



# Family Stabilization Services Pre-Sanction Checklist

**Instructions:** The county/Employment Services (ES) provider must do the following prior to initiating a sanction for participants who meet FSS eligibility criteria or if the provider has information that a participant may meet the eligibility criteria.

Date accomplished	Requirement
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DATE	<b>Review the most recent employment plan and/or all case file materials</b> to determine if the participant qualifies for good cause. If participant has good cause, do not proceed with sanction process.
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DATE	<p><b>Invite participant to a face-to-face meeting.</b> The following must be covered during the meeting:</p> <ul style="list-style-type: none"> <li>• Review good cause policy with the participant to determine if they qualify.</li> <li>• Update/obtain a release of information to allow the employment counselor to speak with the participant's primary treating professional.</li> <li>• Identify other resources that may be available to meet the family's needs.</li> <li>• Explain the consequences of further non-compliance.</li> <li>• Inform the participant of the right to appeal if a sanction is ever imposed.</li> </ul> <p>DATE INVITATION SENT      Did face-to-face meeting occur?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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**Note:** Attempt at least one home visit if unable to complete the face-to-face meeting in the office.

DATE	<p><b>Schedule a home visit.</b> (If necessary.) Send a letter to the participant with the proposed time and date. Encourage the participant to contact ES to confirm the time and date which works with their schedule.</p> <p>DATE SCHEDULED      Was home visit successful?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>DATE SCHEDULED      Was home visit successful?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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**If home visit is unsuccessful,** send information that would have been covered in face-to-face meeting to participant.

DATE	<p><b>Request a release of information to obtain a current assessment by a behavioral health or medical professional,</b> if there is not one currently on file.</p> <p><b>Note:</b> The participant can choose to obtain the needed assessment themselves if they do not want the employment counselor to contact the primary treating professional.</p>
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DATE	<p><b>Obtain a current assessment by a behavioral health or medical professional.</b> Confirm the ability of the participant to comply with activities in the employment plan or program requirements.</p> <p>DATE SCHEDULED      METHOD OF REQUEST</p>
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Notice of Intent to Sanction (DHS-3175) sent:  Sanction Imposed:

SIGNATURE OF EMPLOYMENT COUNSELOR OR CASE MANAGER