



Section 8000

WorkFirst

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1000 Introduction to This Section

This section uses a number of acronyms that are listed in the Appendices.

The goal of this initiative is for the Children and Youth with Special Health Care (CYSHCN) coordinators to provide Department of Social and Health Services (DSHS) WorkFirst staff with an assessment of families who have children with special needs who are currently receiving Temporary Assistance for Needy Families (TANF) and are required to enter the work force to reduce poverty. This program is a working partnership between the DSHS WorkFirst staff and Local Health Jurisdictions (LHJs). A professional nursing evaluation will provide input to DSHS WorkFirst staff on the following:

- Determining the child's special medical, developmental, or behavioral needs;
- The impact of those special needs on the ability of the parent to participate in WorkFirst activities; and
- Assisting parents to access appropriate community resources and programs for special needs children, including child care services.

Referrals for this program are from DSHS WorkFirst staff only.

Each Local Health Jurisdiction has the opportunity to have a contract with the local DSHS Region to provide Public Health Nursing home visits and assessments. An example of the Statement of Work is included here for your information, but you should refer to the Statement of Work at your Local Health Jurisdiction for more details that may be specific to your contract. The most recent referral and evaluation forms are also included along with an example of a completed evaluation form. This is a fee-for-service program, meaning that each evaluation by a Public Health Nurse (PHN) is reimbursed at a rate determined by DSHS [Economic Services Administration](#) (ESA).

What can this section do for you?

Provide the following information and documents:

- WorkFirst Children with Special Needs Initiative
- Example of Statement of Work
- Public Health Nurse Evaluation/Recommendations form
- Completed example of PHN Evaluation/Recommendation form

1010 Purpose of WorkFirst-Children with Special Health Care Needs Initiative

Working in partnership with the WorkFirst staff, the Public Health Nurses will provide a professional nursing evaluation to:

- Determine the child's special medical, developmental, or behavioral needs;
- Determine the impact of those special needs on the ability of the parent or caregiver to participate in WorkFirst activities;
- Assist parent to access appropriate child care services; and
- Assist parents to participate as close to full time as possible in approved WorkFirst activities.

Guiding Principles

Working together, WorkFirst and Public Health staff will support families in their efforts to attain self-sufficiency by:

- Ensuring that all participants who have children with special needs have access to a

- professional nursing assessment;
- Exploring various activities that support the parent’s participation in WorkFirst activities; and
- Ensuring coordination of appropriate child care resources to support the parent’s participation in WorkFirst activities.

1020 General Policies of WorkFirst

- WorkFirst staff will work with the participant to develop an Individual Responsibility Plan that supports the parent’s efforts to work, look for work, or prepare for work. WorkFirst staff must ensure the participant’s Individual Responsibility Plan complies with federal and state regulations and WorkFirst policies.
- The WorkFirst Case Manager may impose sanctions when necessary.
- If a WorkFirst participant disagrees with decisions made by WorkFirst staff, the participant may file for a Fair Hearing through the established procedures.
- Written authorization/referral by WorkFirst staff is required for all WorkFirst— Public Health Nurse in-home evaluations and re-evaluations.

1030 WorkFirst Goal

The goal of the WorkFirst Program is to help low-income families stabilize their lives, so they can go to work and take better care of their families. See [the WorkFirst webpage](#) for additional information.

WorkFirst Services

WorkFirst offers a variety of services to help parents prepare for work, including information needed to find housing, reliable transportation, child care, or child support. To identify abilities and barriers that affect a parent’s ability to prepare for work, WorkFirst staff complete a Comprehensive Evaluation (CE) with the parent. The CE is used to quickly evaluate their work history, educational and training needs, abilities, and interests to identify the most appropriate employment goals (plan). Once the plan is in place, WorkFirst staff and partners will work with the parent to engage them in appropriate activities that will prepare them to go to work.

Activities may include:

- Employment Services (including Job Search, On-the-Job Training and/or Job Readiness)
- Commerce Employment Programs (Community Jobs, Job Connection/Career Jump and Career Development).
- Education and Training (including Vocational Education, Training, IBEST, HWHD, CJST, Basic Skills, GED preparation, ESL, and/or family literacy)
- Limited English Proficiency (LEP) Pathway Services
- Barrier Removal (including Behavioral Health, Chemical Dependency, Domestic Violence, Disabilities, Transportation, Mental Health issues)

What support services are available to help parents looking for work?

WorkFirst families may qualify for support services to help with transportation, work clothing or uniform costs. Additionally, families can get assistance to apply for related services such as food assistance, medical, and/or emergency assistance. WorkFirst parents looking for work can get help paying for child care costs through the [Working Connections Child Care](#) program.

WorkFirst Model

- Each participant has an assigned WorkFirst Case Manager or Social Services Specialist.
- Each participant and family has a unique plan (Individual Responsibility Plan) to achieve self-sufficiency.
- Case Managers and Social Service Specialists seek expert advice and opinions as needed.

Tasks of the WorkFirst Case Manager

- Eligibility Determination/Diversion
- Evaluation
- Screening and Referral
- Monitoring and On-going Case Management
 - Facilitates resolution when participants have barriers to finding or keeping a job
 - Imposes sanction when participants do not follow their Individual Responsibility Plan and do not have Good Cause.

Role of the WorkFirst Social Service Specialist

WorkFirst Social Services Specialists may provide case management to all WorkFirst participants.

The Social Service Specialist provides expertise in family, vocational, functional, and incapacity assessments for WorkFirst participants, as identified by the WorkFirst Case Manager. This may include but is not limited to:

- Chemical dependency
- Family violence
- Learning and other disabilities
- Mental health
- Homelessness
- SSI facilitation
- Families with special needs; and
- Children with special needs

Additionally, the role of the WorkFirst Social Service Specialist may also include:

Development of work activities for participants needing:

- Special accommodation
- Parenting Supports
- Family Planning
- Outreach to participants who are sanctioned
- Providing intensive time-limited services to participants to encourage and support participation

Parenting Support

Both WorkFirst Social Service Specialists and WorkFirst Program Specialists may connect families who are pregnant or have young children with local community parenting support programs, including home visiting and parent education and support groups that they can take part in while participating in other WorkFirst activities, and a service that continues after leaving TANF. In some cases these services, including access to Children and Youth with Special Health Care Needs (CYSHCN) Coordinators, the “Nurse Family Partnership” (NFP) which assists first time moms (some NFP programs also work with multipara women) and “Parents As Teachers” (PATs) home visiting models, are provided by local health

jurisdictions.

WorkFirst Participation Options

- Participants are viewed as unemployed (needing job search or other activities) or underemployed (needing a better job).
- Conditions are set for effective participation by ensuring reliable child care and transportation are arranged.

Activity	Activity Description
Career Scope (Job Search/Job Readiness)	Career Scope is a four-phased WorkFirst employment service and career development pathway that moves beyond getting a job to helping participants move forward on a pathway towards self-sufficiency.
Work Experience (Paid and Unpaid)	Work Experience gives participants the opportunity to gain experience in an employment setting while increasing their skills and self-confidence.
Education & Training	Education and training programs offers several options for participants to enhance their skills and employability. These include basic skills, high school equivalency, and vocational education.
Limited English Proficiency (LEP) Pathway	LEP Pathway provides specialized culturally appropriate services to refugees and other WorkFirst parents with limited English proficiency. The goal of the LEP Pathway is to increase parents' employability and self-sufficiency.
Resolving Issues	Resolving issues begins with identifying issues that can interfere with a person's ability to look for work or work or participate in other WorkFirst activities. WorkFirst staff can provide necessary supports to help these participants engage in activities that will lead to employment.

Other Cash Assistance Options

- Tribal TANF: Some tribes have contracted to manage tribal TANF caseloads, independent of DSHS (ESA).
- Diversion: Some who apply for TANF and are found ineligible may still receive a cash grant (maximum \$1250) to meet current needs instead of TANF. The applicant must have or expect to get enough income or resources to support themselves for at least twelve months. This program allows the applicant to maintain independence without TANF by helping with major one-time expenses, e.g. car repair, rent deposit, etc.

WorkFirst Participant Responsibilities

- In WorkFirst, everyone who is not exempt must participate as close to full time as possible.
- Every participant is able to do something, which improves his or her ability to work, look for work, or prepare for work.
- WorkFirst staff develop with the participant the Individual Responsibility Plans that maximize the hours of participation while taking into consideration the participant's circumstances.
- Every participant will begin WorkFirst participation unless the participant is exempt or deferred.

A participant may be **exempt** when they:

- Are age 55 or older and caring for a child or children.

- Have a severe or chronic disability.
- Are required in the home to care for a child with special needs.
- Are required in the home to care for an adult relative with disabilities when no one else is available to provide the care.
- Have an infant under one year of age and choose the time-limited “Infant Exemption.”

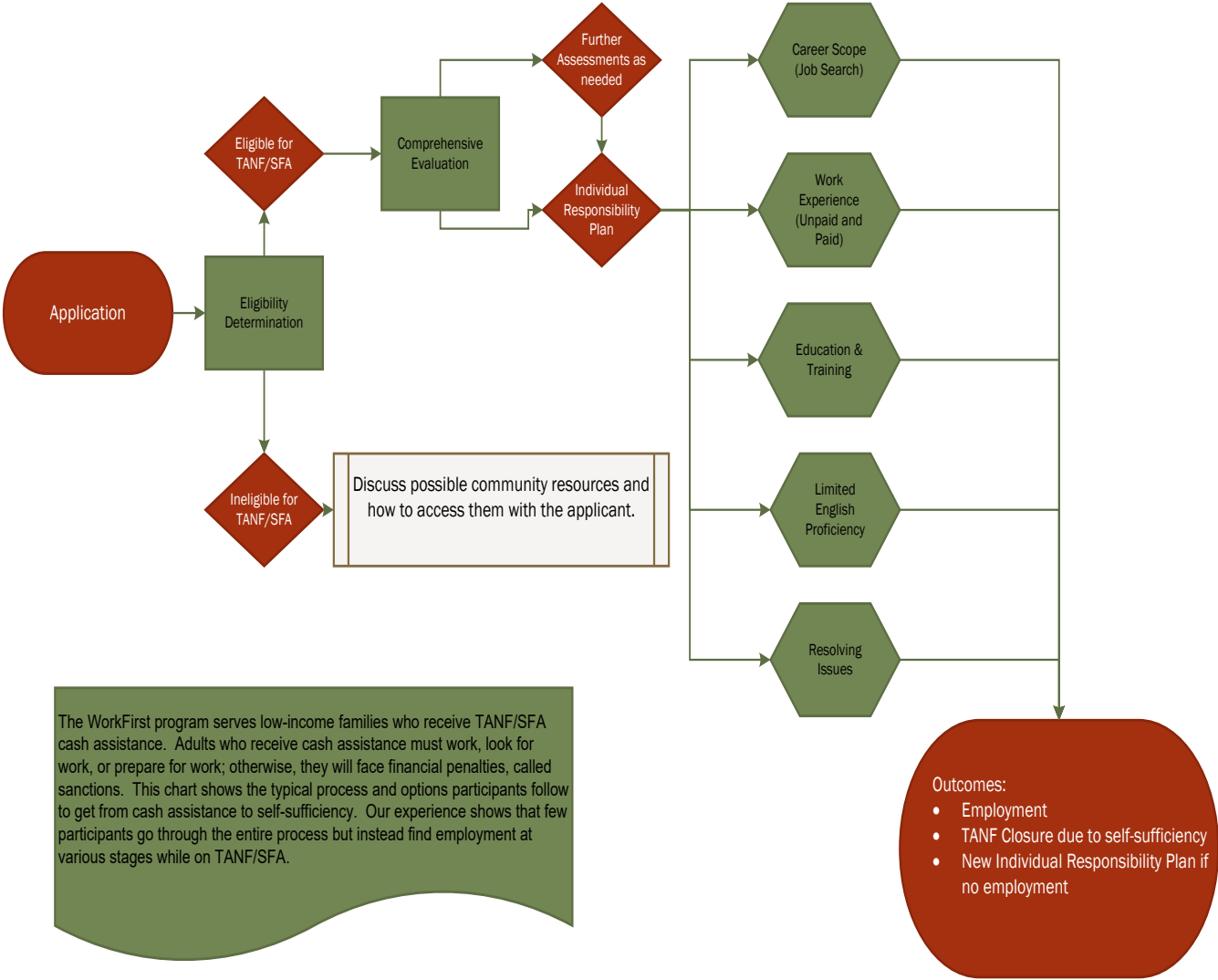
A participant may be deferred when they are addressing:

- Chemical dependency
- Family violence
- Learning and other disabilities
- Mental health
- Homelessness
- Special needs for their child

How much time must participants spend on required activities?

- The participant’s Individual Responsibility Plan sets forth activities and hours required per week to meet requirements and engage the participant in work or work-like activities.
- WorkFirst Case Managers develop Individual Responsibility Plans that require up to 40 hours of activities per week.
- Family circumstances such as homelessness, family violence, etc. are considered in developing the Individual Responsibility Plan. However, the primary goal of the Individual Responsibility Plan is to engage the participant in working, looking for work, or preparing to work.

WorkFirst Participant Flowchart



The WorkFirst program serves low-income families who receive TANF/SFA cash assistance. Adults who receive cash assistance must work, look for work, or prepare for work; otherwise, they will face financial penalties, called sanctions. This chart shows the typical process and options participants follow to get from cash assistance to self-sufficiency. Our experience shows that few participants go through the entire process but instead find employment at various stages while on TANF/SFA.

- Outcomes:
- Employment
 - TANF Closure due to self-sufficiency
 - New Individual Responsibility Plan if no employment

1200 Parental Perspective

Purpose

From a parent's perspective, explain some of the key issues parents face when they have a child with special medical, developmental, or behavioral needs, including:

- Challenges to meet the health care needs of the child;
- Work closely with the child;
- Manage parental responsibilities; and
- Deal effectively with the special medical, developmental, and behavioral needs of the child.

Common Concerns of Parents of Children with Special Needs

The parent(s) of a newly diagnosed child with special needs are often:

- Worried and scared as they try to handle their child's special needs;
- Emotionally stressed as the child's disability or chronic medical problems become apparent;
- Very busy as they may spend large amounts of time visiting medical facilities, seeking diagnosis, and obtaining services for the child.

Parents are the child's primary "case manager" even when professional social workers or other case managers are involved. The parent(s) must often:

- Make appointments and arrange transportation to medical and other service providers;
- Provide "at-home" opportunities for treatments and therapies;
- Locate equipment and services for the child;
- Locate qualified care providers; and
- Arrange for adequate respite care (when available).

Parents are often faced with additional challenges including:

- Lack of coordinated care;
- Finding information and resources;
- Meeting the needs of other family members;
- Transportation and driving;
- Child care for other children in the family;
- Facing difficult decisions;
- Involvement in therapy sessions;
- Learning medical or other treatment procedures;
- Training other providers and family members; and
- High levels of stress and "Burn-Out."

1300 Referrals to the Public Health Nurse

1310 What triggers a referral to the Public Health Nurse?

Referrals will most likely be triggered when a participant indicates that he or she will be unable to participate in WorkFirst activities because there is a child in the home with special needs and:

- Appropriate and adequate child care is unavailable;
- The parent must stay home with the child; or

- The parent must be available if the child’s school calls.

In some situations, participants may be uncomfortable with revealing to the WorkFirst Case Manager or Social Service Specialist that there is a child in the home with special needs. Therefore, it is possible that WorkFirst staff learns that a participant has a child with special needs from other sources.

Remember: It is important to ask all participants if there is a child with special medical, developmental, or behavioral needs in the home and, if appropriate, is adequate child care is available?

Are referrals to the PHN mandatory?

No, if adequate documentation of the child’s special needs already exists. Ask the participant to sign a Release of Information and obtain the documentation from the appropriate source(s) (physician, clinic, school, therapist, etc.)

The ability to refer participants to the PHN is an additional resource that is intended to assist WorkFirst staff in the development of an Individual Responsibility Plan. WorkFirst staff will be able to assist the participant in finding ways to participate in WorkFirst activities while at the same time, ensuring the special needs of the child are addressed.

Referral Process

- Only WorkFirst staff may authorize WorkFirst participant Children with Special Needs referrals to the PHN.
- Send an electronic referral to the PHN in eJAS if the LHJ has access to eJAS
- Fax the DSHS 10-255 Public Health Nurse (PHN) Summary and Recommendations form to your local Community Services Office after you have completed your visit.
https://www.dshs.wa.gov/fsa/forms?field_number_value=&title=public&=Apply

10-255	Public Health Nurse (PHN) Summary and Recommendations
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The Public Health Nurse must initiate the home visit within 5 working days of receipt of the PHN Referral.

1320 Role of the Public Health Nurse

What is the Public Health Nurse (PHN)?

- A PHN is a Registered Nurse (RN) with a college degree and special training in community health.
- PHNs are knowledgeable about children with special health care needs, as well as normal growth and development and other health related concerns the family may have.
- PHNs are knowledgeable about resources specific to their community, including health care, financial resources, food, housing, transportation, etc.

How Does a PHN Work?

- PHNs provide services in a variety of settings. PHNs are accustomed to going into people’s homes, sometimes under difficult circumstances or with clients who may be challenging to serve.
- PHNs utilize the process of “nursing assessment” of the home situation, focusing on the client.
- PHNs can assist the family in the identification and coordination of necessary care for the parent’s child.
- PHNs are accustomed to working/collaborating with physicians, nurse practitioners, therapists (Mental Health, Physical, Occupational, and Speech), social workers, schools, Developmental Disabilities, Child Protective Services, child care, case managers, and others.

- Home visits are made with an interpreter when needed.

What is a “Nursing Assessment”?

First, a reminder that words used in different disciplines often have different definitions—for example, case management, care coordination, assessment, evaluation.

A nursing assessment includes a screening for primary concerns which usually follows eleven functional categories related to health:

- Nutrition/Metabolic
- Elimination
- Sleep/Rest
- Activity/Exercise
- Cognitive/Perceptual
- Health Perception/Management
- Self-Concept/Self Perception
- Roles/Relationships
- Sexuality/Reproduction
- Coping/Stress Tolerance
- Values/Beliefs

Further assessment in areas where questions or concerns are identified.

This subjective and objective evaluation of the child and family utilizes direct observation, a face-to-face interview, and perhaps information obtained from previous knowledge about the child/family from client records.

Nursing assessment is part of the “nursing process” which includes assessment, diagnosis (problem identification), planning (with outcome development), implementation and evaluation.

These are included as a reminder that Public Health Nurses and WorkFirst Case Managers and Social Workers do have similar goals for the families with whom they work.

Completing the PHN Referral Form

- Enter the date of the referral and check the appropriate Initial or Re-evaluation box.
- Complete participant demographic information. Include both physical and mailing address.
- Complete WorkFirst referral source information.
- Describe reasons participant indicated that s/he could not participate in WorkFirst activities and why the child is being referred to the Public Health Nurse.
- Ask the participant if the child is receiving other DSHS services from another division such as Developmental Disabilities Administration or Child Protective Services. If so, include name of other DSHS Case Manager or Social Worker.
- Ask if the child is receiving services from another community social service agency such as Head Start, Early Support for Infants and Toddler Program (ESIT), WIC, etc. If so, include name of person from the other agency.
- Include any additional information that may be helpful.
- Note if an interpreter is required, and in what language.
- Be sure a release of information is signed in the appropriate language for the participant.
- Check the box if you wish the Public Health Nurse to contact you prior to the home visit.

- Fax PHN Referral form to the local Public Health Department.

1400 Case Planning

Referrals and Case Coordination

Ensure the participant is referred to all appropriate resources. Referrals may include but are not limited to:

- DSHS-Developmental Disabilities Administration;
- Early Support for Infants and Toddlers (ESIT) | DCYF;
- Head Start & Early Childhood Education & Assistance Program (ECEAP);
- Child Care Resource and Referral - <http://wa.childcareaware.org/>;
- Family Resource Coordinators associated with local ESIT programs;
- Supplemental Security Income (SSI) for the disabled;
- WIC program;
- Primary Care Provider or other medical specialist;
- Medicaid Managed Care Organization (MCO) All of the MCOs have access to care coordinators;
- Local School District; and
- Other Social Service Agencies as appropriate. When making referrals ensure the participant has:
 - The appropriate phone numbers and name(s) of contact persons;
 - Any required documentation for the referral; and
 - Knows why s/he is being referred and what may be the expected outcome.

Include referrals and contacts into the Individual Responsibility Plan. Follow-up on referrals to others is counted as “participation in preparing for work activities.”

Infants and Toddlers—Birth to Three

Infants and toddlers ages birth to three, with developmental disabilities and/or delays have the right and should be fully informed of the early intervention services available to them in Washington. These services are to be provided in accordance with the Individuals with Disabilities Act (Part C). Any family with a question or concern should be referred to a Family Resource Coordinator in their area of residence.

If you need assistance in identifying and contacting the Family Resource Coordinator in your local area you may contact the WithinReach (Formerly Healthy Mothers, Healthy Babies) at 1-800-325-2588 or Family Health Hotline at [1.800.322.2588](tel:18003222588) or also known as ParentHelp123. For additional information, go to: <http://www.withinreachwa.org/>

Referrals to the Family Resource Coordinator

Family Resource Coordinators are trained and registered by the Early Supports for Infants and Toddlers (ESIT) in Washington State. ESIT has the primary responsibility for planning and implementing the system of early intervention services in Washington, according to Public Law 102-119, the Individuals with Disabilities Education Act (IDEA).

The Family Resource Coordinator can:

- Provide information about how children under the age of 3 years grow and develop, where to turn for help, and information about the rights and procedural safeguards of the early intervention program.
- Assist in finding screening and/or evaluation to see if a child is developing like other children—in moving, talking, playing, eating, hearing, and seeing.
- Assist in connecting a family to early intervention services to help with any

developmental concerns.

- Help the family develop a written Individualized Family Service Plan, which includes documentation of services for the child and family, and assists a family in coordinating the services they have for their child.

1410 The Individual Responsibility Plan

The WorkFirst Case Manager or Social Service Specialist will:

- Review the PHN Evaluation/Recommendations form and contact the Public Health Nurse if clarification is needed.
- Meet with the participant to update the Individual Responsibility Plan.
- Determine the level of participation taking into consideration the evaluation outcomes and child care resources available to the parent.

Discuss alternatives with the participant including such factors as:

- Times participant must directly be involved with the care of the child;
- Times the participant can work, participate in activities that prepare the participant for work, or look for work; and
- Child care alternatives, e.g. can others be trained by the parent or health care professionals to care for child?
- Can child care be provided if the parent or others are available to assist the provider if necessary?
- If appropriate child care cannot be found, the parent may be deferred. The 5-year (60-month) TANF time limit will still apply.

Develop an Individual Responsibility Plan that includes activities in which the parent can participate, such as continuing to search for child care. Have the participant report progress on a regular basis and ensure the participant has been referred to, and made contact with all potential child care resources.

Multi-Disciplinary Team Staffing

The purpose of a multi-disciplinary team staffing is to gather expert information from as many sources as possible to develop a plan that will support the parent in participating in WorkFirst activities while ensuring the child has appropriate and adequate care.

If the child is receiving services from the school, other social service agencies, or other programs such as Head Start or Early Childhood Education and Assistance Program (ECEAP), Birth-to- Three, etc., it may be helpful to facilitate a multi-disciplinary team staffing.

All parties, including the Public Health Nurse, that are directly or indirectly involved in the care of the child should be invited to attend and/or provide pertinent information.

Other persons such as representatives from legal aid, the local school district, tribal or other ethnic or cultural representatives may also be invited when appropriate.

Reminder:

A multi-disciplinary team staffing can only be conducted when the parent/guardian has given written consent to release, receive, and share information concerning the child and parents ability to participate in WorkFirst activities.

Conflict Resolution

Clarifying Information

When a participant is dissatisfied with a WorkFirst decision or action, explain the basis for the action and the rules that govern the decision.

Provide a complete explanation of the available options for review of the decision or action. Also explain the complaint procedures, the right to supervisory conference and the right to request a Fair Hearing.

If resolution between the WorkFirst staff and the participant cannot be reached:

- A. Assist the participant in putting the complaint in writing, and
- B. Immediately deliver the complaint to the appropriate supervisor.

Documentation

Each Community Service Office is required to keep a log of all written complaints documenting:

- Date of complaint;
- Name and participant identification number;
- Nature of complaint;
- Participant information, e.g. race, gender, age, etc.
- Date of disposition and outcome.

Fair Hearings

Exhaust all alternatives to prevent Fair Hearings whenever possible. Ensure that all pertinent documentation has been gathered and conduct a multidisciplinary team staffing to determine that all resources have been explored.

When resolution cannot be negotiated between the WorkFirst staff and the participant, the participant has a right to file for a Fair Hearing.

Prepare for the Fair Hearing by gathering all relevant documentation.

1500 WorkFirst-Children with Special Needs Initiative – State of Work *Sample*

Purpose

The purpose of this Statement of Work is to provide in-home nursing evaluations of children with diverse medical, developmental or behavioral problems to assist DSHS to determine a participant's level of ability to take part in WorkFirst activities.

1510 Contractor Obligations

A Public Health Nurse shall:

1. Initiate contact with the participant within five (5) working days of receiving a referral by DSHS WorkFirst workers.
2. Conduct an initial evaluation, consultation, and referral that includes:
 - a. An in-home evaluation of WorkFirst participant's child's medical, developmental, and/or behavioral needs;
 - b. Case staffing with WorkFirst worker(s) and WorkFirst participant when requested by DSHS;

- c. Referral of participant to community resources, including Child Care Resource and Referral; and
 - d. One-time consultation with the parent and child care provider concerning the special needs of the child in the child care setting;
3. Provide DSHS with a written report on the initial evaluation submitted on DSHS forms. Such report shall be submitted to DSHS within ten (10) working days of the evaluation.
 4. Conduct a follow-up evaluation(s) of the child's needs when authorized by DSHS, including a written report on the evaluation submitted on DSHS forms. Such reports shall be submitted to DSHS within ten (10) working days of the evaluation.
 5. Maintain written documentation (WorkFirst Recommendations and Public Health Nurse Evaluation/Summary) and make this documentation available for review upon request by DSHS for payment verification.

1520 Compensation

The contractor shall receive payment based on the following:

Payment Point #1

\$325 for one initial evaluation, consultation, and referral for each participant.

Payment Point #2

\$225 for each follow-up evaluation.

1530 Instructions for Completing the Public Health Nurse (PHN) Evaluation and Engagement Recommendations

The primary purpose of the PHN evaluation is to document the impact of the child's (or children's) special needs on the ability of the parent to participate in WorkFirst activities. The purpose is not to document a comprehensive nursing evaluation on every aspect of the child's special needs – except as they relate to the primary purpose, or to define whether the child can be in a safe and appropriate child care setting.

The purpose of this form is to provide the necessary information to WorkFirst staff in a clear and concise manner. Explain medical diagnoses, treatments, and care needs in non-medical terminology as much as possible. Please avoid medical acronyms and abbreviations.

- Enter date of the evaluation.
- Check whether this evaluation is an initial evaluation or re-evaluation.
- Complete the parent/guardian's name and JAS number. Enter the child's name and birthdate. Complete the health condition/primary diagnosis: This may be a presumed diagnosis, even if you do not have medical records to verify.
- Complete the additional health condition/primary diagnosis: This may be a presumed diagnosis, even if you do not have medical records to verify.

Summary of Child's Care Requirements: Complete only the appropriate sections. Summarize the amount of time that the client must be available to care for the child.

Frequency should be entered in time per day, week, month (use abbreviation of da for day, wk for week, and mo for month). Total Time should be entered in hours (use abbreviation of hr for hour and hrs for hours). This should be an estimate average total time that the parent must be available to provide care for the child.

Prognosis: If this question is not easily answered, elaborate in the Care Requirements section. You may enter unknown or unsure if you don't have a good idea of the duration of time that the care needs will be needed.

Parent's ability to work: Indicate from your evaluation whether the parent could or could not work due to the child's condition. Document the reason in the "recommendations" section.

Recommendations: Document the recommendation of the services or resources that need to be available to parent before they would be able to participate in WorkFirst activities or employment or why they can't participate. Indicate the limitations to participation.

Referred to: Indicate the resources/services that you referred the family. You can document the actual resource/service in the "recommendation" section.

Re-evaluation Recommended: Indicate whether you recommend a PHN re-evaluation and the number of months until the re-evaluation.

Summary of Home Visit: Summary of evaluation with attention to issues that impact the child's and the parent's daily schedule. Include results of any assessment that was completed as part of the home visit.

Medical Issues: Indicate information about child's medical needs. Include medication, tube feedings, any treatments that might not be done by a child care provider and times parent must be available for the child's medical or therapy appointments, etc. Provide information on a daily basis if necessary.

Behavior Issues: Include information about management techniques (such as reduced stimulation in the environment, structured setting or schedule) and perceived differences in behavior in certain settings.

Transportation Issues: Dependence on Medicaid transportation, public transportation, or others for medical and therapy appointments. Reliability of personal car.

Child Care: If the child has ever been in a successful child care setting, note what made that child care successful. If child care was unsuccessful, note reasons.

Parent's or other family issues: Indicate other family issues that are affecting the child or the parent's ability to participate in WF.

School: Note amount of parent's time required to respond to child's needs while in school. Also, note in this section if the child has a one-to-one attendant or other assistance in school. Include name and telephone number of school nurse. Note the number of school days missed as reported by the parent.

Other Services: Check if the child is already known to the PHN, as well as other resources already being used by the family. Note the name and telephone number of the PHN and/or FRC who have worked with the family in the Summary of Home Visit box.

PHN name, signature, telephone number, and fax number. Include area code.

The referring WorkFirst Case Manager/Social Worker and the parent get a copy of this form. The report must be returned to the WorkFirst Case Manager or social worker within ten (10) working days of the home visit.

Special Needs Evaluation and Engagement Recommendations – DSHS 10-255



WORKFIRST - PUBLIC HEALTH
CHILDREN WITH SPECIAL NEEDS INITIATIVE
**Special Needs Evaluation and
Engagement Recommendations**

PARENT/GUARDIAN'S NAME		JAS IDENTIFICATION NUMBER	
CHILD'S NAME		CHILD'S BIRTHDATE	
EVALUATION COMPLETED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, CHECK APPROPRIATE BOX <input type="checkbox"/> Client refused <input type="checkbox"/> Client not home <input type="checkbox"/> Did not respond to mail <input type="checkbox"/> Did not respond to phone call		DATE OF EVALUATION
PRIMARY HEALTH CARE PROVIDER NAME	ADDRESS	PHONE NUMBER (WITH AREA CODE) ()	
1. Child's Information			
List the child's diagnosis and medical condition:			
Describe the care requirements of the child that affects the parent's ability to participate in normal daily work related activities. Include the total hours / day and days / weeks.			
Describe how many hours the child attends school each week and whether an IEP / 504 Behavioral Plan is in place or is needed.			
List specific services for the child that would provide needed supports to help the parent participate in work or work-like activities:			
2. Summary and Recommendations			
Given the child's condition, check the appropriate box:			
<input type="checkbox"/> The parent can participate 0 – 10 hours per week.		<input type="checkbox"/> The parent can participate more than 30 hours per week.	
<input type="checkbox"/> The parent can participate 11 – 20 hours per week.		<input type="checkbox"/> Please contact me for further information.	
<input type="checkbox"/> The parent can participate 21 – 30 hours per week.			
How long do you expect the parent will need to provide this level of care: _____			
PUBLIC HEALTH NURSE'S NAME (PRINT)			COUNTY
PUBLIC HEALTH NURSE'S SIGNATURE	DATE	PHONE NUMBER (WITH AREA CODE)	FAX NUMBER (WITH AREA CODE)

DSHS 10-255 (REV. 04/2010)

<https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/10-255.pdf>