GET STARTED

1. Make sure all staff who need to access EPIC tools have an Illinois workNet account.
2. Request access to EPIC tools. For new requests, send an email to info@illinoisworknet.com. Include the following information:
   a. Agency name
   b. Staff name
   c. Staff email address
   d. Let us know that you are requesting CBO access for EPIC tools.

BACKGROUND INFORMATION

DHS staff is completing the EPIC Intake process. The intake process includes:
- DHS staff identifying and recruiting eligible SNAP recipients/customers.
- Customers completing the EPIC application and Career Cluster Inventory assessment.
- DHS case worker recommending training programs based on baseline requirements and assessment results.
- DHS completing random assignment.
- DHS assigning EPIC services group (treatment group) customers to a training program.
- Illinois workNet system notifying CBO staff of assignment via Illinois workNet message and email.

CBOs ACCESS ASSIGNED CUSTOMERS

1. View these customers through the EPIC Partner Tools.
   a. Log into www.illinoisworknet.com and go to your dashboard.
   b. Select Partner Tools.
   c. Select the EPIC partner tool and you will see a list of customers who have been assigned to your organization.
2. Contact the customer to set up an initial appointment to engage them in services.
   a. Select the customer information link to view their profile and plan.
   b. Select the Profile tab.
   c. Select the application tab to view customer contact information.
3. If the customer does not have an email account, help them create one. Then have them log into their Illinois workNet account and update their profile to include their email.
   The customer will log into www.illinoisworknet.com and go to their dashboard.
   a. Select Update My Profile.
   b. Enter in their email address and save changes.
4. Complete the 2151 form and upload to Illinois workNet no later than 48 hours after initial appointment date.
   (Use this process until the Progress page is available).
   a. Select the customer information link from the list to view their profile and plan.
   b. Select the ISTEP tab.
   c. Select the Personal Development tab and upload the completed 2151 form. If they do not show up for the appointment, add a note in the ISTEP case notes section.
5. You can add case notes to the customers ISTEP Plan as needed. Additional information will be provided regarding using the ISTEP.

CURRENTLY IN DEVELOPMENT

- An appointment calendar for the CBO to enter open appointment times for initial customer appointments. DHS case worker will use the appointment calendar to schedule the customers first meeting before leaving the random assignment meeting.
- Progress page and Enrolled Customer Dashboard to communicate progress of customers enrolled in the EPIC SNAP E&T Services Group.

Mock Up - DHS view after assignment to the treatment group

Send email/message with appointment reminder that can update outlook (and other) calendars.

Mock Up - CBO Schedule/View Appointments
Interim Process for CBOs
Engaging EPIC Enrolled Customers
July 2016 v FINAL

Mock UP - CBO Updates Progress Page

CBO will complete online form that will populate the required IDHS 2151A Form

Initial CBO Appointment
Scheduled Date: 3/16/2016
Upload completed 2151 Form After Initial Appointment

Customer Profile Information

Training Program Placement
Program Assignment
Medical Assistant Employment Prep Program
Employment Services Only
Assign customer to a different CBO.

Change in Activity/ Monthly Update
Submit 2151A Form

If CBO decides customer is not a good fit, there are 2 options. Provide Employment Services Only or request for them to be assigned to a different CBO.

If they are un-assigned from a training program, the count of customers assigned to the training program will automatically be adjusted in the system.
### Required IDHS 2151A Form

**Change Progress Report Form**

**6A(1 Year)**

#### CLIENT INFORMATION
- **Person Served:**
- **Birth Date:**
- **Male**
- **Female**
- **SSN (last 4 digits):**
- **Case Name:**
- **IDHS Case Number:**
- **RIN:**
- **Address:**
- **City:**
- **Zip Code:**

#### IDHS OFFICE
- **IDHS Office Name (#):**
- **Local Office Liaison:**
- **Address:**
- **Phone:**
- **City:**
- **Zip Code:**

#### PROVIDER INFORMATION
- **Provider:**
- **Address:**
- **City:**
- **Zip Code:**
- **Phone:**
- **Fax:**
- **Contact:**

#### Use one Change Progress Report per activity: You may fill out only the bottom portion and staple to the top.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
<th>Time or start date</th>
<th>Hrs./Week/Monthly</th>
<th>Activity for TANF or SNAP EST</th>
<th>Code</th>
<th>Time or start date</th>
<th>Hrs./Week/Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsidized Work</td>
<td>NA</td>
<td></td>
<td></td>
<td>Job Search/Readiness</td>
<td>200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work First - TANF</td>
<td>211</td>
<td></td>
<td></td>
<td>Vocational Training</td>
<td>350</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Skills Training - TANF</td>
<td>222</td>
<td></td>
<td></td>
<td>Basic Education - ABE</td>
<td>333</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Sec Ed/GPA-TANF</td>
<td>300</td>
<td></td>
<td></td>
<td>Basic Education - GED</td>
<td>354</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voc Training/2.5 GPA-TANF</td>
<td>301</td>
<td></td>
<td></td>
<td>Basic Education - HS</td>
<td>355</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Sec Education - TANF</td>
<td>342</td>
<td></td>
<td></td>
<td>Work Experience</td>
<td>530</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Service-TANF</td>
<td>346</td>
<td></td>
<td></td>
<td>Self-Employment</td>
<td>540</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Retention</td>
<td>541</td>
<td></td>
<td></td>
<td>Child Under 1</td>
<td>781</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Readiness - SNAP &amp; TANF</td>
<td>215</td>
<td></td>
<td></td>
<td>Substance Abuse</td>
<td>703</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earn &amp; Learn - SNAP E&amp;T</td>
<td>453</td>
<td></td>
<td></td>
<td>Domestic Violence</td>
<td>784</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earn &amp; Learn - SNAP E&amp;T</td>
<td>454</td>
<td></td>
<td></td>
<td>Mental Health</td>
<td>785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Work - SNAP E&amp;T</td>
<td>531</td>
<td></td>
<td></td>
<td>Other</td>
<td>785</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Check the client's progress on the activity:**
- **Situation worsens**
- **No progress**
- **Recommended course of action for the client**
- **Program completed**

---

**Job Skills Training - TANF (222):**
- Includes any training or retraining directly related to employment. The training develops or enhances a client's skills in the areas of typing, reading, math, or written business communication, or new technology. For TANF, counts if combined with 15 hours of another allowable activity.

**Post Sec Ed 2.5 GPA - TANF (201):**
- Programs that result in an associate's or bachelor's degree or a 3-year degree in a specialized field. For TANF, add one hour of study time for each classroom hour. Count the program as 2.5 hours of a 3-hour maintained while in full-time attendance.

**Vocational Training 2.5 GPA - TANF (201):**
- Usually short term programs that prepare clients for a specific type of work. For TANF, add one hour of study time for each classroom hour. Counts for 12 months maximum, but can be extended by combining with 20 hours of another allowable activity. Count the program as 2.5 hours of a 3-hour maintained while in full-time attendance. After 12 months, the TANF client must meet the work requirements.

**Post Sec Education - TANF (245):**
- Programs that result in an associate's or bachelor's degree in a specialized field. For TANF, add one hour of study time for each classroom hour. Counts for 12 months maximum, but can be extended by combining with 20 hours of another allowable activity. After 15 months, the TANF client must meet the work requirements.

**Community Service-TANF (246):**
- Unpaid work that client finds and arranges such as for a school, church, non-profit, or government agency.

**Earn & Learn - SNAP E&T (453):**
- Unpaid work that client finds and arranges such as for a school, church, non-profit, or government agency.

**Earn & Learn - SNAP E&T (454):**
- Unpaid work that client finds and arranges such as for a school, church, non-profit, or government agency.

**Community Work - SNAP E&T (531):**
- Unpaid work that client finds and arranges such as for a school, church, non-profit, or government agency.

---

**Job Search/Readiness (200):**
- Includes work experience and job readiness workshops. In a SNAP E&T situation, job search may be for no more than 3 weeks with 12 consecutive months per period. For TANF, job search must total 4 hours of activity. A TANF client may only participate in 4 consecutive weeks, not over 6 works in a 12-month period. The search period can be extended by combining with 10 hours of another allowable activity. After 12 months, the TANF client must meet the work requirements.

**Vocational Training (200):**
- Includes job placement activities, job club and job readiness workshops. In a SNAP E&T situation, job search may be for no more than 3 weeks with 12 consecutive months per period. For TANF, job search must total 4 hours of activity. A TANF client may only participate in 4 consecutive weeks, not over 6 works in a 12-month period. The search period can be extended by combining with 10 hours of another allowable activity. After 12 months, the TANF client must meet the work requirements.

**Basic Education - ABE (183):**
- Includes basic and remedial education. For TANF, add one hour of study time for each classroom hour. EDC not tied to work is countable. After 24 months, the TANF client must meet the work requirements.

**Basic Education - GED (504):**
- High School classes to secure diploma. For TANF, add one hour of study time for each classroom hour. After 24 months, the TANF client must meet the work requirements.
### Interim Process for CBOs
#### Engaging EPIC Enrolled Customers

**July 2016 v FINAL**

<table>
<thead>
<tr>
<th>Basic Education - HO (355) (countable T.S. only)</th>
<th>Work Experience (536)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Employment (540)</td>
<td>Job Retention (541)</td>
</tr>
<tr>
<td>Child Under One (781)</td>
<td>Alcohol/substance abuse (783)</td>
</tr>
<tr>
<td>Domestic Violence (784)</td>
<td>Mental Health (788)</td>
</tr>
</tbody>
</table>

Clients placed in a supervised assignment with public, private, or not-for-profit employers, organizations, and governmental agencies that have an agreement with the Department. A formal agreement is needed between the provider and work experience sponsor. The Department pays worker’s compensation. The activity is subject to fair labor standard laws.

Includes self-employment development training program and technical assistance programs.

Includes training on job related issues, job coaching and counseling, and follow-up with employers to address issues or problems on the job.

Used to report activities for an exempt person with a child under age one, if no other activity code applies. Counseling or group sessions to explain the benefits of establishing paternity and obtaining support related to education, other activities that help the family toward self-sufficiency.

Client is actively participating in treatment services to address substance problem which impedes self-sufficiency.

Client is actively participating in service to cope with domestic violence issues which impedes self-sufficiency.

Client is actively participating in mental health counseling services to address the issues which impede self-sufficiency.

Rehabilitation services, foster parenting, or other program.

---

### Check the client's progress on the activity:

- [ ] No progress
- [ ] Minimal progress
- [ ] No non-cooperation
- [ ] Acceptable progress
- [ ] Substantial progress
- [ ] Non-cooperation
- [ ] Only

- [ ] Case plan completed
- [ ] Recommended course of action for the client
- [ ] Program completed
- [ ] No change/continuous SP
- [ ] Amend SP (copy attached)
- [ ] Joint staffing needed
- [ ] Additional referrals
- [ ] Recommend sanction

---

### Client went to work

- Employer Name: ___________________________
- Phone: _______________________
- Address: ___________________________
- City: ___________________________
- Zip: _______________________
- Job Title: ___________________________
- Start Date: _______________________
- Wages/hour: _______________________
- Health Insurance: [ ] Yes [ ] No

Check any change in supportive service needs

<table>
<thead>
<tr>
<th>Type of Supportive Service</th>
<th>Funds Provided</th>
<th>Note</th>
<th>Referral</th>
<th>Request Parent</th>
<th>DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Search allowance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TANF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ ] No longer appropriate for provider services. Provide reason.

Provider Signature: ___________________________

Date: _______________________

---

### State of Illinois
#### Department of Human Services

**Change Progress Report Form 6A (1 Year)**

**NOTE:** Activities listed below in bold print represent those work or work-related activities which meet TANF federal participation guidelines when applied to single parent families (category 04) or two parent families (category 05). Single-parent families must participate in counted activities 30 hours per week. Two-parent families must participate in counted activities 30 hours per week. If there is a time restriction for a TANF client’s participation in that activity to count for federal participation, it is indicated in the description section.

<table>
<thead>
<tr>
<th>Activity/Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsidized work - TANF</td>
<td>Training activity in which client obtains a job on a full or part time basis with a public or private employer which received a subsidy for providing training. During the training program, clients engage in work which enables them to gain skills and knowledge needed to retain employment at program end, or obtain other employment where skills can be utilized. Income received is budgeted like earnings by the local office and is picked up through normal income codes. For TANF, limited to 3 months in length.</td>
</tr>
<tr>
<td>Work First - TANF (04)</td>
<td>Families designated as an O4 case are placed on subsidized work assignment 30 hours/month. Two-parent families work 30 hours/month</td>
</tr>
<tr>
<td>Other (789)</td>
<td></td>
</tr>
</tbody>
</table>

IL444-2151A (R-4-10)  

Page 2 of 3

---

### State of Illinois
#### Department of Human Services

**Change Progress Report Form 6A (1 Year)**

**COMMENTS:**
### Mock Up - Enrolled Dashboard

<table>
<thead>
<tr>
<th>CBO Enrollment Verification Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Pending - Scheduled Appointment</td>
<td></td>
</tr>
<tr>
<td>Referral Pending – Enrollment Verified Past Due</td>
<td></td>
</tr>
<tr>
<td>Referral Pending – Appointment No Show</td>
<td></td>
</tr>
<tr>
<td>Appointment Complete &amp; Enrollment Verified</td>
<td></td>
</tr>
<tr>
<td>DHS indicated Customer NOT Currently Snap Eligible</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommended Course of Action (based on most recent 2151A form)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CBO Need to upload - Past Due</td>
<td></td>
</tr>
<tr>
<td>DHS to review 2151a Current – Amend SP</td>
<td></td>
</tr>
<tr>
<td>2151a Current – Joint Staffing Needed</td>
<td></td>
</tr>
<tr>
<td>2151a Current – Additional Referrals</td>
<td></td>
</tr>
<tr>
<td>2151a Current – Recommend Sanction</td>
<td></td>
</tr>
<tr>
<td>2151a Current – No Change/Continue SP</td>
<td></td>
</tr>
<tr>
<td>Program Complete</td>
<td></td>
</tr>
</tbody>
</table>