




Memorandum of Record 273, Change 2

DATE: OCTOBER 27, 2008

MEMORANDUM TO: WORKFORCE SOLUTIONS-ALAMO
CONTRACTORS

FROM: FRANCISCO MONCIVAIS 
DEPUTY EXECUTIVE DIRECTOR- PROGRAM
OPERATIONS

SUBJECT: WD 62-07 CHANGE 2, ACCEPTABLE VERIFICATION
AND REQUIRED DOCUMENTATION FOR CHOICES AND
FOOD STAMP EMPLOYMENT AND TRAINING WORK
ACTIVITIES: *UPDATE*

The Texas Workforce Commission (TWC) has released WD 62-07, Change 2 Acceptable Verification and Required Documentation for Choices and Food Stamp Employment and Training Work Activities Update. The WD letter provides updated information and guidance on acceptable verification and documentation requirements for work activities.

The changes identified in WD 62-07, Change 2 with Attachment 1 are adopted by Workforce Solutions-Alamo (WSA) as policy. Attachment 1 replaces Attachment 1 sent with WD 62-07 Change 1. All other information in WD 62-07, Change 1 remains in effect.

WSA will continue to require weekly verification and documentation of activities as described in Choices Local Policies and Clarifications Updated effective 10-01-2008.

WSA workforce contractors must ensure that appropriate staffs are aware of and complies with the requirements outlined in this WD letter.

All comments and inquiries pertaining to this policy should be directed to Vickie Reece, Senior Workforce Services Specialist (210) 581-1102 or vickie.reece@twc.state.tx.us.

Attached: WD 62-07, Change 2 Acceptable Verification and Required Documentation for Choices and Food Stamp Employment and Training Work Activities: Update

Attachment 1: Choices and FSE&T Verification and Documentation Requirements

TEXAS WORKFORCE COMMISSION LETTER

ID/No:	WD 62-07, Change 2
Date:	October 22, 2008
Keyword:	FSE&T; TANF/Choices; TWIST
Effective:	Immediately

To: Local Workforce Development Board Executive Directors
Commission Executive Offices
Integrated Service Area Managers



From: Laurence M. Jones, Director, Workforce Development Division

Subject: **Acceptable Verification and Required Documentation for Choices and Food Stamp Employment and Training Work Activities: *Update***

PURPOSE:

This WD Letter provides Local Workforce Development Boards (Boards) with updated information and guidance on acceptable verification and documentation requirements for Choices and Food Stamp Employment and Training (FSE&T) work activities.

CHANGES TO ATTACHMENT 1 TO WD LETTER 62-07, CHANGE 1:

New information in Attachment 1 to this WD Letter is indicated by:

- A strikethrough of the original language, which indicates that language has been deleted: and
- **Bold** typeface, which indicates new or clarifying language.

BACKGROUND:

Previously, phone calls were allowed with the stipulation that another acceptable source of documentation must follow within a week. However, because of the resulting confusion and concern about the data entry burden, phone calls are no longer allowable sources of documentation.

Additionally, to conform with the requirements of the Temporary Assistance for Needy Families final regulations, issued by the United States Department of Health and Human Services on February 5, 2008, there are new timelines for receiving documentation. Previously, activities were documented weekly or once every two weeks; all activities are now documented once every 31 days.

Attachment 1 to this WD Letter has been updated to reflect this information.

PROCEDURES:

Boards must ensure that for Choices and FSE&T:

NLF

- phone calls are no longer accepted as allowable sources of documentation; and
- activities are documented once every 31 days.

Boards must:

NLF

- remove Attachment 1 to WD Letter 62-07, Change 1; and
- replace it with Attachment 1 to this WD Letter.

The remainder of the information in WD Letter 62-07, Change 1 continues in effect.

Based on the information contained in this WD Letter, Section B-300.6.3 of *Food Stamp Employment and Training: A Comprehensive Guide* will be updated. The FSE&T guide is on the Texas Workforce Commission's Web site at <http://www.twc.state.tx.us/boards/guides/fsetguide.pdf>.

INQUIRIES:

Direct inquiries regarding this WD Letter to wfpolicy.clarifications@twc.state.tx.us.

ATTACHMENTS:

Attachment 1: Choices and FSE&T Verification and Documentation Requirements

RESCISSIONS:

Attachment 1 to WD Letter 62-07, Change 1

REFERENCE:

- 7 U.S.C. §2015(d)(4)(J)
- 7 C.F.R. §273.7(c)(2)
- U.S. Department of Health and Human Services, Administration for Children and Families, Temporary Assistance for Needy Families Final Rule, 45 C.F.R. Parts 261, et al
- Texas Workforce Commission Choices Rules: 40 TAC, Chapter 811
- WD Letter 23-07, Change 1, issued December 27, 2007, and entitled "Implementation of Amended Choices Rules: *Update*"
- WD Letter 41-07, Change 2, issued September 23, 2008, and entitled "Verification Procedures for Choices and Food Stamp Employment and Training Participants in Job Search—Additional Guidance"
- TA Bulletin 152, issued July 13, 2007, and entitled "Choices Regional Work Sessions: Questions and Answers Posted on the Texas Workforce Commission Intranet"
- TA Bulletin 170, issued January 11, 2008, and entitled "The Workforce Information System of Texas: Entry of Participation Hours and Verification of Participation Hours for Choices and Food Stamp Employment and Training"

FLEXIBILITY RATINGS:

No Local Flexibility (NLF): This rating indicates that Boards must comply with the federal and state laws, rules, policies, and required procedures set forth in this WD Letter and have no local flexibility in determining whether and/or how to comply. All information with an NLF rating is indicated by “must” or “shall.”

Local Flexibility (LF): This rating indicates that Boards have local flexibility in determining whether and/or how to implement guidance or recommended practices set forth in this WD Letter. All information with an LF rating is indicated by “may” or “recommend.”

WORK ACTIVITY	ACCEPTABLE VERIFICATION SOURCES	MINIMUM-REQUIRED DOCUMENTATION IN TWIST	WHEN VERIFICATION IS RECEIVED AND DOCUMENTED IN TWIST
<p><i>Unsubsidized Employment</i></p> <p>Note: For FSE&T, this activity applies only to food stamp recipients who are employed less than 30 hours per week, and are participating in other allowable FSE&T activities.</p>	<p>Unsubsidized employment, except self-employment</p> <ul style="list-style-type: none"> • Paycheck stubs. • Time cards or time sheets signed by the employer or the employer's designated representative (e.g., supervisor). • Signed letters or e-mails from the employer or the employer's designated representative certifying the hours worked by the participant. The letters must be mailed, e-mailed, or faxed by the employer from an address, e-mail account, or fax number that has been verified as belonging to that employer. • Phone calls from the employer or the employer's designated representative with one of the above forms of verification following within one week. • Online documentation services, such as TALX, The Work Number, etc. <p>Self-Employment</p> <ul style="list-style-type: none"> • Quarterly tax filings • Invoices • Receipts • Copies of checks for payment 	<p>Unsubsidized employment, except self-employment</p> <p>TWIST <i>Verification</i> Screen:</p> <ul style="list-style-type: none"> • Name of employer • Contact information for verification source (name, address, phone number, and e-mail, as applicable, of employer's designated representative) • Type of verification received • Date verification received • Time frames covered by verification • Hours reported on verification source <p>Note: For paycheck stubs without hours reported, hours of participation are calculated by dividing the participant's gross earnings by his or her hourly wage. Documentation in TWIST must include the calculation of hours of participation based on gross wages and hourly wage and be entered in the <i>Comments</i> box of the TWIST <i>Verification</i> screen.</p> <p>Self-Employment</p> <p>TWIST <i>Verification</i> Screen:</p> <ul style="list-style-type: none"> • Type of verification received • Date verification received • Time frames covered by verification • Wages reported on verification source 	<p>Every two weeks 31 days</p>

Choices and FSE&T Verification and Documentation Requirements

WORK ACTIVITY	ACCEPTABLE VERIFICATION SOURCES	MINIMUM-REQUIRED DOCUMENTATION IN TWIST	WHEN VERIFICATION IS RECEIVED AND DOCUMENTED IN TWIST
		TWIST <i>Verification</i> Screen, <i>Comments</i> Box: <ul style="list-style-type: none"> • Type of self-employment • Calculation of participation hours based on verified self-employment wages 	
<i>Subsidized Employment</i> <i>(Not applicable to FSE&T)</i>	<ul style="list-style-type: none"> • Paycheck stubs. • Time cards or time sheets signed by the employer or the employer's designated representative (e.g., supervisor). • Signed letters or e-mails from the employer or the employer's designated representative certifying the hours worked by the participant. The letters must be mailed, e-mailed, or faxed by the employer from an address, e-mail account, or fax number that has been verified as belonging to that employer. • Phone calls from the employer or the employer's designated representative, with one of the above forms of verification following within one week. • Online verification services, such as TALX, The Work Number, etc. 	TWIST <i>Verification</i> Screen: <ul style="list-style-type: none"> • Name of employer • Contact information for verification source (name, address, phone number, and e-mail, as applicable, of employer's designated representative) • Type of verification received • Date verification received • Time frames covered by verification • Hours reported on verification source <p>Note: For paycheck stubs without hours reported, hours of participation are calculated by dividing the participant's gross earnings by his or her hourly wage. Documentation in TWIST must include the calculation of hours of participation based on gross wages and hourly wage and be entered in the <i>Comments</i> box of the TWIST <i>Verification</i> screen.</p>	Every two weeks 31 days

Choices and FSE&T Verification and Documentation Requirements

WORK ACTIVITY	ACCEPTABLE VERIFICATION SOURCES	MINIMUM-REQUIRED DOCUMENTATION IN TWIST	WHEN VERIFICATION IS RECEIVED AND DOCUMENTED IN TWIST
<i>Work Experience</i>	<ul style="list-style-type: none"> • Attendance records from the service provider. • Time cards or time sheets signed by the service provider or the service provider's designated representative (e.g., supervisor). • Signed letters or e-mails from the service provider or the service provider's designated representative certifying the hours of participation by the participant. The letters must be mailed, e-mailed, or faxed from the service provider from an address, e-mail account, or fax number that has been verified as belonging to that provider. • Phone calls from the service provider or the service provider's designated representative, with one of the above forms of verification following within one week. 	<p>TWIST <i>Verification</i> Screen:</p> <ul style="list-style-type: none"> • Name of service provider • Contact information for verification source (name, address, phone number, and e-mail, as applicable, of service provider's designated representative) • Type of verification received • Date verification received • Time frames covered by verification • Hours reported on verification source <p>TWIST <i>Time-Tracking</i> Screen:</p> <ul style="list-style-type: none"> • Participation hours entered in TWIST for approved holiday excused absences or short-term excused absences <p>TWIST <i>Verification</i> Screen, <i>Comments</i> Box:</p> <ul style="list-style-type: none"> • Calculation of FLSA hours, as applicable 	<p>Every two weeks 31 days</p>

Choices and FSE&T Verification and Documentation Requirements

WORK ACTIVITY	ACCEPTABLE VERIFICATION SOURCES	MINIMUM-REQUIRED DOCUMENTATION IN TWIST	WHEN VERIFICATION IS RECEIVED AND DOCUMENTED IN TWIST
<p><i>On-the-Job Training</i></p> <p><i>(Not applicable to FSE&T)</i></p>	<ul style="list-style-type: none"> • Paycheck stubs. • Time cards or time sheets signed by the employer or the employer's designated representative (e.g., supervisor). • Signed letters or e-mails from the employer or the employer's designated representative certifying the hours worked by the participant. The letters must be mailed, e-mailed, or faxed by the employer from an address, e-mail account, or fax number that has been verified as belonging to that employer. • Phone calls from the employer or the employer's designated representative, with one of the above forms of verification following within one week. • Online verification services, such as TALX, The Work Number, etc. 	<p>TWIST <i>Verification</i> Screen:</p> <ul style="list-style-type: none"> • Name of employer • Contact information for verification source (name, address, phone number, and e-mail, as applicable, of employer's designated representative) • Type of verification received • Date verification received • Time frames covered by verification • Hours reported on verification source <p>Note: For paycheck stubs without hours reported, hours of participation are calculated by dividing the participant's gross earnings by his or her hourly wage. Documentation in TWIST must include the calculation of hours of participation based on gross wages and hourly wage and be entered in the <i>Comments</i> box of the TWIST <i>Verification</i> screen.</p>	<p>Every two weeks 31 days</p>

Choices and FSE&T Verification and Documentation Requirements

WORK ACTIVITY	ACCEPTABLE VERIFICATION SOURCES	MINIMUM-REQUIRED DOCUMENTATION IN TWIST	WHEN VERIFICATION IS RECEIVED AND DOCUMENTED IN TWIST
<p><i>Job Search/Job Readiness</i></p>	<p>Supervised job search and job readiness</p> <ul style="list-style-type: none"> • Attendance records from the service provider. • Time cards or time sheets signed by the service provider or the service provider's designated representative (e.g., supervisor). • Signed letters or e-mails from the service provider or the service provider's designated representative certifying the hours of participation by the participant. The letters must be mailed, e-mailed, or faxed from the service provider from an address, e-mail account, or fax number that has been verified as belonging to that provider. • Phone calls from the service provider or the service provider's designated representative, with one of the above forms of verification following within one week. 	<p>Supervised job search and job readiness</p> <p><i>TWIST Verification Screen:</i></p> <ul style="list-style-type: none"> • Name of service provider • Contact information for verification source (name, address, phone number, and e-mail, as applicable, of service provider's designated representative) • Type of verification received • Date verification received • Time frames covered by verification • Daily hours reported on verification source <p><i>TWIST Time-Tracking Screen:</i></p> <ul style="list-style-type: none"> • Participation hours entered in TWIST for approved holiday excused absences or short-term excused absences 	<p>Weekly Every 31 days</p>

Choices and FSE&T Verification and Documentation Requirements

WORK ACTIVITY	ACCEPTABLE VERIFICATION SOURCES	MINIMUM-REQUIRED DOCUMENTATION IN TWIST	WHEN VERIFICATION IS RECEIVED AND DOCUMENTED IN TWIST
<p><i>Job Search/Job Readiness (continued)</i></p>	<p>Self-directed job search</p> <ul style="list-style-type: none"> • Job search logs containing the following information: <ul style="list-style-type: none"> ➤ Potential employers contacted in person, or online, or by phone, including the method of contact, the date and time of contact, the job opening, and the employer's name and contact information. ➤ Daily records of the time spent engaged in job search. ➤ A statement, located near the signature line, certifying that the information presented is true and correct. ➤ A statement informing participants that there are criminal, civil, or administrative penalties for providing false information for the purpose of obtaining TANF or food stamp benefits for which the participant is not entitled, and which must be signed and dated by the participant. • Contact verification forms signed by the employer or the designated representative of the employer. <p><i>(Reminder: Job search logs must be further validated as detailed in WD Letter 41-07, Change 1.)</i></p>	<p>Self-directed job search</p> <p>TWIST <i>Verification</i> Screen:</p> <ul style="list-style-type: none"> • Type of verification received • Date verification received • Time frames covered by verification • Daily hours reported on verification source 	<p>Weekly Every 31 days</p>

Choices and FSE&T Verification and Documentation Requirements

WORK ACTIVITY	ACCEPTABLE VERIFICATION SOURCES	MINIMUM-REQUIRED DOCUMENTATION IN TWIST	WHEN VERIFICATION IS RECEIVED AND DOCUMENTED IN TWIST
<p><i>Job Search/Job Readiness (continued)</i></p>	<p>Substance Abuse, Mental Health, and Rehabilitation Activities <i>(Not applicable to FSE&T)</i></p> <ul style="list-style-type: none"> • An acceptable verification source as listed above, under heading of “supervised job search and job readiness”; and • Initial verification for authorizing participation in treatment activities must include each of the following: <ul style="list-style-type: none"> ➤ a statement from the qualified medical or mental health professional that treatment is necessary for the individual to seek, accept, or retain employment; ➤ the type and expected duration of the treatment; and ➤ the allowable hours of participation in work or work-related activities outside of treatment. 	<p>Substance Abuse, Mental Health, and Rehabilitation Activities <i>(Not applicable to FSE&T)</i></p> <p>TWIST <i>Verification</i> Screen:</p> <ul style="list-style-type: none"> • Name of service provider • Contact information for verification source (name, address, phone number, and e-mail, as applicable, of service provider’s designated representative) • Type of verification received • Date verification received • Time frames covered by verification • Daily hours reported on verification source <p>TWIST <i>Time-Tracking</i> Screen:</p> <ul style="list-style-type: none"> • Participation hours entered in TWIST for approved holiday excused absences or short-term excused absences 	<p>Weekly Every 31 days</p>

Choices and FSE&T Verification and Documentation Requirements

WORK ACTIVITY	ACCEPTABLE VERIFICATION SOURCES	MINIMUM-REQUIRED DOCUMENTATION IN TWIST	WHEN VERIFICATION IS RECEIVED AND DOCUMENTED IN TWIST
		<p>TWIST <i>Verification</i> Screen, <i>Comments</i> Box:</p> <ul style="list-style-type: none"> Brief explanation of the recommendation from the qualified health professional about treatment type, expected duration, and allowable accommodating activities 	
<p><i>Community Service / Workfare (FSE&T)</i></p>	<ul style="list-style-type: none"> Attendance records the from service provider. Time cards or time sheets signed by the service provider or the service provider's designated representative (e.g., supervisor). Signed letters or e-mails from the service provider or the service provider's designated representative certifying the hours of participation by the participant. The letters must be mailed, e-mailed, or faxed from the service provider from an address, e-mail account, or fax number that has been verified as belonging to that provider. Phone calls from the service provider or the service provider's designated representative, with one of the above forms of verification following within one week. 	<p>TWIST <i>Verification</i> Screen:</p> <ul style="list-style-type: none"> Name of service provider Contact information for verification source (name, address, phone number, and e-mail, as applicable, of service provider's designated representative) Type of verification received Date verification received Time frames covered by verification Hours reported on verification source <p>TWIST <i>Time-Tracking</i> Screen:</p> <ul style="list-style-type: none"> Participation hours entered in TWIST for approved holiday excused absences or short-term excused absences <p><u>TWIST <i>Verification</i> Screen, <i>Comments</i> Box:</u></p> <ul style="list-style-type: none"> Calculation of FLSA hours as applicable 	<p>Every two weeks 31 days</p>

Choices and FSE&T Verification and Documentation Requirements

WORK ACTIVITY	ACCEPTABLE VERIFICATION SOURCES	MINIMUM-REQUIRED DOCUMENTATION IN TWIST	WHEN VERIFICATION IS RECEIVED AND DOCUMENTED IN TWIST
<i>Vocational Educational Training</i>	<ul style="list-style-type: none"> • Attendance records from the service provider. • Time cards or time sheets signed by the service provider or the service provider's designated representative (supervisor, etc.). • Signed letters or e-mails from the service provider or the service provider's designated representative certifying the hours of participation by the participant. The letters must be mailed, e-mailed, or faxed from the service provider from an address, e-mail account, or fax number that has been verified as belonging to that provider. • Phone calls from the service provider or the service provider's designated representative, with one of the above forms of verification following within one week. 	<p>TWIST <i>Verification</i> Screen:</p> <ul style="list-style-type: none"> • Name of service provider • Contact information for verification source (name, address, phone number, and e-mail, as applicable, of service provider's designated representative) • Type of verification received • Date verification received • Time frames covered by verification • Hours reported on verification source • Type of hours reported by verification source (classroom or study/homework hours) • Statement that verification source shows the Choices participant is making acceptable progress in the educational or training activity <p>TWIST <i>Time-Tracking</i> Screen:</p> <ul style="list-style-type: none"> • Participation hours entered in TWIST for approved holiday excused absences or short-term excused absences 	<p>Every two weeks 31 days</p>

Choices and FSE&T Verification and Documentation Requirements

WORK ACTIVITY	ACCEPTABLE VERIFICATION SOURCES	MINIMUM-REQUIRED DOCUMENTATION IN TWIST	WHEN VERIFICATION IS RECEIVED AND DOCUMENTED IN TWIST
<p><i>Job Skills Training</i></p> <p><i>(Not applicable to FSE&T)</i></p>	<ul style="list-style-type: none"> • Attendance records from the service provider. • Time cards or time sheets signed by the service provider or the service provider's designated representative (e.g., supervisor). • Signed letters or e-mails from the service provider or the service provider's designated representative certifying the hours of participation by the participant. The letters must be mailed, e-mailed, or faxed from the service provider from an address, e-mail account, or fax number that has been verified as belonging to that provider. • Phone calls from the service provider or the service provider's designated representative, with one of the above forms of verification following within one week. 	<p>TWIST <i>Verification</i> Screen:</p> <ul style="list-style-type: none"> • Name of service provider • Contact information for verification source (name, address, phone number, and e-mail, as applicable, of service provider's designated representative) • Type of verification received • Date verification received • Time frames covered by verification • Hours reported on verification source • Type of hours reported by verification source (classroom or study/homework hours) • Statement that verification source shows the Choices participant is making acceptable progress in the educational or training activity <p>TWIST <i>Time-Tracking</i> Screen:</p> <ul style="list-style-type: none"> • Participation hours entered in TWIST for approved holiday excused absences or short-term excused absences 	<p>Every two weeks 31 days</p>

Choices and FSE&T Verification and Documentation Requirements

WORK ACTIVITY	ACCEPTABLE VERIFICATION SOURCES	MINIMUM-REQUIRED DOCUMENTATION IN TWIST	WHEN VERIFICATION IS RECEIVED AND DOCUMENTED IN TWIST
<i>Educational Services</i>	<ul style="list-style-type: none"> • Attendance records from the service provider. • Time cards or time sheets signed by the service provider or the service provider's designated representative (e.g., supervisor). • Signed letters or e-mails from the service provider or the service provider's designated representative certifying the hours of participation by the participant. The letters must be mailed, e-mailed, or faxed from the service provider from an address, e-mail account, or fax number that has been verified as belonging to that provider. • Phone calls from the service provider or the service provider's designated representative, with one of the above forms of verification following within one week. 	<p>TWIST <i>Verification</i> Screen:</p> <ul style="list-style-type: none"> • Name of service provider • Contact information for verification source (name, address, phone number, and e-mail, as applicable, of service provider's designated representative) • Type of verification received • Date verification received • Time frames covered by verification • Hours reported on verification source • Type of hours reported by verification source (classroom or study/homework hours) • Statement that verification source shows the Choices participant is making acceptable progress in the educational or training activity <p>TWIST <i>Time-Tracking</i> Screen:</p> <ul style="list-style-type: none"> • Participation hours entered in TWIST for approved holiday excused absences or short-term excused absences 	Every two weeks 31 days