

**Testimony of
Grant Collins, Senior Vice President, Fedcap Rehabilitation Services, Inc.
before the U.S. House of Representatives Committee on Agriculture
“Past, Present, and Future of SNAP: The Means to Climbing the Economic
Ladder”**

June 10, 2015

Good morning, Chairman Conaway, Ranking Member Peterson, and distinguished members of the Committee. Thank you for inviting me to testify on the Past, Present, and Future of SNAP: The Means to Climbing the Economic Ladder.

I am currently the senior vice president of Fedcap Rehabilitation Services, Inc.’s workforce development practice area. Fedcap is human services company that specializes in addressing the economic well-being of those with barriers to work. Today I will be offering insights regarding a program model that I oversee in New York City known as the Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) program.

The largest program of its type in the United States, the WeCARE program engages over 50,000 public assistance recipients per year that have health issues through comprehensive case management and a full range of customized activities that help individuals with health claims reach their highest levels of self-sufficiency.

As you can see from the slide WeCARE provides those with barriers an equal opportunity to transition from welfare to work. Just like most TANF programs reciprocity is required and the program is consistent with TANF time limits and participation requirements. However, 100 percent of WeCARE participants do not believe they can work and since 2005 over 485,000 have participated.

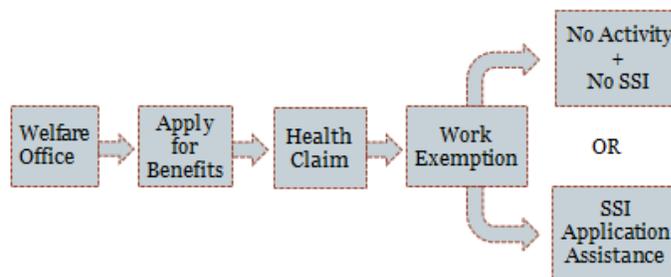
Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE)

- Provides public assistance recipients with barriers with equal opportunity to work
- Participation is mandatory and consistent with TANF time limits and participation requirements
- 100 percent of program participants do not believe they can work
- Over 485,000 have participated since 2005

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WeCARE presents a unique path for someone with a health claim at the point of application. Presenting a health claim in most local or state public assistance programs leads to no work. As you can see in the second slide most applying for benefits that present a health claim are either exempted with no activity and /or given assistance to apply for federal disability rather than assistance to find a job.

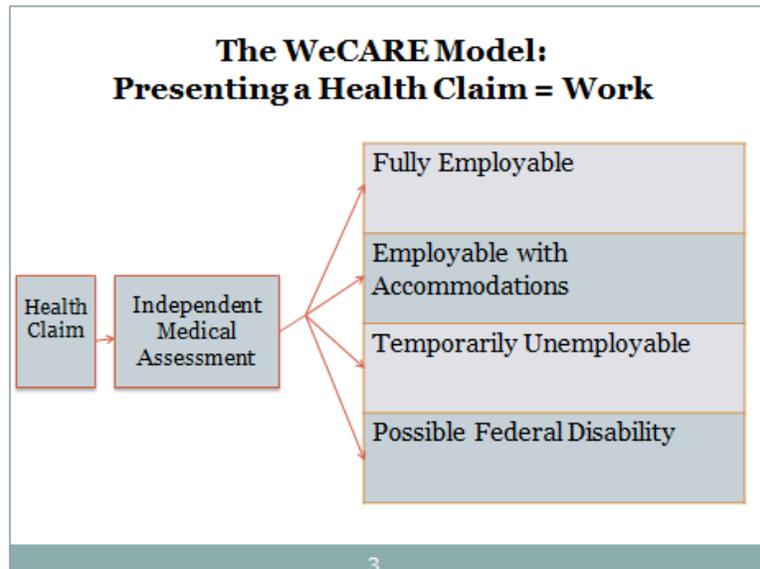
Presenting a Health Claim= NO WORK



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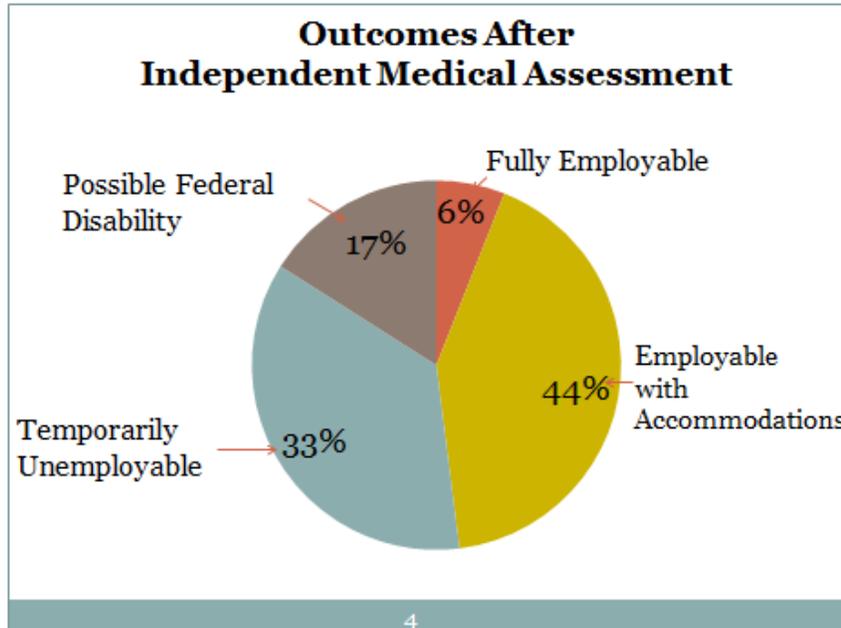
The WeCARE model does something different with the same person that makes a health claim. As illustrated in slide 3, the health claim is evaluated as the individual must complete an independent medical assessment as a condition of

eligibility. The assessment is conducted by medical doctors to determine the level of work the individual is capable of doing.



The four assessment outcomes are listed on the slide are (1) fully employable which means no accommodations were needed; (2) the second is employable with accommodations. Next is (3) temporarily unemployable which is also referred to as needing wellness or condition management. Often individuals in with this outcome need a condition management plan that may last up to 90 days to allow the condition(s) to stabilize before determining the individual's ongoing work capability. The majority of individuals are able to work once this plan is completed. There will be some individuals that are determined unable to work in the next 12 months who then are provided assistance with applying for (4) possible federal disability benefits.

After ten years and over 485,000 independent assessments completed the outcomes are quite revealing as seen in slide 4. Though all did not think they could work, we find that 6 percent of those completing the independent assessments are determined to be fully employable, 44 percent are determined to be able to work with an accommodation, 33 percent need condition management, and only 17 percent are possible candidates that may not be able to work. The outcomes show that fully half of the entire group can work even when they did not think they could or a doctor told them that they could not and another 33 percent can get ready for work as their medical conditions are stabilized.



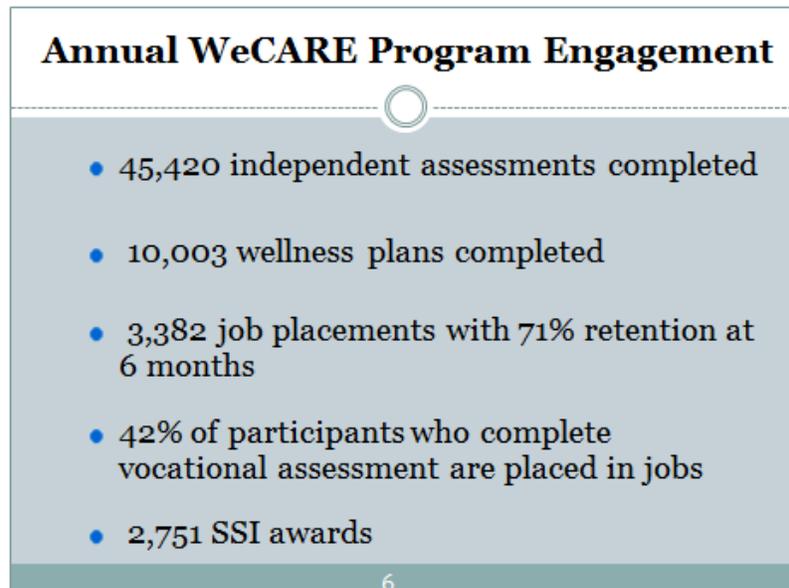
In addition, a summary view of employable with accommodations in slide 5 shows that a full range of work and work activities can be successfully completed and that many can and do participate for their required hours despite their barriers or accommodations needs.

Employable with Accommodations

- 15% Job Search Only, 70% Job Training and Job Search, 5 % Education Only
- 300+ job training sites and over 7,000 slots in 26 job tiles
- 45% assigned 35 hours, 14% assigned 30 hours, 30% assigned 25 hours, and 11% less than 25 hours
- 95 cases out of every 100 have documented participation hours

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Slide 6 provides contract year ten outcomes for assessments, wellness plans, placement and retention numbers as well as percentage placed and the number receiving SSI.



In closing, I would like the Committee to know that based on my experience, I believe the WeCARE program outcomes suggest that more can be expected from those that have been told or believe they cannot work or achieve self-sufficiency. I believe that knowing the dignity of work can become a viable path out of poverty and far more can work than we may have thought possible including those with health and other challenges.

I appreciate the committee's interest in this issue, and I hope that the members of this committee can work together with this panel to ensure that SNAP is working as intended moving more families up the economic ladder. I look forward to answering any questions you might have.