# **JOBS UPDATES**

# Job Opportunities and Basic Skills Program

WORK VERIFICATION POINTS UPDATES

JANUARY 2020

## **JOBS Audit Reviews: Incomplete Verification**

Did you know that approximately 60% of our QC JOBS Audit Review Errors are related to missing and/or incomplete verification? A 100% accuracy rate in these two categories is something that is achievable by all of us. And we're going to show you how.

#### **Common Trend – Education or Training Attendance Report (DHS 7861)**

Did you know this form is most often used to capture attendance for the Vocational Training (VT) and Self-Initiated Training (SI) steps.

#### Common Errors:

- o Missing school official signature, printed name and phone number
- Missing name of school
- o Incorrect week span

## • SI – Self-Initiated Training Documentation Must Contain:

- o Participant's name
- Actual hours of class/training
- Name of school or training organization
- Name and phone number of person verifying hours
- Certification of daily supervision

#### VT – Vocational Training Documentation Must Contain:

- Participant's name
- Actual Hours of class
- Name of school
- Name of person verifying hours

In the proceeding example, you will see how a correctly completed 7861 should look. A special note, should you receive an attendance form that is missing information such as the school

name or phone number, you can fill this information in for your Oregonian. You are also allowed to take a verbal signature, but make sure to narrate this on the school official's signature block and include the individual's phone number and the date of contact on the date block.

I certify that the cli	ent h	as been su	pervised dai	ly:					
Worker signature: ( A Company								1/22/2020	
Name of school:	Por	tland Stat	e Universit	y					
To be completed by: School official					To be completed by: Student				
Attendance week (Example: Oct 4 – 10, 2008)			Number of hours attended (including class, lab, clinical, internship hours)		Did you do homework this week?			DHS use only	
1/11/2020 - 1/17/2020			8	3	XY	es No			
					Y	es No			
					Y	es No			
					Y	es No			
					Y	es No			
Dr. Do Good				03-123-4567	1	01/17/20			
School official's signature and printed name					Phone number			Date	
Date	Date Reason(s) I missed class or training								
The information I I eligible for DHS pr				ite. I understand	that I must	attend classe	s or train	ing to remain	
Participant's signature:				U		Date:		01/17/2020	
The Department of who qualify. DHS v religion, political b because of any of t	will n eliefs hese i	ot deny hei or disabil reasons.	lp to anyone lity. You can "Equ:	based on age,	race, color, r nt if you think r is the Law'	national orig DHS discri	in, sex, s minated	exual orientation, against you	
Clear form		Prin	t form	Page 1	of 1			DHS 7861 (6/09)	

If you have any questions, please contact: <a href="mailto:TANF.Policy@dhsoha.state.or.us">TANF.Policy@dhsoha.state.or.us</a>

TANF Analyst Hour Information and Q&A can be located at the following link: <a href="http://www.dhs.state.or.us/caf/ss/tanf/analyst\_hour.html">http://www.dhs.state.or.us/caf/ss/tanf/analyst\_hour.html</a>