

STEP Program
DCFS Interoffice Communication

Caseload # _____

TO: _____ Participant's Name: _____

FROM: _____ STEP Case ID: _____

FITAP Case ID: _____

Information Being Reported By: ☐ LWC ☐ SSA ☐ SSAS ☐ OTHER STAFF

Date: _____

☐ Failed To Cooperate Without Good Cause – STEP Sanction Necessary
Participant Failed To: _____

☐ FITAP Case Closed Effective: _____

☐ Sanction Terminated On: _____
Because Participant _____

☐ Obtained/Changed Employment
Employer Name: _____
Employer Address: _____
Employer Telephone Number: _____
Job Title: _____
Hourly Wage: _____ Hours Per Week: _____ Starting: _____

☐ Lost Employment
Date: _____
Reason: _____

☐ Change in Household income: _____
Or resources: _____

☐ Receiving Child Care Assistance: _____

☐ Other: _____

☐ Comments: _____

