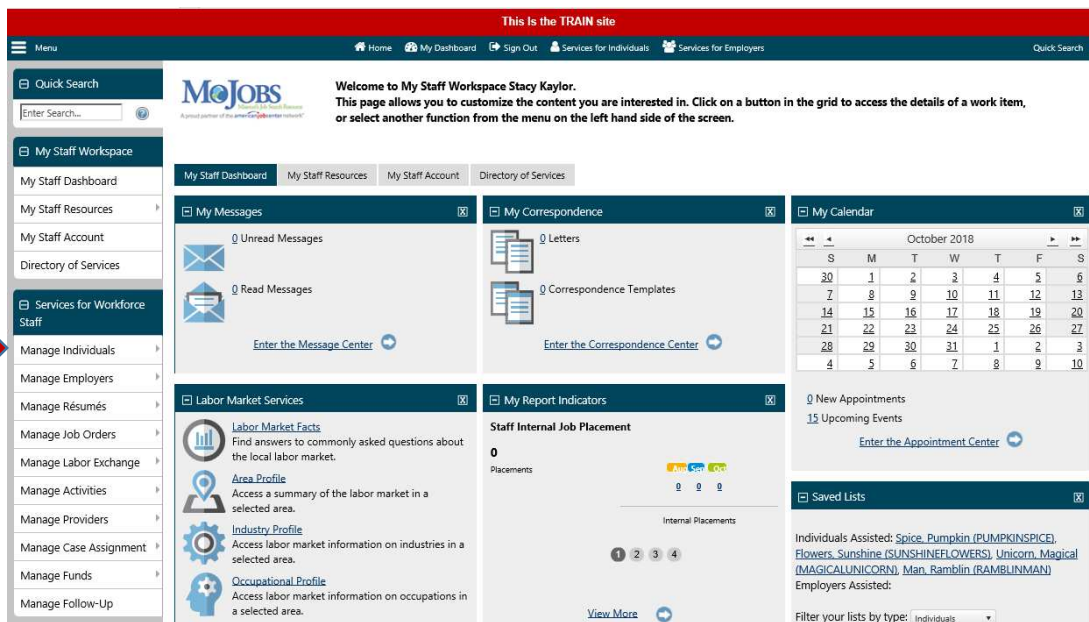


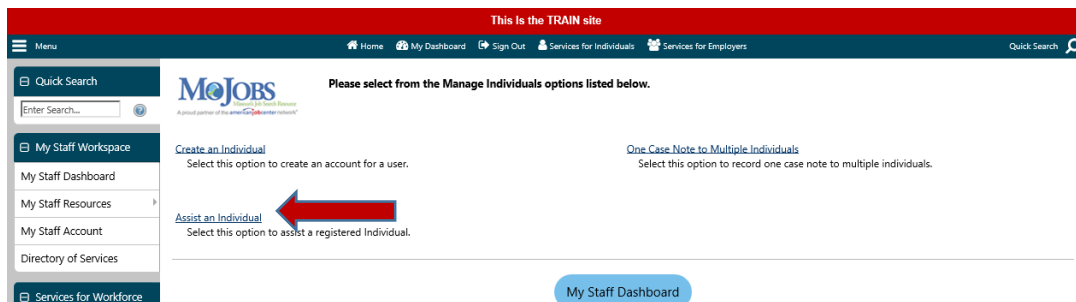
SNAP APPLICATION USER GUIDE

How to search for an individual in MoJobs.

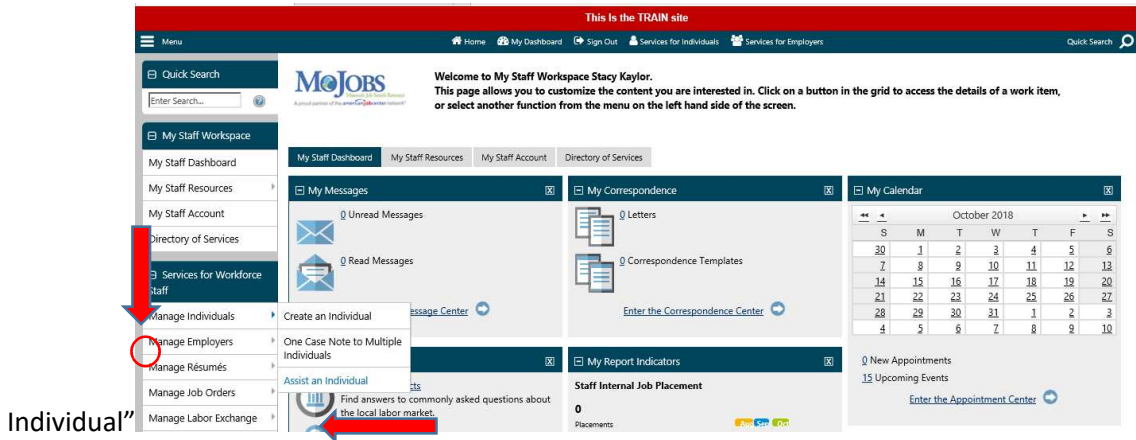
From “My Staff Dashboard” Click on Manage Individuals in the left navigational menu



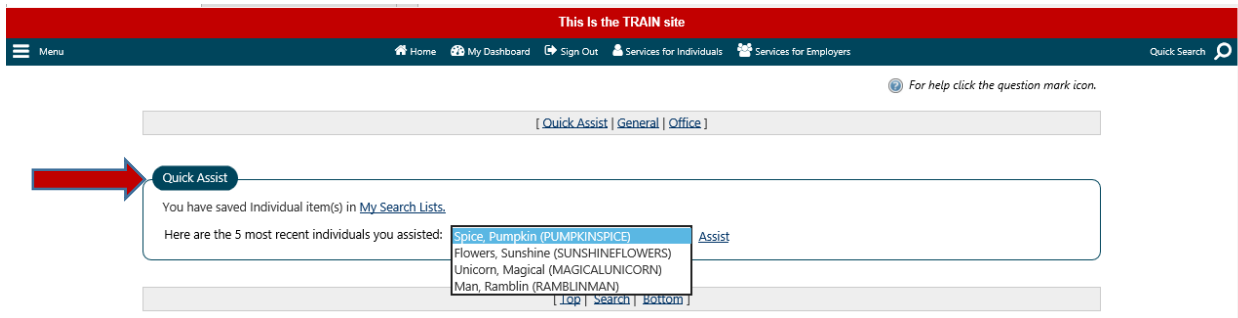
Next, click on “Assist an Individual”



Or from “My Staff Dashboard” place the cursor over the “Manage Individuals” drop-down menu and click “Assist an individual”



If you have recently worked with the individual they may appear on the “Quick Assist” List – this is the last 5 individuals you have assisted



If you have not worked with the individual before search for the individual in the “General Criteria”

You can search using 1 field or multiple fields (do not enter too many criteria into the search or you may not receive any results).

Once you have entered the Search criteria scroll to the bottom of the screen and click “Search”

General Criteria

Individual Username:

Individual User ID:

Starts with these #s
 Matches exactly

State ID Number:

SNAP Case Number:

First Name:

Last Name:

SSN (last 4 digits):

SSN (full number): Example: 999999999

Date of Birth: (MM/DD/YYYY)

Telephone Number: - - Include Alternate

Email Address:

Registration IP:

Login IP:

Résumé Available: ▼

Individual Registered within: days

Last Login Date: Between Today And Today

Program Participation (Active only): ▼

Application # (Open or closed):

Individual User Status: ▼

Recommended search options:

Last Name and SSN or First Name and SSN, Last Name and DOB or First Name and DOB,

Last Name and last 4 of SSN, First Name and last 4 of SSN,

First Name, Last Name and DOB or First Name, Last Name and SSN

Not Recommended search options:

Phone Number

Email Address

Registration IP or Login IP

Example of Search:

General Criteria

Individual Username:

Individual User ID:

Starts with these #s
 Matches exactly

State ID Number:

SNAP Case Number:

First Name:

Last Name:

SSN (last 4 digits):

SSN (full number): Example: 999999999

Date of Birth: (MM/DD/YYYY)

And results:

This is the TRAIN site

Menu Home My Dashboard Sign Out Services for Individuals Services for Employers

MoJOBS
A proud partner of the **ameriCorps** network

To assist a specific Individual, click on a link in the Action column below.

Results View: [Summary](#) | [Detailed](#) For help click the question mark icon.

To sort on any column, click a column title.

User Name	First Name	Last Name	SSN	Vet	State ID	Last Login Date	Last Exited	Created	Action	Select
JACKOLANTERN	Jack	O'Lantern	0468		1433	10/05/2018		10/05/2018	Summary Tab Case Notes Tab Activities Tab Programs Tab	<input type="checkbox"/>

[Save New List](#)

1 Records found

SEARCH CRITERIA: First name begins with Jack and date of birth equals 10/31/1978 12:00:00 AM

Records per page: [Go](#)

[\[New search criteria \]](#) [\[Modify current criteria \]](#)

Click on the User Name to go to the Individual Record

If you do not find the individual on the first search you may modify the search criteria and add or remove criteria.

Once you click on the User Name the Left Navigation Menu will display the person you are working with under "Currently Managing"

This is the TRAIN site

Menu Home My Dashboard Sign Out Services for Individuals Services for Employers Quick Search

MoJOBS
A proud partner of the **ameriGOVERNMENT** network

Please select from the My Portfolio options listed below.

[Assist an individual | Staff Services]

My Individual Profiles My Individual Plans Staff Profiles

General Profile - Select this option to view general case information including access to notes and activities.

Case Management Profile - Select this option to work with application and intake information that the selected Individual may be eligible for.

Report Profile - Select this option to work with reports for the selected Individual. For example view reports that display tracking, core service usage, and case history.

Return to Directory of Services

Quick Search

Enter Search...

Currently Managing

O'LANTERN, JACK

Service Tracking: ON

Release Individual

Assist a new Individual

My Staff Workspace

My Staff Dashboard

My Staff Resources

My Staff Account

Directory of Services

Services for Workforce Staff

Manage Individuals

Manage Employers

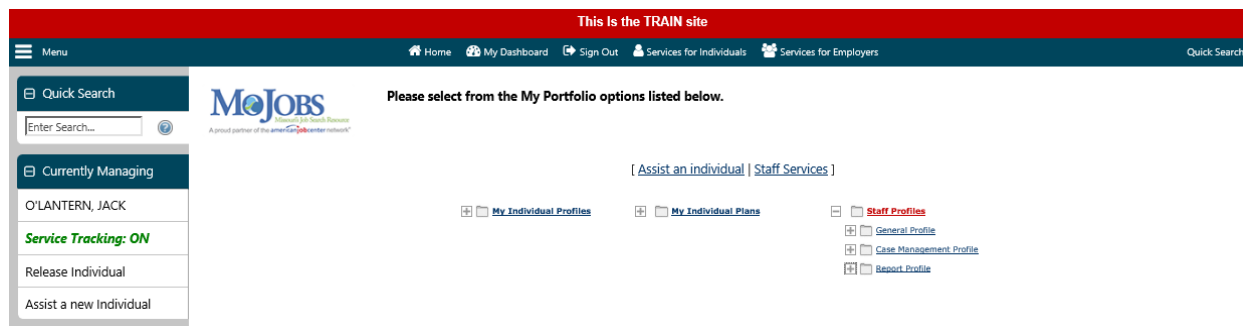
Manage Résumés

Manage Job Orders

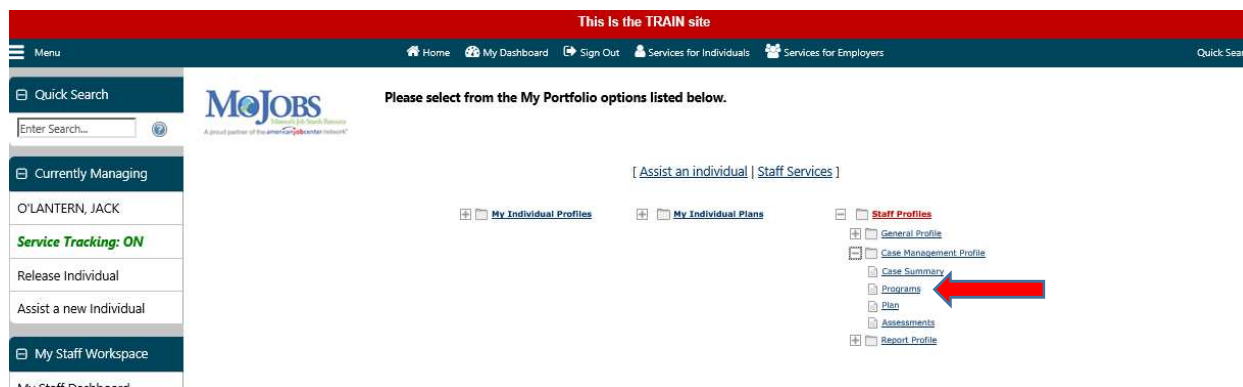
After working with any participant remember to **RELEASE THE INDIVIDUAL** in the left navigation menu.

How to determine if a participant is a Volunteer or ABAWD in MoJobs?

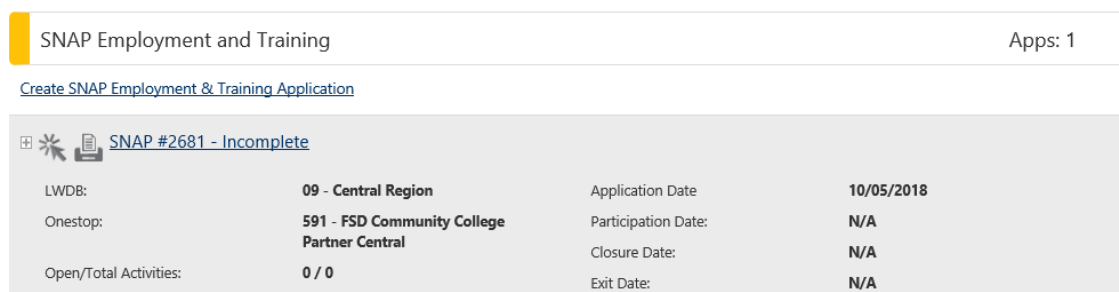
From the Individual Record – expand the “Staff Profiles” column



Next, expand the “Case Management Profile” and click on “Programs”



Scroll down until you see the yellow “SNAP Employment and Training” application




Note: In MoJobs production the app will appear as [SNAP #XXXX – Partial](#)

If the individual does not have a SNAP application in MoJobs: immediately send the SkillUP Eligibility and DCN Verification Form to FSD.Agreements@dss.mo.gov to verify the participant’s Food Stamp eligibility and status as ABAWD or Volunteer.

If the individual has a SNAP application that has an “Exit Date” and the participant states they are currently receiving Food Stamps: immediately send the SkillUP Eligibility and DCN Verification Form to FSD.Agreements@dss.mo.gov to verify the participant’s Food Stamp eligibility and status as ABAWD or Volunteer.


Next, click on the plus sign next to the SNAP application

[Create SNAP Employment & Training Application](#)

   [SNAP #2681 - Complete](#)

LWDB:	09 - Central Region	Application Date	10/05/2018
Onestop:	591 - FSD Community College Partner Central	Participation Date:	10/10/2018
Open/Total Activities:	1 / 3	Closure Date:	N/A
		Exit Date:	N/A

The SNAP application is expanded and the Participation Type will display as Voluntary or ABAWD

   [SNAP #2681 - Complete](#)

LWDB:	09 - Central Region	Application Date	10/05/2018
Onestop:	591 - FSD Community College Partner Central	Participation Date:	10/10/2018
Open/Total Activities:	1 / 3	Closure Date:	N/A
		Exit Date:	N/A

Case Information

Case Number:  **Participation Type:** Voluntary

Location and Staff

LWDB: 09 - Central Region

Create Staff: [Stacy Kaylor \(5387\)](#)

Case Manager: N/A

Onestop: 591 - FSD Community College Partner Central

Edit Staff: [Stacy Kaylor \(5387\)](#)

Temporary Case Manager: N/A


After working with any participant remember to **RELEASE THE INDIVIDUAL** in the left navigation menu.

How to complete a Partial SNAP Application and SkillUP Enrollment

Click on the “Starburst” or “Flower” next to the SNAP application

SNAP Employment and Training Apps: 1

[Create SNAP Employment & Training Application](#)

 [SNAP #2681 - Incomplete](#)

LWDB:	09 - Central Region	Application Date:	10/05/2018
Onestop:	591 - FSD Community College Partner Central	Participation Date:	N/A
Open/Total Activities:	0 / 0	Closure Date:	N/A
		Exit Date:	N/A

Most fields will be pre-populated, it is important to review the application with the participant to ensure all information is accurate and up to date. Required Fields are marked with a red asterisk *.

If at any time you need to leave the application click on “Exit Wizard” link – you may come back and complete the application by clicking the “starburst” next to the SNAP application

The “Start Page” tab indicates whether the participant is an ABAWD or Volunteer, verify DOB, Region and Office/Location and click Next

Application Staff | Application Document Management | Application Eligibility | Application Participation

Start Page | Application Contact | Application Demographic | Application Employment | Application Veteran | Application Public Assistance

Indicates required fields. *For help click the question mark icon next to each section.*

Identifying Information

Username: JACKOLANTERN

User ID: 5781


State ID: 1433

Benefit Year Beginning (BYB) Date:

General Information

Application ID: 2681

Staff User ID: 5387 - Kaylor, Stacy

* Application Date: 10/05/2018 (mm/dd/yyyy) 

* Participation Type: Voluntary

* Application Status: Active

* LWIA/Region: Central Region

* Office Location: FSD Community College Partner Central

[Exit Wizard](#) Next >>

Verify all Information on the “Application Contact” tab and click Next

Application Staff	Application Document Management		Application Eligibility	Application Participation
Start Page	Application Contact	Application Demographic	Application Employment	Application Public Assistance

• Indicates required fields. ? For help click the question mark icon.

Name

* First Name:

M.I.:

* Last Name:

Social Security

* SSN: (do not enter dashes, eg: 999999999) [\[Edit SSN\]](#)
Individual has not provided a valid SSN

Residential Address

* Address 1:

Address 2:

* City:

* State:

* Zip:

* County / Parish:

Country:

Mailing Address

Check here to use residential address information

* Mailing Address 1:

Mailing Address 2:

Directions:

On the "Application Demographic" tab verify all information and make sure you answer the English Language Learner question, then click Next

Application Staff	Application Document Management		Application Eligibility	Application Participation
Start Page	Application Contact	Application Demographic	Application Employment	Application Public Assistance

• Indicates required fields. ? For help click the question mark icon.

Individual Information

* Date of Birth: (mm/dd/yyyy)

Age: 39

* Gender: Male Female Did not self-identify

* Do you have a disability?
 Yes, I do have a disability.
 No, I don't have a disability.
 Not Specified (optional)

Type of Disability:

* English Language Learner: Yes No

* Are you a U.S. Citizen?

USCIS (Alien Registration) Number: e.g. A123456789

USCIS (Alien Registration) Expiration Date: (mm/dd/yyyy)

Educational Information

* Are You Attending School?

Federal Definition of Attending School: Not attending school; Secondary School Graduate or has a recognized equivalent

* Individual Registration Highest Grade Completed:

Ethnic Origin

On the Application Employment Tab, verify the Employment and Unemployment Status as well as the desired occupation and title. If the participant is currently employed, staff will enter the employment information on this tab by clicking "Add a new Employment History" at the bottom of the screen

* Indicates required fields.

For help click the question mark icon.



Employment Information

* Employment Status:

* Unemployment Eligibility Status:

Desired Occupation and Title #1: [Search for O*Net Code](#)

Desired Occupation and Title #2: [Search for O*Net Code](#)

Type of job looking for:

Years of experience in this area:

Type of employment desired:

Full-time or part-time:

Employment History

Company Name	City	Job Title (Occupation)	Start/End Dates	Action
No Employment History				



Enter all required employer information then scroll down and click Save at the bottom of the screen

Employer

* Employer Name:

Address:

Store / Location Number:

Zip Code:

* City:

* State / Province:

* Country:

Job Title

Please enter a job title below for this employment history. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

* Job title:

Occupation

Please select the occupation that best matches your job title. You may either select from the Suggested Occupations drop-down list, which is populated based on the job title above, or you can search for an occupation using the search link.

Suggested occupation(s):

[Search for an occupation]

* Occupation title: **Retail Salespersons**

Occupation code: **41203100**

Position

Once you have saved the Employment History it will appear under the "Employment Information" section

Employment Information

* Employment Status:

* Unemployment Eligibility Status:

Desired Occupation and Title #1: [Search for O*Net Code](#)

Desired Occupation and Title #2: [Search for O*Net Code](#)

Type of job looking for:

Years of experience in this area:

Type of employment desired:

Full-time or part-time:

Employment History

Company Name	Location	Job Title (Occupation)	Start/End Dates	Action
Halloween City	Columbia, MO	Sales Associate (Retail Salespersons)	09/15/2018 - present	Edit Delete

Page 1 of 1
Rows: 25

Verify all information on the "Application Veteran" tab, then click Next

Application Staff | Application Document Management | Application Eligibility | Application Participation

Start Page | Application Contact | Application Demographic | Application Employment | **Application Veteran** | Application Public Assistance

* Indicates required fields. For help click the question mark icon

Military Service

Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.

* Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who are currently activated: Yes No

* **Question 1.** Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? Yes No

* **Question 2.** Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable?" Yes No

* **Question 3.** Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability? Yes No

If you answered No to questions 1, 2 and 3 above please proceed to the bottom of the page and click the Next button.

Verify all information on the “Application Public Assistance” tab – the Supplemental Nutrition Assistance Program (SNAP) question should be marked Yes when working with SkillUP participants. Click Next

Note: If you are creating a new SNAP application, FSD Counselor should always state “FSD Processing Center” and Counselor phone number should be 855-373-4636 (FSD INFO) and the Case Number is the DCN

Application Public Assistance

* Indicates required fields. For help click the question mark icon.

Public Assistance Aid

* FSD Counselor: FSD Processing Center

* Counselor Phone Number: 855 - 373 - 4636 Ext:

Case Number:

Individual is receiving, or in the past 6 months has received, the following:

- * Temporary Assistance for Needy Families (TANF) Yes No
- * Supplemental Security Income (SSI) Yes No
- * Social Security Disability Insurance Income (SSDI) Yes No
- * Refugee Cash Assistance (RCA) Yes No
- * General Assistance (GA) Yes No
- * Supplemental Nutrition Assistance Program (SNAP) Yes No
- * Receiving or Notified of Pell Grant: Yes No
- * Are you a Publicly Supported Foster Child? Yes, I am a publicly supported Foster Child No, I am not a publicly supported Foster Child

The “Application Staff” tab is where staff will add themselves or, if needed assign another staff member as the Case Manager. Add a Case Note. Click Next

Application Staff

* Indicates required fields. For help click the question mark icon.

Staff Information

SNAP Eligibility: Yes

* Staff Position: Staff

Staff Created ID: 5387

Date Created: 10/05/2018

Staff Edited ID: 5387

Date Last Edited: 10/09/2018

Current Case Manager: Case currently Not Assigned to a Case Manager
[Assign Case Manager](#)
[Assign Me](#)
[Remove Case Manager Assignment](#)

Previous Case Manager:

Case Note: [Add a new Case Note](#) | [Show Filter Criteria](#)]

ID	Create Date	Subject	Action
No data found.			

The “Application Document Management” tab allows staff to upload documents to MoJobs. Remember to NEVER enter confidential documents into MoJobs, these should be stored in a confidential file in office. Click Next

Start Page	Application Contact	Application Demographic	Application Employment	Application Veteran	Application Public Assistance
Application Staff		Application Document Management		Application Eligibility	Application Participation

* Indicates required fields. For help click the question mark icon.

SNAP Program Document(s)

Listed below are the documents available on the selected Individual. Click the View link below to view that particular item.

No records found

Uploaded and scanned documents with spaces in the document name may be incompatible with some browsers. These spaces will be replaced with _ when saving the document in our system.

[Add a Document](#)

The “Application Eligibility” tab displays the SNAP eligibility. Click Next to complete enrollment.

Start Page	Application Contact	Application Demographic	Application Employment	Application Veteran	Application Public Assistance
Application Staff	Application Document Management	Application Eligibility		Application Participation	

* Indicates required fields. For help click the question mark icon next to each section.

Eligibility Information

Eligible for SNAP?

TO PROCEED DIRECTLY TO ENROLLMENT CLICK THE NEXT BUTTON

TO NOT ENROLL AT THIS TIME CLICK THE FINISH BUTTON

[Exit Wizard](#)

[<< Back](#)
[Next >>](#)
[Finish](#)

The “Application Participation” tab must be completed to finish enrollment. Enter the participation date (should be the same day the SNAP application is completed) Staff can click on the calendar to choose a date or can click on Today to input today’s date. Click Next

Start Page	Application Contact	Application Demographic	Application Employment	Application Veteran	Application Public Assistance
Application Staff	Application Document Management	Application Eligibility		Application Participation	

* Indicates required fields. For help click the question mark icon.

General Information

Login Name: JACKOLANTERN
 User ID: 5781
 State ID: 1433
 Name: Jack O'Lantern
 SSN: 900-00-0468
 Application Date: 10/05/2018
 Eligibility Date: 10/05/2018

Participation Information

* Participation Date: (mm/dd/yyyy) ←

Participation Age: 39

* Highest Education Level Achieved:

* Participation Type:

The Activity Enrollment screen populates. Remember all items marked with * are required fields.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information
General Information						
Participant User Name:	JACKOLANTERN					
Participant State ID:	1433					
Last Name, First Name MI:	O'Lantern, Jack					
Social Security Number:	0468					
Address:	666 Spooly Hollow Ln Columbia, MO 65201					
Application Summary:	Programs:SNAP Employment and Training Application Date:10/05/2018 Eligibility Date:10/05/2018					
Participation Date:	10/10/2018					
* Customer Program Group:	50A - SNAP E and T					
* LWDB:	Central Region <small>LWDB cannot be modified if staff has local region assignment.</small>					
* Office Location:	FSD Community College Partner Central					

Note: the Actual Begin Date is pre-populated with the Participation Date.

Enrollment Information	
* Activity Code:	<input type="text"/> [Select Activity Code]
Projected Begin Date:	<input type="text"/> Today
Actual Begin Date:	10/10/2018 <small>Actual begin date may not be modified on the first activity.</small>
* Projected End Date:	<input type="text"/> Today

Staff may add a Comment on the “General Information” tab but cannot enter a Case Note until the activity has been saved

Staff Information									
Staff ID:	5387								
* Position:	Staff								
Current Case Manager:	Case currently Not Assigned to a Case Manager Assign Case Manager Assign Me Remove Case Manager Assignment								
Previous Case Manager:	<input type="text"/>								
Comments:	<input type="text"/>								
Case Notes:	[Add a new Case Note Show Filter Criteria]								
	<table border="1"> <thead> <tr> <th>ID</th> <th>Create Date</th> <th>Subject</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="4">No data found.</td> </tr> </tbody> </table>	ID	Create Date	Subject	Action	No data found.			
ID	Create Date	Subject	Action						
No data found.									

The first activity on a SNAP application will be the Funding Source. Click on “Select Activity Code” a new window will pop up. Providers will select the appropriate funding source for their agency. Note: ABAWDs will never be the SkillUP FNS funding source

To select an activity, click on an activity link below. Activities that do not have a link mean there are no programs offered for the selected customer group and / or region.

Activity Code	Activity Title	Provider Type
S20	SkillUP FNS	PS - Other
S10	SkillUP TANF	PS - Other

[Close Window](#)

18.1


After selecting the appropriate code, enter the projected end date of today, and click Next.

Enrollment Information

* **Activity Code:** SkillUP TANF
[\[Select Activity Code \]](#)

Projected Begin Date: [Today](#)

Actual Begin Date:
Actual begin date may not be modified on the first activity.

* **Projected End Date:** [Today](#) 

On the "Service Provider" tab select your agency from the Provider list, select the Service and select your office location from the Provider Locations. Note: the training region does not have providers loaded at this time. Please notify DWD Support if the provider information is not complete or incorrect.

General Information | **Service Provider** | **Enrollment Cost** | **Financial Aid** | **Enrollment Budget** | **Budget Planning** | **Closure Information**

Enrollment Service Provider Information

Enrollment Summary: Enrollment ID: 3604
Username: JACKOLANTERN
SNAP Application ID: 2681
Activity Code: 213 - Comprehensive Assessment
Activity Dates: 10/12/2018 - 10/12/2018

* **Provider:**
Provider cannot be modified.

* **Service, Course or Contract:**
Provider Service cannot be modified.

Provider Locations:

You do not have the privilege to modify Provider Locations

Provider Contacts:
You do not have the privilege to modify Provider Contacts

* **Occupational Training Code:** Not Applicable



At this time the Enrollment Cost, Financial Aid, Enrollment Budget, and Budget Planning tabs will not be completed on services in the SNAP application. Click Next until you reach the Closure Information tab



Enter the Last Activity Date as Today and select Successfully Completed in the Completion Code. Add a Case Note and click Finish

General Information | Service Provider | Enrollment Cost | Financial Aid | Enrollment Budget | Budget Planning | Closure Information



Closure Information

Enrollment Summary: Enrollment ID: 3535
 Username: JACKOLANTERN
 SNAP Application ID: 2681
 Activity Code: S10 - SkillUP TANF
 Activity Dates: 10/10/2018 - 10/10/2018

Last Activity Date: 10/10/2018  Today 

Completion Code: Successful Completion  



Case Notes: [[Add a new Case Note](#) | [Show Filter Criteria](#)]

ID	Create Date	Subject	Action
6675	10/10/2018	Funding Source	 

Page 1 of 1 Rows: 25

<< Back **Finish** Delete

This is what the activity should look like once it is completed

Status	Activity / Provider	WZ	Funding / Grant	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
	S10 - SkillUP TANF Better Family Life		SNAP E and T	N/A	10/10/2018	10/10/2018	10/10/2018 Successful Completion

After working with any participant remember to **RELEASE THE INDIVIDUAL** in the left navigation menu.

How to enter an activity/service/enrollment in MoJobs.

Expand the SNAP application and expand the Activities/Enrollments/Services tab. Click on Create Activity/Enrollment/Service.

SNAP Employment and Training Apps: 1

[Create SNAP Employment & Training Application](#)

[SNAP #2681 - Complete](#)

LWDB:	09 - Central Region	Application Date:	10/05/2018
Onestop:	591 - FSD Community College Partner Central	Participation Date:	10/10/2018
Open/Total Activities:	0 / 1	Closure Date:	N/A
		Exit Date:	N/A

Case Information

Case Number: **Participation Type:** Voluntary

Location and Staff

LWDB: 09 - Central Region **Onestop:** 591 - FSD Community College Partner Central
Create Staff: [Stacy Kaylor \(5387\)](#) **Edit Staff:** [Stacy Kaylor \(5387\)](#)
Case Manager: N/A **Temporary Case Manager:** N/A

Self Assessment

Communication Letters

Participation **10/10/2018**

Activities / Enrollments / Services **1**

[Create Activity / Enrollment / Service](#)

The Activity Enrollment screen populates. Remember all items marked with * are required fields.

General Information | **Service Provider** | Enrollment Cost | Financial Aid | Enrollment Budget | Budget Planning | Closure Information

General Information

Participant User Name: JACKOLANTERN

Participant State ID: 1433

Last Name, First Name MI: O'Lantern, Jack

Social Security Number: 0468

Address: 666 Spooky Hollow Ln
Columbia, MO 65201

Application Summary: Program:SNAP Employment and Training
Application Date:10/05/2018
Eligibility Date:10/05/2018

Participation Date: 10/10/2018


* **Customer Program Group:** 50A - SNAP E and T


* **LWDB:** Central Region
LWDB cannot be modified if staff has local region assignment.


* **Office Location:** FSD Community College Partner Central


The Enrollment Information tab is used to enter the activity code projected begin, actual begin date and projected end dates. Click on Select Activity Code, then select an activity from the pop up window.

Enrollment Information

* **Activity Code:**
[\[Select Activity Code \]](#) 

Projected Begin Date:  Today

Actual Begin Date:  Today

* **Projected End Date:**  Today

To select an activity, click on an activity link below. Activities that do not have a link mean there are no programs offered for the selected customer group and / or region.

Activity Code	Activity Title	Provider Type
S20	SkillUP FNS	PS - Other
S01	Initial Assessment	PS - Office Services
S10	SkillUP TANF	PS - Other
S02	Attended TAP Workshop	PS - Office Services
S03	Referred to other Services	PS - Office Services
S04	Internships	PS - Work Experience
S05	Attended Workshop - Career & Skills Assessment	PS - Office Services
S06	Pre-Apprenticeship	PS - Work Experience
S07	Attended Workshop - Career Advancement and Enhancement	PS - Office Services
S08	Occupational Skills Training - Approved Provider (ITA)	PS - Approved Provider



Projected Begin Date – is not a required field, but should be used when entering an activity that a participant will be entering in the future (e.g. participant starts OJT in a week)



Actual Begin Date – this date will be entered on the day the participant starts the activity (you cannot enter a future date in this field)



Projected End Date – for all one day services this will be today, but staff can enter a future date in this field for trainings that have a duration of more than 1 day.

Enrollment Information

* **Activity Code:** 213 Comprehensive Assessment
[\[Select Activity Code \]](#)

Projected Begin Date: 10/12/2018  Today 

Actual Begin Date: 10/12/2018  Today 

* **Projected End Date:** 10/12/2018  Today 

Refer to the SNAP application Activity and Service Guide for definitions and durations of each service on the SNAP application.

Staff may add a Comment on the “General Information” tab but cannot enter a Case Note until the activity has been saved. Click Next

Staff Information

Staff ID: 5387

* Position:

Current Case Manager: Case currently Not Assigned to a Case Manager
[Assign Case Manager](#)
[Assign Me](#)
[Remove Case Manager Assignment](#)

Previous Case Manager:

Comments: Comprehensive Assessment completed with Jack 10/12/18

Case Notes: [Add a new Case Note](#) | [Show Filter Criteria](#)

ID	Create Date	Subject	Action
No data found.			

The Service Provider tab populates. Click on Select Provider and choose your agency from the pop up list. Click on Select Service, Course or Contract and select the appropriate option. Staff must also click on Provider Location and select the correct office address.

General Information | **Service Provider** | **Enrollment Cost** | **Financial Aid** | **Enrollment Budget** | **Budget Planning** | **Closure Information**

Enrollment Service Provider Information

Enrollment Summary: Enrollment ID: 3604
 Username: JACKOLANTERN
 SNAP Application ID: 2681
 Activity Code: 213 - Comprehensive Assessment
 Activity Dates: 10/12/2018 - 10/12/2018

* Provider: ←

* Service, Course or Contract: ←

Provider Locations: ←

Provider Contacts:

* Occupational Training Code: Not Applicable

If staff are unable to find their agency or office location, or they see that a provider record is incorrect, please contact dwdsupport@ded.mo.gov or call 866-506-0251.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information
Enrollment Service Provider Information						
Enrollment Summary:		Enrollment ID: 3604 Username: JACKOLANTERN SNAP Application ID: 2681 Activity Code: 213 - Comprehensive Assessment Activity Dates: 10/12/2018 - 10/12/2018				
* Provider:		<input type="text" value="Better Family Life"/> [Select Provider]				
* Service, Course or Contract:		<input type="text" value="Office Services"/> [Select Service, Course or Contract]				
Provider Locations:		<input type="text" value="ARCHS BFL"/> <input type="text" value="456 2nd st"/> <input type="text" value="Saint Louis, MO 63118"/> [Select Provider Locations]				
Provider Contacts:		<input type="text"/> [Select Provider Contacts]				
* Occupational Training Code:		Not Applicable				

At this time staff will not complete the Enrollment Cost, Financial Aid, Enrollment Budget or Budget Planning Tabs. Click Next until you reach the Closure Information tab.

Last Activity Date – This is the date the participant completes the activity. Reminder: one day activities must be closed the same day.

Completion Code – Staff will choose from the drop down list for the appropriate code.

Case Note – Case notes should be added every time staff work with a participant. When case notes are added to an activity, it is tied to that activity, but can still be viewed from the Case Notes tab under the General Profile.

Case Note Details	
<input type="checkbox"/> Please check to suppress this Case Note	
* Contact Date:	<input type="text" value="10/12/2018"/> Today
Type ID:	<input type="text" value="3604"/> Delete
* LWIA/Region:	<input type="text" value="Central Region"/>
* Office Location:	<input type="text" value="FSD Community College Partner Central"/>
* Program:	<input type="text" value="SNAP Employment and Training"/>
App ID:	<input type="text" value="None Selected"/>
Partner Program:	<input type="text" value="None Selected"/>
* Subject:	<input type="text" value="Comprehensive Assessment"/> x
Contact Type:	<input type="text" value="None Selected"/>
* Case Note Description:	<input type="text" value="Completed Objective Assessment Summary with Jack in office today."/>
[Spell Check]	

Click Finish to complete the activity

Closure Information

Enrollment Summary: Enrollment ID: 3604
 Username: JACKOLANTERN
 SNAP Application ID: 2681
 Activity Code: 213 - Comprehensive Assessment
 Activity Dates: 10/12/2018 - 10/12/2018

Last Activity Date: 10/12/2018 Today

Completion Code: Successful Completion

Case Notes: [[Add a new Case Note](#) | [Show Filter Criteria](#)]

ID	Create Date	Subject	Action
6680	10/12/2018	Comprehensive Assessment	

Page 1 of 1 Rows: 25

<< Back **Finish** Delete

The activity now displays as Closed and the Actual End Date displays the completion code as well.

Status	Activity / Provider	WZ	Funding / Grant	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
	213 - Comprehensive Assessment Better Family Life		SNAP E and T	10/12/2018	10/12/2018	10/12/2018	10/12/2018 Successful Completion

After working with any participant remember to **RELEASE THE INDIVIDUAL** in the left navigation menu.

The 4 activities that must be completed on each SkillUP participant prior to enrollment in any training programs are:

213 Comprehensive Assessment – This activity is added when you complete the Objective Assessment Summary

205 Develop Service Strategies – This activity is added when you complete the IEP with the participant.

101 Orientation - This activity is added after the participant has attended an informational session on the SkillUP program.

107 Provision of Labor Market Research – This activity is added when you review Labor Market Information with the participant.

Each activity above is a one day activity and must be closed by staff the same day.