



### Module 7: Participant Reimbursements

This section reviews:

Participant Reimbursement requirements

Participant Reimbursement Directory

Participant Reimbursement forms

**Entering PR into eJAS** 

**PR Documentation** 

Making changes to PRs in eJAS



eJAS Workaround for PR Maximum Limits

Updated 08/2023

Washington State Department of Social and Health Services

The BFET program allows for the use of participant reimbursement (PR) to support approved activities.

- PR's are transitional by nature and are not an ongoing supplement.
- They are intended to help an individual during their participation in any BFET activities including employment.
- PRs are not an entitlement, and must be carefully managed.
- PRs cannot be available through another government program or private source.
- PRs cannot be used to pay bad debt such as outstanding fines or fees or make on-going regular payments.
- Providers cannot use personal funds to pay for PR's.

The PR categories, allowable support services, guidance and reimbursement limits are detailed in the <u>Participant Reimbursement Directory</u> found in the BFET Provider's Handbook.

The BFET program allows for the use of participant reimbursement (PR) to support approved activities.

- PR should be <u>reasonable</u> and <u>necessary</u> for a participant to engage in a BFET activity.
  - A cost is <u>reasonable</u> if, in its nature and amount, it does not exceed that which a prudent person would pay under the circumstances.
  - <u>Necessary</u> costs are incurred to carry out essential functions, cannot be avoided without adversely affecting participant outcomes and do not duplicate existing efforts.

Suggested questions to ask when considering the issuance and level of participant reimbursement include the following:

- Is the participant reimbursement reasonable and necessary for participation in the BFET component?
- What resources does the participant have available?
- Are there other resources in the community that can help with this cost?
- Is there a lower cost alternative available?
- For reimbursements such as tools or assistance with licenses and fees, will these issuances result in employment?

Participant Reimbursement services may be provided to the participant, as stated up to the prescribed limits in the <u>Participant Reimbursement Directory</u>

The PR Directory can be found in the BFET Provider's Handbook. It includes a breakdown of the PR types, description of the support services allowed, guidance for allowable PR within each PR type, and if applicable annual limits for the PR category.

	andook		
Participant Reimbursement Directory			
Participant reimbursements (PR) (support services) are transitional by nature and are not an ongoing suppleme are not an entitlement, and must be carefully managed. PRs cannot be available through another government p regular payments.	nt. They are intended to help the participant during their participation in any BFET activiti rogram or private source. They cannot be used to pay bad debt such as outstanding fine:	ies to include employment. PRs s or fees or make on-going	
PR should be <u>reasonable and necessary</u> to engage in a BFET activity. A cost is reasonable if, in its nature an decision was made to incur this cost. Necessary costs are incurred to carry out essential functions, cannot be av	d amount, it does not exceed that which a prudent person would pay under the circumsta voided without adversely affecting participant outcomes and do not duplicate existing effor	nces prevailing at the time the rts.	
When providing PR expenses, the following must be completed: Participant Reimbursement Form and documen ile.	ntation in eJAS justifying expenses and receipts of expenditures. This information must be	e maintained in the participant	
Other resources should always be considered prior to utilizing BFET funds for PR. Cost's limits on categories are	applicable if listed.		
More:			BFET Provider's Handbook
Education, Books, & Training Supplies			BIETTIONAGIOHANABOOK
Digital Support	Participant Poimbursoment Director	D/	
Clothing	r dracpart resimbul somerne brieden	' <b>y</b>	
O Childcare	Personal Hygiene		
Medical	Hygiene items needed to maintain	Personal hygiene items include	out is not limited to:
Educational & Credential Testing	personal appearance and grooming to	Soap	de la not innited to.
O Housing & Utilities	participate in activities or accept	<ul> <li>Shampoo</li> <li>Toothpaste/mouthwash</li> </ul>	
Personal Hygiene	employment.	Deodorant	
Transportation		<ul> <li>Shaving supplies</li> <li>Eamining byging supplier</li> </ul>	
Matching eJAS Participant Reimbursement Types		Make up     Laundry supplies     Hair cut/color	

All allowable PR's are listed in the Participant Reimbursement Directory.

If an individual need exceeds the stated limits in the PR Directory, providers can submit a participant reimbursement <u>Exception to the Rule</u> (ETR) Request.

- An ETR request form is available on the BFET Provider Resource website.
- ETR's must indicate the client eJAS number, amount requested, if other community funding sources have been exhausted and justification of PR need.
- Prior to submitting an ETR, be sure that eJAS components and client notes are updated to show participation and progress.



All participant reimbursements must be tracked using the PR form and receipts must be maintained in the participant file.

When issuing a support service, the PR form in eJAS must be completed.

If you are unable to issue, print and obtain signature at time of issuance, you must use the BFET Participant Reimbursements (07-103) form to collect signatures.

The information must be entered into eJAS within 7 business days.

Whenever possible, it is best to enter the PR information directly in eJAS and print the PR form from there.

If necessary, the form BFET Participant Reimbursements (07-103) is available on the BFET Provider Resources website

Organization Sta	ff Portion				
	CHECK THE TYPE(S	) OF REIMBURSEMENT(S)		ENTER	AMOU
Transportation Bus pass / tick	n: Bus pass / ticket - How ma ket identifying number(s):	ny: daily /	weekly / monthly	\$	1
Transportation	n: Fuel card(s) - Card numbe	r:		\$	
Transportation	n: ORCA Card / ORCA Refill	- Card number:		\$	
Transportation	n: Uber / Lift / Taxi			\$	
Clothing (e.g.,	, interview clothes, shoes, boo	ts, uniforms, necessary	tools)	\$	
Child Care (e.	g., CCSP copay or non-CCSF	2)		\$	
Medical				\$	
Educational / testing, CNA t	Credential Testing (e.g., high lest, short-term contracted trai	school equivalency test, ning)	Literacy level test, Aptitude	\$	
rsonal Hygi	iene and Grooming (e.g., toot	hpaste, shampoo, haircu	it)	\$	
Books and tra	ining supplies			\$	
Housing / Utili	ities (cell phones / minutes)			\$	
MANDATORY: E	nter justification for each type on-CCSP child care due to ter hoes, books, etc.):	of reimbursement given nporary ineligibility, for in	velope to return receipt(s) for (i.e., reason needed and oth nterview pants, mandatory tra	all purchas er details si iining unifor	e. uch as m, sh
MANDATORY: E	en a Gin Cald Receip Attack	iment" and a prepaid en of reimbursement given mporary ineligibility, for i	velope to return receipt(s) for (i.e., reason needed and off) therview pants, mandatory tra-	all purchas	e. uch as m, sh
AUTHORIZED PROG	en a Gin Cald Receip Attack	mment" and a prepaid em of reimbursement given mporary ineligibility, for is DATE A	velope to return recept(s) for (i.e., reason received) and oth nterview pants, mandatory tra- nterview pants, mandatory tra- uthorized processing approximation of the second	all purchas er details si ining unifor	e. uch as m, sh
MANDATORY: E MANDATORY: E M SI	erra a uni callo Recepia fundo terri justificación or each type on-CCSP child care due to ter noes, books, etc.): RAM APPROVAL SIGNATURE n and Signature	mment" and a prepaid em for fembursement given mporary ineligibility, for is	velope to return recept(s) for (a., erason receded and oth nerview pants, mandatory tra- terview pants, mandatory tra- uthorized program approv.	all purchas er details si ining unifor	e. uch as m, sh
MANDATORY: E MANDATORY: E MANDATORY: E M SI AUTHORIZED PROGR Client Declaratio	er a son can receip and an er paintication for each type on-CCSP child care due to ter hores, books, etc.): RAM APPROVAL SIGNATURE <b>n and Signature</b> agree that:	ment" and a prepaid em of reimbursement given mporary ineligibility, for is	velope to return recept(s) for (i.e., reason received and oth nerview pants, mandatory tra- terview pants, mandatory tra- uthorized program Approv.	all purchas er details si ining unifor	e. uch a m, sh
AUTHORIZED PROGR	en a solitication Receipt Autor terri Justification for each type on-CCSP child care due to ter notes, books, etc.): RAM APPROVAL SIGNATURE and Signature and Signature agree that: bove issuance(s).	menf and a prepaid en formbursement given mporary ineligibility, for in DATE A	velope to return recept(s) for (, creason needed and oth nerview pants, mandatory tra uthorized program Approv.	all purchas er details si ining unifor	e. uch as m, sh
AUTHORIZED PROGI Client Declaratio I understand and I understand and I understand and I understand and I state not not I state not I state I state I state not I state I state not I state I state not I state I state not I state I state not I sta	erra d'uni callo Recepia Audo terri justification for each type on-CCSP child care due to ter nees, books, etc.): RAM APPROVAL SIGNATURE n and Signature agree that: thore issuance(s). Need the same type of assistance. ModEl: MEET anomalitemes. ModEl:	ment and a prepaid on or reimbursement given porary ineligibility, for i DATE A	velope to return recept(s) for (a., erason receded and oth nerview pants, mandatory tra- uthorized program Approv from any other organization	all purchas er details su ining unifor AL PRINTED P	e. uch ac m, sh
AUTHORIZED PROGI Client Declaratio I understand and i I received the i I have not rece limited to other I can only use i	en a solid receip and a ther justification for each type on-CCSP child care due to ter hores, books, etc.): RAM APPROVAL SIGNATURE <b>n and Signature</b> agree that: above issuance(s). weld the same type of assistat BFET organizations. WorkFill BFET organizations. WorkFill	ment and a prepaid or of reimbursement given porary ineligibility, for it DATE A nee in the current month st, LEP Pathways, ec.	velope to return recept(s) for (, erason needed and oth nerview pants, mandatory tra- uthorized processing and the second second transferred second second second second from any other organization or training related purposes a	all purchas er details si ining unifor AL PRINTED P	e. uch as m, sh wame ut not
WANDATORY: E MANDATORY: E m si uUTHORIZED PROGI UIDHORIZED PROGI UIDHORIZE	erra d'uni callo Recepia Audo terri Justification for each type on-CCSP child care due to ter nores, books, etc.): RAM APPROVAL SIGNATURE en and Signature agree that: bove issuance(s). Vied the same type of assistance BFET organizations, WorkFir the assistance provided (inclu) sing the benefit may result in the assistance provided (inclu)	DATE A prepaid or for imbursement given porary ineligibility, for ii DATE A provide in the current month st, LEP Pathways, etc. dring gift cards) for work BFT disqualification an	velope to return recept(s) for (a.e., reason needed and oth nerview pants, mandatory tra- uthorized PROGRAM APPROV from any other organization for raining related purposes	all purchas er details si ining unifor AL PRINTED ? including bu as described te funds.	e. uch as m, sh wame ut not d abov

BASIC FOOD EMPLOYMENT AND TRAINING (BFET) PARTICIPANT REIMBURSEMENT DSHS 07-103 (REV. 06/2020)

Access the participant's information in eJAS through your Caseload screen by clicking on the Participant's name. You may also find participants by using the BFET Contractor Historical Report or the Search feature from the home page.

Before issuing a Participant Reimbursement, review the client demographic information to be sure that BFA is Open and TANF or RCA is not open.

Also check that the participant's component is current and not expired.

Name		JAS Id	ACES Id	Reg	CSO	Pgm	AU	Telephone
MORNING, MON	DAY	2860063	2860063	2	047	\$	00465923	31
Two Parent : Requi	ed Part? :	LEP: EA:No	1	aces. online	Email	ID:		
НОН :	Т	otal: 000 Recip	<b>5:</b> 000 In	elig:	000	Sngl I	Parent W/	Child(ren) < 6 : No
TANF :	BFA: Ope	en	$\langle$	RCA:		>	Refugee N	Months:
	·····,	· · · · · · · · · · · · · · · · · · ·						
TANF Status:	UNKNOWN	Open Date:				Close Da	ate:	
Adult Recipient Months:	000	Ineligible Parent Mon	<b>ths:</b> 000			Total TANF Months: 000		
<b>Consecutive Months in Sanction:</b>	000	NCS Terminations: 00	0			Fed Qua	l Stat:	
Client Status Reason:								
AU Status Reason:								
TANF Exempt Reason:		Participation Status:						
Basic Food Type:	ABD-ABAWD (Able Bodied Adu	Ilts without Dependents)						
Basic Food Status:	1 - Open	Open Date:	05/11/2020		Close	Date:		
Relationship to HOH:	SE-Head of Household/Self							
Financial Responsibility:	RE-Recipient							
Work Registration Basic Food E&T Exempt Reason:	EA-Exempt Area	Basic Food Participation Status:	AB - Able Bodied A without Dependen	Adults its				
RCA Status:		Open Date:				Close Da	ate:	
	RCA Sanction Terminations: 000				Refugee	Months:		
Client Status Reason:								
AU Status Reason:								



The sho	e <u>Participant Reimbursements So</u> ows how much has already been is information should be reviewe ed in the PR Directory before iss	ummary screen list n issued for the cur ed and compared t suing additional the	is the PR types ar rent fiscal year. o the annual limi ese funds.	ts <mark>m AU</mark> 5 00465923	Telephone	]	
HOH : TANF	: BFA: 0	Total: 000 Recip:	000 Inelig: 000 RCA:	Sngl Parent W/Child Refugee Mo	d(ren) < 6 : No onths:		
Participant Reimbursements Summary         Create Participant Reimbursements							
	Reimbursment Typ	pe FFY Payments	FFY Remaining	Balance	Note– because eJ	AS and	
	Child Car Clothin	re \$0.00	\$70	0.00	PR are used by oth	ner	
	Education/Books	s/Supplies \$0.00	\$80	0.00	programs bosidos	DEET +ba	
	Housing/Uti	ilities \$0.00	\$3,5	00.00	programs besides	brei, ine	
	Transporta Transportation - /	ation \$0.00 Auto Repair \$0.00	\$1,2	00.00	listed FFY Remaini	ng	
ZXZ-BFET & Summar	CONTRACTOR y for period (MM/YYYY): 11/2020 II Go	o Participant Reimbursements h	ave been issued for 11/2020		Balance may not k correct. Always re PR Directory for th	be fer to the ne PR	
Summary	y for period (MM/YYYY): 11/2020 🔢 Go No	o Participant Reimbursements h	ave been issued for 11/2020		Correct. Alway PR Directory fo annual limits f	s re <sup>.</sup> or tł or B	

New Note:	
Autor       Unit       Notice       Participant Reimbursements Summary Scree         3       Image: Summary Scree       Street       <	0.0 10
<ul> <li>A pricipant Reimbursements Summary</li> <li>A pricipant Reimbursements</li> <li>A pricipant Reimbursements</li></ul>	een,
Image: Contraction       The Participant Reimbursements         Contraction       Participant Reimbursements         Contraction       Select the Component that this PR is supporting.         - Select the PR type.       Select the PR type.         - Enter the amount of the PR.       1/06/200         - Enter a Justification including why this PR is necessary to support the       Current of the PR.	
Variation of the pressure to support to the pressure to support the pressure to sup	
Participant Reimbursements Total amount for Clothing Total amount for Clothing Total amount for Clothing Total amount for Clothing Clething(\$800.00 FPY maximum) Clething(\$800.00 FP	
<ul> <li>Select the Component that this PR is supporting.</li> <li>Select the PR type.</li> <li>Enter the amount of the PR.</li> <li>Enter a Justification including why this PR is necessary to support the</li> </ul>	
<ul> <li>Select the Component that this PR is supporting.</li> <li>Select the PR type.</li> <li>Enter the amount of the PR.</li> <li>Enter a Justification including why this PR is pR is pecessary to support the</li> </ul>	
<ul> <li>Select the Component that this PR is supporting.</li> <li>Select the PR type.</li> <li>Enter the amount of the PR.</li> <li>Enter a Justification including why this PR is <i>percessary</i> to support the</li> </ul>	
<ul> <li>Scheduler the component that this PR is program to support the</li> <li>Supporting.</li> <li>Select the PR type.</li> <li>Enter the amount of the PR.</li> <li>Enter a Justification including why this PR is processary to support the</li> </ul>	
<ul> <li>Supporting.</li> <li>Select the PR type.</li> <li>Enter the amount of the PR.</li> <li>Enter a Justification including why this PR is <i>necessary</i> to support the</li> </ul>	
<ul> <li>Select the PR type.</li> <li>Enter the amount of the PR.</li> <li>Enter a Justification including why this PR is <i>necessary</i> to support the</li> </ul>	
<ul> <li>Enter the amount of the PR.</li> <li>Enter a Justification including why this PR is <i>necessary</i> to support the</li> </ul>	
<ul> <li>Enter a Justification including why</li> <li>bis PR is <i>necessary</i> to support the</li> </ul>	
<ul> <li>Enter a Justification including why</li> <li>this PR is <i>necessary</i> to support the</li> </ul>	
this PR is <i>necessary</i> to support the	
Dertisinant is applying for source links which require steal tead hasts as mandatory sofety goar. Dertisinant data	
not have these and does not have resources to purchase them. Approving PR so they will be work ready when	
offered a position. Voucher issued for local store with lowest priced boots that meet requirements. PR issued 11/5	~
the support and amount are	
reasonable. 5	
- Enter the date reimbursement was	
issued	

After saving the PR entry you will be back at the <u>Participant Reimbursements Summary</u> screen.

Your new PR will now show in the PR Summary and a link to the PR entry details will show below.

### **Participant Reimbursements Summary**

Create Participant Reimbursements

Reimbursment Type	FFY Payments	FFY Remaining Balance				
Child Care	\$0.00	\$700.00				
Clothing	\$100.00	\$700.00				
Education/Books/Supplies	\$0.00	\$800.00				
Housing/Utilities	\$0.00	\$3,500.00				
Transportation	\$0.00	\$1,200.00				
Transportation - Auto Repair	\$0.00	\$1,000.00				



Participant Reimbursements Save Cancel Participant Reimbursements Print 6 6. Click "Print" which will open a new window with 2 participant Reimbursements Print 6 print.				
ZXZ-BFET & CONTRACTOR     Status: Issued       Issuance Date:     11/06/2020       Program Type:     BFET       Component:     JS-03       Participant Reimbursements type:     Clothing				
Total amount for Clothing     100.00       Clothing(\$800.00 FPY maximum)       Created By:     CUME300 - JONES, MELISSA - 11/06/2020       Canceled By:     Updated By:	Participant Reimbursements			
Justification (mandatory) Maximum 420 characters Participant is applying for several jobs which require steel toed boots as mandatory safety gear. Participant does not have these and does not have resources to purchase them. Approving PR so they will be work ready when offered a position. Voucher issued for local store with lowest priced boots that meet requirements.  Save Cancel Participant Reimbursements Print	Client Declaration and Signature     MORNING, MONDAY     Contractor ZXZ-BFET & CONTRACTOR     JAS Id     2860063     Status     Issued     Client Declaration and Signature     Iunderstand and agree that:         · Ireceived the same type of assistance in the current month from any other organization,         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE organizations, WorkFirst, LEP Pathways, etc.         including but not limited to other BFET and/or RISE			
	Justification :       8         Participant is applying for several jobs which require steel tood boots as mandatory safety gen. Participant does not have resources to purchase them. Approving PR so they will be work ready when offered a position. Voucher issued for local store with lowest priced boots that meet requirements.       Client Signature       Date         If the client's primary language is not English, this form and contents were explained in their primary language is not english.       If the client's primary language is not English, this form and contents were explained in their primary language by (Required if this form was interpreted to the client):			
7. Complete Organization Approval Signature 7 and date.	Organization approval signature     Date			

- 8. Have Client Sign and Date
- Interpreter must also sign and date if one was used.

9. Review receipt return policy with the participant.10. Save the signed PR form and receipt in the Participant File.



### **PR** documentation

As review, a complete Participant Reimbursement issuance requires:

- PR must be entered into eJAS.
- PR form must be signed and dated by provider and participant.
  - Kept in Participant File.
- Must have a receipt confirming PR use and actual amount.
  - Kept in Participant File attached to PR form if possible.

### **Missing Receipts:**

A receipt is considered missing when a monetary value is exchanged for goods and/or services and a receipt was requested and failed to be returned.

If a participant fails to submit a receipt, providers must document the attempts in eJAS that were made to encourage the client to return the receipt, and a Lost/Stolen Receipt affidavit kept in the individual's file.

If a participant fails to return two receipts, PR can no longer be issued to that individual.

You can modify the amount of the Participant Reimbursement if the actual amount is different than issued amount.

### **Participant Reimbursements Summary**

Create Participant Reimbursements

	•	
Reimbursment Type	FFY Payments	FFY Remaining Balance
Child Care	\$0.00	\$700.00
Clothing	\$100.00	\$700.00
Education/Books/Supplies	\$0.00	\$800.00
Housing/Utilities	\$0.00	\$3,500.00
Transportation	\$0.00	\$1,200.00
Transportation - Auto Repair	\$0.00	\$1,000.00

#### **ZXZ-BFET & CONTRACTOR**

Summary for period 11/2020 Go

Participant Reimbursements for 11/2020

#### Number of records: 1

<u>Issuance</u> Date▼	<u>Participant</u> <u>Reimbursement</u> <u>Type</u>	No of Tickets or Cards	Total Amount	Component, Hours	Created by	canceled by	Status
<u>11/06/2020</u>	Clothing		\$100.00	JS-03	CUME300 -JONES, MELISSA		Issued

Click link to view
 PR details and
 modify the PR.

	Save	Participant Reimbursements Cancel Participant Reimbursements Print					
ZXZ-BFET & CONTRACTOR	L Contraction of the second	Status: Issued					
Issuance Date: Component:	11/06/2020 JS-03	Program Type: Participant Reimbursements type: Total amount for Clothing	BFET Clothing 100.00 2 Clothing/(\$800.00 EFC maximum)				
Created By: Canceled By: Updated By:	CUME300 - JONES, MELISSA - 11/06/202	20					
Justification (mandatory) Maximum 420 characters							
Participant is applying for sev work ready when offered a po	eral jobs which require steel toed boots as mandato osition. Voucher issued for local store with lowest prio	ry safety gear. Participant does not have these and does not h ced boots that meet requirements.	nave resources to purchase them. Approving PR so they will be				
	3 Save	Cancel Participant Reimbursements Print					

### 3. Click "Save"

You do not need to re-print and have the participant sign again if only the amount has changed.

2. Change the amount to the correct amount to match the receipt.

You can only modify the amount.

- If you need to change the PR type you will be required to cancel the PR and enter a new one.
- If you need to modify or add information to the Justification you can enter a Client Note.

After you click "save", the updated amount will show on the Participant Reimbursement Summary.

The PR details will also show the modified amount and the date it was updated.

		C	reate Participant Reimburse	ments		
			reate Participant Reinburse	inenta		
	Reimbur	sment Type F	FFY Payments	FFY Remaining Balance		
		Child Care	\$0.00	\$700.00		
		Clothing	\$97.56	\$702.44		
	Educa	tion/Books/Supplies	\$0.00	\$800.00		
		lousing/Utilities	\$0.00	\$3,500.00		
		Transportation	\$0.00	\$1,200.00		
	Transp	ortation - Auto Repair	\$0.00	\$1,000.00		
Summary for pe	od (MM/YYYY): 11/2020	Go				
		Partic	cipant Reimbursements fo	r 11/2020	Numi	er of rec
issuance Date▼	Participant Reimbursement Type	No of Tickets or Cards Total A	cipant Reimbursements for which we have a second se	r 11/2020 Created by	Numl	per of reco Statu

	Participant Reimbursements         Cancel Participant Reimbursements						
ZXZ-BFET & CONTRACTOR		Status: Issued		lf you ne			
Issuance Date:	11/06/2020	Program Type:	BFET	amount			
Component:	JS-03	Participant Reimbursements type: Total Amount Issued:	\$97.56	already			
Created By: Canceled By:	CUME300 - JONES, MELISSA - 11/06/2020			vou will			
Updated By:	CUME300 - JONES, MELISSA - 11/06/2020			the PR a			
	Justification (mandatory) Maximum 420 characters						

Reminder - you can only modify a PR once. If you need to change the amount after it has already been modified, you will need to cancel the PR and enter a new one.



When the PR entry modification is saved a note will automatically be entered on the client note screen documenting the modification date, PR type and amount. It will also include a link to the full PR details with the justification.

## Cancel a PR in eJAS

🔛 Go

You can Cancel the Participant Reimbursement if it was created in error or not used.

You will also need to Cancel and re-create if the PR needs to be modified more than once.

### **Participant Reimbursements Summary**

Create Participant Reimbursements

Reimbursment Type	FFY Payments	FFY Remaining Balance					
Child Care	\$0.00	\$700.00					
Clothing	\$100.00	\$700.00					
Education/Books/Supplies	\$0.00	\$800.00					
Housing/Utilities	\$0.00	\$3,500.00					
Transportation	\$0.00	\$1,200.00					
Transportation - Auto Repair	\$0.00	\$1,000.00					



**ZXZ-BFET & CONTRACTOR** 

Participant Reimbursements for 11/2020

Number of records: 1

	<u>Issuance</u> Date▼	<u>Participant</u> <u>Reimbursement</u> <u>Type</u>	No of Tickets or Cards	Total Amount	Component, Hours	Created by	canceled by	Status	
1	<u>11/06/2020</u>	Clothing		\$100.00	JS-03	CUME300 -JONES, MELISSA		Issued	

the PR.

### Cancel a PR in eJAS

	Save	Participant Reimbursements Cancel Participant Reimbursements	2			<ol> <li>Click "Cancel Participant Reimbursement" button.</li> </ol>
ZXZ-BFET & CONTRACTOR		Status: Issued	1			
Issuance Date: Component:	11/06/2020 JS-03	Program Type: Participant Reimbursements type Total amount for Clothing	BFET e: Clothing 100.00 Clothing(\$800.00 FFY maxi	Message from webpa	ge	×
Created By: CUME300 - JONES, MELISSA - 11/06/2020 Canceled By: Updated By: Justification (mandatory) Maximum 420 characters					re you wish to o o cancel, or Can nent.	cancel this participant reimbursement? ncel to return to the Participant
Participant is applying for several work ready when offered a positio	jobs which require steel toed boots as m n. Voucher issued for local store with low Save	andatory safety gear. Participant does not have these and does not rest priced boots that meet requirements.           Cancel Participant Reimbursements         Print	: have resources to purchase t		3	OK Cancel
						<b>3</b> . Click "OK" button to confirm cancelation.

### Cancel a PR in eJAS



## eJAS Participant Reimbursement Types

The eJAS Participant Reimbursement Type does not always align with the PR category names in the Participant Reimbursement Directory. There is a chart in the Participant Reimbursement Directory to determine which type to use in eJAS.



Do not use the following PR Type in eJAS:

## eJAS Workaround for PR Maximum Limits

The PR limits in eJAS do not align with the policy outlined in the Participant Reimbursement Directory. Because of this, you may not be able to enter in the total PR amount into eJAS. There are two different scenarios you may encounter:

1. Entering in a PR that is greater than the maximum amount allowed in eJAS.

- Enter the maximum amount eJAS will allow and document the total amount issued in the PR Justification.
- Use the BFET Participant Reimbursement form (DSHS 07-103) to document the total amount issued, client signature and all required supporting documents.

Desk Aid - PR limit workaround

For questions, review the Desk Aid and contact the BFET Field Operations Team

2. You are unable to use the PR function in eJAS when the PR is already at the maximum amount.

- Enter a client note using the Admin/Support Svcs note type detailing the date issued, PR type, amount issued and justification.
- Use the BFET Participant Reimbursement form (DSHS 07-103) to document the total amount issued, client signature and all required supporting documents.

### Questions??

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

