

Able Bodied Adults Without Dependents (ብቆዕ ኣካላዊ ክእለት ዘለዎም ዓበይቲ, ABAWD) Activity Report (ጸብጻብ ንጥፈታት)

ስም ዓማዊል	ቁጽሪ ዓሚል
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በጃኹም ነዚ ፎርም ነብሎም ለእኛ ንኹነታት ABAWD ናትኩም ንምግምጋም ክሕግዘና እዩ። ናይ ስራሕን ስልጠናን ንጥፈታት ተመኩሮ ወይ ትምህርቲ እናረኽብኩም፣ ወይ ስራሕ እናደለኹም፣ ንናይ መግቢ ሓገዝ ብቆዓት ክትኮኑ ይሕግዘኩም።

መምርሒታት፡-

1. ነዚ ቅጥዒ'ዚ ነቶም ምስኡም እትሰርሕዎም ትካላት ንክመልእዎ ኣቕርብዎ።
2. እዚ ቅጥዒ'ዚ ብኣኽትኩምን በቶም እትሰርሕዎም ትካላትን ክፍረም ኣለዎ።
3. ነዚ ቅጥዒ በብወርሒ ክሰብሙ ምስ 10 ናይታ እትስዕብ ወርሒ ኣቕርቡ።
4. ነቲ ዝተመልአ ቅጥዒ ናብ DSHS ተመሊስኩም፡-
 - ፋክስ ናብ፡- 1-888-338-7410፣ ወይ
 - ናብቲ ኣብ ከባቢኹም ዝርከብ Community Services Office (ቤት ጽሕፈት ኣገልግሎት ማሕበረሰብ፣ CSO) ምውሳዕ፣ ወይ
 - ፖስታ ናብ፡- DSHS CSD Customer Service Center
PO Box 11699
Tacoma WA 98411-6699

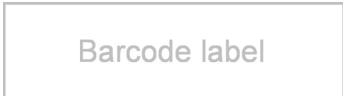
ክትፈልጥዎ ዘለኩም ኣገዳሲ ነገራት፡-

- ኣብ ወርሒ 80 ሰዓታት ዝጸደቐ ናይ ስራሕ ወይ ስልጠና ንጥፈታት ክትዛዝሙ ኣለኩም፣ ወይ
- ኣብ ወርክፌር ትሳተፉ እንተኾይንኩም፣ ናይ ሪፈራል ደብዳቤኹም ክትመልእዎ ዘለኩም ሰዓታት ኣለዎ።
- ሰሙናት ሰንበት ይጅምሩ ኣብ ዝቕጽል ቀዳም ድማ ይውድኡ። ሓፈሻዊ ናይ ወርሒ ሰዓታት ካብ ቀዳመይቲ ናይ ወርሒ ክሰብሙ ናይ መወዳእታ መዓልቲ ናይ ወርሒ ይጅምር። ኣብ ዝሓለፈ ገጽ ንኣብነታት ተመልከቱ።

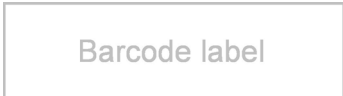
ነቲ ዝተጠልበ ሰዓታት (ስራሕን ካልእ ምስ ስራሕ ዝተተሓተዘ ንጥፈታትን) ክትውድኡ እንተ ዘይክኣልኩም፣ ንምንታይ ምክንያት ከም ዝኾነኩም ንገሩና።

ኣብዚ ወርሒ ንኹሎም ሰዓታት ክመልእ ኣይከኣልኩን ምክንያቱ (ብክብረትኩም ግለጹ)፡-

ነዚ ናይ ወርሒ ጸብጻብ ኣብ ዝቕጽል ገጽ ተመልከቱ።



ወርሒ						
ስም ዓማኔል					ቁጽሪ ዓሜል	
አብ ነፍሲ ወከፍ ሰሙን ምስ ኣፍልጦ ዝረኸቡ ወሃብቲ ሕክምና ዘሕለፍኩምዎ ሰዓታት ኣመዝግቡ።	ሰሙናት ኣብ ሓይ ወርሒ					ጠቕላላ ሰዓታት
	ሰሙን 1	ሰሙን 2	ሰሙን 3	ሰሙን 4	ሰሙን 5	
ክትትል ዝግበረሉ ምድላይ ስራሕ						
ናይ ስራሕ ምድላይ ስልጠና						
ትምህርታዊ ንጥፈታት ነዚ ዝስዕብ የጠቓልል፡- <ul style="list-style-type: none"> ሓፈሻዊ ትምህርቲ ዲግሪ መሰረታዊ ትምህርቲ English Language Acquisition (ናይ እንግሊዝኛ ቋንቋ ምምሃር፣ ELA) 						
ሞያዊ ስልጠና ንክሓቁ፡- ናይ ስደተኛታት ናይ ስራሕ መደብ						
አብ ትሕቲ ሓልዮት ዝካየድ ናይ ህይወት ክእለት ስልጠና						
ስራሕ ምዕቃብ						
ደሞዝ ዘይብሉ ስራሕ						
ናይ ስራሕ ክፍሊት						
ጠቕላላ ሰዓታት						
ቀዳማይ ወሃቢ፡- እቲ ኣብ ላዕሊ ዝተጠቐሰ ዓሜል ነቲ ኣብ ላዕሊ ዝተገልጸ ግዜ ዝተጠቐሰ ሰዓታት ከም ዝፈጸምኩም ኣነ ዘረጋግጽ እዮ። <hr/> ንጥፈታት ናይ ቦታ ስም <hr/> ንጥፈታት <hr/> ፊርማ			ተወሳኺ ወሃቢ፡- እቲ ኣብ ላዕሊ ዝተጠቐሰ ዓሜል ነቲ ኣብ ላዕሊ ዝተገልጸ ግዜ ዝተጠቐሰ ሰዓታት ከም ዝፈጸምኩም ኣነ ዘረጋግጽ እዮ። <hr/> ንጥፈታት ናይ ቦታ ስም <hr/> ንጥፈታት <hr/> ፊርማ			
<input type="checkbox"/> አብዚ ሕጂ እዋን ትሰርሑ ኣለኹም፤ እዚ ስራሕ እዚ ናብ DSHS ሪፖርት ተገይሩ ኣሉ፡ ኣብ ሰዓታት ስራሕ ድማ ዝኾነ ለውጢ የለን። (ኣቕዲምኩም ናብ DSHS ዘይተነግረኩም ስራሕ ምስ ዝህልወኩም፣ ነዚ ዝስዕብ መረጋገጺ ኣቕርቡ፡- ስምን ቁጽሪ ቴሌፎንን ናይ ወሃብ ስራሕኩም፣ መጠን ደሞዝ፣ ዕለት ምጅማር፣ ሰሙናዊ ሰዓታት ስራሕ፣ ደሞዝ ኣብ ዝፍጸመሉ ግዜ፣ ደሞዝ ኣብ ዝፍጸመሉ ግዜ፣ ከምኡ'ውን እንተድኣ ጉርሻ ወይ ኮሚሽን ተኸፊሉ፣ እቲ ትጽቢት ዝግበረሉ መጠን ገንዘብ።)						
<input type="checkbox"/> አብ'ዚ እዋን'ዚ ኣብ WIOA ዝጸደቐ መደብ ስለ ዘለኹ ኣብ ሰዓታተይ ዝኾነ ለውጢ የለን።						
አብ ኩሉ ገጻት ናይ'ዚ ቅጥዒ'ዚ ዘቕርቡ ዘለኹ ሓበሬታ ሓቅን ምሉእን ምኺኑ እእውጅ።						
ዓሜል ዝፈረመሉ			ዕለት ምፍራም			



ABAWD ጸብጸብ ንጥፈታት መግለጺታትን አብነታትን

አብዚ አብ ታሕቲ ዘሉ መግለጺታት ነቲ ክትሰተፍዎ እትኽእሉ ንጥፈታት ንምልላይ ይሕግዝ። ንጥፈታት ዝቐጸሩ ሓደ ዝጸደቐ መደብ ምስ ዝቐጸጸሮም ጥራይ እዩ። ብዛዕባ እዞም መደባት ዝያዳ ክትፈልጡ አብዚ ብምብጻሕ ፦

<https://www.dshs.wa.gov/esa/community-services-offices/state-approved-programs>

ክትትል ዝግበረሉ ምድላይ ስራሕ - ስራሕ አብ ምርካብ ይሕግዘኩም። ንጥፈታት ድማ፦

- ምስቶም ክሰርሑ ዝኽእሉ ሰባት ምርኻብ
- ናይ ስራሕ ዝርዝር ምድላይ
- መለለዪ መንነት፣ ሞያዊ ፍቓድ ወይ ምስክር ወረቐት ምርካብ

ናይ ስራሕ ምድላይ ስልጠና - ስራሕ ክትደሊን ክትረክብን ይሕግዘኩም። አገልግሎታት ድማ፦

- መመልከቲ ስራሕ ምጽሓፍ፣ ናይ ቃለ-መጠይቕ ክእለት፣ ናይ መምህር መመልከቲ ምድላው
- ምስ ስራሕ ምድላይ ዝተተሓሓዘ መምርሕን ደገፍን
- አብ ናይ ስራሕ ቦታ ዝካየዱ ዓውደ መጽናዕትታትን መደባት ስራሕን

መሰረታዊ ትምህርቲ - ናይ ስራሕ ዕድል ንኸተዕቢ ይሕግዝ። ንጥፈታት ድማ፦

- መሰረታዊ ናይ ኮምፕዩተር ክእለት፣ ናይ ምንባብ ወይ ናይ ሒሳብ ሓገዝ
- ናይ ካልኣይ ደረጃ ቤት ትምህርቲ ማዕርነት (ቀደም GED)
- Basic Education for Adults (መሰረታዊ ትምህርቲ ንዓበይቲ፣ BEA)
- English Language Acquisition (ናይ እንግሊዝኛ ቋንቋ ምምሃር፣ ELA)

ናይ ህይወት ክእለታት - ንጠለባትን ብድሆታትን ናይ ስራሕን መዓልታዊ ህይወትን ናይ ምምላእ ዓቕምኩም ይውስኹ። ገለ ናይ WorkSource (ስራሕ ምንጪ) Basic Food Employment and Training (መሰረታዊ ስራሕን ስልጠናን መግብን) ዝህቡ ትካላት ነዚ አገልግሎት'ዚ የቕርቡ እዮም።

ሞያዊ ትምህርቲ - ፍሉይ ስልጠና ዘድልዮም ፕሮግራማት ትህቡ ኣለኹም፡ ከም ብሽክለታ ወይ ኮምፕዩተር ፕሮግራሚንግ። እዞም ፕሮግራማት እዚኦም ኣፍልጦ ዝረኹም ምስክር ወረቐት ይህቡ። እቲ ንጥፈት ክኸውን ኣለዎ፦

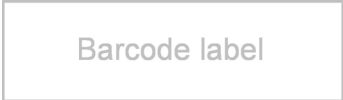
- መረጋገጺ ዘለዎ
- ብገለልተኛ ሳልሳይ ኣካል ኣፍልጦ ዝተዋህበ
- ብከባቢያዊ ናይ ኢንዱስትሪ ወሃብቲ ስራሕ ተቐባልነት ዝረኹም

አገልግሎት ምዕቃብ ስራሕ - ዝሓሸ ኣፈፃፀማ ስራሕ ንምርካብን ኣታዊታት ንምዕባይን ብመደብ Basic Food Employment and Training (መሰረታዊ ስራሕን ስልጠናን መግብን) ንዝተቐፀሩ ዓበይቲ ሰባት ትኸግዡን ትድግፉን። ንጥፈታት ከጠቓልል ይኸእል እዩ፦

- ምኽሪ ወይ ኣሰልጣኒ
- ምምሕዳር ጉዳያት
- ምስ ስራሕ ምሓዝ ዝተተሓሓዘ ወጻኢታት ሓገዝ

ናይ ስራሕ ምክያድ - መሰረታዊ ናይ ስራሕ ክእለትን ምትእምማንን ብምምዕባል ሓፈሻዊ ናይ ስራሕ ዕድል ንምዕባይ ን ABAWDs ወለንታዊ ንጥፈት እዩ። ተሳተፍቲ አብ ወርሓዊ ግዜ አብ ናይ ናይ ስራሕ ምክያድ ቦታታት ዝተወሰነ ሰዓታት ክትውፍዩ ኣለኩም። DSHS ንABAWDs ናብ ናይ ስራሕ ምክያድ ሳይታት ክትውከሱ ኢኹም።

ዘይክፈሉ ስራሕ - ሓደ ABAWD ምስ ሓደ መንግስታዊ፣ ከባቢያዊ፣ ሃይማኖታዊ፣ ወይ ማሕበረሰባዊ ዘይረብሓዊ ትካል ወለንታዊ ብምኽንያት ናይ ተሳትፎ ብቕዓታት ንምምላእ ዕድል እዩ። ዘይክፈሉ ስራሕ አብ ውሽጢ ማሕበረሰብ ብኸልእ መልክዕ እውን ክካየዱ ይኸእል እዩ።



ቅጥዒ DSHS 01-205 ከመይ ጌርካ ከም እትመልእ ኣብነታት

ኣብነት ሓይ:- ሓይ ንጥፈት ምስ ሓይ ወሃቢ።

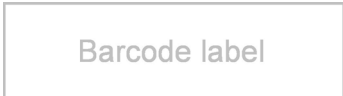
1 ሰነ ሰንበት እንተኾይኑ፣ ሰሙን 1 ሓንቲ መዓልቲ ክህልዎ እዩ። እተን ዝቐጽላ ኣርባዕተ (4) ሰሙናት ሸውዓተ (7) መዓልታት ኣለዉን። ናይ መወዳእታ መዓልቲ 30 ሰነ ሰንበት እዩ። እቲ ናይ መወዳእታ ሰሙን ሓንቲ መዓልቲ ክህልዎ እዩ።

ኣብ ነፍሲ ወከፍ ሰሙን ምስ ኣፍልጦ ዝረኸቡ ወሃብቲ ሕክምና ዘሕለፍኩምዎ ሰዓታት ኣመዝግቡ።	ሰሙናት ኣብ ወርሒ					ጠቕላላ ሰዓታት
	ሰሙን 1	ሰሙን 2	ሰሙን 3	ሰሙን 4	ሰሙን 5	
Supervised Job Search (ኣብ ትሕቲ ሓልዮት ስራሕ ምድላይ፣ JS)						
Job Search Training (ናይ ስራሕ ምድላይ ስልጠና፣ JT)						
ትምህርታዊ ንጥፈታት ነዚ ዝስዕብ የጠቓልል:- <ul style="list-style-type: none"> • General Education Degree (ናይ ሓፈሻዊ ትምህርቲ ዲግሪ፣ GED) • መሰረታዊ ትምህርቲ • English as a Second Language (እንግሊዝኛ ከም ካልኣይ ቋንቋ፣ ESL) 	2	13	33	20	15	85

ኣብነት ክልተ:- ምስ ክልተ ወሃብቲ ብዙሕ ንጥፈታት።

ኣብ ነፍሲ ወከፍ ሰሙን ምስ ኣፍልጦ ዝረኸቡ ወሃብቲ ሕክምና ዘሕለፍኩምዎ ሰዓታት ኣመዝግቡ።	ሰሙናት ኣብ ወርሒ					ጠቕላላ ሰዓታት
	ሰሙን 1	ሰሙን 2	ሰሙን 3	ሰሙን 4	ሰሙን 5	
Supervised Job Search (ኣብ ትሕቲ ሓልዮት ስራሕ ምድላይ፣ JS)			5	5		10
Job Search Training (ናይ ስራሕ ምድላይ ስልጠና፣ JT)	5	5				10
ትምህርታዊ ንጥፈታት ነዚ ዝስዕብ የጠቓልል:- <ul style="list-style-type: none"> • General Education Degree (ናይ ሓፈሻዊ ትምህርቲ ዲግሪ፣ GED) • መሰረታዊ ትምህርቲ • English as a Second Language (እንግሊዝኛ ከም ካልኣይ ቋንቋ፣ ESL) 	15	15	15	15		60
ጠቕላላ ሰዓታት	20	20	20	20		80

<p>ቀዳማይ ወሃቢ:- እቲ ኣብ ላዕሊ ዝተጠቐሰ ዓሚል ነቲ ኣብ ላዕሊ ዝተገልጸ ግዜ ዝተጠቐሰ ሰዓታት ከም ዝፈጸምኩም ኣነ ዘረጋግጽ እዩ።</p> <hr/> <p>ንጥፈታት ናይ ቦታ ስም WorkSource Auburn</p> <hr/> <p>ንጥፈታት JS / JT</p> <hr/> <p>ፌርማ John Doe, BFET ወሃቢ</p>	<p>ተወሳኺ ወሃቢ:- እቲ ኣብ ላዕሊ ዝተጠቐሰ ዓሚል ነቲ ኣብ ላዕሊ ዝተገልጸ ግዜ ዝተጠቐሰ ሰዓታት ከም ዝፈጸምኩም ኣነ ዘረጋግጽ እዩ።</p> <hr/> <p>ንጥፈታት ናይ ቦታ ስም Green River Community College</p> <hr/> <p>ንጥፈታት መሰረታዊ ትምህርቲ</p> <hr/> <p>ፌርማ Jane Doe, BFET ወሃቢ</p>
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Able Bodied Adults Without Dependents (ABAWD) Activity Report

CLIENT'S NAME	CLIENT NUMBER
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Please complete this form to help us review your ABAWD status. Work and training activities help you stay eligible for food benefits while gaining experience or education, or seeking employment.

Instructions:

1. Provide this form to the agencies you're working with for them to complete.
2. This form must be signed by you and the agencies you're working with.
3. Provide this form monthly by the 10th of the following month.
4. Return the completed form to DSHS by:
 - Faxing to: 1-888-338-7410, or
 - Taking it to your local Community Services Office (CSO), or
 - Mailing to: DSHS CSD Customer Service Center
PO Box 11699
Tacoma WA 98411-6699

Important Things to Know:

- You must complete 80 hours per month of approved work or training activities, or
- If participating in Workfare, your referral letter has the number of hours you must complete.
- Weeks start on Sunday and end the following Saturday. Total monthly hours start from the first of the month to the last day of the month. See last page for examples.

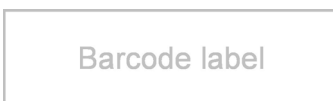
If you couldn't finish all the required hours (working plus other work related activities), please share the reason(s) why.

I wasn't able to complete all of the hours for this month because (please explain):

Please see the next page for the month report.



MONTH						
CLIENT'S NAME					CLIENT NUMBER	
Enter number of hours completed with approved providers for each week.	Weeks in a month					Total hours
	Week 1	Week 2	Week 3	Week 4	Week 5	
Supervised Job Search						
Job Search Training						
Education Activities to include: • General Education Degree Basic Education • English Language Acquisition (ELA)						
Vocational Training to include: Refugee Work Program						
Supervised Life Skills Training						
Job Retention						
Unpaid Work						
Workfare						
Total hours						
First Provider: I certify the above-named client did complete the hours indicated for the period described above. _____ ACTIVITY SITE NAME _____ ACTIVITIES _____ SIGNATURE			Additional Provider: I certify the above-named client did complete the hours indicated for the period described above. _____ ACTIVITY SITE NAME _____ ACTIVITIES _____ SIGNATURE			
<input type="checkbox"/> I'm currently working; this job has been reported to DSHS and there are no changes in my hours. (If you have a job that wasn't previously reported to DSHS, provide proof to include: name and telephone number of your employer; rate of pay; start date; hours worked weekly; when pay periods end; pay dates; and if tips or commissions are paid, the amounts expected.)						
<input type="checkbox"/> I'm currently in a WIOA approved program and there are no changes in my hours.						
I declare that the information I'm providing on all pages of this form is true and complete.						
CLIENT'S SIGNATURE					DATE OF SIGNATURE	



ABAWD Activity Report Descriptions and Examples

The descriptions below help identify activities that count toward your participation. Activities only count if an approved program supervises them. Find out more about these programs by visiting:

<https://www.dshs.wa.gov/esa/community-services-offices/state-approved-programs>

Supervised Job Search - assists you with finding employment. Activities include:

- Contacting potential employers
- Searching job listings
- Obtaining IDs, professional licenses or certifications

Job Search Training –helps you seek and obtain employment. Services include:

- Resume writing, interview skills, preparing a master application
- Instruction and support related to seeking employment
- Workplace workshops and career planning

Basic Education –helps you to increase your employability. Activities include:

- Basic computer skills, reading or math assistance
- High School Equivalency (formerly GED)
- Basic Education for Adults (BEA)
- English Language Acquisition (ELA)

Life Skills – increases your ability to meet the demands and challenges of working and everyday life. Some WorkSource locations and Basic Food Employment and Training providers offer these services.

Vocational Education – provides programs requiring specialized training such as welding or computer programming. These programs result in recognized credentials. The activity must be:

- Credentialed
- Recognized by an independent third party
- Accepted by local industry employers

Job Retention Services –assists and supports employed adults through the Basic Food Employment and Training program to achieve better job performance and increase earnings. Activities may include:

- Counseling or coaching
- Case management
- Assistance with expenses related to keeping a job

Workfare - is a volunteer activity for ABAWDs to increase overall employability by developing basic job skills and confidence. Participants must volunteer a certain number of hours monthly at Workfare sites. DSHS will refer ABAWDs to Workfare sites.

Unpaid Work – is an opportunity for an ABAWD to meet participation requirements by volunteering with a State, local, religious, or community non-profit organization. Unpaid work can also occur in other formats within the community.



Examples of how to complete form DSHS 01-205

Example One: One activity with one provider.

If June 1 is on Saturday, week 1 will have one day. The next four (4) weeks will all have seven (7) days. The final day, June 30, will be on a Sunday. The final week will have one day.

Enter number of hours completed with approved providers for each week.	Weeks in the month					Total hours
	Week 1	Week 2	Week 3	Week 4	Week 5	
Supervised Job Search (JS)						
Job Search Training (JT)						
Education Activities to include: <ul style="list-style-type: none"> • General Education Degree (GED) • Basic Education • English as a Second Language (ESL) 	2	13	33	20	15	85

Example Two: Multiple activities with two providers.

Enter number of hours completed with approved providers for each week.	Weeks in the month					Total hours
	Week 1	Week 2	Week 3	Week 4	Week 5	
Supervised Job Search (JS)			5	5		10
Job Search Training (JT)	5	5				10
Education Activities to include: <ul style="list-style-type: none"> • General Education Degree (GED) • Basic Education • English as a Second Language (ESL) 	15	15	15	15		60
Total hours	20	20	20	20		80

<p>First Provider:</p> <p>I certify the above-named client did complete the hours indicated for the period described above.</p> <hr/> <p>ACTIVITY SITE NAME WorkSource Auburn</p> <hr/> <p>ACTIVITIES JS / JT</p> <hr/> <p>SIGNATURE <i>John Doe, BFET provider</i></p>	<p>Additional Provider:</p> <p>I certify the above-named client did complete the hours indicated for the period described above.</p> <hr/> <p>ACTIVITY SITE NAME Green River Community College</p> <hr/> <p>ACTIVITIES Basic Education</p> <hr/> <p>SIGNATURE <i>Jane Doe, BFET Provider</i></p>
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