

Date:	Participant's Name:	CIN Number:	OBWP:
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Sanction Compliance – Career Exploration Sign-off

Deadline to Complete Sanction Compliance: _____

Note: Each consumer has 14 days from the scheduled Orientation date to complete the sanction compliance activities and they must be completed before the last day of the minimum sanction period.

The Consumer must document all Sanction Compliance activities prior to OWF/TANF cash assistance benefits being considered for reinstatement. The Sanction Compliance Worker must initial each session and document completion of the entire packet. Notification will be sent to HCJFS and an assessment appointment will be scheduled to complete a new case plan.

<input type="checkbox"/>	Requirement 1 – Register for the electronic Ohio Means Jobs (e-OMJ) and set up your Virtual Backpack at www.ohiomeansjobs.com . Print out confirmation and turn in with Sanction Compliance packet. (1hr)		
<input type="checkbox"/>	Requirement 2 – Take the e-OMJ Career Interest Survey in your Virtual Backpack. Log on to website www.ohiomeansjobs.com and answer all the questions to determine your interests. (1hr)		
<input type="checkbox"/>	Requirement 3 – Complete at least two (2) career research activities using career interests survey results from Requirement 2. (2hrs) Log on to www.ohiomeansjobs.com website. Use the results from your Career Interest Survey and use the Search Occupations button in your Virtual Backpack for career information. Document needed information on Career Exploration worksheet.		
<input type="checkbox"/>	Requirement 4 – Complete WorkKeys; Math, Graphic Literacy, and Workplace Documents Assessments. Print certificates when completed and submit to your worker. (3hr)		
<input type="checkbox"/>	Requirement 5 – Attend meeting with Employment Service Provider to complete employability assessment (1hr) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Employment Service Provider Signature</td> <td style="width: 30%;">Phone</td> </tr> </table>	Employment Service Provider Signature	Phone
Employment Service Provider Signature	Phone		
<input type="checkbox"/>	Requirement 6 – Attend meeting with Employment Service Provider to create a Resume (1hr) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Employment Service Provider Signature</td> <td style="width: 30%;">Phone</td> </tr> </table>	Employment Service Provider Signature	Phone
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<input type="checkbox"/>	Requirement 7 – Attend meeting with Employment Service Provider to practice interviewing (1hr) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Employment Service Provider Signature</td> <td style="width: 30%;">Phone</td> </tr> </table>	Employment Service Provider Signature	Phone
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<input type="checkbox"/>	Requirement 8 – Complete 9 job applications and document your search on the HCJFS 2518 - Job Search Log. (2hrs)		
<input type="checkbox"/>	Requirement 9 – Turn in and review Sanction Compliance packet with Sanction Compliance worker to ensure all activities have been completed. (1hr) Complete an assessment and new case plan.		

My signature below certifies the information listed above is accurate and complete in accordance with my participation in the Sanction Compliance Process. Any falsification of this document will result in OWF/TANF cash assistance being DENIED.

Participant's Signature:	Date:
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Sanction Compliance – Career Exploration Worksheet

Log on to www.ohiomeansjobs.com

Occupation/Career Industry Group:	Occupation:	
Typical Education Required:	Education Level I have Completed:	Average Pay:

Required			
Skills:			
Knowledge:			
Abilities:			
Personality:			
Ohio Employment Trend (Projected Openings):			

Answer the following in your own words:

What do people in this occupation do?

How do I become one?

Why am I interested in this career field?

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Job Search Form

Report Month/Year: _____

***Activity Key:** **MTM = Met the manager** **APP = Completed Application** **INTR = secured an interview** **DC = Direct Contact**

Date	Time		Employer Name or Activity Location	Job Search Activity* (MTM, APP, DC, etc.)	What did the Employer say?	Follow-up Action
	Start	End				

My signature below confirms that I was given a Labor Market Research Form to keep track of my job searches and my case worker explained how to complete it.		
Participant's Signature:	Date:	Total Time Spent Actively Job Searching:

Check here if this is a Sanction Compliance:

<p>Submit completed forms to your Case Worker</p> <p>By completing and submitting this form to <i>Community Link/CCMEP</i>, you are authorizing staff to contact the organization named above. The organization will be contacted to verify the purpose of the organization and verify the information you've submitted, your attendance, and participation status.</p>
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