# FOSTERING CONNECTIONS: EDUCATION, EMPLOYMENT, HEALTH, CKL YOUTH IN CARE 18 - 21

## CREATION DATE: March 23, 2011

The scope of the Fostering Connections enhancements encompasses changes made to existing FACES.NET screens to incorporate requirements related to the Federal Fostering Connections legislation. These changes allow case workers to capture employment, education and other information that is critical for not only case management purposes but also for determining Fostering Connections eligibility.

Fostering Connections provides CFSA with an opportunity to claim Title IV-E reimbursement for youth between the ages of 18 and 21, provided that the child meets certain requirements regarding educational, employment, or documented incapacity. Starting in the Federal FY 2011, states that support foster youth up to age 19, 20, or 21 will receive federal reimbursement. To qualify, youth must be IV-E eligible and:

- Employed at least 80 hours per month OR;
- Finishing high school or an equivalency program OR;
- Enrolled in post-secondary or vocational school OR;
- Participating in activities to enhance job opportunities OR;
- Medically incapable of meeting the above criteria.

Currently FACES.NET captures most but not all of the data necessary for youth to qualify under Fostering Connections requirements. In order to capture the requisite data and eventually determine the eligibility of clients within FACES.NET, specific process and screen design changes have been made to the system. This tip sheet will assist with navigating through the enhanced screen changes in FACES.NET.

The changes related to the Title IV-E claiming process and management reports are not included in this document.

## Pointers to Remember:

- 1. Four screens have been updated, enhanced, or utilized for Fostering Connections documentation. The following screens will allow the user to capture the necessary data related to requirements They are:
  - A. Employment screen
  - B. Education screen
  - C. Health Appointment screen
  - D. CKL Ongoing screen
- 2. A new "advisory" tickler has been added to the Employment screen. Example
- 3. Some data fields are now mandatory that once were non-mandatory.

#### **Employment screen**

One of the employment qualifying criteria under Fostering Connections specifies that:

• the youth be employed for at least 80 hours per month (e.g., a youth could be employed part time or full time, at one or more places of employment).

First, place Case record in Focus

#### Steps include:

Step 1: Hold cursor over Case.

Step 2: Click Client List.



Figure 1

Step 3: Highlight client record you want to view.

	CHILD AND FAM	COLUMBIA Mily Services Agency				FACE	S.N E
	Referral Case C	lient Provider Admin PPW	3			Case 💌	G
<b>3:</b> Highlight Client.	Case D Client D Client Lis Orgenseen Focus History In Focus Liser Name:	t   Summary   General Info   Demographics G Client Selection * Denotes Required Fields ** Denotes Half- Cliente	Relationships   CKL Mandatory Fields <sup>‡</sup> Den	Child Fata	ality More D		
	ANNETTE SIMON	Citeries			-	1	
	Entity Type: Case	Name	Client ID	Age	Gender	DOB	Duplicate
	Entity Name:	PAUL WILLIAMS	1003792	18	Male	07/07/1992	
	Entity ID:	REYSHAWN JACKSON	1003791	-	Female	00/00/0000	
4: Click Show.							
		Active Clients     All Clients     New Search Cancel					

Figure 2

Step 5: Hold cursor over Client then Employment/Education.

Step 6: Click on Employment.



Step 7: Complete both Client Employment Address and Occupation tabs.

Step 8: Enter Start Date. Enter the date of hire for this employer.

Click and refer to "advisory" icons for field definition clarification.

Advisory Example:



Figure 4

Step 9: Enter Monthly Hours Employed. Enter the <u>estimated</u> number of hours of employment for this employer.



CHILD AND FAMIL	Y SERVICES AGENCY		FACES.N	ΕT
Referral Case Client	Provider Admin PPW		Case	6
Client D Employment/Education	Employment   Education   Military			
Organizer Focus History O In Focus	Client Employment * Denotes Required Fields ** Denotes Half-Mandatory	Fields   ‡Denotes AFCARS Fields		
User Name: ANNETTE SIMON	Client Employment - JACKSON			
Entity Type: Case Entity Name: JACKSON Entity TD:	Employer Name Health Services Company	Occupation Home Health Care Assitant	Start Date         End E           03/01/2011	Date
205251 Entity Type: Client				
7: Complete				
Employment	Address Occupation			8. Enter Start
Address and Occupation.	Supervisor         Mide           Prefix         First         Mide           Mr.         James         Image: Compared and Compared	le Last Smith	Suffi	Date.
	Occupation Title/Position Home Health Care Assitant			
	Work Schedule Monday - Friday 9:00AM - 5:00PM	Start Date * ?	End Date ?	
2	O Part Time	Monthly Hours Employed	2	
FACES.NET	Verification of Hours Worked ? Type of Verification From	To Number of Hours Worked		9: Enter Monthly Hours
10: Click Save.				Employed.
	Type of Verification From	n To	Number of Hours Worke	ed
	Insert Verification Record			

Figure 5

After receiving proof of hours worked, complete the following next steps.

CHILD AND FAM	OLUMBIA Ily services agency		FACES.NET
Referral Case Cli	nt Provider Admin PPW		Case 💌 😡
Client Q Employment/Educati	Employment   Education   Military		
Organizer Focus History	Client Employment * Denotes Required Fields ** Denotes Half-Mandatory Fields	elds	
User Name: ANNETTE SIMON	Client Employment - JACKSON		
Entity Type:	Employer Name	Occupation	Start Date End Date
Entity Name:	Health Services Company	Home Health Care Assitant	03/01/2011
Entity ID: 205251			
Entity Type: Client Entity Name:			
PAUL WILLIAMS Entity ID:			
1003792	Address Occupation		
	Supervisor		
	Prefix First Middle	Last	Suffix
	Mr. James	Smin	
	Title/Position		
	Home Health Care Assitant		
	Work Schedule	Duration	
	Monday - Friday 9:00AM - 5:00PM	Start Date * ?	End Date 🔁
a del		03/01/2011 🗸	×
	O Part Time ④ Full Time	Monthly Hours Employed	?
		80	
FACES.NET	Verification of Hours Worked	To Number of Hours	
	Type of vermeation Trom	Worked	
11: Click Insert	Type of Verification From	To	Number of Hours Worked
Verification		×	
Record	Incert Verification Record		
Necora.			
	New Save Cancel		

Step 11: Click Insert Verification Record button.

Figure 6

Step 12: Select Type of Verification from pick list to document how hours worked were verified.

Step 13: Enter verification From date for which this verification is applicable.

Step 14: Enter verification To date for which this verification is applicable.

**Step 15**: Enter **Number of Hours Worked**. This is based on <u>actual</u> number of hours worked as reported on the verification document.

Step 16: Click Save.

*** DISTRICT OF O	COLUMBIA			
CHILD AND FAM	ILY SERVICES AGENCY		FACES.NE	
Referral Case Cli	ient Provider Admin PPW		Case 💌	Go
Client G Employment/Educat Organizer Focus History a In Focus	Client Employment   Education   Military    Client Employment * Denotes Required Fields *** Denotes Half-Manda	tory Fields ‡Denotes AFCARS Fields		-
User Name: ANNETTE SIMON	Client Employment - JACKSON			
Entity Type:	Employer Name	Occupation	Start Date End Date	
Entity Name:	Health Services Company	Home Health Care Assitant	03/01/2011	
Entity ID: 205251				
Entity Type: Client Entity Name: PAUL WILLIAMS				
1003792	Address Occupation			
	- Supervisor -			
	Prefix First Mr. James	Middle Last Smith	Suffix	
	Occupation     Title/Position			
	Home Health Care Assitant			
	Work Schedule	Duration		
P	Monday - Friday 9:00AM - 5:00PM	Start Date * 2	End Date 2	
		03/01/2011 🗸	×	13. Entor
12: Salact				<b>IJ.</b> Enter
Turne of	○ Part Time ④ Full Time	Monthly Hours Employed	<u>~</u>	FIOIII.
Type of		00		
verification.	Verification of House Worked ?			
FACES.NEL	Type of Verification From	To Number of Hours		14: Enter To.
	Paystub(s) 03/01/201	1 03/24/2011 80	/	
16: Click Save.				
	Type of Verification*	From* To*	Number of Hours Worked	15: Enter
	Paystub(s)	03/01/2011 • 03/24/2011 •	80	Number of
	Insert Verification Record			Hours
17: Click New.	New Save Cancel			Workded
	Fig	gure 7		workucu.

Step 17: Click New to get a new line for entering next time period verification information.

## Note:

- Enter End Date information if the employee separates from employer.
- The employment **Verification of Hours Worked** documentation is mandatory for Title IV-E Fostering Connections eligibility. It is used to verify actual hours worked during a particular period. The worker will be able to choose one of the following values per record:
  - o Letter from the employer
  - o Pay stub(s)
  - o Self Reported Hours

#### **Education screen**

Two of the education qualifying criteria under Fostering Connections specify that:

- The youth be completing secondary education or a program leading to an equivalent credential (e.g., a youth age 18 and older is finishing high school or taking classes in preparation for a general equivalency diploma exam); OR
- The youth be enrolled in an institution which provides post-secondary or vocational education (e.g., a youth could be enrolled full-time or part-time in a university or college, or enrolled in a vocational or trade school).

First, place Case record in Focus

#### Steps include:

Step 1: Hold cursor over Case.

Step 2: Click Client List.



Step 3: Highlight client record you want to view.

	CHILD AND FAMI	OLUMBIA Ly services agency				FACE	S.NET
	Referral Case Clie	nt Provider Admin PPW	_	_		Case 💌	Go
	Case D Client D Client List	Summary   General Info   Demographics D	Relationships   CKL	Child Fete	lity More 🛛		
3: Highlight	Organizer Focus History	Client Selection * Denotes Required Fields ** Denotes Half-Mar	ndatory Fields ‡Den	otes AFCARS	Fields		
Client.	User Name: ANNETTE SIMON	Clients					
	Entity Type:	Name	Client ID	Age	Gender	DOB	Duplicate
	Case Entity Name:	PAUL WILLIAMS	1003792	18	Male	07/07/1992	
	JACKSON Entity ID:	REYSHAWN JACKSON	1003791		Male	00/00/0000	
	205251	SHANTE JACKSON	1003790		Female	00/00/0000	
4: Click Show.							
		Active Clients     All Clients					

Figure 9

Step 5: Hold cursor over Client then Employment/Education.

Step 6: Click on Employment.



Step 7: Enter School Type.

**Step 8**: Enter School **Name**. Address information will automatically populate except if "Other" is selected in Type field.

If you have any additional questions, please call the HelpDesk at (202) 434-0009

# Step 9: Enter Grade Enrollment Date.

Step 10: Click on the Education tab.

	CHILD AND FAM	OLUMBIA F A C E S.N E T	
	Referral Case Clin	nt Provider Admin PPW Go	
	Client D Employment/Educati	n D Employment   Education   Military	-
7: Enter	Organizer Focus History O In Focus Use Name: ETE SIMON	Client Education Denotes Required Fields Denotes Half-Mandatory Fields Denotes AFCARS Fields A NEW education record must be created for each new school year (usually as the grade level changes). To create a new education record click the "NEW" button at the bottom of the screen. School/DayCare	
School <b>Type</b>	( Name)	Date Grade Enrollment	
		Updated School Name Daycare Name City Name Grade Level Status Date Date 08/30/2010	
	205251		
	Entity Type: Client Entity Name: PAUL WILLIAMS Entity ID:		8: Enter
	1003792	School/DaxCare/College/University Education Strength/Needs	School Name.
		School       Type **       College/University       University of the District of Columbia       Specify School Name       Phone       Ext       Grade Enrollment Date**       D8/30/2010	9: Enter
	The second	4200 Connecticut Avenue NW Washington, District of Columbia 20008 Ward:3, Census Tract:12	Grade Enrollment Date.
		Edit	
		DayCare Name ** Phone Ext Enrolled Date	
	FACES.NET	Address	<b>10:</b> Click <b>Education</b> tab.
		Edit	
		New Save Cancel	1

Figure 11

- Step 11: Enter Current Grade Level.
- Step 12: Enter Part Time/Full Time.
- Step 13: Enter Grade Last Completed.
- Step 14: Enter Education Status.
- Step 15: Enter Enrollment Status.

Child and FAN	COLUMBIA	GENCY				FΑ	CES.N	ΕT	
Referral Case	lient Provider	Admin PPW	4			Case	~	Go	
Client D Employment/Educa	tion 🖸 🛛 Employme	nt   Education   Military	1						
Organizer Focus History	Client Education	l deralda - ## pasakas Us	16 Mars data at 17 al da	+D 4504	no cialda				
11. Entor Name:	A NEW education	n record must be crea	ted for each new :	school year (u	sually as the g	rade level	changes). To cr	eate a	
Current	School/DayCa	re	button at the bot	tom of the set	com				
Crado Lovol	Date	School Name	Davcare Name	City Name	Grade Level	Status	Grade Enrolli	nent	
Grade Level. kson	Updated	University of the District	t o	city nume	1 Year Colleg	e Attending	08/30/2010	_	·
Entity Type: Client Entity Name: PAUL WILLTAMS Entity ID: 1003792	School/DayCare	/College/University	Education S	Strength/Needs					12: Enter Part Time/Full time.
13: Enter	Current Grade	Level*	Part Time/Full Time	* •					
Grade Last	Year College	: (Freshman) 🛛 💙	Full Time	~					
Completed.	Grade Last Cor	npleted*	Education Status*	V	Educational P	Performance			14: Enter
-	Enroliment Sta	us*	Special Education Le	evel					Education
	Attending	*					~		Status.
15: Enter	Date of Last IE	P Date U 03/28/	pdated Transpor	tation Date I	Last Attended	DCPS Stu	udent ID		
Enrollment	School/DayCa	e Schedule		School/Day	Care Adjustment				
Status.					-	2			
16: Click Save.	Tutoring Subject	Select	Grade Repeate	ed	R Select	epeated Gra	de Explanation	2	
	New Save	Cancel							







# Note:

- The **Date Updated** field is a read-only screen. It reflects the date in which the screen was last updated.
- The **Date Last Attended** field will become <u>mandatory</u> if any of the following values are selected in the **Enrollment Status** field:
  - o Dropped Out
  - o Expelled
  - o GED Completed
  - o Graduated
  - o Promoted

## Health Appointment screen

One of the health qualifying criteria under Fostering Connections specifies that:

• The youth is incapable of doing any of the previously described educational or employment activities due to a medical condition.

First, place Case record in Focus

## Steps include:

Step 1: Hold cursor over Case.

Step 2: Click Client List.



Step 3: Highlight client record you want to view.

	CHILD AND FAM	OLUMBIA Ily Services Agency				FACE	S.N E T
	Referral Case Cli	ent Provider Admin PPW	_	_		Case 💌	Go
<b>3:</b> Highlight Client.	ase C) Client C) Client List Dr ani22 Focus History In Focus User Name:	Summary   General Info   Demographics      Client Selection     * Denotes Required Fields     ** Denotes Half-Mar     Clients	Relationships   CKL ndatory Fields <sup>‡</sup> Den	Child Fata	a <b>lity More D</b> Fields		
	ANNETTE SIMON	Name	Client ID	Age	Cender	DOB	Duplicate
	Case	PAUL WILLIAMS	1003792	18	Male	07/07/1992	Duplicate
	JACKSON	REYSHAWN JACKSON	1003791		Male	00/00/0000	
	Entity ID: 205251	SHANTE JACKSON	1003790		Female	00/00/0000	
4: Click Show.							
		Active Clients					
		New Show Search Cancel					

Figure 14

Step 5: Hold cursor over Client then Health.

Step 6: Click on Appointments.



Figure 15

# Step 7: Click New.



- Step 8: Enter Date of appointment.
- Step 9: Enter Time of appointment.
- Step 10: Select AM/PM.
- Step 11: Enter Medical Type.
- Step 12: Enter Status.
- Step 13: Enter Health Professional's name.



#### Step 14: Click Detail tab.



Step 15: Click the Select... button to enter Diagnosis.

Step 16: Enter Specialty Update notes.

Once the physician's assessment has been received in writing, complete the next set of steps.

- Step 17: From the Physician's Assessment section, click on the check box placing a check mark next to the label: Physician has provided written notification that the youth has a medical condition that prevents participation in educational or employment activities.
- Step 18: Enter Effective Date.



Step 19: Click Save.

After clicking Save, a pop-up message will appear.

		and the second s				لك الك
Entity Type: Case Entity Name: JACKSON Entity ID:	Allergies				ASIMON	
205251 Entity Type: Client						
Entity Name: PAUL WILLIAMS Entity ID: 1003792	Summary	Detail	_	- Date/Time	Medical Type	
			Select		AM Orthopedic	
	Other Specify	nina	<u>ş</u> P			
	Dental condition (Dental Problem	The Physician locked upon s	s Assessment Effe aving. Do you wa	ective Date will be nt to proceed?		× 21
10	Physical Exam					
1 m	(Include all Lab		Yes No	Medical notes		× P
<b>20:</b> Click <b>Yes</b> .	Physician's Assessm Physician has pr	ent ovided written notification	that the youth h	as a medical conditio	in that prevents participatio	n in
	Effective Date*	yment activities.				
	Save Cancel					

Step 20: Click Yes to proceed with saving information.

Figure 19



## Note:

Following changes have been incorporated on the Health Appointments screen:

- A new section **Physician's Assessment** has been added to the **Detail** tab. This section will <u>not</u> display for the Psychological and Immunization medical types. This section will be enabled automatically if the client is aged 17 years and 6 months or greater as of the time of appointment.
- A new checkbox with a label "Physician has provided written notification that the youth has a medical condition that prevents participation in educational or employment activities" has been added to this new section.
- A new date field called **Effective Date** has been added to the new section. This field will allow the user to capture the date on which physician's assessment was obtained in writing. This field will be enabled automatically and become mandatory if the checkbox mentioned above is checked.
- If the checkbox is checked, then the **Health Professional's Name** filed on **Summary** tab will become mandatory *(not Agency field)*.
- If the checkbox is checked and user tries to save the record, the following pop up message will appear:

"The Physician's Assessment Effective Date will be locked upon saving. Do you want to proceed?"

If user selects "Yes" then Physician's Assessment section check box and Effective Date will be disabled.

## **CKL Ongoing screen**

The following screens are currently reserved for OYE staff users only. Specialized FACES.NET security access is needed.

One of the qualifying criteria under Fostering Connections specifies that:

• Participating in a program or activity designed to promote, or remove barriers to employment (e.g., a youth could be in Job Corps or attending classes on resume writing and interviewing skills).

First, place Case record in Focus

#### Steps include:

Step 1: Hold cursor over Case.





**Step 3:** Highlight client record you want to view.

Case D Client D Client	F COLUMBIA AMILY SERVICES AGENCY Client Provider Admin PPW List I Summary I General Info I Demographic	s Q Relationships   CKL	Q - Child Fata	lity More D	FACE	S.N E
3: Highlight	Client Selection     * Denotes Required Fields     ** Denotes Ha     Clients	alf-Mandatory Fields ‡Den	otes AFCARS	Fields		
Cilciit.	Name	Client ID	Age	Gender	DOB	Duplicate
Entity Name:	PAUL WILLIAMS	1003792	18	Male	07/07/1992	
JACKSON	REYSHAWN JACKSON	1003791		Male	00/00/0000	
205251	SHANTE JACKSON	1003790		Female	00/00/0000	
4: Click Show.						
	Active Clients All Clients New Show Search Cancel					

Figure 21

Step 5: Hold cursor over Client then CKL.

Step 6: Click on Ongoing.



CHILD AND FAMI	OLUMBIA Ly services agency			F	A C E S.N E T
Referral Case Clie	nt Provider Admin	PPW		Case	✓ ○
Client D CKL D Referral   1	ntake   Assessment   Ongoin	ng I			
Organizer Focus History O In Focus	Center for Keys for life * Denotes Required Fields	* Denotes Half-Mandatory	Fields ‡Denotes AFC	CARS Fields	
User Name:	Sessions				
7. Highlight	Assigned Session	Start Date End Date	Туре	Assigned Day	Assessment
	Life Skills Training	03/10/2010	Group Session	Mondays 9:00 AM	Ansell-Casey Life Skills A
Assigned	Work Readiness	12/30/2010	Individual Session	Mondays 10:00 AM	Vocational Assessment
Session.					
entry type:					
Entity Name:					
Entity ID:	Workshops				
1003792	Dete	a sectored of	enere l'	Washakas	Chinese I
	Date	Work Readiness	ession	workshop	No
	Workshop Details				
	Assigned Session		Comme	nts	
121	Work Readiness				~ <u>~</u>
	Date Attended*				
	Workshop*				
EACE VET		~			
FACES.NET	Specify				
	Stipend Eligible O Yes				×
	New Save Cancel				

# Step 7: Highlight Assigned Session to be viewed.

Figure 23

# Step 8: Enter Date Attended.

Step 9: Enter Workshop.

### Step 10: Click Save.

CHILD AND FAI	COLUMBIA Mily Services Agency			F.	ACES.NET
Referral Case	Client Provider Admin	PPW		Case	<b>v</b> Go
Client D CKL D Referral	Intake   Assessment   Ongoir	ng l			
Organizer Focus History In Focus	Center for Keys for life * Denotes Required Fields **	<sup>e</sup> Denotes Half-Mandatory R	Fields ‡Denotes AFC	ARS Fields	
User Name: ANNETTE SIMON	Sessions				
Entity Type:	Assigned Session	Start Date End Date	Туре	Assigned Day	Assessment
Case Entity Name	Life Skills Training	03/10/2010	Group Session	Mondays 9:00 AM	Ansell-Casey Life Skills A
JACKSON	Work Readiness	12/30/2010	Individual Session	Mondays 10:00 AM	Vocational Assessment
Entity ID: 205251					
Entity Type: Client Entity Name:					
PAUL WILLIAMS					
1003792	Workshops				
	Date	Assigned S	ession	Workshop	Stipend
	• 01/04/2011	Work Readiness	Jo	b Applications	No
8: Enter Date Attended.	Workshop Details				
	Assigned Session		Commer	ats	
	Work Readiness				~ 🔎
	Date Attended*				
9. Enter	01/04/2011 🗸				
W 1.1	We shall a str				
Workshop.	Job Applications	~			
A C E S.N E T					
	Specify				
10: Click Save.	Stipend Eligible ○Yes				<u>×</u>
	New Save Cancel				



# Note:

Client CKL Ongoing screen has not been modified as its current design is sufficient to capture the required data. However, the following values under **Workshop** pick list will be considered as Title IV-E Fostering Connections qualifying workshops under this requirement:

- In College Services Session
  - o College Visit
  - o Counseling
- Life Skills Training Session
  - o Education Planning
  - o Interpersonal Skills
  - o Job Maintenance
  - o Job Seeking
  - o Legal Skills
  - o Personal Appearance
  - o Transportation

- Pre-College Services Session
  - o College Tour
  - o Counseling
- Special Activities Session
  - o Career Fair
  - o Teen Conference
- Vocational Training Session
  - o Application Assistance
  - o Aptitude Testing
  - o Counseling
  - Tools for the Trade
  - o Uniforms
  - o Vocational Referral
- Work Readiness Session
  - o Banking Writing Checks
  - o Counseling
  - o Cover Letters
  - o Internship
  - o Job Applications
  - o Job Coach
  - o Job Search
  - o Mock Interviewing
  - o Money Management
  - o Paycheck Understanding your Pay Stub
  - o Reference Letter
  - o Resume Development