

Module 2: Enrolling a new participant

This section reviews:

[BFET Eligibility Requirements](#)

[Enrollment process and Forms](#)

[Using the BFET Eligibility tool in eJAS](#)

[BFET Eligibility tool to open Components](#)



BFET Eligibility

An individual may qualify for BFET if they receive Basic Food Assistance and meet the following requirements:

- Is age 16 or older (there are additional requirements to serve 16-17 year olds) and
- Is able to work at least 20 hours per week
 - For participants with a verified disability, such as active SSI recipients or temporary workers compensation recipients, use the participant's statement or participant-provided documentation to determine BFET eligibility.

BFET Eligibility

YOUTH SERVICES

- Youth ages 16 to 21 may participate in BFET programs if they receive Basic Food benefits independently or through their guardian/parent's case.
- BFET **cannot** assist Youth completing secondary education or High School Equivalency (HSE) classes (see [High School Equivalency](#) section). Youth may participate in vocational education programs if they have received or are in the process of receiving their **HSE**. Youth 16 years and older do not require parental consent to participate in BFET.
- State law provides free educational services for children and young adults up to age 21, therefore secondary education and HSE classes for this population are not reimbursable. High School Equivalency costs for adults over the age of 21 are allowed. PR designed to help the child remain in school by eliminating barriers; counseling or tutoring can be provided and reimbursed by the program, as long as they are not otherwise provided free or at reduced cost through another source.
- Youth 16 years and older do not require parental consent to participate in BFET.

BFET Eligibility

Running Start Students

Youth participating in the Running Start program are eligible for BFET if they meet the following requirements:

- The student must complete the IEP and make a specific documented declaration that their goal is employment upon completion of the AA.
- Books, fees and any PR must be directly related to the AA degree. High school classes are excluded.
- Must maintain a GPA of at least 2.0 each quarter.
- Must be at least 16 years old, and sign the DSHS 14-012 consent form.

See BFET Provider's Handbook for further details and additional requirements

BFET Eligibility

An individual is not eligible to receive BFET services if they receive any of the following benefits:

- State-funded Food Assistance Program (FAP) benefits.
- Temporary Assistance for Needy Families (TANF).
- Other cash assistance under Title IV such as Tribal TANF.
- Refugee Cash Assistance (RCA). There are exceptions to this rule. See the Handbook, [Eligibility \(wa.gov\)](#).

BFET Eligibility

NON-COVERED SERVICES

- 4-year College degree
- Bachelor of Applied Science (BAS) degrees
- Associate in Arts Direct Transfer Agreement (AA-DTA)
- On the job training wages
- Workfare or
- Stipends provided in certain training programs

Enrollment Forms

Required forms

- BFET IEP
- Consent Form
DSHS 14-012

Standard forms available on

<https://www.dshs.wa.gov/esa/provider-resources>

Alternative versions of forms

- All requests to use custom forms must be approved by policy staff
- Alternative forms must be re-approved each contract year
- Required to keep documentation of policy approval for annual contract monitoring

eJAS ID#

Enrollment Forms- Consent Form

AKA: Release of Information, ROI, DSHS 14-012

This form creates the link between your BFET program and DSHS

-It is how the DSHS client gives you permission to access their confidential client information in eJAS

-Must be signed **before** accessing eJAS to check eligibility

-Must be renewed when it has expired based on the length of time checked.

-Form is kept in the Participant File

[Consent Form](#)

Updated 08/2023

Client Identification		
NAME	DATE OF BIRTH	IDENTIFICATION NUMBER
ADDRESS	CITY	STATE ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	OTHER INFORMATION	

Consent

Notice to Clients: The Department of Social and Health Services (DSHS) can help you better if we are able to work with other agencies and professionals that know you and your family. By signing this form, you are giving permission for DSHS and the agencies and individuals listed below to use and share confidential information about you. DSHS cannot refuse you benefits if you do not sign this form unless your consent is needed to determine your eligibility. If you do not sign this form, DSHS may still share information about you to the extent allowed by law. If you have questions about how DSHS shares client confidential information or your privacy rights, please consult the DSHS Notice of Privacy Practices or ask the person giving you this form.

Consent

1. I consent to the use of confidential information about me within DSHS to plan, provide, and coordinate services, treatment, payments, and benefits for me or for other purposes authorized by law. I also grant permission to DSHS and the below listed agencies, providers, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or electronically, by mail, or hand delivery.

Reason for Disclosure: This information is required before DSHS can share drug and alcohol or mental health records. If you do not fill in this field, DSHS will note the reason for disclosure as being at your request. Please check all below who are included in this consent in addition to DSHS and identify them by:

Health care providers: _____

Mental health care providers: _____

Substance use disorder service providers: _____

Other DSHS contracted providers: _____

Housing programs: _____

School districts or colleges: _____

Department of Corrections: _____

Employment Security Department: _____

Social Security Administration: _____

See attached list

Other: _____

2. Reason for disclosure: Confidential Personal Other

3. I authorize and consent to share the following information (check all that apply):

All my client records Records on attached list

Only the following records

Family, social and employment history

Treatment or care plans

Payment records

Individual assessments

School, education, and training

Mental health care information (specify): _____

Health care information (specify): _____

Other (list): _____

Check and include organization name & address

Check

Length of time

CONSENT DSHS 14-012 (REV. 03/2023) Page 1 of 3

Client Identification		
NAME	DATE OF BIRTH	IDENTIFICATION NUMBER
Please note: If your client records include any of the following information, you must also complete this to include these records.		
I give my permission to disclose the following records (check all that apply):		
<input type="checkbox"/> Mental health	<input type="checkbox"/> HIV/AIDS and STD test results, diagnosis, or treatment	<input type="checkbox"/> Substance Use Disorder
<ul style="list-style-type: none"> This consent is valid for one-year or <input type="checkbox"/> until _____ (date or event). I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared. I understand that records shared under this consent may no longer be protected under the laws that apply to DSHS. A copy of this form is valid to give my permission to share records. 		
SIGNATURE	DATE	
WITNESS / NOTARY SIGNATURE, IF APPLICABLE	WITNESS / NOTARY PRINTED NAME	DATE
PARENT OR OTHER REPRESENTATIVE'S SIGNATURE	TELEPHONE NUMBER (INCLUDE AREA CODE)	DATE
If I am not the subject of the records, I am providing this as proof of authority:		
<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian (a)	<input type="checkbox"/> Other: _____

Signatures & Date

Enrollment Forms- Individual Employment Plan

AKA: IEP

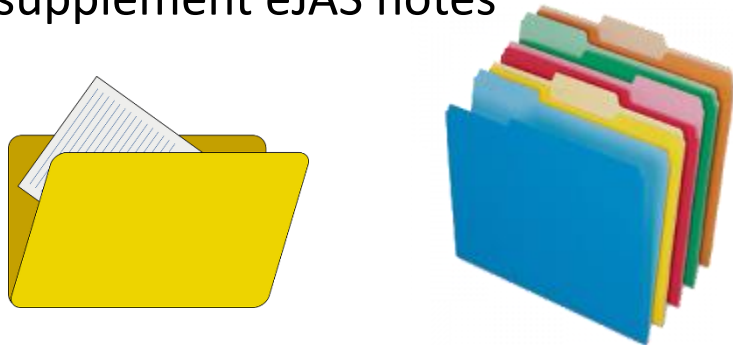
- The foundation of the client's BFET plan:
 - Assessment of skills, qualifications and employment barriers
 - Employment goal
 - Employment plan
 - Participation requirements

Form is kept in the Participant File

- Must be completed **before** opening a component
- IEP must be **updated**
 - **Annually** (minimum).
 - When an activity changes.For example:
 - When a participant completes a training.
 - When a participant's employment goal changes.
 - When a participant adds or discontinues an activity.

Participant Files

- A Participant File must be kept for each BFET participant.
 - Can be kept in **paper** or **electronic** format or a **combination** of paper and electronic.
 - They will be reviewed as part of the annual BFET program and fiscal monitoring.
 - File is to supplement eJAS
 - Notes in the file may further detail or supplement eJAS notes



Participant files must contain the following information:

- Intake and Assessment
- DSHS Consent Form (DSHS 14-012)
- BFET Individual Employment Plan (IEP)
- Certificates received/obtained
- Wage verification if receiving retention services
- Job Logs for all SJS activities - If not already documented in eJAS
- Participant progress
- Participant Reimbursements and receipts

eJAS BFET Eligibility

BFET Eligibility link from the home page opens a tool where you can enter the potential new participant's SSN or eJAS ID and eJAS will determine if they meet BFET eligibility requirements.

If they are eligible, you will be able to enroll the participant and open components

BASIC FOOD E&T CONTRACTOR

[BFET Eligibility](#)
[What's New](#)

[E&T Reports](#)
[WorkFirst Reports](#)

BFET Authorization

Home Help

Enter Contractor Code ?

Enter SSN - -

Or

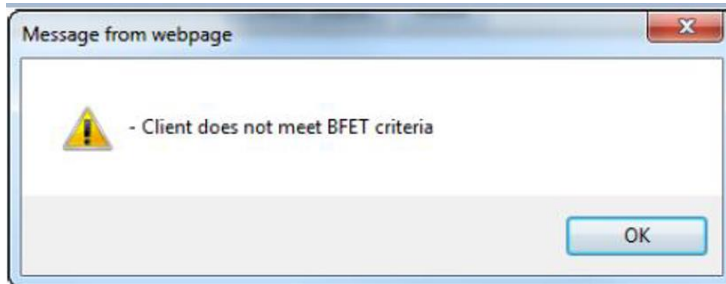
Enter ID

Check Status Reset

After you click "Check Status" one of 6 results messages will show in a pop up window

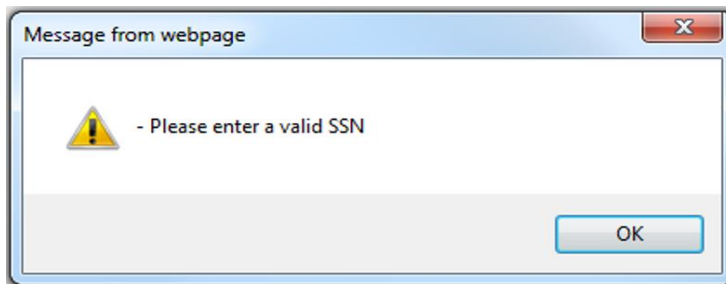
****Reminder**** Consent Form must be completed before checking eligibility in eJAS

Results messages



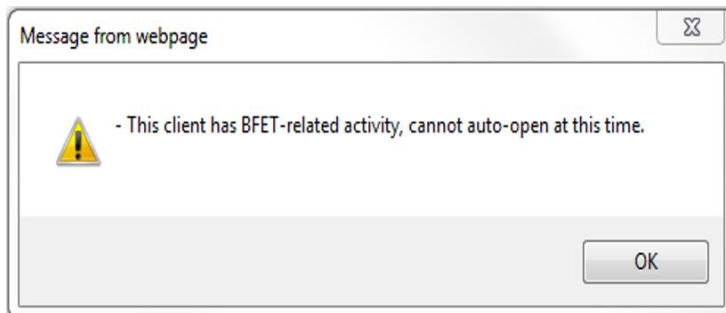
“Client does not meet BFET criteria”

- Confirm with client they are receiving Basic Food from Washington, not receiving TANF or RCA cash assistance
- If client confirms meeting requirements, submit an Eligibility List for Operations team to review the case



“Please enter a valid SSN”

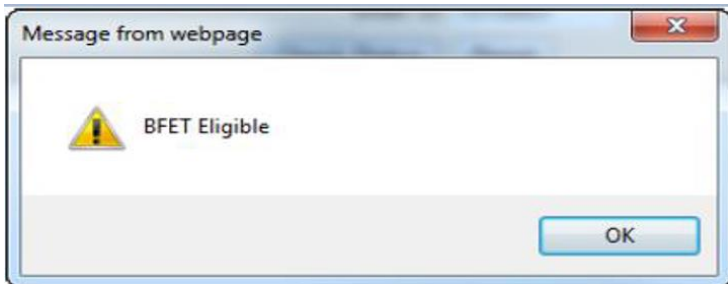
- Double check that the SSN entered was correct
- Confirm client is currently receiving Basic Food from Washington
- If client confirms both, submit an Eligibility List for Operations team to review the case



“This client has BFET- related activity, cannot auto-open at this time”

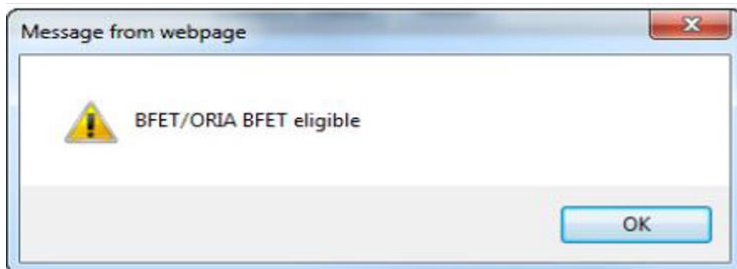
- Check Historical report or use Client Search function to see if client has participated with your agency within the past 31 days.
 - If so, access the client case to add a component
 - If not, submit an Eligibility List for the Operations team to open component(s)

Results messages



“BFET Eligible”

- Yay!
- Click “OK” to move to next page and open component(s)



“BFET/ORIA BFET Eligible”

- Yay!
- Click “OK” to move to next page and open component(s)
 - If your agency has both BFET and ORIA BFET contracts, enroll the client and open components with the ORIA BFET contractor code



“This client is ineligible for ORIA BFET. Please consider referring this person to another BFET contractor for services”

- If your agency has both BFET and ORIA BFET contracts, re-do BFET eligibility under the BFET contractor code and enroll the client and open components with the BFET contractor code

Opening Components

After the “BFET Eligible” or “BFET/ORIA BFET Eligible” result message, click “OK” and this screen will open.


Select the component type that corresponds to the activity/component in the participant’s IEP

- Enter the Start Date
- Enter the number of Hours per week of anticipated participation
- Enter the Scheduled End Date

When finished, click “Save”

BFET Authorization

[Home](#) [Help](#)
[Save](#)

Enter Contractor Code  Enter SSN - -
Or
Enter ID
[Reset](#)

Client Name: PROD, COPY1638399

Component	Start Date	Hours	Scheduled End
<input type="text" value="Component"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Component"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Component"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Component"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Component"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- BB
- BC
- BG
- BK
- BL
- BR
- CF
- CS
- FP
- FT
- GE
- OA
- PT
- SL
- WB

Multiple components can be opened at the same time

See BFET Provider’s Handbook for component details and requirements regarding hours and Start/End dates

Notes on BFET Eligibility Tool

Note: The “Component” drop down menu lists a GE component – please do not use this. It is not a BFET component

Selecting dates:

- BL, BK, SL components cannot be opened for more than 91 days at a time.
- BR, WL and WN component cannot be opened for over 90 days at a time.
- Educational components: BB, BG, EN, IA, IB, and IC can be opened for a maximum of 150 days but can be extended upon expiration.

BFET Authorization

Home | Help

Save

Enter Contractor Code ZXZ ?

Enter SSN - -

Or

Enter ID 50636345

Reset

Client Name: PROD_COPY1638399

Component	Start Date	Hours	Scheduled End
<input type="text"/> C BB nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C BC nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C BK nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C BL nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C BR nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C CF nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C CS nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C FP nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C FT nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C GE nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C OA nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C PT nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C SL nt	<input type="text"/>	<input type="text"/>	<input type="text"/>
C WB nt	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: For BFET participation the 1st and last days are included in the day count.

*There is a handy [90 day calendar](#) on the Provider Resource website to quickly determine 90 days from a start date.

Client Notes

After components are entered and you hit "Save" the Client Screen will open.

- [E&T Component Information](#)
- [Employment Information](#)
- [Client Notes](#)
- [Payments](#)
- [Strategies For Success](#)
- [Commerce Program Plans](#)

Click on the **Client Notes** link to enter your required Initial Client Note to document the Participant's *employment goal* and *planned BFET activities*

JAS Notes

Add New JAS Notes

Notes Summary

Print

[Open General Search Options](#) [Note/CE/Assessment Search](#)

Notes

BFET Eligibility Auto-checked
MELISSA JONES CSD BFET TEAM 10/21/2020 11:43:36
Client eligible for BFET/ORIA BFET

When the BFET Eligibility tool is used, eJAS automatically enters a note to document the date/time/result message.

Questions??

For any eJAS related questions or for assistance please don't hesitate to contact your assigned BFET Field Operations team member or email BFETHelp@dshs.wa.gov

