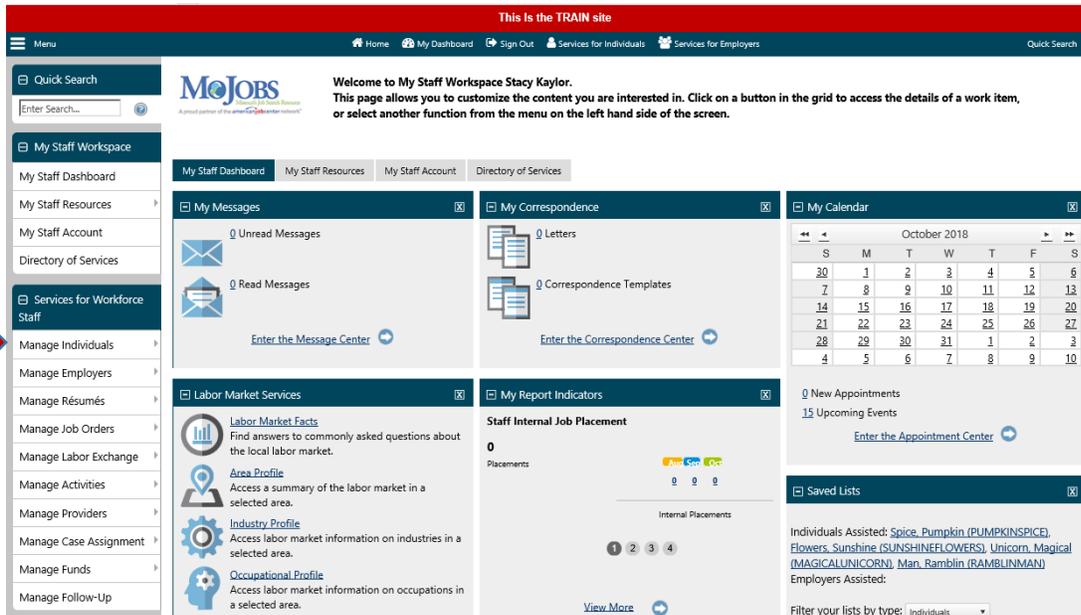


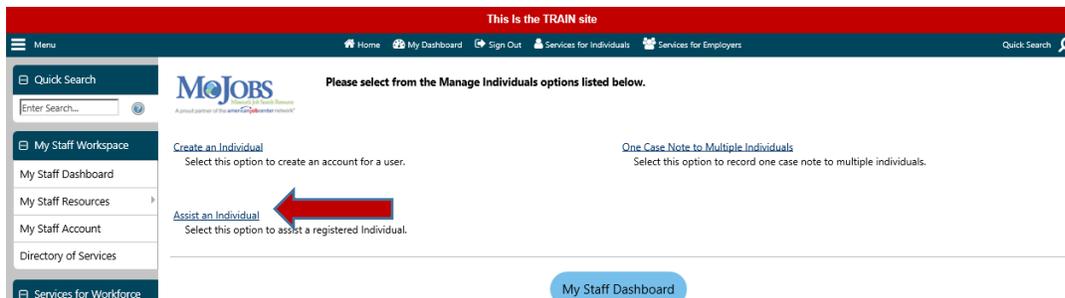
## How to search for an individual in MoJobs.

From “My Staff Dashboard” Click on Manage Individuals in the left navigational menu



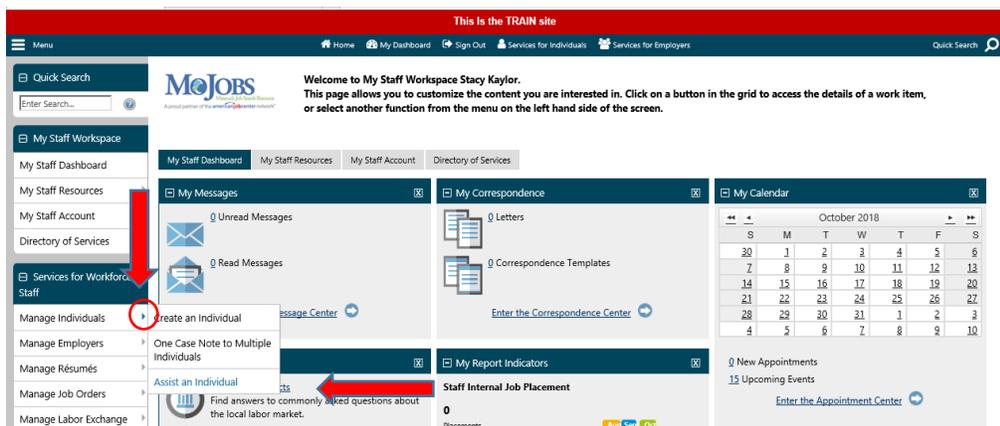
The screenshot shows the MoJobs 'My Staff Dashboard' for user Stacy Kaylor. The left sidebar is expanded to show 'Services for Workforce Staff', with 'Manage Individuals' highlighted by a red arrow. The main content area includes sections for 'My Messages', 'My Correspondence', 'My Calendar', 'Labor Market Services', and 'Staff Internal Job Placement'.

Next, click on “Assist an Individual”



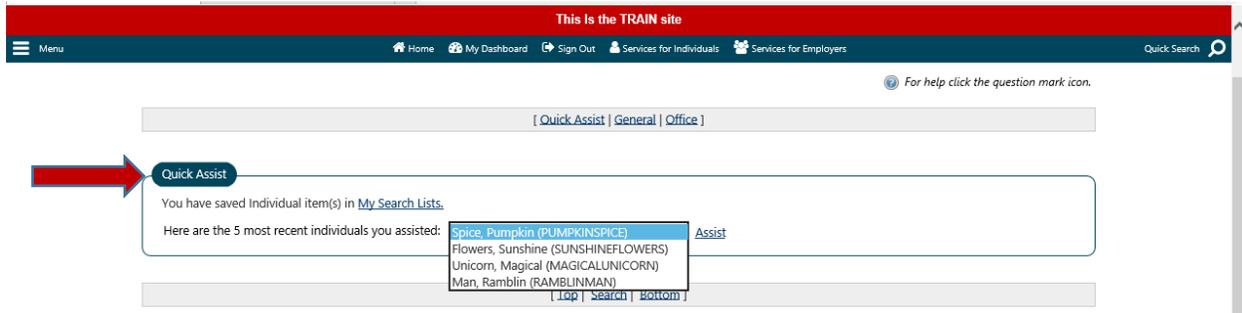
The screenshot shows the 'Manage Individuals' options page. The 'Assist an Individual' option is highlighted with a red arrow. The page includes instructions for 'Create an Individual' and 'Assist an Individual'.

Or from “My Staff Dashboard” place the cursor over the “Manage Individuals” drop-down menu and click “Assist an Individual”



The screenshot shows the MoJobs 'My Staff Dashboard' with the 'Manage Individuals' dropdown menu open. The 'Assist an Individual' option is selected, indicated by a red arrow. The main content area is partially visible, showing the same dashboard layout as the previous screenshot.

If you have recently worked with the individual they may appear on the “Quick Assist” List – this is the last 5 individuals you have assisted



If you have not worked with the individual before search for the individual in the “General Criteria”

You can search using 1 field or multiple fields (do not enter too many criteria into the search or you may not receive any results).

Once you have entered the Search criteria scroll to the bottom of the screen and click “Search”

The screenshot shows the "General Criteria" search form. It contains the following fields and options:

- Individual Username: [Text Input]
- Individual User ID: [Text Input]
- Starts with these #s:
- Matches exactly:
- State ID Number: [Text Input]
- SNAP Case Number: [Text Input]
- First Name: [Text Input]
- Last Name: [Text Input]
- SSN (last 4 digits): [Text Input]
- SSN (full number): [Text Input] Example: 999999999
- Date of Birth: [Text Input] (MM/DD/YYYY)
- Telephone Number: [Text Input] - [Text Input] - [Text Input]  Include Alternate
- Email Address: [Text Input]
- Registration IP: [Text Input]
- Login IP: [Text Input]
- Résumé Available: [Dropdown Menu] None Selected
- Individual Registered within: [Text Input] days
- Last Login Date: Between [Text Input] Today And [Text Input] Today
- Program Participation (Active only): [Dropdown Menu] None Selected
- Application # (Open or closed): [Text Input]
- Individual User Status: [Dropdown Menu] None Selected

Recommended search options:

Last Name and SSN or First Name and SSN, Last Name and DOB or First Name and DOB,  
Last Name and last 4 of SSN, First Name and last 4 of SSN,  
First Name, Last Name and DOB or First Name, Last Name and SSN

Not Recommended search options:

Phone Number  
Email Address  
Registration IP or Login IP

Example of Search:

**General Criteria**

Individual Username:

Individual User ID:

Starts with these #s  
 Matches exactly

State ID Number:

SNAP Case Number:

First Name:

Last Name:

SSN (last 4 digits):

SSN (full number):  Example: 999999999

Date of Birth:  (MM/DD/YYYY)

And results:

This is the TRAIN site

Menu Home My Dashboard Sign Out Services for Individuals Services for Employers

**MoJOBS**  
A proud partner of the **ameriCorps** network

To assist a specific Individual, click on a link in the Action column below.

For help click the question mark icon.

Results View: **Summary** | Detailed  
To sort on any column, click a column title.

User Name	First Name	Last Name	SSN	Vet	State ID	Last Login Date	Last Exited	Created	Action	Select
<a href="#">JACKOLANTERN</a>	Jack	O'Lantern	0468		1433	10/05/2018		10/05/2018	<a href="#">Summary Tab</a> <a href="#">Case Notes Tab</a> <a href="#">Activities Tab</a> <a href="#">Programs Tab</a>	<input type="checkbox"/>

[Save New List](#)

1 Records found

SEARCH CRITERIA: First name begins with Jack and date of birth equals 10/31/1978 12:00:00 AM

Records per page: 25

[New search criteria](#) | [Modify current criteria](#)

Click on the User Name to go to the Individual Record

If you do not find the individual on the first search you may modify the search criteria and add or remove criteria.

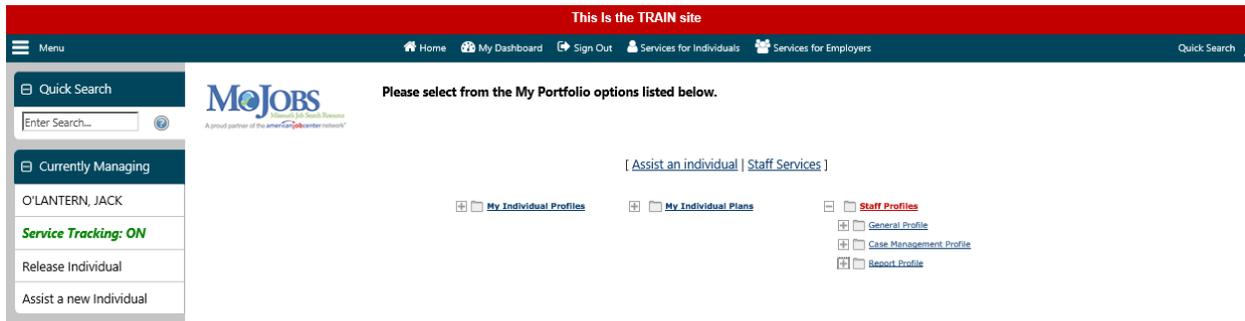
Once you click on the User Name the Left Navigation Menu will display the person you are working with under “Currently Managing”

The screenshot displays the MOJOBS website interface. At the top, a red banner reads "This is the TRAIN site". Below it, a dark blue navigation bar contains links for Home, My Dashboard, Sign Out, Services for Individuals, Services for Employers, and a Quick Search icon. The left navigation menu is expanded, showing sections for "Quick Search", "Currently Managing", "My Staff Workspace", and "Services for Workforce Staff". A red arrow points to the "Currently Managing" section, which is further expanded to show the name "O'LANTERN, JACK" and the status "Service Tracking: ON". Below this, there are options for "Release Individual" and "Assist a new Individual". The main content area features the MOJOBS logo and the text "Please select from the My Portfolio options listed below." It includes links for "[ Assist an individual | Staff Services ]" and three expandable sections: "My Individual Profiles", "My Individual Plans", and "Staff Profiles". Under "My Individual Profiles", there are three options: "General Profile" (with a document icon), "Case Management Profile" (with a gear icon), and "Report Profile" (with a bar chart icon). Each option has a brief description of its function. At the bottom of the main content area, there is a blue button labeled "Return to Directory of Services".

After working with any participant remember to **RELEASE THE INDIVIDUAL** in the left navigation menu.

## How to determine if a participant is a Volunteer or ABAWD in MoJobs?

From the Individual Record – expand the “Staff Profiles” column



This is the TRAIN site

Menu Home My Dashboard Sign Out Services for Individuals Services for Employers Quick Search

Quick Search

Enter Search...

Currently Managing

O'LANTERN, JACK

Service Tracking: ON

Release Individual

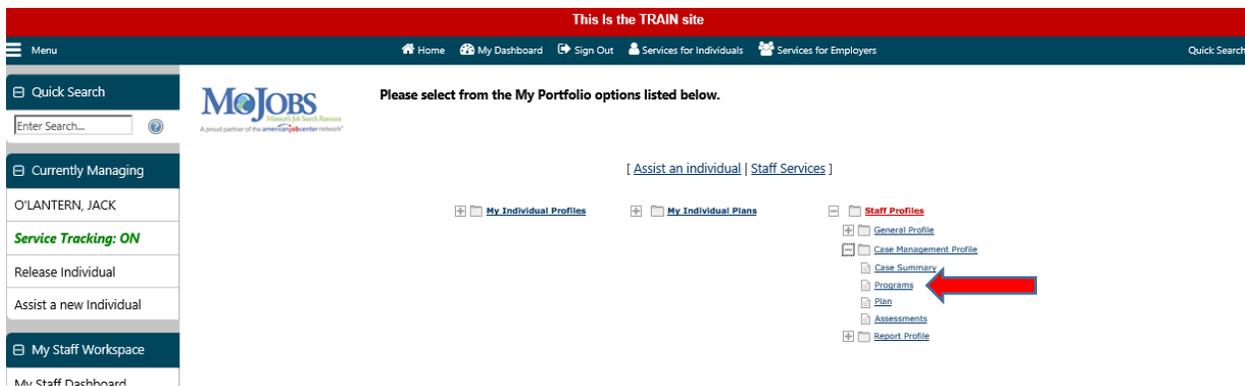
Assist a new Individual

Please select from the My Portfolio options listed below.

[ Assist an individual | Staff Services ]

- My Individual Profiles
- My Individual Plans
- Staff Profiles
  - General Profile
  - Case Management Profile
  - Report Profile

Next, expand the “Case Management Profile” and click on “Programs”



This is the TRAIN site

Menu Home My Dashboard Sign Out Services for Individuals Services for Employers Quick Search

Quick Search

Enter Search...

Currently Managing

O'LANTERN, JACK

Service Tracking: ON

Release Individual

Assist a new Individual

My Staff Workspace

My Staff Dashboard

Please select from the My Portfolio options listed below.

[ Assist an individual | Staff Services ]

- My Individual Profiles
- My Individual Plans
- Staff Profiles
  - General Profile
  - Case Management Profile
    - Case Summary
    - Programs
    - Plan
    - Assessments
  - Report Profile

Scroll down until you see the yellow “SNAP Employment and Training” application

SNAP Employment and Training		Apps: 1	
<a href="#">Create SNAP Employment &amp; Training Application</a>			
+  SNAP #2681 - Incomplete			
LWDB:	09 - Central Region	Application Date:	10/05/2018
Onestop:	591 - FSD Community College Partner Central	Participation Date:	N/A
Open/Total Activities:	0 / 0	Closure Date:	N/A
		Exit Date:	N/A

Note: In MoJobs production the app will appear as [SNAP #XXXX – Partial](#)

If the individual does not have a SNAP application in MoJobs: immediately send the SkillUP Eligibility and DCN Verification Form to [FSD.Agreements@dss.mo.gov](mailto:FSD.Agreements@dss.mo.gov) to verify the participant’s Food Stamp eligibility and status as ABAWD or Volunteer.

If the individual has a SNAP application that has an “Exit Date” and the participant states they are currently receiving Food Stamps: immediately send the SkillUP Eligibility and DCN Verification Form to [FSD.Agreements@dss.mo.gov](mailto:FSD.Agreements@dss.mo.gov) to verify the participant’s Food Stamp eligibility and status as ABAWD or Volunteer.

Next, click on the plus sign next to the SNAP application

SNAP Employment and Training Apps: 1

[Create SNAP Employment & Training Application](#)

   [SNAP #2681 - Complete](#)

LWDB:	<b>09 - Central Region</b>	Application Date	<b>10/05/2018</b>
Onestop:	<b>591 - FSD Community College Partner Central</b>	Participation Date:	<b>10/10/2018</b>
Open/Total Activities:	<b>1 / 3</b>	Closure Date:	<b>N/A</b>
		Exit Date:	<b>N/A</b>

The SNAP application is expanded and the Participation Type will display as Voluntary or ABAWD

   [SNAP #2681 - Complete](#)

LWDB:	<b>09 - Central Region</b>	Application Date	<b>10/05/2018</b>
Onestop:	<b>591 - FSD Community College Partner Central</b>	Participation Date:	<b>10/10/2018</b>
Open/Total Activities:	<b>1 / 3</b>	Closure Date:	<b>N/A</b>
		Exit Date:	<b>N/A</b>

**Case Information**

**Case Number:**  **Participation Type:** Voluntary

**Location and Staff**

<b>LWDB:</b> 09 - Central Region	<b>Onestop:</b> 591 - FSD Community College Partner Central
<b>Create Staff:</b> <a href="#">Stacy Kaylor (5387)</a>	<b>Edit Staff:</b> <a href="#">Stacy Kaylor (5387)</a>
<b>Case Manager:</b> N/A	<b>Temporary Case Manager:</b> N/A

After working with any participant remember to **RELEASE THE INDIVIDUAL** in the left navigation menu.

# How to complete a Partial SNAP Application and SkillUP Enrollment

Click on the “Starburst” or “Flower” next to the SNAP application

SNAP Employment and Training Apps: 1

[Create SNAP Employment & Training Application](#)

 [SNAP #2681 - Incomplete](#)

LWDB:	<b>09 - Central Region</b>	Application Date:	<b>10/05/2018</b>
Onestop:	<b>591 - FSD Community College Partner Central</b>	Participation Date:	<b>N/A</b>
Open/Total Activities:	<b>0 / 0</b>	Closure Date:	<b>N/A</b>
		Exit Date:	<b>N/A</b>

Most fields will be pre-populated, it is important to review the application with the participant to ensure all information is accurate and up to date. Required Fields are marked with a red asterisk \*.

If at any time you need to leave the application click on “Exit Wizard” link – you may come back and complete the application by clicking the “starburst” next to the SNAP application

The “Start Page” tab indicates whether the participant is an ABAWD or Volunteer, verify DOB, Region and Office/Location and click Next

**Application Staff** | **Application Document Management** | **Application Eligibility** | **Application Participation**

**Start Page** | **Application Contact** | **Application Demographic** | **Application Employment** | **Application Veteran** | **Application Public Assistance**

*Indicates required fields.* *For help click the question mark icon next to each section.*

**Identifying Information**

Username: JACKOLANTERN

User ID: 5781

State ID: 1433

Benefit Year Beginning (BYB) Date:

**General Information**

Application ID: 2681

Staff User ID: 5387 - Kaylor, Stacy

\* Application Date: 10/05/2018 (mm/dd/yyyy) 

\* Participation Type: Voluntary

\* Application Status: Active

\* LWIA/Region: Central Region

\* Office Location: FSD Community College Partner Central

[Exit Wizard](#) [Next >>](#)

Verify all Information on the “Application Contact” tab and click Next

Application Staff	Application Document Management	Application Eligibility	Application Participation		
Start Page	Application Contact	Application Demographic	Application Employment	Application Veteran	Application Public Assistance

\* Indicates required fields. For help click the question mark icon.

**Name**

\* First Name: Jack  
M.I.:  
\* Last Name: O'Lantern

**Social Security**

\* SSN: (do not enter dashes. eg: 999999999) 900-00-0468 [Edit SSN]  
Individual has not provided a valid SSN

**Residential Address**

\* Address 1: 666 Spooky Hollow Ln  
Address 2:  
\* City: Columbia  
\* State: Missouri  
\* Zip: 65201  
\* County / Parish: Boone County  
Country: United States

**Mailing Address**

Check here to use residential address information

\* Mailing Address 1: 666 Spooky Hollow Ln  
Mailing Address 2:  
Directions:

On the “Application Demographic” tab verify all information and make sure you answer the English Language Learner question, then click Next

Application Staff	Application Document Management	Application Eligibility	Application Participation		
Start Page	Application Contact	Application Demographic	Application Employment	Application Veteran	Application Public Assistance

\* Indicates required fields. For help click the question mark icon.

**Individual Information**

\* Date of Birth: 10/31/1978 (mm/dd/yyyy)

Age: 39

\* Gender:  Male  Female  Did not self-identify

\* Do you have a disability?  Yes, I do have a disability.  No, I don't have a disability.  Not Specified (optional)

Type of Disability: None Selected

\* English Language Learner  Yes  No

\* Are you a U.S. Citizen? Citizen of U.S. or U.S. Territory

USCIS (Alien Registration) Number: e.g. A123456789

USCIS (Alien Registration) Expiration Date: (mm/dd/yyyy)

**Educational Information**

\* Are You Attending School? No, Not Attending Any School

Federal Definition of Attending School: Not attending school; Secondary School Graduate or has a recognized equivalent

\* Individual Registration Highest Grade Completed: High School Diploma

**Ethnic Origin**

On the Application Employment Tab, verify the Employment and Unemployment Status as well as the desired occupation and title. If the participant is currently employed, staff will enter the employment information on this tab by clicking “Add a new Employment History” at the bottom of the screen

Application Staff | Application Document Management | Application Eligibility | Application Participation

Start Page | Application Contact | Application Demographic | **Application Employment** | Application Veteran | Application Public Assistance

\* Indicates required fields. For help click the question mark icon.

**Employment Information**

\* Employment Status:

\* Unemployment Eligibility Status:

Desired Occupation and Title #1:  [Search for O\\*Net Code](#)

Desired Occupation and Title #2:  [Search for O\\*Net Code](#)

Type of job looking for:

Years of experience in this area:

Type of employment desired:

Full-time or part-time:

**Employment History**

Company Name	City	Job Title (Occupation)	Start/End Dates	Action
No Employment History				

[Add a new Employment History](#)

Enter all required employer information then scroll down and click Save at the bottom of the screen

**Employer**

\* Employer Name:

Address:

Store / Location Number:

Zip Code:

\* City:

\* State / Province:

\* Country:

**Job Title**

Please enter a job title below for this employment history. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

\* Job title:

**Occupation**

Please select the occupation that best matches your job title. You may either select from the Suggested Occupations drop-down list, which is populated based on the job title above, or you can search for an occupation using the search link.

Suggested occupation(s):

[\[ Search for an occupation \]](#)

\* Occupation title: **Retail Salespersons**

Occupation code: **41203100**

**Position**

Once you have saved the Employment History it will appear under the “Employment Information” section

Employment Information

\* Employment Status Employed

\* Unemployment Eligibility Status Neither Claimant nor Exhaustee

Desired Occupation and Title #1  [Search for O\\*Net Code](#)  
Electricians

Desired Occupation and Title #2  [Search for O\\*Net Code](#)

Type of job looking for Electrician

Years of experience in this area

Type of employment desired: None Selected

Full-time or part-time: None Selected

Employment History

Company Name	Location	Job Title (Occupation)	Start/End Dates	Action
Halloween City	Columbia, MO	Sales Associate (Retail Salespersons)	09/15/2018 - present	<a href="#">Edit</a> <a href="#">Delete</a>

⏪ Page  of 1 ⏩

Rows:

Verify all information on the “Application Veteran” tab, then click Next

[Application Staff](#)

[Application Document Management](#)

[Application Eligibility](#)

[Application Participation](#)

[Start Page](#)

[Application Contact](#)

[Application Demographic](#)

[Application Employment](#)

[Application Veteran](#)

[Application Public Assistance](#)

\* Indicates required fields. ? For help click the question mark icon

Military Service

Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.

- \* Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who are currently activated:  Yes  No
- \* **Question 1.** Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?  Yes  No
- \* **Question 2.** Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable?  Yes  No
- \* **Question 3.** Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability?  Yes  No

If you answered No to questions 1, 2 and 3 above please proceed to the bottom of the page and click the Next button.

Verify all information on the “Application Public Assistance” tab – the Supplemental Nutrition Assistance Program (SNAP) question should be marked Yes when working with SkillUP participants. Click Next

Note: If you are creating a new SNAP application, FSD Counselor should always state “FSD Processing Center” and Counselor phone number should be 855-373-4636 (FSD INFO) and the Case Number is the DCN

Application Staff | Application Document Management | Application Eligibility | Application Public Assistance

Start Page | Application Contact | Application Demographic | Application Employment | Application Veteran

\* Indicates required fields. For help click the question mark icon.

**Public Assistance Aid**

\* FSD Counselor: FSD Processing Center

\* Counselor Phone Number: 855 - 373 - 4636 Ext:

Case Number:

*Individual is receiving, or in the past 6 months has received, the following:*

\* Temporary Assistance for Needy Families (TANF)  Yes  No

\* Supplemental Security Income (SSI)  Yes  No

\* Social Security Disability Insurance Income (SSDI)  Yes  No

\* Refugee Cash Assistance (RCA)  Yes  No

\* General Assistance (GA)  Yes  No

\* Supplemental Nutrition Assistance Program (SNAP)  Yes  No

\* Receiving or Notified of Pell Grant:  Yes  No

\* Are you a Publicly Supported Foster Child?  Yes, I am a publicly supported Foster Child  No, I am not a publicly supported Foster Child

The “Application Staff” tab is where staff will add themselves or, if needed assign another staff member as the Case Manager. Add a Case Note. Click Next

Application Staff | Application Document Management | Application Eligibility | Application Public Assistance

Start Page | Application Contact | Application Demographic | Application Employment | Application Veteran

\* Indicates required fields. For help click the question mark icon.

**Staff Information**

SNAP Eligibility: Yes

\* Staff Position: Staff

Staff Created ID: 5387

Date Created: 10/05/2018

Staff Edited ID: 5387

Date Last Edited: 10/09/2018

Current Case Manager: Case currently Not Assigned to a Case Manager  
[Assign Case Manager](#)  
[Assign Me](#)  
[Remove Case Manager Assignment](#)

Previous Case Manager:

Case Note: [Add a new Case Note](#) | [Show Filter Criteria](#) ]

ID	Create Date	Subject	Action
No data found.			

The “Application Document Management” tab allows staff to upload documents to MoJobs. Remember to NEVER enter confidential documents into MoJobs, these should be stored in a confidential file in office. Click Next

Start Page Application Contact Application Demographic Application Employment Application Veteran Application Public Assistance

Application Staff Application Document Management Application Eligibility Application Participation

• Indicates required fields. For help click the question mark icon.

**SNAP Program Document(s)**

Listed below are the documents available on the selected Individual. Click the View link below to view that particular item.

**No records found**

Uploaded and scanned documents with spaces in the document name may be incompatible with some browsers. These spaces will be replaced with \_ when saving the document in our system.

Add a Document

The “Application Eligibility” tab displays the SNAP eligibility. Click Next to complete enrollment.

Start Page Application Contact Application Demographic Application Employment Application Veteran Application Public Assistance

Application Staff Application Document Management Application Eligibility Application Participation

• Indicates required fields. For help click the question mark icon next to each section.

**Eligibility Information**

Eligible for SNAP? Yes

**TO PROCEED DIRECTLY TO ENROLLMENT CLICK THE NEXT BUTTON**

**TO NOT ENROLL AT THIS TIME CLICK THE FINISH BUTTON**

Exit Wizard

<< Back Next >> Finish

The “Application Participation” tab must be completed to finish enrollment. Enter the participation date (should be the same day the SNAP application is completed) Staff can click on the calendar to choose a date or can click on Today to input today’s date. Click Next

Start Page Application Contact Application Demographic Application Employment Application Veteran Application Public Assistance

Application Staff Application Document Management Application Eligibility Application Participation

• Indicates required fields. For help click the question mark icon.

**General Information**

Login Name: JACKOLANTERN

User ID: 5781

State ID: 1433

Name: Jack O'Lantern

SSN: 900-00-0468

Application Date: 10/05/2018

Eligibility Date: 10/05/2018

**Participation Information**

\* Participation Date 10/10/2018 (mm/dd/yyyy) Today

Participation Age 39

\* Highest Education Level Achieved Attained High School Diploma

\* Participation Type Voluntary

The Activity Enrollment screen populates. Remember all items marked with \* are required fields.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information
<b>General Information</b>						
Participant User Name:	JACKOLANTERN					
Participant State ID:	1433					
Last Name, First Name MI:	O'Lantern, Jack					
Social Security Number:	0468					
Address:	666 Spooky Hollow Ln Columbia, MO 65201					
Application Summary:	Program:SNAP Employment and Training Application Date:10/05/2018 Eligibility Date:10/05/2018					
Participation Date:	10/10/2018					
* Customer Program Group:	50A - SNAP E and T					
* LWDB:	Central Region <small>LWDB cannot be modified if staff has local region assignment.</small>					
* Office Location:	FSD Community College Partner Central					

Note: the Actual Begin Date is pre-populated with the Participation Date.

Enrollment Information	
* Activity Code:	<input type="text"/> <a href="#">[ Select Activity Code ]</a>
Projected Begin Date:	<input type="text"/> Today
Actual Begin Date:	10/10/2018 <small>Actual begin date may not be modified on the first activity.</small>
* Projected End Date:	<input type="text"/> Today

Staff may add a Comment on the “General Information” tab but cannot enter a Case Note until the activity has been saved

Staff Information									
Staff ID:	5387								
* Position:	Staff								
Current Case Manager:	Case currently Not Assigned to a Case Manager <a href="#">Assign Case Manager</a> <a href="#">Assign Me</a> <a href="#">Remove Case Manager Assignment</a>								
Previous Case Manager:	<input type="text"/>								
Comments:	<input type="text"/>								
Case Notes:	<a href="#">[ Add a new Case Note   Show Filter Criteria ]</a>								
	<table border="1"> <thead> <tr> <th>ID</th> <th>Create Date</th> <th>Subject</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td colspan="4">No data found.</td> </tr> </tbody> </table>	ID	Create Date	Subject	Action	No data found.			
ID	Create Date	Subject	Action						
No data found.									

The first activity on a SNAP application will be the Funding Source. Click on “Select Activity Code” a new window will pop up. Providers will select the appropriate funding source for their agency. Note: ABAWDs will never be the SkillUP FNS funding source

To select an activity, click on an activity link below. Activities that do not have a link mean there are no programs offered for the selected customer group and / or region.

Activity Code	Activity Title	Provider Type
S20	SkillUP FNS	PS - Other
S10	SkillUP TANF	PS - Other

Close Window

18.1

After selecting the appropriate code, enter the projected end date of today, and click Next.

**Enrollment Information**

\* Activity Code:  SkillUP TANF  
[\[ Select Activity Code \]](#)

Projected Begin Date:  Today

Actual Begin Date:   
Actual begin date may not be modified on the first activity.

\* Projected End Date:  Today 

On the “Service Provider” tab select your agency from the Provider list, select the Service and select your office location from the Provider Locations. Note: the training region does not have providers loaded at this time. Please notify DWD Support if the provider information is not complete or incorrect.

[General Information](#) | 
 [Service Provider](#) | 
 [Enrollment Cost](#) | 
 [Financial Aid](#) | 
 [Enrollment Budget](#) | 
 [Budget Planning](#) | 
 [Closure Information](#)

**Enrollment Service Provider Information**

**Enrollment Summary:**  
 Enrollment ID: 3604  
 Username: JACKOLANTERN  
 SNAP Application ID: 2681  
 Activity Code: 213 - Comprehensive Assessment  
 Activity Dates: 10/12/2018 - 10/12/2018

\* **Provider:**   
Provider cannot be modified.

\* **Service, Course or Contract:**   
Provider Service cannot be modified.

**Provider Locations:**   
  
  
You do not have the privilege to modify Provider Locations

**Provider Contacts:**   
You do not have the privilege to modify Provider Contacts

\* **Occupational Training Code:** Not Applicable

At this time the Enrollment Cost, Financial Aid, Enrollment Budget, and Budget Planning tabs will not be completed on services in the SNAP application. Click Next until you reach the Closure Information tab

Enter the Last Activity Date as Today and select Successfully Completed in the Completion Code. Add a Case Note and click Finish

General Information | Service Provider | Enrollment Cost | Financial Aid | Enrollment Budget | Budget Planning | Closure Information

**Closure Information**

**Enrollment Summary:** Enrollment ID: 3535  
Username: JACKOLANTERN  
SNAP Application ID: 2681  
Activity Code: S10 - SkillUP TANF  
Activity Dates: 10/10/2018 - 10/10/2018

**Last Activity Date:** 10/10/2018 Today

**Completion Code:** Successful Completion

**Case Notes:** [ Add a new Case Note | Show Filter Criteria ]

ID	Create Date	Subject	Action
6675	10/10/2018	Funding_Source	

Page 1 of 1 Rows: 25



This is what the activity should look like once it is completed

Status	Activity / Provider	WZ	Funding / Grant	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
	S10 - SkillUP TANF Better Family Life		SNAP E and T	N/A	10/10/2018	10/10/2018	10/10/2018 Successful Completion

After working with any participant remember to **RELEASE THE INDIVIDUAL** in the left navigation menu.

## How to enter an activity/service/enrollment in MoJobs.

Expand the SNAP application and expand the Activities/Enrollments/Services tab. Click on Create Activity/Enrollment/Service.

SNAP Employment and Training Apps: 1

[Create SNAP Employment & Training Application](#)

☐ [SNAP #2681 - Complete](#)

LWDB:	<b>09 - Central Region</b>	Application Date:	<b>10/05/2018</b>
Onestop:	<b>591 - FSD Community College Partner Central</b>	Participation Date:	<b>10/10/2018</b>
Open/Total Activities:	<b>0 / 1</b>	Closure Date:	<b>N/A</b>
		Exit Date:	<b>N/A</b>

**Case Information**

**Case Number:** **Participation Type:** Voluntary

**Location and Staff**

**LWDB:** 09 - Central Region **Onestop:** 591 - FSD Community College Partner Central  
**Create Staff:** [Stacy Kaylor \(5387\)](#) **Edit Staff:** [Stacy Kaylor \(5387\)](#)  
**Case Manager:** N/A **Temporary Case Manager:** N/A

☐ **Self Assessment**

☐ **Communication Letters**

☐ **Participation** **10/10/2018**

☐ **Activities / Enrollments / Services** **1**

[Create Activity / Enrollment / Service](#)

The Activity Enrollment screen populates. Remember all items marked with \* are required fields.

**General Information** | **Service Provider** | **Enrollment Cost** | **Financial Aid** | **Enrollment Budget** | **Budget Planning** | **Closure Information**

**General Information**

**Participant User Name:** JACKOLANTERN

**Participant State ID:** 1433

**Last Name, First Name MI:** O'Lantern, Jack

**Social Security Number:** 0468

**Address:** 666 Spooky Hollow Ln  
Columbia, MO 65201

**Application Summary:** Program:SNAP Employment and Training  
Application Date:10/05/2018  
Eligibility Date:10/05/2018

**Participation Date:** 10/10/2018

\* **Customer Program Group:** 50A - SNAP E and T

\* **LWDB:** Central Region  
LWDB cannot be modified if staff has local region assignment.

\* **Office Location:** FSD Community College Partner Central

The Enrollment Information tab is used to enter the activity code projected begin, actual begin date and projected end dates. Click on Select Activity Code, then select an activity from the pop up window.

**Enrollment Information**

\* Activity Code:  [\[ Select Activity Code \]](#)

Projected Begin Date:  Today

Actual Begin Date:  Today

\* Projected End Date:  Today

To select an activity, click on an activity link below. Activities that do not have a link mean there are no programs offered for the selected customer group and / or region.

Activity Code	Activity Title	Provider Type
S20	SkillUP FNS	PS - Other
S01	Initial Assessment	PS - Office Services
S10	SkillUP TANF	PS - Other
S02	Attended TAP Workshop	PS - Office Services
S03	Referred to other Services	PS - Office Services
S04	Internships	PS - Work Experience
S05	Attended Workshop - Career & Skills Assessment	PS - Office Services
S06	Pre-Apprenticeship	PS - Work Experience
S07	Attended Workshop - Career Advancement and Enhancement	PS - Office Services
S08	Occupational Skills Training - Approved Provider (ITA)	PS - Approved Provider

Projected Begin Date – is not a required field, but should be used when entering an activity that a participant will be entering in the future (e.g. participant starts OJT in a week)

Actual Begin Date – this date will be entered on the day the participant starts the activity (you cannot enter a future date in this field)

Projected End Date – for all one day services this will be today, but staff can enter a future date in this field for trainings that have a duration of more than 1 day.

**Enrollment Information**

\* Activity Code: 213 Comprehensive Assessment [\[ Select Activity Code \]](#)

Projected Begin Date: 10/12/2018 Today

Actual Begin Date: 10/12/2018 Today

\* Projected End Date: 10/12/2018 Today

Refer to the SNAP application Activity and Service Guide for definitions and durations of each service on the SNAP application.

Staff may add a Comment on the “General Information” tab but cannot enter a Case Note until the activity has been saved. Click Next

**Staff Information**

Staff ID: 5387

\* Position:

Current Case Manager:  Case currently Not Assigned to a Case Manager  
[Assign Case Manager](#)  
[Assign Me](#)  
[Remove Case Manager Assignment](#)

Previous Case Manager:

Comments:

Case Notes: [Add a new Case Note](#) | [Show Filter Criteria](#)

ID	Create Date	Subject	Action
No data found.			

The Service Provider tab populates. Click on Select Provider and choose your agency from the pop up list. Click on Select Service, Course or Contract and select the appropriate option. Staff must also click on Provider Location and select the correct office address.

**Enrollment Service Provider Information**

**Enrollment Summary:** Enrollment ID: 3604  
Username: JACKOLANTERN  
SNAP Application ID: 2681  
Activity Code: 213 - Comprehensive Assessment  
Activity Dates: 10/12/2018 - 10/12/2018

\* Provider:  [\[ Select Provider \]](#)

\* Service, Course or Contract:  [\[ Select Service, Course or Contract \]](#)

Provider Locations:   
 [\[ Select Provider Locations \]](#)

Provider Contacts:  [\[ Select Provider Contacts \]](#)

\* Occupational Training Code: Not Applicable

If staff are unable to find their agency or office location, or they see that a provider record is incorrect, please contact [dwdsupport@ded.mo.gov](mailto:dwdsupport@ded.mo.gov) or call 866-506-0251.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information
<b>Enrollment Service Provider Information</b>						
<b>Enrollment Summary:</b>		Enrollment ID: 3604 Username: JACKOLANTERN SNAP Application ID: 2681 Activity Code: 213 - Comprehensive Assessment Activity Dates: 10/12/2018 - 10/12/2018				
<b>* Provider:</b>		<input type="text" value="Better Family Life"/> <a href="#">[ Select Provider ]</a>				
<b>* Service, Course or Contract:</b>		<input type="text" value="Office Services"/> <a href="#">[ Select Service, Course or Contract ]</a>				
<b>Provider Locations:</b>		<input type="text" value="ARCHS BFL&lt;br/&gt;456 2nd st&lt;br/&gt;Saint Louis, MO 63118"/> <a href="#">[ Select Provider Locations ]</a>				
<b>Provider Contacts:</b>		<input type="text"/> <a href="#">[ Select Provider Contacts ]</a>				
<b>* Occupational Training Code:</b>		Not Applicable				

At this time staff will not complete the Enrollment Cost, Financial Aid, Enrollment Budget or Budget Planning Tabs. Click Next until you reach the Closure Information tab.

Last Activity Date – This is the date the participant completes the activity. Reminder: one day activities must be closed the same day.

Completion Code – Staff will choose from the drop down list for the appropriate code.

Case Note – Case notes should be added every time staff work with a participant. When case notes are added to an activity, it is tied to that activity, but can still be viewed from the Case Notes tab under the General Profile.

Case Note Details
<input type="checkbox"/> Please check to suppress this Case Note
* Contact Date: <input type="text" value="10/12/2018"/> <a href="#">Today</a>
Type ID: <input type="text" value="3604"/> <a href="#">Delete</a>
* LWIA/Region: <input type="text" value="Central Region"/>
* Office Location: <input type="text" value="FSD Community College Partner Central"/>
* Program: <input type="text" value="SNAP Employment and Training"/>
App ID: <input type="text" value="None Selected"/>
Partner Program: <input type="text" value="None Selected"/>
* Subject: <input type="text" value="Comprehensive Assessment"/>
Contact Type: <input type="text" value="None Selected"/>
* Case Note Description: <input type="text" value="Completed Objective Assessment Summary with Jack in office today."/>
<a href="#">[ Spell Check ]</a>

Click Finish to complete the activity

Closure Information

**Enrollment Summary:**  
Enrollment ID: 3604  
Username: JACKOLANTERN  
SNAP Application ID: 2661  
Activity Code: 213 - Comprehensive Assessment  
Activity Dates: 10/12/2018 - 10/12/2018

**Last Activity Date:** 10/12/2018 [Today](#)

**Completion Code:** Successful Completion

**Case Notes:** [ [Add a new Case Note](#) | [Show Filter Criteria](#) ]

ID	Create Date	Subject	Action
6680	10/12/2018	<a href="#">Comprehensive Assessment</a>	<a href="#">✎</a> <a href="#">✉</a>

Page 1 of 1 Rows: 25

<< Back **Finish** Delete

The activity now displays as Closed and the Actual End Date displays the completion code as well.

Status	Activity / Provider	WZ	Funding / Grant	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
	<a href="#">213 - Comprehensive Assessment</a> Better Family Life		SNAP E and T	10/12/2018	10/12/2018	10/12/2018	<a href="#">10/12/2018</a> Successful Completion

After working with any participant remember to **RELEASE THE INDIVIDUAL** in the left navigation menu.

The 4 activities that must be completed on each SkillUP participant prior to enrollment in any training programs are:

213 Comprehensive Assessment – This activity is added when you complete the Objective Assessment Summary

205 Develop Service Strategies – This activity is added when you complete the IEP with the participant.

101 Orientation - This activity is added after the participant has attended an informational session on the SkillUP program.

107 Provision of Labor Market Research – This activity is added when you review Labor Market Information with the participant.

Each activity above is a one day activity and must be closed by staff the same day.