/or long term goals and the activities that will occur in order to meet the specified goals.

COMPLETION

Section I: Place a check mark by the appropriate identifier. Include date of the plan development and/or update. If updating, please be sure to check the appropriate identifier to indicate the method of update.

Section II: In this section specify the name of the participant. Identify the short-term goal (one which can reasonably be accomplished within 6 months or less). Identify a long term goal, if this can be established at the time of the employment plan. **NOTE:** Not all goals may relate to employment, some may be set in order to help a participant to overcome other barriers (e.g., substance abuse treatment). The number of hours required for participation must be listed. The assigned work activity requirement and an anticipated date to complete the specified goal should be determined. **NOTE:** Not all families will require the same amount of time to complete either short or long term goals and in some instances it may not be necessary to set any short-term goals; the participant may be ready to start action toward their long-term goal. Identify the proper activity or activities for the participant. (Some participants may have more than one activity).

Section III: This section is to be used to identify the steps needed to accomplish a set goal. It is divided into 6 (six) segments as follows:

1. Activity/Assignment - Identify the specific activity to be completed to accomplish either short-term or long-term goal (Example: Obtain GED).
2. Hours per week - Specify the number of hours per week required for each activity identified in the Activity/Assignment column.
3. Task - Identify the steps that need to be taken to reach the goal. (Example: Contact Adult Ed and register for classes for GED).
4. Who - Indicate the person or Agency responsible for completing the identified task.
5. Activity Start Date - Specific begin date for the activity. (Note: may also include a projected end date)
6. Where - Identify where the participant or Case Manager should go to accomplish the identified task (Example: Office of Adult Ed). Address and phone number should also be stated if available.
7. Date the activity is completed (this section will be completed after the activity goal has been accomplished).

(NOTE: If using a computer generated form, only three lines can be keyed in each block; more than three lines will cause the form to be out of alignment).

Section IV: A review of the entire Employment Plan should be done with the client to ensure that the statement of understanding is read to client. The client will be required to sign and date the form. The Case Manager will sign and date the form verifying that he/she has explained the Employment Plan to the client.

ROUTING and RETENTION

The original DCO-181 will be filed in the Work Activity Section of the case record and a copy will be given to the client. The DCO-181 will be retained in the case record until the case record is destroyed.

DCO-181 (R01/01)

DEPARTMENT of Human Services

DIVISION of County Operations

PERSON COMPLETING THIS STATEMENT Sandra Miller, Assistant Director

Office of Program Planning & Development

TELEPHONE: 682-8251

FAX NO. 682-1597

FINANCIAL IMPACT STATEMENT

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE – TEA Form DCO-181, Transitional Employment Assistance Program Employment Plan

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?
Yes No X

2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.

<u>2000-2001 Fiscal Year</u>	<u>2001-2002 Fiscal Year</u>
General Revenue	General Revenue
Federal Funds	Federal Funds
Cash Funds	Cash Funds
Special Revenue	Special Revenue
Other	Other
Total *	Total *

FILED
AR. REGISTER DIV.
01 MAR 16 PM 3:37
JANORIE C. JONES
SECRETARY OF STATE
STATE OF ARKANSAS

*We anticipate no additional cost per fiscal year.

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

2000-2001 Fiscal Year
None

2001-2002 Fiscal Year
None

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

None

32F • SUNDAY, FEBRUARY 11, 2001 • •

Legal Notices

1200

Legal Notices

1200

NOTICE

OF

Rulemaking

Pursuant to Arkansas Code 20-76-401 (the Arkansas Personal Responsibility and Public Assistance Reform Act of 1997) as amended by Arkansas Act 1567 of 1999, the Director, Division of County Operations, issues proposed revisions to form DCO-181, Transitional Employment Assistance Program Employment Plan for use in the Transitional Employment Assistance (TEA) program. Form DCO-181, Transitional Employment Assistance Employment Plan, is used to identify a TEA recipient's employment goals and specifies the activities that will occur in order to meet the goal.

Copies of the proposed change may be obtained by writing the Division of County Operations, P.O. Box 1437, Slot 1220, Little Rock, AR 72203-1437, Attention: Office of Program Planning & Development. All comments must be submitted in writing to the address indicated above no later than 30 days from the date of this notice.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 682-8920 (voice) or 682-8933 (TDD).

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages, and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color or national origin.

/s/Ruth Whitney
Director
2088050f