Adult
And
Dislocated Worker

Manual
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Overview of Workforce Innovation and Opportunity Act (WIOA) Adult and Dislocated Worker (DW) Program

The Workforce Innovation and Opportunity Act calls for collaboration with partners, business, industry, education, state and local governments to strategically manage resources and achieve program performance, accountability, and customer satisfaction.

The WIOA Adult program improves the quality of the adult workforce, reduces welfare dependency, and enhances the productivity and competitiveness of Region 4’s workforce. The program provides adults with workforce preparation, career services, training services and job placement assistance needed to increase occupational skill attainment, obtain industry recognized credentials, and secure a good job that provides earnings that lead to self-sufficiency.

All applicants may be considered eligible for services with priority given to recipients of public assistance, other low-income individuals, veterans, and individuals who are basic skills deficient.

The purpose of the dislocated worker program is to provide services to individuals who have been terminated or laid off, or have received notice of termination or layoff, from employment generally due to plant closures or downsizing; or who meet the dislocated worker definition of a displaced homemaker.

Career and training services are available to assist dislocated workers transition from layoff to work in the least amount of time possible. If workers have skills that are in demand in the labor market, simply accessing the core services of job search and placement assistance and useful labor market information may be sufficient to help them get back into the workforce quickly. Workers are retrained with skills that are in demand by Region 4 employers which help the Region’s economy to grow.

Program performance is measured by participant entry into unsubsidized employment, retention in unsubsidized employment, earnings received in unsubsidized employment and the rate of industry recognized credentials earned by participants.

WIOA Adult Performance Results for PY ‘18

- 1,346 adult participants served
- 82.3% 2nd Qtr after exit in employment/education rate compared to goal of 76%
- 79.9% 4th Qtr after exit in employment/education rate compared to goal of 73%
- 79.4% Credential Earned compared to goal of 50%
- $6,649 Median Earnings compared to goal of $5,600
- 71.4% Measurable Skills Gains rate. No goal set yet

WIOA Dislocated Worker Performance Results for PY ‘18

- 1,473 adult participants served
- 78% 2nd Qtr after exit in employment/education rate compared to goal of 76%
- 75% 4th Qtr after exit in employment/education rate compared to goal of 74%
- 71.4% Credential Earned compared to goal of 47%
- $7,160 Median Earnings compared to goal of $6,700
- 55.1% Measurable Skills Gains rate. No goal set yet

WIOA Adult Performance Goals PY’19

- 77% 2nd Qtr after exit in employment/education rate
- 74% 4th Qtr after exit in employment/education rate
- 52.0% Credential Earned rate
- $5,600 Median Earnings
- 71.4% Measurable Skills Gain. No state goal set yet.

WIOA DW Performance Goals PY’19

- 76% 2nd Qtr after exit in employment/education rate
- 75% 4th Qtr after exit in employment/education rate
- 48.0% Credential Earned rate
- $7,000 Median Earnings
- 56.6% Measurable Skills Gain. No state goal set yet.
PURPOSE:
To provide Region 4 guidance regarding orientation, informational workshops and Customer Flow.

Our One-Stop Centers will Provide Excellent Customer Service to Job Seekers, Workers and Businesses. Meeting the needs of job seekers, workers and businesses is important in developing thriving communities where all citizens succeed and businesses prosper. The mission of the West Central WorkOne System is to greet all customers promptly, listen and gather information, reviews skills and needs, and to direct customers to appropriate services and opportunities that capture their interests. The WorkOne referral procedure provides information for providing access to partner services.

Orientation of Services

All customers should have the opportunity to learn what services are offered at the WorkOne and how to access those services. Staff at all WorkOne offices shall provide both a verbal orientation on services and an informational brochure of services. The WorkOne Magazine is a comprehensive resource describing services offered in the WorkOne system. Orientation should be documented in case notes.

Staff should encourage customers to take advantage of the WorkOne's services as appropriate to their needs. A customer’s demographic information should be used to make service recommendations.

Informational Workshops

Basic Career Services workshops will be offered on a number of topics that may include but are not limited to: resume writing, interview skills, discovering career interests, job search, digital literacy, financial literacy, and work readiness. The information provided in these workshops should be informational in nature and readily available to customers and presented in a workshop format for ease of understanding and access. Staff will be well versed on the information and present it in a consistent and competent manner. Technology should be used when available to aid the presentation and handouts available when appropriate. A list of informational workshops and the location/date/times will be shown in the WorkOne magazine and local website.
Training

Create opportunities for individuals at all levels of skill and experience by providing customers, including those with disabilities, timely labor market and job-driven information as possible related to education and training, careers. Customer will receive information on career choices and service delivery options. Customers will have the opportunity to receive both skill-development and job placement services as needed.

Whether training is delivered through an Individual Training Account (ITA) or through a Training Contract, R4WDB is committed to honoring the value of informed customer choice. Therefore, when an eligible participant has been determined to have the ability to benefit and qualifications to successfully participate in more than one program of training services, we will provide an opportunity for the consumer to make an informed choice of training programs / providers.

Customer Flow

Procedural manuals have been established for all teams working in WorkOne offices. Each team has a developed customer flow to best serve customers. Guidance and flowcharts to ensure excellent customer service and how customers would access services are contained in the Region 4 procedures.
PURPOSE:
To provide Region 4 guidance regarding eligibility criteria and data element validation requirements for WIOA. WorkOne offices are to ensure that Priority of Service to Veterans and eligible spouses is observed (See Region 4 Workforce Board Veteran policy). Staff should review and follow DWD Interim Guidance on Eligibility and Data Validation for all eligibility documentation and data validation.

Eligibility for services relates to local determinations about the individual’s need for and ability to benefit from services. Registration is the process of collecting information to support a determination of eligibility. This information may be collected through methods that include electronic data transfer, personal interview, or an individual’s application. A WIOA participant is an individual determined to be eligible to participate and who receives one or more WIOA-funded service(s) in a WorkOne Office.


WIOA clarifies that there is no sequence of service requirements in order to receive training. Training is made available to individuals after an interview, assessment, or evaluation determines that the individual requires training to obtain employment or remain employed. WIOA establishes two levels of employment and training services for adults: Career services and Training services.

Consistent with WIOA, priority for Career and Training services to Adults must be given to recipients of public assistance and other low-income individuals, and for individuals who are basic skills deficient. Under WIOA priority access to services by members of this group applies automatically. Priority of Service is no longer contingent on funds being limited. Adults must meet basic eligibility requirements and any service priority criteria in effect for the Board.

WIOA Adult Eligibility

To be eligible to receive WIOA services in the adult program, an individual must:
• be 18 years of age or older;
• meet Military Selective Service registration requirements (males only);
• be a citizen or noncitizen authorized to work in the United States (see below)

For all participants, the following items must be verified and documented:
• Age/Date of Birth
• Employment Authorization - Right to Work
• Selective Service Registration for Males
• Social Security Number

Additional documentation, as appropriate, is required for participants that receive services beyond basic services:
• Low Income Individual
• Family Income
• Cash Public Assistance
• Other Public Assistance (Food Assistance, Refugee Assistance)
• Supplemental Security Income
• Social Security Disability Income
• Homeless Individual
• Disabled Individual
• Dislocated Worker Criteria, including Date of Dislocation
• Termination/Layoff
• Plant Closure/Substantial Layoff
• Self-employed, but now Unemployed
• Displaced Homemaker

Eligibility to Work in the United States
US citizenship and/or eligibility-to-work in the US are not program eligibility requirements for WIOA Title I. While citizenship does not need to be validated, **Indiana has determined that an individual’s eligibility-to-work in the United States (regardless of citizenship) must be validated** for all WIOA Title I adults and dislocated workers and TAA clients prior to the receipt of supportive services and/or training services.

Guidance on Validating Eligibility-to-Work:
• The customer “self-declares” when he/she enters data into the labor exchange system or when staff enters data into State’s participant reporting system. **Self-attestation** is an acceptable source of documentation, and no further validation is required for WIOA Title I adults and dislocated workers and Trade Act customers who do NOT receive training or supportive services.

• Eligibility to work in the United States must be validated for any WIOA Title I adult or dislocated worker or Trade Act client who receives any type of supportive service and/or training service (i.e., occupational skills training).

See Federal Form I-9 for a list of acceptable documents for employment eligibility. A copy must be maintained or scanned into State’s participant reporting system. [http://www.uscis.gov/i-9](http://www.uscis.gov/i-9)

Service Priority for Individualized Career Services and Training Services
Individualized career services and training services must be given on a priority basis, regardless of funding levels, to:
• public assistance recipients and other low-income adults; and
• individuals who are basic skills deficient.
Priority of Service:

Priority for individualized career and training services must be given to recipients of public assistance, other low-income individuals, and/or individuals who are basic skills deficient. It is not necessary to determine that an adult is eligible in accordance with the priority of service until it is determined that the individual is in need of individualized career or training services. Veterans and eligible spouses continue to receive priority of service. When programs are statutorily required to provide priority for a particular group of individuals, priority must be provided in the following order:

- First, to veterans and eligible spouses who are also funded in the groups given statutory priority for the WIOA Adult formula funds. This means that veterans and eligible spouses who are also recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient would receive first priority for services funded with the WIOA Adult formula funds for individualized career services and training services.

  1) Recipients of public assistance.
  2) Other low income individuals. The term “low income individual” is defined at Section 3(36) means an individual who:

     • Receives, or in the past 6 months has received or is a member of a family that is receiving or has received in the past six months, assistance through the supplemental nutrition program (SNAP), TANF, supplemental security income under title XVI of the Social Security Act, or a state or local income-based public assistance program; or
     • Is in a family with total family income that does not exceed the higher of:
       o The poverty line or
       o 70% of the lower living standard income level or
     • Is a homeless individual or
     • Is an individual with a disability whose own income meets the income requirements above, but who is a member of family whose income does not meet this requirement.

  3) Individuals who are basic skills deficient. The term “basic skills deficient” is defined at Section 3(5) to mean means a youth or adult who is unable to compute or solve problems, or read, write, or speak English, at a level necessary to function on the job, in the individual’s family, or in society. The Department of Workforce Development (DWD) is providing guidance for making this determination by defining it as an individual who meets ANY ONE of the following:

     • Lacks a high school diploma or equivalency and is not enrolled in secondary education; or
     • Scores 8.9 or below on the TABE; or
     • Is enrolled in Title II adult education (including enrolled for ESL); or
     • Has poor English language skills (and would be appropriate for ESL even if the individual isn’t enrolled at the time of WIOA entry into participation); or
     • Is WorkINdiana eligible (Title II participants are eligible for WorkINdiana up to a year after exit); or
     • The case manager makes observations of deficient functioning and records those observations as justification in a case note.

- Second, to non-covered persons (that is, individuals who are not veterans or eligible spouses) who are included in the WIOA’s priority groups.
• Third, to veterans and eligible spouses who are not included in the WIOA’s priority groups.

• Fourth, to priority populations established by the Governor and/or local Workforce Development Board.

• Last, to non-covered persons outside the groups given priority under the WIOA.

Note: When past income is an eligibility determinant for federal employment or training programs, any amounts received as military pay or allowances by any person who served in active duty, and certain other specified benefits must be disregarded for the veteran and for other individuals for whom those amounts would normally be applied in making an eligibility determination. Military earnings are not to be included when calculating income for veterans or transitioning service members for this priority, in accordance with 38 U.S.C. 4213.

The statutory requirement applies to Adult program funds for individualized career and training services. Funds allocated for the Dislocated Worker program are not subject to this requirement.

Priority of service status is established at the time of eligibility determination for WIOA Title I Adult Registrants and does not change during the period of participation. Customers should complete the Family Size and Income Statement attached.

Eligibility for the WIOA Title I services incorporates the definition of family where low-income priority of service is a consideration. Consistent with the ETA’s policy, same sex spouses are included within the definition of family. Family is defined in 20 CFR 675.300 as:

Family means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

(1) A married couple and dependent children;

(2) A parent or guardian and dependent children; or

(3) A married couple.

Priority does not apply to the dislocated worker population.

Providing priority of service does not preclude serving other individuals as long as no ‘priority individual’ will be placed on a wait list or fail to be served.

Low-Income Individuals
An individual who meets any one of the following criteria satisfies the low-income requirement for WIOA adult services:

• Receives, or in the past six months has received, or is a member of a family that is receiving or in the past six months has received, assistance through SNAP, TANF, or the Supplemental Security Income (SSI) program, or state or local income-based public assistance;

• Receives an income or is a member of a family receiving an income that, in relation to family size, is not in excess of the current combined U.S. Department of Labor (DOL) 70 percent Lower Living Standard
Income Level and U.S. Department of Health and Human Services (HHS) Poverty (see Economically Disadvantaged Criteria)

• Is a homeless individual
• Receives or is eligible to receive a free or reduced-price lunch
• Is a foster youth, on behalf of whom state or local government payments are made; or
• Is an individual with a disability whose own income meets:
  o WIOA’s income requirements, even if the individual’s family income does not meet the income requirements; or
  o the income eligibility criteria for payments under any federal, state, or local public assistance program.

Unemployed

When determining unemployed status, note the following situations:

• A full-time student who was available for work during this seven-day period may be classified as unemployed.
• Time spent in national guard, military, naval, or air force reserve activities is not to be counted as employment.
• A person who is working part-time is considered employed.
• A veteran who has not obtained permanent unsubsidized employment since being released from active duty shall be considered as having met "unemployed" requirements regardless of the specific term of unemployment required.
• Persons institutionalized in a prison, jail, or similar correctional institution are to be considered "unemployed" only when such persons have a reasonable expectation of release within 12 months of enrollment in activities under the Act.
• Time spent in the WIOA On-the-Job Training (OJT) and Work Experience is considered employment for application/reporting purposes. Time spent in classroom training services or holding may or may not be considered employment depending on the specific situation.
• A person may meet the "made specific efforts to find a job" provision of the definition of "unemployed" by seeking either part-time or full-time work.

Underemployed

In addition to providing career and training services to individuals who are unemployed, there remains a significant population of job seekers who are underemployed. Individuals who are underemployed may include:

• Individuals employed less than full-time who are seeking full-time employment.
• Individuals who are employed in a position that is inadequate with respect to their skills and training.
• Individuals who are employed who meet the definition of a low-income individual in the WIOA Section 3(36). Individuals who are employed, but whose current job’s earnings are not sufficient compared to their previous job’s earnings from their previous employment, per state and/or...
local policy.

Individuals who are underemployed and meet the definition of low income may receive career and training services under the Adult program on a priority basis as a low-income participant. Individuals who meet the definition of an individual with a barrier to employment, per the WIOA Section 3(24) who are unemployed, may also be served in the Adult program. Individuals who were determined eligible for the Dislocated Worker program and who are determined by state and/or local policies to be underemployed, may still be considered eligible for career and training services.

**Career Services**
Career services for adults must be available in at least one full service WorkOne Office in each local workforce development area. There are three types of career services:

- Basic career services;
- Individualized career services; and
- Follow-up services.

**Basic Career Services:**
Basic career services must be made available and, at a minimum, include the following services:

- Determinations of whether the individual is eligible to receive assistance from the adult program;
- Outreach, intake (including worker profiling), and orientation to information and other services
- Initial assessment of skills levels, as well as aptitudes, abilities (including skills gaps), and support service needs;
- Labor exchange services, including:
  - job search and placement assistance, and, including the provision of information on nontraditional employment and in-demand industry sectors and occupations; and
  - appropriate recruitment and other business services on behalf of employers
- Provision of referrals to and coordination of activities with other programs and services and when appropriate, other workforce development programs. The Hoosier Heartland Partner Referral System assists partners in receiving and making referrals between agencies electronically. The system also provides information on partner services and allows for direct access/referrals; Orientation to information and other services available through the One-Stop system. For the TANF program, states must provide individuals with the opportunity to initiate an application for TANF assistance and non-assistance benefits and services which could be implemented through the provision of paper application forms or links to the application website.

Provision of workforce and labor market employment statistics information, including information relating to local, regional, and national labor market areas, such as:

- job vacancy listings in labor market areas;
- information on job skills necessary to obtain the vacant jobs listed; and
- information relating to local occupations in demand and the earnings, skills requirements, and opportunities for advancement in those jobs;
- Provision of performance information and program cost information on eligible providers of training services by program and provider type;
- Provision of information relating to the availability of support services or assistance, and appropriate referrals to those services and assistance, including:
  - child care;
  - child support;
• medical or child health assistance available through the state’s Medicaid program and Children’s Health Insurance Program;
• benefits under the Supplemental Nutrition Assistance Program (SNAP);
• assistance through the earned income tax credit; and
• assistance under a state program for Temporary Assistance for Needy Families (TANF), and other support services and transportation provided through that program;
• Provision of information and assistance regarding filing claims for unemployment compensation, by which the Board must provide assistance to individuals seeking such assistance. Assistance in establishing eligibility for programs of financial aid assistance for training and education programs not provided under WIOA.

Individualized Career Services
Individualized career services must be based on the employment needs of the individual as determined jointly by the individual and the career planner (case manager), and, may be identified through an individual employment plan. These services, which must be available in all comprehensive One-Stop centers, include:

• Comprehensive and specialized assessments of the skill levels and service needs of adults and dislocated workers, which may include:
  o Diagnostic testing and use of other assessment tools.
  o In-depth interviewing and evaluation to identify employment barriers and appropriate employment goals.
• Development of an IEP to identify the employment goals, appropriate achievement objectives, and the appropriate combination of services for the participant to achieve his or her employment goals, including a list of, and information about, eligible training providers.
• Group counseling, which involves two or more participants addressing certain issues, problems, or situations that may be shared by the group members.
• Individual counseling, which is a one-on-one session that may go into greater detail for a participant regarding certain issues, problems, or situations.
• Career planning, e.g., case management.
• Short-term pre-vocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct services to prepare individuals for unsubsidized employment or training. In some instances, pre-apprenticeship programs may be considered as short-term pre-vocational services.
• Internships and paid or unpaid work experiences that are linked to careers. Internships and work experiences may be arranged within the private for-profit sector, the non-profit sector, or the public sector.
• Transitional jobs, which are to include all of the following:
  o Time-limited work experiences that are subsidized and are in the public, private, or non-profit sectors for individuals with barriers to employment who are chronically unemployed and/or have an inconsistent work history.
  o Designed to assist individuals with barriers to employment to establish a work history,
demonstrate success in the workplace, and develop the skills that lead to entry and retention into unsubsidized employment.

- Must be combined with comprehensive career services and supportive services.

- Workforce preparation activities, including programs or services designed to help an individual acquire a combination of basic academic skills, critical thinking skills, digital literacy skills, and self-management skills, including competencies in utilizing resources, using information, working with others, understanding systems, and obtaining the skills necessary for a successful transition into and completion of post-secondary education or training, or employment.

Training Services
WIOA is designed to increase participant access to training services. Training services are provided to equip individuals to enter the workforce and retain employment. Training is made available to individuals after an interview, assessment, or evaluation determines that the individual requires training to obtain employment or remain employed. For greater detail of training services, please visit the Individual Training Policy.

Examples of training services include:
- occupational skills training, including training for nontraditional employment;
- on-the-job training (OJT), including registered apprenticeship;
- incumbent worker training in accordance with WIOA §134(d)(4);
- workplace training and cooperative education programs;
- private sector training programs;
- skills upgrading and retraining;
- entrepreneurial training;
- transitional jobs in accordance with WIOA §134(d)(5);
- job readiness training provided in combination with other training described above;
- adult education and literacy activities, including activities of English language acquisition and integrated education and training programs, in combination with training; and
- customized training conducted with a commitment by an employer or group of employers to employ an individual upon successful completion of the training.

WIOA funding for training is limited to participants who:
- are unable to obtain grant assistance from other sources to pay training costs; or
- require assistance beyond that available under grant assistance from other sources to pay training costs and related support services.

Boards and training providers must coordinate funds available to pay for training and must consider the availability of other grant assistance to pay for training costs, such as TANF, state-funded training funds, and federal Pell Grants, so that WIOA funds supplement other sources of training grants.

A WIOA participant may enroll in WIOA-funded training while the participant’s application for a Pell Grant is pending, as long as the Service Provider has made arrangements with the training provider and the WIOA participant regarding allocation of the Pell Grant. If the Pell Grant is subsequently awarded, the training provider must reimburse the Service Provider the WIOA funds used to underwrite the training for the amount the Pell Grant covers. Reimbursement is not required from the portion of Pell Grant assistance disbursed to the WIOA participant for education-related expenses, which includes support services.
Service Provider must ensure that WIOA funds are not used to pay:
• for any portion or term of training for which the participant has signed a loan as part of financial aid; or
• that were paid by the participant (or other source) prior to WIOA program registration

Eligibility for Training Services
Training services may be made available to employed and unemployed adults who:
• after a determination of need is made using an employment plan:
  o are unlikely or unable to obtain or retain employment that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment through career services;
  o are in need of training services to obtain or retain employment leading to economic self-sufficiency or wages comparable to or higher than wages from previous employment; and
  o have the skills and qualifications to participate successfully in training services;
  o have selected a program of training services that is directly linked to:
    ▪ occupations that are on the Occupations in Demand list, or are on the targeted occupations list for another local workforce development area (workforce area) to which an adult is willing to commute or relocate; or
    ▪ occupations that have been determined on a case-by-case basis to have a high potential for sustained demand and growth in the workforce area, based on sufficient and verifiable documentation and approved by the One Stop Operator
  o The participant is unable to obtain grant assistance from other sources to pay the cost of such training, including such sources as state-funded training funds, Trade Adjustment Assistance, and Federal Pell Grants established under Title IV of the Higher Education Act of 1965, or requires the WIOA assistance in addition to other sources of grant assistance, including Federal Pell Grants; and
    ▪ Veterans Affair (VA) benefits for education and training services do not constitute “other grant assistance” under the WIOA’s eligibility requirements. Therefore, eligibility for VA benefits for education or training services do not preclude a veteran or the veteran’s eligible spouse from receiving the WIOA-funded services, including training funds. Similarly, the WIOA program operators may not require veterans or spouses to exhaust their entitlement to the VA-funded training benefits prior to allowing them to enroll in the WIOA-funded training.
  o If training services are provided through the WIOA Adult program, the participant has been determined eligible in accordance with the state and local priority system, if any, in effect for adults under the WIOA.

An individual must, at minimum, receive either an interview, evaluation or assessment, and career planning, or any other method through which the One-Stop operator or partner can obtain enough information to make an eligibility determination to be eligible for training services. Where appropriate, a recent interview, evaluation, or assessment may be used.

The case file must contain a determination of the need for training services as determined through the interview, evaluation, or assessment, and career planning or any other career service received. Refer to Individual Training Policy.

As a reminder, the determination of the need for training services must be documented as part of the participant’s Individual Employment Plan and/or case notes. Refer to IEP Policy.
C. The R4WDB considers self-sufficiency income for adults as such:

Employment is not a guarantee of self-sufficiency. R4WDB further defines Self-sufficiency for individuals participating in training under the WIOA Adult Program is 200% of the economically Disadvantage Criteria level based on family size.

Follow-Up Services:
Follow-up services must be made available, as appropriate—including counseling regarding the workplace—for participants in adult activities who are placed in unsubsidized employment for a minimum of 12 months after the first day of employment. Refer to Follow Up Policy.

Dislocated Workers:
Definition of Dislocated Worker

- See categories 1 – 5 of DWD Eligibility and Data Validation and Dislocated Worker Guidance for Category "A" Eligibility.

- All recipients who receive either a RESEA or JFH letter will automatically qualify for dislocated worker services under WIOA sec. 3(15)(A). These recipients have already been identified as being laid off (i), eligible for unemployment insurance (ii), and unlikely to return to a previous industry/occupation (iii). The only documentation needed for verification is the RESEA or JFH letter.

- A military service member who has separated from Armed Forces with a discharge that is anything other than dishonorable qualifies for dislocated worker services under WIOA Sec. (15)(A) when the appropriate data validation requirements are met. A notice of separation, a DD-214 from the Department of Defense, or other documentation showing separation or imminent separation from the Armed Forces satisfies the “termination from employment” eligibility criteria. The separating service member is also considered by the Department of Labor to have exhausted unemployment compensation and unlikely to return to previous industry or occupation. A separated military service member will only qualify for dislocated worker services under his/her separated military service member status until he/she obtains a new primary occupation as established by his/her available work history (no limit). Stopgap or intervening employment will not disqualify a separated military service member from receiving dislocated worker services. A military service member who has been discharged under a dishonorable discharge would not qualify as a dislocated worker, but may still qualify under WIOA adult.
Intervening Employment’ as defined for Dislocated Workers (DWD Policy 2016-01)

- The eligible event that made the participant eligible as a dislocated worker should not have occurred more than three years ago – the look back period;

“Look Back Period” - For purposes of Dislocated Worker eligibility, a "look back period" shall be defined as the time period in a participant’s past between the dislocation event that established WIOA Dislocated Worker eligibility and the present. The "look back period" shall be limited to a maximum of three years from the date of initial program enrollment.
  - The individual is otherwise eligible as a dislocated worker; and
  - You will need to document why the employment the participant accepted is considered as “intervening” or “stop-gap” employment
  - Exceptions beyond three years will need approval of the Board (designee)

“Intervening or Stopgap Employment” - Intervening or stopgap Employment describes work that an individual accepts, either prior to or during participation in WIOA services, for the purpose of income maintenance because they have lost the customary work for which their training, experience, and work history qualifies them. Employment would be considered intervening or stopgap if the salary were substantially below the salary of the individual’s previous occupation and/or if they are working substantially under the skill level of their previous occupation. However, intervening or stopgap employment may constitute a new primary occupation/industry in circumstances where the individual has not made any verifiable efforts to seek more permanent and appropriate employment and has been employed in intervening or stopgap employment for an extended amount of time (see lookback period). The previous occupation or industry should be established by the individuals work history provided in his/her application and supported with any other applicable documentation to satisfy the data validation requirements.

Documenting Intervening Employment
When utilizing intervening employment to establish eligibility for a Dislocated Worker, case managers must document in case notes all positions the participant has worked during the look back period, specifically indicating how each position meets the definition of intervening employment.

Locally Defined Dislocated Worker Guidelines
A. The Region 4 Workforce Board (R4WB) defines “unlikely to return to a previous industry or occupation” as:
   - Leaving an occupation which is not on the Occupation in Demand list for the local region. Specific occupations are identified in the Growth & Demand Occupations list.
   - Has antiquated skills that would hinder return to occupation even if occupation is on the Occupation in Demand list
   - Must be documented in case notes.

The R4WIB considers self-sufficiency income for adults and dislocated workers as such:
1. Employment is not a guarantee of self-sufficiency. Therefore, all Hoosiers seeking assistance through the WorkOne system employed or not, are considered to lack self-sufficiency.
2. Self-sufficiency for individuals participating in training under the WIOA Adult Program is 200% of the economically Disadvantage Criteria level based on family size.
**Self-sufficiency** for individuals participating in training under the Dislocated Worker Program is the higher of at least 80% of the participant’s wage at layoff or the Economically Disadvantage Criteria level, and the participant is in permanent employment. An eligible Dislocated Worker who is in stopgap or temporary employment following economic dislocation shall not be considered self-sufficient even though the prevailing wage proves otherwise.

**Selective Service:**
- In order to participate in a program established by or receiving assistance under Title I of WIOA, all males born on or after January 1, 1960 must present documentation showing compliance with the Selective Service registration requirement. Refer to Regional Selective Service policy for additional guidance and required documentation.

**Determining Knowing and Willful Failure to Register.** If the individual was required but failed to register with the Selective Service as determined by the Status Information Letter or by his own acknowledgment, the individual may only receive services if he can establish by a preponderance of the evidence that the failure to register was not knowing and willful. The grantee, sub-grantee, or contractor that enrolls individuals in WIOA Title I-funded activities is responsible for evaluating the evidence presented by the individual and determining whether the failure to register was a knowing and willful failure.

Evidence presented may include the individual’s written explanation and supporting documentation of his circumstances at the time of the required registration and the reasons for failure to register. The individual should be encouraged to offer as much evidence and in as much detail as possible to support his case. The following are examples of documentation that may be of assistance in making a determination in these cases:

1. Service in Armed Forces. Evidence that a man has served honorably in the U.S. Armed Forces such as DD Form 214 or his Honorable Discharge Certificate. Such documents may be considered sufficient evidence that his failure to register was not willful or knowing.
2. Third Party Affidavits. Affidavits from parents, teachers, employers, doctors, etc. concerning reasons for not registering, may also be helpful to grantees in making determinations in cases regarding willful and knowing failure to register.

In order to establish consistency regarding the implementation of the requirement, grantees should consider the following questions when determining whether a failure to register is knowing and willful. In determining whether the failure was “knowing,” the authorized organization should consider:
- Was the individual aware of the requirement to register?
- If the individual knew about the requirement to register, was he misinformed about the applicability of the requirement to him (e.g., veterans who were discharged before their 26th birthday were occasionally told that they did not need to register)?
- On which date did the individual first learn that he was required to register?
- Where did the individual live when he was between the ages of 18 and 26?
- Does the status information letter indicate that Selective Service sent letters to the individual at that address and did not receive a response?

In determining whether the failure was “willful,” the authorized organization should consider:
- Was the failure to register done deliberately and intentionally?
- Did the individual have the mental capacity to choose whether or not to register and decided not to register?
- What actions, if any, did the individual take when he learned of the requirement to register?
If an authorized organization determines it was not a knowing and willful failure and the individual is otherwise eligible, services may be provided. If the authorized organization determines that evidence shows that the individual’s failure to register was knowing and willful, WIOA services must be denied. Individuals denied services must be advised of available WIA grievance procedures. Authorized organizations must keep documentation related to evidence presented in determinations related to Selective Service.
Client Name: __________________________________  Client SS# __________________________________
Date: _____________________________________   Site: ___________________________________

Please provide the information for all family members residing in the household in the last 26 weeks.

**NUMBER IN HOUSEHOLD:**
Family – two or more persons related by blood, marriage or decree of court, who are living in a single residence, and are included in one or more of the following categories: • a husband, wife, and dependent* children • a parent or guardian and dependent* children • a husband and wife o The definition of family and the phrase “husband and wife” includes same-gender married couples.

**EMPLOYMENT INCOME**
Use average hours per week x hourly wage OR average weekly or bi-weekly pay multiplied by Number of Weeks (or pay periods) in last 26 weeks. Remember overtime & tips.
Average Hours Per Week multiplied by Hourly Wage multiplied by Number Of Weeks Employed or Average Pay multiplied by Number of Weeks/Pay Periods in Last 26 Weeks. Include Unemployment Insurance, Old Age Survivors Insurance and Child Support.

**EXCLUDABLE/ASSISTANCE INCOME** (Answer all that apply.)
Currently receiving TANF Yes____ No____
Determined eligible or received
Food stamps in last 6 months Yes____ No____
Currently receiving Trustee Assistance Yes____ No____
Currently receiving Refugee Assistance Yes____ No____
Currently receiving SSI Yes____ No____

If individual with documented disability (with personal includable income under the economic guidelines), but household income is over economic guideline limit, check here: HOUSEHOLD OVER INCOME * INDIVIDUAL WITH DISABILITY * TAKEN AS FAMILY OF ONE   Yes____

Comments:

Participant Signature: ____________________________________________ Date: ___________________
Case Manager Signature: _________________________________________ Date: ___________________
Memorandum 2019-01

2019 Economically Disadvantaged Criteria, Change 1

To: Indiana’s Workforce System

From: Indiana Department of Workforce Development (DWD)

Date: August 26, 2019

Purpose
This communication provides notice of the publication of Change 1 to Memorandum 2019-01, 2019 Economically Disadvantaged Criteria. Change 1 corrects the amount for “Each Additional” person over a family size of 6 in the 2019 poverty guidelines table and replaces the 100% Lower Living Standard Income Level (LLSIL) tables with the Economically Disadvantaged Criteria tables which illustrates the higher of the 2019 poverty guidelines or 70% LLSIL.

Recinds

References
- Workforce Innovation and Opportunity Act (WIOA) 2019 LLSIL, published May 29, 2019 (84 FR 24818-24819)
- 2019 Health and Human Services (HHS) Poverty Guidelines
- 2019 United States Department of Labor (USDOL) LLSIL

Content
DWD has developed the 2019 Economically Disadvantaged Criteria and published the document as an attachment to this notice. The criteria were developed using the 2019 poverty guidelines from Health & Human Services (HHS), effective January 11, 2019, and the 2019 70% LLSIL from the United States Department of Labor, effective May 29, 2019.

<table>
<thead>
<tr>
<th>Page</th>
<th>Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2019 Metropolitan and Non-Metropolitan County List &amp; 2019 Poverty Guidelines</td>
</tr>
<tr>
<td>3</td>
<td>2019 Economically Disadvantaged Criteria (Shows Higher of Poverty Guidelines or 70% LLSIL)</td>
</tr>
<tr>
<td>4</td>
<td>2019 70% LLSIL</td>
</tr>
</tbody>
</table>

Additional Information
Questions regarding the content of this publication should be directed to DWD Policy: policy@dwd.in.gov.

2 https://aspe.hhs.gov/poverty-guidelines
3 https://www.doleta.gov/llsil/
2019 Economically Disadvantaged Criteria
Including the Poverty Guidelines & 70% of the Lower Living Standard Income Level (LLSIL)

Metropolitan and Non-Metropolitan Counties
The following counties are metropolitan counties. All other counties are non-metropolitan.

<table>
<thead>
<tr>
<th>Allen County</th>
<th>Harrison County</th>
<th>Porter County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bartholomew County</td>
<td>Hendricks County</td>
<td>Posey County</td>
</tr>
<tr>
<td>Benton County</td>
<td>Howard County</td>
<td>Putnam County</td>
</tr>
<tr>
<td>Boone County</td>
<td>Jasper County</td>
<td>Shelby County</td>
</tr>
<tr>
<td>Brown County</td>
<td>Johnson County</td>
<td>St. Joseph County</td>
</tr>
<tr>
<td>Carroll County</td>
<td>Lake County</td>
<td>Sullivan County</td>
</tr>
<tr>
<td>Clark County</td>
<td>LaPorte County</td>
<td>Tippecanoe County</td>
</tr>
<tr>
<td>Clay County</td>
<td>Madison County</td>
<td>Union County</td>
</tr>
<tr>
<td>Dearborn County</td>
<td>Marion County</td>
<td>Vanderburgh County</td>
</tr>
<tr>
<td>Delaware County</td>
<td>Monroe County</td>
<td>Vermillion County</td>
</tr>
<tr>
<td>Elkhart County</td>
<td>Morgan County</td>
<td>Vigo County</td>
</tr>
<tr>
<td>Floyd County</td>
<td>Newton County</td>
<td>Warren County</td>
</tr>
<tr>
<td>Franklin County</td>
<td>Ohio County</td>
<td>Warrick County</td>
</tr>
<tr>
<td>Hamilton County</td>
<td>Owen County</td>
<td>Washington County</td>
</tr>
<tr>
<td>Hancock County</td>
<td>Parke County</td>
<td>Whitley County</td>
</tr>
</tbody>
</table>

2019 Poverty Guidelines
Effective January 11, 2019

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,490</td>
</tr>
<tr>
<td>2</td>
<td>$16,910</td>
</tr>
<tr>
<td>3</td>
<td>$21,330</td>
</tr>
<tr>
<td>4</td>
<td>$25,750</td>
</tr>
<tr>
<td>5</td>
<td>$30,170</td>
</tr>
<tr>
<td>6</td>
<td>$34,590</td>
</tr>
<tr>
<td>7</td>
<td>$39,010</td>
</tr>
<tr>
<td>8</td>
<td>$43,430</td>
</tr>
<tr>
<td>Each Additional</td>
<td>$4,420</td>
</tr>
</tbody>
</table>
2019 Economically Disadvantaged Criteria

Shows the Higher of the 2019 Poverty Guidelines or 70% LLSIL

For all Indiana counties except Dearborn, Franklin, Jasper, Lake, Newton, Ohio, Porter and Union

Poverty Guidelines effective January 11, 2019 and 70% LLSIL effective May 29, 2019

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Metropolitan</th>
<th>Non-Metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,490*</td>
<td>$12,490*</td>
</tr>
<tr>
<td>2</td>
<td>$16,910*</td>
<td>$16,910*</td>
</tr>
<tr>
<td>3</td>
<td>$22,119</td>
<td>$21,330*</td>
</tr>
<tr>
<td>4</td>
<td>$27,307</td>
<td>$26,161</td>
</tr>
<tr>
<td>5</td>
<td>$32,223</td>
<td>$30,879</td>
</tr>
<tr>
<td>6</td>
<td>$37,691</td>
<td>$36,111</td>
</tr>
<tr>
<td>Each Additional</td>
<td>$5,468</td>
<td>$5,232</td>
</tr>
</tbody>
</table>

*Indicates the higher number was from the Poverty Guidelines

Northwestern Indiana

(For the Indiana counties of Jasper, Lake, Newton and Porter)

Poverty Guidelines effective January 11, 2019 and 70% LLSIL effective May 29, 2019

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,490*</td>
</tr>
<tr>
<td>2</td>
<td>$16,910*</td>
</tr>
<tr>
<td>3</td>
<td>$22,377</td>
</tr>
<tr>
<td>4</td>
<td>$27,626</td>
</tr>
<tr>
<td>5</td>
<td>$32,604</td>
</tr>
<tr>
<td>6</td>
<td>$38,132</td>
</tr>
<tr>
<td>Each Additional</td>
<td>$5,528</td>
</tr>
</tbody>
</table>

*Indicates the higher number was from the Poverty Guidelines

Southeastern Indiana

(For the Indiana counties of Dearborn, Franklin, Ohio and Union)

Poverty Guidelines effective January 11, 2019 and 70% LLSIL effective May 29, 2019

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,490*</td>
</tr>
<tr>
<td>2</td>
<td>$16,910*</td>
</tr>
<tr>
<td>3</td>
<td>$21,652</td>
</tr>
<tr>
<td>4</td>
<td>$26,722</td>
</tr>
<tr>
<td>5</td>
<td>$31,537</td>
</tr>
<tr>
<td>6</td>
<td>$36,880</td>
</tr>
<tr>
<td>Each Additional</td>
<td>$5,343</td>
</tr>
</tbody>
</table>

*Indicates the higher number was from the Poverty Guidelines
70% of 2019 Lower Living Standard Income Level (LLSIL)

For all Indiana counties except Dearborn, Franklin, Jasper, Lake, Newton, Ohio, Porter and Union
Effective May 29, 2019

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Metropolitan</th>
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<tbody>
<tr>
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<td>$9,427</td>
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<td>$16,116</td>
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<td>$22,119</td>
<td>$21,192</td>
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<td>$27,307</td>
<td>$26,161</td>
</tr>
<tr>
<td>5</td>
<td>$32,223</td>
<td>$30,879</td>
</tr>
<tr>
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<td>$37,691</td>
<td>$36,111</td>
</tr>
<tr>
<td>Each Additional</td>
<td>$5,468</td>
<td>$5,232</td>
</tr>
</tbody>
</table>

*Indicates the higher number was from the Poverty Guidelines

Northwestern Indiana
(For the Indiana counties of Jasper, Lake, Newton and Porter)
Effective May 29, 2019

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$9,946</td>
</tr>
<tr>
<td>2</td>
<td>$16,306</td>
</tr>
<tr>
<td>3</td>
<td>$22,377</td>
</tr>
<tr>
<td>4</td>
<td>$27,626</td>
</tr>
<tr>
<td>5</td>
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<tr>
<td>Each Additional</td>
<td>$5,528</td>
</tr>
</tbody>
</table>

*Indicates the higher number was from the Poverty Guidelines

Southeastern Indiana
(For the Indiana counties of Dearborn, Franklin, Ohio and Union)
Effective May 29, 2019

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$9,623</td>
</tr>
<tr>
<td>2</td>
<td>$15,772</td>
</tr>
<tr>
<td>3</td>
<td>$21,652</td>
</tr>
<tr>
<td>4</td>
<td>$26,722</td>
</tr>
<tr>
<td>5</td>
<td>$31,537</td>
</tr>
<tr>
<td>6</td>
<td>$36,880</td>
</tr>
<tr>
<td>Each Additional</td>
<td>$5,343</td>
</tr>
</tbody>
</table>

*Indicates the higher number was from the Poverty Guidelines
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent’s ID card</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. Native American tribal document</td>
</tr>
<tr>
<td>(2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td><strong>For persons under age 18 who are unable to present a document listed above:</strong></td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
## Contact Information

<table>
<thead>
<tr>
<th>Last Name, First Name, MI</th>
<th>County</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Phone (Cell / Home)</th>
<th>County</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## WIOA Application and Grievance Sign Off

### Demographic Information

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Age</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disabilities</th>
<th>Race (Please check all that apply)</th>
<th>Citizenship</th>
<th>Selective Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>African American/Black</td>
<td>US Citizen</td>
<td>Yes</td>
</tr>
<tr>
<td>Yes, Physical Impairment</td>
<td>American Indian/Alaskan Native</td>
<td>US Permanent Resident</td>
<td>No</td>
</tr>
<tr>
<td>Yes, Mental Impairment</td>
<td>Asian</td>
<td>Alien/Refugee lawfully admitted to US</td>
<td>Exempt</td>
</tr>
<tr>
<td>Yes, Both Physical and Mental</td>
<td>Hawaiian/Pacific Islander</td>
<td>Registration Number:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Yes, Did not disclose</td>
<td>White/Caucasian</td>
<td>Expiration Date:</td>
<td>Registration Number</td>
</tr>
<tr>
<td></td>
<td>Did not identify</td>
<td>None of the above</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hispanic/ Latino</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle Highest Grade Completed:</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>12th Grade, No Diploma</td>
</tr>
<tr>
<td>1 yr. College/Tech/Vocational</td>
</tr>
<tr>
<td>Associates Degree</td>
</tr>
<tr>
<td>Specialized Degree (MD, DDS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In School, HS or less</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Attending School (per state definition): Yes No N/A

Age 16-17 Not attending school within most recent school calendar quarter Yes No N/A

### Veteran Information

<table>
<thead>
<tr>
<th>Transitioning Service Member</th>
<th>Eligibility Status</th>
<th>Recently Separated Veteran (within last 48 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>Yes, &lt;=180 days</td>
<td>Yes</td>
</tr>
<tr>
<td>Within 24 months of Retirement</td>
<td>Yes, Eligible Veteran</td>
<td></td>
</tr>
<tr>
<td>Within 12 months of Discharge</td>
<td>Yes, Eligible Other Person</td>
<td></td>
</tr>
</tbody>
</table>

Estimated Discharge Date: ________________

Campaign Veteran: Yes No

Served More than one Tour

Disabled Veteran: Yes, Disabled Yes, Special Disabled (30%)

Yes No

Military Entrance Date: ________________

Military Discharge Date: ________________

No

### Military Service

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

- Are you a caregiver (spouse/family member) to a wounded, ill or injured armed forces member who is receiving treatment? Yes No
- Are you a member of the Armed Forces who is wounded, ill or injured and receiving treatment? Yes No
- Are you currently in the military, a veteran or the spouse of a veteran? Yes No
- Are you a spouse/dependent of someone in Active-duty Military service, National Guard/Reserves and is currently activated? Yes No
Name: 
Social Security Number: 

**Employment Information**

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Unemployment Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Employed, Full-time</td>
<td>Weeks Unemployed</td>
</tr>
<tr>
<td>___ Employed, Part-time</td>
<td>Unemployment Compensation</td>
</tr>
<tr>
<td>___ Received notice of termination/military separation</td>
<td>Unemployed &gt; 27 weeks</td>
</tr>
<tr>
<td>___ Unemployed</td>
<td>Yes, Claimant profided and referred</td>
</tr>
<tr>
<td>___ Never Worked</td>
<td>Yes, Claimant not profided and referred</td>
</tr>
</tbody>
</table>

No

Farmed worker: ___ Farmworker ___ Migrant ___ Migrant Farmworker

Type of Qualifying Farm work: ___ Agricultural Production and Services ___ Food Processing Establishments

**Work History (please provide information for past 6 months)**

<table>
<thead>
<tr>
<th>Employer #1:</th>
<th>Employer #2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Job Title:</td>
</tr>
<tr>
<td>Date Started: / /</td>
<td>Date Started: / /</td>
</tr>
<tr>
<td>Date Ended: / /</td>
<td>Date Ended: / /</td>
</tr>
<tr>
<td>Wage/hr:</td>
<td>Wage/hr:</td>
</tr>
<tr>
<td>Hours/Wk:</td>
<td>Hours/Wk:</td>
</tr>
<tr>
<td>oNET Code:</td>
<td>oNET Code:</td>
</tr>
<tr>
<td>Reason for leaving:</td>
<td></td>
</tr>
</tbody>
</table>

**Dislocated Worker (laid off no fault of your own in the past 3 years)**

<table>
<thead>
<tr>
<th>Dislocated Worker Category:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Category 1: Receiving UI, Terminated/Laid off, eligible for/exhausted UC, and unlikely to return to previous industry or occupation</td>
<td></td>
</tr>
<tr>
<td>___ Category 2: Terminated/Laid off, is not eligible for UC due to insufficient earnings, employer not covered by state UC law</td>
<td></td>
</tr>
<tr>
<td>___ Category 3: Terminated/Laid off, received notice of permanent closure or substantial layoff</td>
<td></td>
</tr>
<tr>
<td>___ Category 4: Employed at a facility which employer has made a general announcement the facility will close</td>
<td></td>
</tr>
<tr>
<td>___ Category 5: Previously self-employed but is unemployed due to economic conditions or natural disaster</td>
<td></td>
</tr>
<tr>
<td>___ Category 6: Displaced Homemaker</td>
<td></td>
</tr>
<tr>
<td>___ Category 7: Spouse of active Military member with loss of employment as direct result of relocation</td>
<td></td>
</tr>
<tr>
<td>___ Category 8: Spouse of active Military member who is unemployed/underemployed and having difficulty finding employment</td>
<td></td>
</tr>
<tr>
<td>Reason for leaving:</td>
<td>Wage:</td>
</tr>
<tr>
<td>Attended a Group Orientation (Rapid Response):</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If Yes, recent date attended:</td>
<td>Event No:</td>
</tr>
</tbody>
</table>

**TAA**

<table>
<thead>
<tr>
<th>TAA Employer:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
<tr>
<td>Start Date:</td>
<td>Separation Date:</td>
</tr>
<tr>
<td>Months Employed:</td>
<td>Wage:</td>
</tr>
</tbody>
</table>

Rapid Response: Yes, attended a group orientation No, did not attend a group orientation

Rapid Response Event Number: TAA Petition Number: Re-employed since

layoff from Trade affected job: Yes, re-employed since layoff No, not re-employed since layoff
**Name:**

**Social Security Number:**

## Family Income

<table>
<thead>
<tr>
<th>Due to disability, qualify as family of 1?</th>
<th>Family Size</th>
<th>Annualized Income (last 26 weeks X 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>$</td>
</tr>
</tbody>
</table>

## Public Assistance

<table>
<thead>
<tr>
<th>Individual/Family Member</th>
<th>Receives or is Eligible to Receive (check all that apply)</th>
<th>Individual Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNAP:</td>
<td>__Currently __Past 6 months</td>
<td>SSID: __Currently __Past 6 months</td>
</tr>
<tr>
<td>TANF:</td>
<td>__Currently __Past 6 months</td>
<td>Individual Currently Meets</td>
</tr>
<tr>
<td>SSI:</td>
<td>__Currently __Past 6 months</td>
<td>Foster Child</td>
</tr>
<tr>
<td>General Assistance:</td>
<td>__Currently __Past 6 months</td>
<td>Youth in high poverty area</td>
</tr>
<tr>
<td>Refugee:</td>
<td>__Currently __Past 6 months</td>
<td>Youth free lunches (currently receives or eligible to receive)</td>
</tr>
</tbody>
</table>

## Barriers

<table>
<thead>
<tr>
<th>Individual Barriers (Adult/Youth)</th>
<th>Barriers to Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>__English Language Learner</td>
<td>__Displaced Homemaker</td>
</tr>
<tr>
<td>__Basic Skills Deficient</td>
<td>__Unemployed 27 or more consecutive weeks, long term</td>
</tr>
<tr>
<td>__Homeless</td>
<td>__Within 2 years of exhausting TANF</td>
</tr>
<tr>
<td>__Ex-offender</td>
<td>__Hawaiian Native</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual Barriers (Youth only)</th>
<th>Miscellaneous Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>__Runaway</td>
<td>__Meets additional priorities established by Governor/Local Board</td>
</tr>
<tr>
<td>__Pregnant, parenting youth</td>
<td>__Youth of incarcerated parent</td>
</tr>
<tr>
<td>__Youth requires additional assistance</td>
<td>__Substance Abuse</td>
</tr>
<tr>
<td>__Out of home placement</td>
<td>__Lacks transportation</td>
</tr>
<tr>
<td>__Youth in Foster care or Youth aged out of Foster care (Section 477 of SSA)</td>
<td>__Lacks child care</td>
</tr>
</tbody>
</table>

**Applicant signature below confirms the following:**

1. Under penalty of perjury, I attest that I have represented my true identity and am a U.S. citizen and/or I am eligible to work in the United States.
2. I certify that all information is true and correct to the best of my knowledge and I authorize the verification of the information I have provided. I understand that my social security number will be used only by programs to provide optimum employment and training assistance, to identify and verify my records in the Department of Workforce Development system and the Indiana Social Services Administration, and for statistical program evaluation and reporting. I understand I may be prosecuted for providing false information. My rights and responsibilities as an applicant of participant have been presented to me.
3. I, the applicant/participant of the Region 5 Workforce Innovation and Opportunity Act Programs, hereby authorize Department of Workforce Development to release past employer contributions toward unemployment for up to a year prior to my enrollment and for contributions up to a year after I have exited the program for performance tracking purposes. This information will not be shared and will be held as confidential unless I have given consent to release this information in writing.
4. I have received a copy of the process to file a complaint based on the alleged violation of Workforce Innovation and Opportunity Act. I have also received a copy of the process to file a complaint based on alleged discrimination. I understand both processes.

**Applicant Signature:**

**Date:**

**Other Signature:**

**Date:**

**Staff Signature:**

**Date:**

### Contact Information: Please list two people (not in your household) that can be contacted to get a message to you

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Phone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Phone number:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### AVAILABILITY OF FUNDS & GRIEVANCE PROCEDURES

I understand and agree to the following program limitations and have discussed them with a WorkOne staff person. Enrollment into programs available through a WorkOne office, which administer The Workforce Innovative and Opportunity Act, is subject to availability of funds. The WorkOne office does not guarantee employment and/or training to participants. Any change in funding program emphasis may necessitate changes in participant activities. WorkOne administrative staff will have absolute discretion in the utilization of available funds. This agreement pertains to all participants in all programs in this service delivery area.

**Grievance Procedures**

As an applicant for, or participant in, the Workforce Innovative and Opportunity Act program(s), you have a right to file a grievance if you feel there has been a violation of the implementation of the Act(s), the regulations, the grant, or any other agreements under the Act(s); if you feel you have been discriminated against because of age, disability, sex, race, color, religion, national origin or political affiliation, or belief; or if you feel there has been fraud, criminal abuse, or other criminal activity. If you would like to discuss a complaint, please contact the WorkOne Center in the county in which the incident occurred. If your complaint is not resolved to your satisfaction within three working days; you will be referred to a Grievance Officer. The Grievance Officer will assist you with the subsequent steps of the process. A complete copy of the Grievance Procedure is available if you desire to have it. By signing below, you acknowledge your right to file a grievance has been explained, a summary of the procedure has been given to you, and a complete copy of the process has been made available to you.

**THE EQUAL OPPORTUNITY LAW & GRIEVANCE PROCEDURES**

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis: against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title 1 of the Workforce Innovative and Opportunity Act (WIOA) of 2014, on the basis of the beneficiary’s citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIOA Title 1 financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title 1-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with such a program or activity.

**Grievance Procedures**

If you think you have been subjected to discrimination under a WIOA Title 1 financially assisted program or activity, you may file a complaint within 180 days from the alleged violation with either: The WorkOne Center Equal Opportunity Officer; or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitutional Ave. NW., Rm. 4123, Washington DC 20210. If you file a complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days are passed (whichever is sooner), before filing with the Civil Rights Center (CRC). If the recipient does not give you a written Notice of Final Action within 90 days of your complaint, you do not have to wait for the recipient to issue the Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the notice. If the recipient does not give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution you may file a complaint with CRC. You must file your CRC Complaint within 30 days of the date on which you received the Notice of Final Action.

### RELEASE OF INFORMATION AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION

**Release of Information Authorization**

I, the undersigned, do hereby authorize any and all persons, firms, and entities of any kind or character to release to the WorkOne Center upon presentation of this authorization, any and all information that such persons, firm or entity may have with regards to me, including, but not limited to, copies of personal files, past history, or present status. This information may be divulged to the WorkOne Center upon written request that accompanies a signed copy of this authorization. Any person, firm or entity, governmental or otherwise is hereby released from any and all liability of any kind or character with respect to the release of information herein authorized. The records so released will be in the strictest confidence and only for purposes for which WorkOne has been formed.

**Consent for Release of Information**

I, the undersigned, do hereby authorize WorkOne to release any information from my personal files to any agency or individual for the purpose of expediting the service that WorkOne will procure for me. I understand that I have the right to review and all such personal information or other information pertaining to me upon written request. I further understand that this information is to be used to determine eligibility for verification, statistical analysis, and for reporting data as required by Federal law, and to aid in the procurement of services for me. I hereby release and discharge WorkOne of any liability of any kind or character with respect to the release of information herein authorized. The records so released will be in the strictest confidence and will be used only for those purposes for which WorkOne was formed.

### EMPLOYMENT ELIGIBILITY VERIFICATION (I-9 FORM)

I, the undersigned, attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

**MY SIGNATURE CERTIFIES THAT I HAVE READ AND UNDERSTAND ALL INFORMATION ON THIS FORM**

<table>
<thead>
<tr>
<th>SIGNATURE OF APPLICANT:</th>
<th>DATE SIGNED:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN (IF APPLICABLE)</th>
<th>DATE SIGNED:</th>
<th>SIGNATURE OF WORKONE STAFF:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STAFF SIGNATURE CERTIFIES THAT DOCUMENTS HAVE BEEN EXAMINED**

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual that they appear to be genuine and to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

<table>
<thead>
<tr>
<th>SIGNATURE:</th>
<th>NAME (PRINT OF TYPE)</th>
<th>TITLE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Applicant Statement

I hereby certify under penalty of perjury that I __________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.

I attest that the information stated above is true and accurate, and understand that the above information, if
misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by
law.

_____________________________________  ______________________________
Applicant’s Signature and Date    Corroborating Witness Signature

_____________________________________  ______________________________
_____________________________________  ______________________________
Applicant’s Address      Witness’ Relationship to Applicant

Office Use Only

The above applicant statement is being utilized for documentation of the following eligibility criteria.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of Certifying Official and Date
WIOA requires priority of service and at least 50% of adult participants enrolled must fall into one of the priority categories listed below. Participants served as incumbent workers are excluded from the priority calculation. Staff must ensure proper identification, documentation and data entry in DWD’s data management system.

Purpose
This policy discusses priority of service requirements for Workforce Innovation and Opportunity Act (WIOA) Title I Adults for both Career Services and Training Services. Priority applies for low-income individuals, participants on public assistance, and individuals who are basic skills deficient. Veterans (and eligible spouses) continue to receive priority of service for all DOL-funded training programs.

References
• Workforce Innovation and Opportunity Act, Section 134(c)(3)(E)
• WIOA Regulations, Section 680.600
• TEGL 19-16
• TEGL 10-09

Content
WIOA Title I Section 134(c)(3)(E) requires that priority of service be given to “recipients of public assistance, other low income individuals, and individuals who are basic skills deficient for receipt of career services … and training services.” Under WIOA priority must be given regardless of funding levels. As described in the Act, WIOA increases access to and opportunities for employment, education, training, and support services that individuals need, “particularly those with barriers to employment.”

“Priority of service” status is established at the time of eligibility determination for WIOA Title I Adult Registrants and does not change during the period of participation. Priority does not apply to the dislocated worker population.

Veterans continue to receive priority of service in all DOL-funded training programs but a “veteran must still meet each program’s eligibility criteria.” Thus for WIOA Title I Adult services, the program’s eligibility and priority considerations must be made first, and then veteran’s priority applied*

Local areas must give priority of service to participants that fall into one the below priority categories:

1) Recipients of public assistance.
2) Other low income individuals. The term “low income individual” is defined at Section 3(36) means an individual who:
   • Receives, or in the past 6 months has received or is a member of a family that is receiving or has received in the past six months, assistance through the supplemental nutrition program (SNAP), TANF, supplemental security income under title XVI of the Social Security Act, or a state or local income-based public assistance program; or
   • Is in a family with total family income that does not exceed the higher of:
     o The poverty line or
     o 70% of the lower living standard income level or
- Is a homeless individual or
- Is an individual with a disability whose own income meets the income requirements above, but who is a member of family whose income does not meet this requirement.

When calculating income for low-income determinations, payments for unemployment compensation, child support payments, and old-age survivors’ insurance benefits are not excluded.

3) Individuals who are basic skills deficient. The term “basic skills deficient” is defined at Section 3(5) to mean means a youth or adult who is unable to compute or solve problems, or read, write, or speak English, at a level necessary to function on the job, in the individual’s family, or in society. The Department of Workforce Development (DWD) is providing guidance for making this determination by defining it as an individual who meets ANY ONE of the following:

- Lacks a high school diploma or equivalency and is not enrolled in secondary education; or
- Scores 8.9 or below on the TABE; or
- Is enrolled in Title II adult education (including enrolled for ESL); or
- Has poor English language skills (and would be appropriate for ESL even if the individual isn’t enrolled at the time of WIOA entry into participation); or
- Is WorkINdiana eligible (Title II participants are eligible for WorkINdiana up to a year after exit); or
- The case manager makes observations of deficient functioning and records those observations as justification in a case note.

*For example, three individuals are applying for services. Two of them are receiving public assistance and one is not. The first two receive priority for enrollment over the third individual. Of the two who fall into the priority categories, one of them is a veteran and the other is not. The veteran would receive priority for enrollment

**Eligibility Determinations for Veterans**

When determining priority of service eligibility for WIOA Title I Adult employment or training programs, the following cannot be included in past income calculations:

- military pay received while serving on active duty
- allowances provided while on active duty
- compensation for service-connected disability or death or vocational rehabilitation
- benefits for education and training services funded by the Department of Veterans Affairs (VA)
- compensation received by an eligible dependent or indemnity compensation for service-connected deaths
- educational assistance for eligible dependents and survivors of veterans under 38 U.S.C. 3500
- WIOA program operators may not require veterans or their spouses to exhaust their entitlement to VA-funded training benefits prior to allowing them to enroll in WIOA-funded training.

**Veterans and Adult Priority**

As described in TEGL 19-16, when programs such as the WIOA Title I Adult program are statutorily required to provide priority for a particular group of individuals, priority must be provided in the specific order listed below. Veterans and eligible spouses of veterans continue to receive priority of service in all DOL-funded training programs. Veterans and their spouses must still meet the eligibility criteria for the WIOA Adult program.

**Priority for the WIOA Title I Adult program MUST be provided in the following order:**

Veterans and eligible spouses who are also recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient.
Individuals who are not veterans or eligible spouses of veterans, but are a recipient of public assistance, other low-income individuals, or individuals who are basic skills deficient.

1. Veterans and eligible spouses who are not included in a WIOA priority group but meet Title I Adult program eligibility.

2. Additional priority populations identified by the Governor or Local WDBs.

3. Other individuals who are not included in any priority group, but meet WIOA Title I Adult program eligibility.

All individuals must complete the Income Worksheet.

Region 4 has not added additional priority groups.
To: Service Provider
From: Region 4 Workforce Board

Purpose: To provide participant assessment processes which comply with federal law and state policy.

References: The Workforce Innovation and Opportunity Act (WIOA); DWD Policy 2017-13

Content: This policy outlines standards for delivering initial and comprehensive assessments.

II. Assessment
   A. An assessment process collects and evaluates various data elements concerning an individual. Through assessment, an individual and a WorkOne Team Member can develop together a plan of activities and services needed. Assessment results are to be recorded in Indiana Career Connect (ICC).

The Department of Workforce Development has procured four assessments for statewide use: Tests of Adult Basic Education (TABE) is the assessment for educational attainment; Indiana Career Explorer is the career interest, aptitude, and values inventory; Transferable Occupational Relationship Quotient (TORQ); and WorkKeys is the workplace skills assessment. Each assessment should be used for customers, as appropriate, following the guidelines outline below.

TABE as the Ability to Benefit Assessment

- TABE versions 11-12 should be given prior to customers enrolling in occupational skills training based upon the case managers review of individuals education level or prior assessments or for referral to Adult Education.
- Customers who intend to enter a post-secondary institution that requires an entrance/placement exam should not be referred to the institution until their scores on TABE are high enough to indicate reasonable success in entering post-secondary credit bearing courses.
  - In most cases, a customer’s score should be 11-12.9 before such a referral; however, staff member providing academic and career counseling should be allowed the discretion to decide whether an individual is ready to sit for an entrance or placement exam.
  - If the customer takes an entrance or placement exam and does not score high enough to enter non-developmental or non-remedial courses the individual should be referred to an Adult Education provider for remediation.

- Ability to benefit scores on the TABE should be determined by a staff member providing counseling for pre-post-secondary study, such as HSE, Certified Nurse Aide (CNA), or Commercial Drivers Licenses (CDL) programs.
  - If an individual has already taken WorkKeys, a WorkOne staff member could also utilize an individual’s WorkKeys scores to determine if an individual is prepared to enter occupational training. The individual should not be required to take WorkKeys in lieu of taking TABE as the ability to benefit test.
  - For instance, if a customer wishes to enter training to become a bookkeeper s/he must have received minimum WorkKeys scores for applied math, locating information, and reading for information of 4, 4, 4, respectively. Minimum WorkKeys scores for occupations can be found at: http://profiles.keytrain.com/profile_search/?

Exceptions to Using Tests of Adult Basic Education (TABE)

Customers who have:
1. taken the entrance or placement exam for the post-secondary institution that they intend to attend and passed with scores sufficient to enter non-developmental or non-remedial courses in their chosen area of study; and provided such documentation do not have to take the TABE.

Exceptions to Using Tests of Adult Basic Education (TABE) (continued)

2. Customers who have a high school diploma or HSE may present their transcript and a staff member may determine that the customer does not need to take the TABE based on their grades.
3. Customers who already have college credit and who intend to return to the same post-secondary institution may present their transcripts to a staff member who may determine that the customer does not need to take the TABE.
4. Customers who are entering WIOA On-the-Job Training do not need to be TABE tested.
5. If the WorkOne is working with an employer for on-site incumbent worker training, employees are not required to take the TABE.
6. Customers who either have successfully earned their HSE certificate or who have assessed at an Adult Education program with a TABE score sufficient to enter an occupational training program should not be required to retake the TABE assessment.

Customers who have not passed with sufficient scores should be referred to Adult Education after taking the appropriate sections of the TABE as described below.

**TABE Administration**

Starting July 1, 2012, each DWD designated Economic Growth Region (EGR) may choose to administer the TABE. This decision must be made in conjunction with the Adult Education programs that are a part of their consortium.

- A TABE Locator must be administered prior to administering the TABE.
- Based on the results of the Locator, the customer must be assessed with the appropriate level of TABE (Easy [E], Medium [M], Difficult [D], or Advanced [A]).
- A TABE Locator and the appropriate assessments in the areas of Math, Reading and Language must be administered following test-publisher guidelines.
- WorkOne staff who administers TABE must have successfully completed training on its use.
  - Training must be provided by those who have been certified by the test publisher or who have received advanced training on the assessment instrument.
  - TABE should be provided online if at all possible, although a paper/pencil version is available.
**Audience for TABE**

- Any customer who is interested in pursuing Adult Education or occupational skills training must take the TABE Locator and the TABE assessment.
  - For customers who intend to enter Adult Education, all testing sites should use the appropriate level of the Math, Reading and Language sections based on the customer’s Locator.
  - For customers who intend to enter occupational skills training, all testing sites should use the appropriate level of the Math, Reading and Language sections based on the customer’s Locator.
- Customers should be assessed in Reading, Language and Math.

**Interpretation of TABE**

- TABE must be interpreted for customers.
- TABE should only be interpreted by staff that are trained to do so.
- TABE should be interpreted in a one-on-one setting.

The test suite (reading, language, and math) should be completed within eight (8) consecutive calendar days. Individuals who have not made contact for more than ninety (90) consecutive calendar days should be administered a new pre-test; otherwise, with regular contact, the TABE pre-test results can be used by WorkOne office staff for six (6) months to gauge readiness for training.

**Indiana Career Explorer**

Indiana Career Explorer is available for use by all Indiana residents 11 years old and older. It provides three assessments on career interests, skills, and values. Some customers may choose to use the tool as a way to explore their career interests and opportunities as part of self-service Core. Additionally, Core workshops on career exploration may explain and utilize ICE and even demonstrate how customers should understand the tool. Customers who require the results to be explained and interpreted for them extensively should be provided with the opportunity to speak to a staff member who is trained appropriately. All customers who wish to enter training must take all three components of ICE and have them included in an Individual Employment Plan prior to receiving counseling and interpretation.

**Administration of ICE**

- The system includes three assessments: Kuder Career Search with Person Match; Kuder Skills Assessment; Super's Work Values Inventory-revised, each of which can be taken separately.
- Although it is not required by the test publisher that the staff be trained to administer the assessments, training will be provided through the DWD and is strongly encouraged.
- Though the assessments are self-guided, staff should provide guidance when necessary.
  - Individuals who require significant guidance in using the system or understanding the results should be provided with the opportunity to receive case management and/or academic and career counseling services.

**Audience for ICE**

- Any customer who is interested in pursuing occupational training and/or post-secondary education must take all three components.
- Any customer who is interested in conducting career exploration and development may take any combination of the assessments and should not be required to take all three.
  - Customers who use Indiana Career Explorer as a self-service Core should also be encouraged to attend the career exploration workshop, although they should not be required to do so.

**Interpretation of ICE**

- Although it is not required by the test publisher that the staff be trained to interpret the assessments, training will be provided through the DWD and is strongly encouraged.
• It is not necessary for a staff member to interpret the assessments, but trained staff should provide guidance when necessary or requested.
• Any outcomes and guidance that result from ICE should be included in a customer’s Individual Employment Plan, when available.

**Transferable Occupational Relationship Quotient (TORQ)**

TORQ helps people build career plans in one easy process. Based on the knowledge, skills, and abilities from previous jobs and education, TORQ recommends occupations, training programs, and jobs matched to each individual. TORQ works for all types of workforce clients: youth, dislocated workers, TANF or SNAP recipients, Veterans, individuals with disabilities, and more.

- TORQ is especially helpful for job seekers who are uncertain about their career goals or employment options.
- Staff can see individual employment plans, track clients’ progress and activity, and email or chat in real time with their customers.

**WorkKeys**

In general, WorkKeys assessments are extensive and require interpretation; thus they should only be administered as an Individualized Career level service for the purpose of identifying current foundational workplace skills. However, for customers who are applying to a WorkKeys employer and need to take an assessment for job matching purposes, it can be considered a Core service. This is the exception, not the norm.

Appropriate use of WorkKeys at the Core level includes:

- Assessment in the combination identified for a particular occupational profile at a WorkKeys participating employer, or for the National Career Readiness Certificate (NCRC) if required by the employer.

Appropriate use of Work Keys at the Intensive level includes:

- Use as the Core Career Readiness assessments of Applied Math, Graphic Literacy, and Workplace Documents (which may lead to a NCRC).
- Interpretation and recommendations based on scores.

**Administration of Work Keys**

- The Worldwide Interactive Network (WIN) Locator Placement Tests should be given for each subject area prior to administering the full WorkKeys battery to determine the ability to receive a measurable score on the WorkKeys assessments. **NOTE:**
  - Individuals whose scores on the WIN Locator Placement Tests indicate that they are not prepared to sit for the full WorkKeys should be encouraged to take the TABE and enter Adult Education, as necessary.
  - Individuals who do not wish to attend Adult Education for remediation, or who only wish to improve their WorkKeys scores, should be advised to utilize WIN for remediation.
  - DWD recommends that all customers use WIN to practice and improve their skills prior to sitting for the full WorkKeys battery.

- WorkKeys assessments must be proctored by staff that are trained in the WorkKeys administration procedures.
  - Proctors must have participated in one of the following training scenarios: an on-site assessor training session, completing the ACT-provided online test administrator modules, or have been trained by an experienced assessor to follow the procedures outlined in WorkKeys Supervisors Manual.

  - Proctors must complete the appropriate agreement(s):
    - Third Party Administrator Agreement for non-DWD staff
    - The Designated Entity form for the agency or supervisor of the third party assessor/administrator
Requirements for Administrator of Work Keys assessments form for DWD assessors/administrators

- WorkKeys assessments should be provided online preferably, although a paper/pencil version is available.

**Audience for WorkKeys**
Any Intensive-level customer who wishes to know or to prove his/her work readiness skills.

**Interpretation of Work Keys**

- WorkKeys Score Reports identify the skill level(s) achieved and provide descriptive information of the abilities of the level scored. The meaning of the score and how it can be used should be explained to customers.
- If the score indicates that a customer might benefit from further assistance, appropriate guidance should be provided and the Individual Employment Plan should be amended as necessary.

**Additional Assessments**

Assessments aside from the four assessments procured and described above should not be used without Board approval.
and Opportunity Act (WIOA) adheres to a case management approach to service delivery. Integral to this approach is the maintenance of comprehensive services for each program participant. Case notes are one of the comprehensive tools that document the participant’s journey throughout the duration of the program. Case notes are used as a tool to help service providers organize and analyze the information gathered on participants and to plan case management strategies. Recording case notes is critical because it weaves each service element into a comprehensive service plan.

REFERENCES: DWD Memorandum: Interim Guidance on Eligibility and Data Validation, TEGL 10-16; The Workforce Innovation and Opportunity Act (WIOA)Section 3(27), 3(46), 129(2) WIOA regulations sections 681.200 through 681.310.

Background: The WIOA Act is designed around a case management approach, and case notes are an essential component of effective case management practices. They are used to document and maintain information about customers, their progress, and the process and rationale for providing services to customers. Case notes provide information regarding the importance and value of services offered to customers and aid in evaluating and planning future services.

Case notes serve a variety of purposes, such as justification, documentation, and record-keeping. There are five standard categories of case notes related to WIOA case management practices. These are:

- Customer demographic information;
- **Data element validation**; (case note must include the customer’s barrier status, date information obtained and the case manager who obtained the information (See DWD Eligibility & DEV guidance)
- Program eligibility and enrollment;
- Service planning, entry and tracking; and
- Performance and outcomes.

The information contained in a case note and the format followed depends on the purpose of the case note and the type. In general case notes for a customer should provide the following information:

- History and details of the customer’s situation
- Activities planned or provided
- Appropriate reference to other case documents, including the Individual Employment Plan or Individual Service Strategy.
- Outcome of services provided
Additionally, case notes should record details of the customer’s participation in WIOA activities, including:

- Details of significant events in the customer’s WIOA participation.
- The customer’s participation in WIOA activities and progress removing barriers or progress toward goals.
- The customer’s participation in non-WIOA programs or activities like adult education or other referral services and progress removing barriers or progress toward goals.
- The need for changes in the customer’s IEP/ISS.
- The first contact with a customer that results in their first service being received
- Contacts with a customer that involve the delivery of a specific service to that customer
- Contacts with a customer to assess their status or progress in an activity
- Contacts with a customer that produce new information affecting the delivery of services (examples would be changes in health status, court/legal problems, driver’s license issues or changes in address).
- Case Notes cannot be edited. Once the case note has been saved, a new case note with reference to the case note you want changed will need to be entered.

Information on contacts with the customer.

- Date and manner of the contact – face to face, individual or small group, phone call, text or instant message (IM).
- Purpose of the contact.
- Activities during the contact.
- Outcomes of the contact – actions taken, decisions made, and assignments of tasks for next steps.

Information on contacts with other WIOA on non-WIOA program staff.

- Name of the contact, position title, and agency represented.
- Date and manner of contact.
- Purpose of the contact, information provided, and description of outcomes of the contact.

This policy sets expectations for the case file organization and the use of case notes to ensure sufficient details for an accurate and complete record of all customer interactions and activities. Case files and case notes are subject to monitoring and data validation reviews.

Regulations in the Health Insurance Portability and Accountability Act (HIPAA) (http://www.cms.hhs.gov/hipaa/) limit the way in which personal health information is disclosed. Health subjects include mental and behavioral health. Such information gathered should not be added into case notes, but stored in a separate file.

A case note should be entered for all services entered in the Case Management system. You may enter one case note to describe multiple services given on the same day. Example: Customer may receive Counseling, IEP Development and assessment on same day. One case note could be entered that contained the information for all services. You may also enter a case note to provide additional or updated information on a service previously entered.

Timeliness—Case note should be written in real time and entered in the Case Management system. The case note should be written every time something significant occurs with the participant (i.e. new test scores, job interview, a period of absence from the training program, supportive services, new program activities, etc.).

Concise and Clear—Case notes must be clear and easily understood. Someone with no contact with the participant should be able to read the case note and get an accurate picture of the participant. Good grammar and spelling should be used.
Consistency- There should not be gaps in either time or information. Case notes should reflect the participant’s work and progress throughout their participation in the program. The case note and the rest of the file should match and reflect the same information as the test scores, start dates, revisions, supportive services, etc.

Legality- View case notes as a potential legal document. Case notes can and have been used as evidence in court. Ask yourself as you are writing, “would I want what I am writing to appear in court?”

Problems and Solutions- When documenting problems, also document solutions. For example, if you say “Participant not making progress”, then also suggest what the next steps are to remedy the situation. For example, “Participant not making adequate progress. We discussed the need for additional assistance. He will receive customer tutoring in math and language and we will re-evaluate progress.”

Things to Remember- Be specific in your notes, summarize confidential information and do not label your opinion and judgments as facts. Keep case notes focused on how activities impact the participant reaching goals established in their IEP/ISS.

Document or Update Customer Progress - As customers return, often there will be new or progress information that is obtained and this information must be documented in a case note and must include the following information: Briefly document any new information learned relative to the customer’s progress in their learning, job search, work, or any other planned WorkOne activity.

Case Management system Case Notes
A case note shall be clear, concise and used to document any “significant” service; such as 1-on-1 counseling, comprehensive guidance and counseling, participation in group activities, phone contacts, or email exchanges. All case notes must be entered on a “real time basis” by the team member who provided the service.

Case managers must review prior case notes before providing services and adding new case notes.

Case Note Examples (see case note addendum)

A. ICC Case Note
This case note is critical as it documents registration into WorkOne activities and as such will be reviewed during monitoring and data validation activities. This initial case note should have the following:
- State whether customer is employed, not employed, or employed but received noticed of termination or other pertinent information regarding employment status
- Notate if you refer customer for further services- beyond Basic Services AND why
- If customer enters system through REACH, REACH staff should provide case note for WorkKeys assessment provided and scores.
The specific activities in which the customer is participating must be described in the case notes.
- Example: Provided TABE assessment (scores should be listed in test results), 1-1 interview to assess skill gaps and referred to Adult Basic Education provider for HSE, ESL, etc., scheduled for WorkKeys assessment. Include brief details for reason service is being provided.

B. ICC Case Note for Employer Job Development Contacts
This case note is required whenever an employer contact is made on behalf of the customer. Such contacts should be for the purpose of assisting a customer in finding work, internships, OJT, job shadowing with a particular employer. Each time this service is provided, the following information must be in the case note:
- Identify the specific employer(s) that were contacted on behalf of the customer

C. Case Note for Workshops or Group Activities
Many WorkOne services are delivered in group or workshop settings. When a customer participates in a workshop or group activity, information regarding the activity must be included in the case note.

- Example: Enter “Orientation of Service Overview”
- Briefly describe the purpose of the workshop or group activity

D. ICC Case Note for Customer Employment Plan (IEP)/Individual Service Strategy (ISS) Planning and Update Activities

This case note is required each time that a customer participates in an IEP/ISS. Adult/DW Customers should have an IEP when funds are to be expended whether WIOA or co-enrolled into Special Grants. All Youth must have an ISS. Initial IEP/ISS must be documented with a case note stating that the customer assisted in the creation of the plan. IEP/ISS updates should be case noted and state that customer participated in the update. Significant changes should be documented in the case note. Please refer to IEP/ISS policies for further details.

Each time a customer participates in IEP/ISS activities, the following information must be documented in the case note:

- Describe the specific IEP/ISS planning activities in which the customer participated
- Describe the services that have been planned for the customer and how these services will help the customer achieve their employment goal
- The following are required when a customer is entered into any training activity:
  - State the employment goal
  - Describe the specific training schedule, including a beginning and end date
  - Identify the planned provider for each training activity
  - Describe the rationale for referring the customer for training services
  - Describe any planned investments that are expected
  - Statement “This IEP/ISS has been jointly developed with the customer.”

E. ICC Case Note for Work Experience and Internship Services

This case note is required to document when a customer is participating in a paid or unpaid work experience or internship. For definitional purposes, a work experience or internship is an activity where a customer will learn job-specific skills (as well as basic work skills if necessary) while performing actual work for an employer. Each time that a customer participates in these services, the following information must be documented in the case note:

- Describe the specific internship activity in which the customer is participating, including the name of the employer and a quick review of the work to be performed
- Describe the specific skills that the customer is to acquire as a result of participating in the internship; and
- Describe how this work internship will help the customer attain their employment goal

F. ICC Case Note for Classroom and Occupational Skills Training Activities

Training activities covered include specific occupational training (must be on local occupations in demand list) programs at approved post-secondary training institutions, (must be on the Indiana Eligible Training Provider List without exception, which can be found at IN Training at https://solutions.dwd.in.gov/INTraining/index.htm.) When a customer receives the initial OST activity, a case note is required and must document the following information:

- Summarize why the customer is unable to obtain/retain employment with the services that have been provided (i.e., a review of the customer’s skills gap that is to be addressed through the training activity). Other barriers to employment should also be noted and should also include a sentence addressing the customer’s financial need
- Describe the specific training program the customer will be attending and the training institution that will deliver the training. Document, in the case note, that the occupation is on the Occupations in Demand list. List can be found at http://www.workonewestcentral.org/careers.cfm, highlighted in blue.
• Record the Indiana Eligible Training Provider number
• Detail the status of any PELL grants and/or other sources of financial aid that is available to the customer. If the customer has selected training that is not PELL eligible, this fact should be documented
• Describe the skills that the customer is to acquire as a result of the training activity and how these skills will assist the customer in attaining their employment goal
• If a voucher is issued that is attached to OST, case notes explaining expenditures and detailing the status of any PELL grants and/or other sources of financial aid that is available to the customer. *Note: A training activity may have multiple vouchers attached. Each created voucher must have a case note as described above.

ICC Case Notes regarding subsequent OST Progress:
• Monthly check-in detailing customer progress towards training goal.

G. ICC Case Note for On-the-Job (OJT) Activities:
OJT activities occur when an employer hires a customer and WorkOne funds are used to pay a percentage of the customer’s wages during the learning or training period. The initial OJT activity provided to a customer must include a case note documenting the following information:
• Summarize why the customer is unable to obtain/retain employment with the services that have been provided (i.e., a review of the customer’s skills gap that is to be addressed through the training activity). Other barriers to employment should also be documented and should include a statement addressing the customer’s financial need.
• Document the OJT training program in which the customer is participating and the specific employer that will provide the OJT training; and
• Document the skills that the customer is to acquire as a result of the OJT activity and how these skills will assist the customer in attaining and retaining their employment goal.
• Document monthly check in progress.
H. **ICC Case Notes for Supportive Service:**
Support services are expenditure services that are designed to remove barriers that prevent customers from participating in training activities, job search activities or work activities and as such must be documented in a case note. Each time a customer is provided this service it must be documented in a case note that includes the following information:
- Document the customer’s need for the support service, including the specific barrier that the support service will address
- Document the efforts made to secure the needed support service from other community organizations; and
- Document the specific support service that is to be provided and the amount.

I. **ICC Case Notes for Partner Service:**
Services that are provided to customers through a partner agency are required to be documented in a case note and must include the following information:
- Document the partner agency and the specific service that is being provided
- Document how these services will assist the customer in attaining their education or employment goal

J. **ICC Case Note when a Customer has Exited Open Activity**
When an enrolled customer reports completion of the last day of service in an open activity, the customer must be exited from the activity and this exit must be documented in a case note that includes the following information:
- Document that the customer is no longer receiving this particular service and that the customer is being exited from this activity
- Document the customer outcomes from having been enrolled in this particular activity (e.g. employment, credentials)

K. **ICC Case Note When Paper Files (for customers where funds have been expended) are Archived:**
When an enrolled customer has received training or supportive services (when funds have been expended) and no service has been provided for 90 days, the file may be archived after follow-up when information from Management Information Team has been received.

The case note requires the Date of Archive in the case note.

III. **Eligibility and Case Record checklist for Training and/or Supportive Service**
A clear and consistent approach will be used by all WorkOne staff to ensure eligibility and data validation requirements are met. Consistent approach will give each team member a clear picture of the activity and services provided and of the required documentation gathered.

All WorkOne West Central staff will use the the appropriate eligibility check list(s) as shown in attachment ‘A’ when customer receives training and/or supportive services that incur the use of one or more of the following funding streams - Adult, Dislocated Worker, Youth, TAA. All supporting documents must be gathered as shown in the appropriate check list.
**Attachment A**

**Case File Organization Check List**

*all documents are to be scanned into ICC*

**MEDICAL INFORMATION MUST BE KEPT IN A SEPARATE FILE AND NOT SCANNED IN THE CUSTOMER’S RECORD.**

<table>
<thead>
<tr>
<th>APPLICATION/ ELIGIBILITY VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Signed application</strong> - (If under 18, requires parent signature)</td>
</tr>
<tr>
<td><strong>Signed EOE/Grievance Procedure as part of the application</strong> (If under 18, requires parent signature)</td>
</tr>
<tr>
<td><strong>Citizenship/Eligible to Work/ I-9 documentation</strong> Verified in ICC</td>
</tr>
<tr>
<td><strong>Proof of Birthdate</strong> Verified in ICC</td>
</tr>
<tr>
<td><strong>Selective Service information</strong> – Verified in ICC</td>
</tr>
<tr>
<td><strong>TANF/Public Assistance</strong></td>
</tr>
<tr>
<td><strong>Low Income</strong> verification for priority of service to Adults</td>
</tr>
<tr>
<td><strong>income information</strong> - <strong>Income Calculation Form</strong> or other (poverty area/ free reduced lunch, etc)</td>
</tr>
<tr>
<td><strong>Dislocated worker verification</strong> – (See DWD Eligibility &amp; DEV guidance)</td>
</tr>
<tr>
<td><strong>Copy of applicant statement</strong>- when applicable if documentation is not available (See DWD Eligibility &amp; DEV guidance)</td>
</tr>
<tr>
<td><strong>Copy of Disability Information</strong> – Customers Income must be included</td>
</tr>
<tr>
<td><strong>Veteran Self Attestation form</strong> as applicable</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ASSESSMENT DOCUMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work History</strong> – verify completed in ICC</td>
</tr>
<tr>
<td><strong>Education History</strong> – verify completed in ICC</td>
</tr>
<tr>
<td><strong>TABE, WorkKeys, Interest Surveys, (Indiana Career Exploration system) results and/or reports</strong> –scanned or case note for WorkKeys scores.</td>
</tr>
<tr>
<td><strong>Work Readiness Pre-Assessment/Post Assessment</strong> when applicable</td>
</tr>
<tr>
<td><strong>Other Assessment information</strong> – copy or case note documentation in ICC</td>
</tr>
</tbody>
</table>

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<tr>
<th>BUDGET INFORMATION</th>
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<tbody>
<tr>
<td><strong>Budget Worksheet</strong></td>
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<tr>
<td><strong>Pell Grant Statement</strong></td>
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</table>

**Customer Employment Plan (IEP)/Customer Service Strategy (ISS)**

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Completed IEP/ISS in ICC</strong></td>
<td>□</td>
</tr>
<tr>
<td><strong>Statement about providing training for Occupations in Demand &amp; Program number</strong></td>
<td>□</td>
</tr>
<tr>
<td><strong>Verify Case note documenting customer agreement with IEP/ISS</strong></td>
<td>□</td>
</tr>
<tr>
<td><strong>Drug Screen</strong> – (if required)</td>
<td>□</td>
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<tr>
<td><strong>Verify Program is WIOA approved and on Eligible Training Provider List</strong> – provide program # in case note</td>
<td>□</td>
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<tr>
<td>FISCAL INFORMATION</td>
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<tr>
<td>Completed Financial Award Analysis for those attending training</td>
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<tr>
<td>Work Experience/OJT/Internships Paperwork</td>
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<tr>
<td>Agreements, Time sheets</td>
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<td>I-9</td>
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<tr>
<td>Tax Forms</td>
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<tr>
<td>Childcare agreement – if needed</td>
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<tr>
<td>Gas Card sign off sheets</td>
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<tr>
<td>Incentive Documentation (Youth only)</td>
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<tr>
<td>All other Supportive Services must have signed receipt and signed voucher</td>
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<tr>
<th>ATTENDANCE</th>
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<tbody>
<tr>
<td>Signed attendance reports for supportive services related to classroom training</td>
<td></td>
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<tr>
<td>Semester Grades and/or Transcripts</td>
<td></td>
</tr>
<tr>
<td>Licenses/certifications/degrees</td>
<td></td>
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<tr>
<td>Measurable skills gain documentation</td>
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<tr>
<th>FOLLOW UP</th>
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<tbody>
<tr>
<td>Printed email correspondence</td>
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<tr>
<td>Pay Stubs or other documents</td>
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<tr>
<th>MISC</th>
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<tbody>
<tr>
<td>Other correspondence</td>
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<tr>
<td>JAG/ Scholarship/ OSY etc.</td>
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</tr>
</tbody>
</table>
Naming files in ICC

All documents that are uploaded into ICC will follow these guidelines on naming of the documents (documents that may be used for multiple areas of validation do not need to be scanned in multiple times):

Customer’s last name will be included in the document name. Example includes Doe AP, Doe I-9 ID SSC, Doe SSC, etc.

RESEA documents must be listed with date first, program, form, first intial and last name, last 4 ssn.
Example: 7/26/2019 RESEA Letter GSmith 1234; 7/26/2019 RESEA SUB Logs GSmith 1234

AP Application [ICC scanned applications will appear as WIOA_Application.PDF]
I-9 I9 documents (example I-9 ID SSC)
ID 5/5/2025 Federal or State issued ID, Driver’s License with expiration date
BC Birth Certificate, Baptismal Record, Hospital Record of Birth, Tribal Records
SSC Social Security Card
DD-214 DD-214
PP Passport
PS Pay Stub/wages
LI Low Income Proof
DW Dislocated Worker Status
Cert Training Certification/Diploma
VT Voucher Training (example VT0916 456456 (date-month year and voucher number)) with supporting documents
VS Voucher Support (example VS0916 456456 (date-month year and voucher number)) with supporting documents
ISS Individual Service Strategy Plan
IEP Individual Employment Plan
Bu Budget
SA Self-Attestation
VSA Veteran Self-Attestation
DS Drug Screen
SSV Selective Service Verification
TC Timecard (example TC Smith 071319 (name and payroll week ending date))
WEX Work Experience docs
Intern Internship docs
Inc Income worksheet
OJT-PA OJT Pre-Award
OJT-P OJT training plan
OJT-S OJT Skills Gap to support training Plan
OJT-C OJT Master/Individual Contract
OJT-CK OJT Monthly Check-In with participant and/or Employer visit
OJT-R OJT Reimbursement request and supporting docs
OJT-O OJT Other OJT documents
Addendum 1 Adult/DW:

What to Include in Case Notes

Case notes must be individualized and provide a complete, accurate, and concise explanation of frequency and type of contact with customers, as well as type of services provided and the outcomes associated with those services. Although services provided to participants are documented by entering information into ICC, additional information is needed so that another case manager to whom a case is transferred, or a program monitor reviewing services, will be able to understand the history of a case. Case notes should be written so that the reader has background information on the customer, as well as the purpose of meetings, and where, why, and how contact took place.

In general, case notes resulting from interactions with the participant should include the following elements:

- Description of the context of the interaction (i.e. participant dropped by office after school, participant responded to case manager’s request for meeting, etc.);
- Purpose of the interaction;
- Observations (appearance, seating, manner, etc.);
- Content of the conversation;
- Outcome of the interaction (i.e. was the purpose achieved? Were other objectives achieved?);
- Impression and assessment; and
- Plans for next steps or next meeting.

All conversations and events should be recorded in a case note as soon as possible after their occurrence. However, notes taken should not be recorded in the presence of the customer.

What to Leave Out of Case Notes

In your case notes, you are not just representing yourself and your interactions with a participant. Case notes are legal documents that are also used to represent the local WIOA program and its compliance with federal, state, and local policies. Here are a few rules to follow to ensure that your case notes are objective rather than subjective observations:

- Record facts only – behaviors you observed and statements you heard; don’t make a diagnosis.
- Record facts accurately and completely.
- Never include judgmental opinions, stereotypical comments, or any offensive statements. Don’t make any comment you couldn’t defend in a court of law.
- If you must state an opinion relevant to the customer’s WIOA participation and progress, be sure to label your statement as an opinion.
- Use clear, simple, concise language, including professional terminology if appropriate.
- Don’t use slang or street language, clichés, or jargon.
- Don’t make sarcastic comments.
- Avoid metaphors or similes; just say what you mean directly.
- Don’t comment on details that are not relevant to the customer’s participation in WIOA activities.
Case Note Examples:

Poor example:
08/19/18  Steven is a youth not currently enrolled in school. He was kicked out of the alternative school. His mom thinks he could have dyslexia. Steven is very immature so I hope he lasts in the program. Keeping his attention for the intake process was challenging.

- Opinion, “Steven is immature,” as though it were fact.
- No specific plan created for dyslexia issue.
- No timeframes or statements of responsibility.

Good example:
08/19/18  Steven is a youth not currently enrolled in school, and he says he was kicked out of the alternative school for poor attendance. His mother sat in on the initial appointment and commented that Steven was dyslexic and had a learning plan when he was in school. At times Steven appeared distracted and uninterested. Steven stared out the window and I had to repeat questions several times. Steven hesitated before answering simple questions and often deferred to his mother.

Next Steps:
1. Case Manager (CM) will contact school district to get information on possible learning disability by Thursday.
2. Steven will bring in remaining documentation for eligibility.
3. Steven and CM will meet Thursday at 1:00.
4. Above steps will be reviewed at next appointment

Poor example:
09/30/18  Called Steven today to ask why he did not attend the pre-employment skills workshop. Steven is very immature and said he just forgot. He will not be able to start his work experience until he receives this service. I don’t believe he is actually committed to the program.

- Labeled opinion, “Steven is immature,” as though it were fact.
- No specific plan created for providing the pre-employment service to Steven.
- No timeframes or statements of responsibility.
- Negative opinion of Steven is presented by Case Manager.

Good example:
9/30/18  I called Steven today to ask why he did not attend the pre-employment skills workshop. He said he forgot that it was today. I informed him that he will not be able to start his work experience until he completes this service. We scheduled him to come into the WorkOne Center after school for an hour every day next week to go over the materials covered in the workshop.

Next Steps:
1. Steven will begin tracking appointments with CM in planner.
2. Steven and CM will meet Monday through Friday next week from 4:00 to 5:00.
Good Example:

I met with Sue today (August 18th) and she is interested in going back to school to earn her CNA license. She is no longer employed as a waitress. She has her HSE but feels she needs training to secure steady employment. She is interested in working in healthcare and wants to start as a CNA. I reviewed her income information (scanned in ICC) and she meets the low-income requirements and is priority of service. CNA positions are on the occupations in demand list, so we will move forward with our enrollment process.

**Next Step:** Sue is schedule for the TABE test on Friday (August 21st) to see if she meets the requirements to benefit from the training.
To: Service Provider  
From: Region 4 Workforce Board

<table>
<thead>
<tr>
<th>To: Service Provider</th>
<th>Individual Employment Plan Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: Region 4 Workforce Board</td>
<td>Effective Date: 07-01-2019</td>
</tr>
</tbody>
</table>

**PURPOSE:** An Individual Employment Plan (IEP) is an individual plan for a participant which includes an employment goal, appropriate achievement objectives and the appropriate combination of services for the participant based on the objective assessment. The IEP is used as the basic instrument for a local area to document appropriateness of decisions made about the mix and combination of services, including referrals to programs for specific activities.

**REFERENCES:** WIOA sec. 134(c)(2)(A)(xii)(II); WIOA § 680.170

**BACKGROUND:** The individual employment plan (IEP) is an individualized career service that is developed jointly by the participant and the career planner when determined appropriate by the one-stop center or one-stop partner. The plan is an ongoing strategy to identify employment goals, achievement objectives, and an appropriate combination of services for the participant to achieve the employment goals.

The Individual Employment Plan (IEP) identifies employment goals, appropriate achievement objectives, and appropriate combination of services for the participant to reach the goals. The IEP should be based on the objective assessment and should reflect the expressed interests and needs of the participant. The goals identified must be mutually agreed upon between the case manager and the participant to ensure positive performance. The IEP is a “living document” and the actual plan remains open during participation until exit. The IEP Development activity should be opened and exited on the same day.

**CONTENT:** An IEP is a specific plan developed for each participant that is based on the objective assessment and identifies an employment goal (including, in appropriate circumstances, nontraditional employment), an educational goal, appropriate achievement objectives, and appropriate services for the participant.

A. **Developing an IEP and Participation** - The IEP shall be developed in partnership (mutually agreed) with the participant. The IEP is the framework for justifying decisions concerning the appropriate service mix and sequence of services. The IEP must be signed by both the staff member and customer. The IEP is used as the basic instrument for the local area to document appropriateness of decisions made about the mix and combination of services, including referrals to other programs for specified activities. IEPs are one of the most effective ways to serve individuals with barriers to employment, and to coordinate the various services, including training services, they may need to overcome these barriers. See attachment A for IEP.

Case notes may provide additional clarification regarding progress of plan.
In general the IEP should:

- Identify employment goals, training and educational goals, needs and barriers, objective assessment results including testing information, and appropriate services for the participant. Both initial goals (ex. part-time employment, training) and long-term goals (Career) should be included.
  - **Employment Goal** - The employment goal is determined as a result of an assessment consisting of an interview, evaluation, and/or testing. Determination of the employment goal will ensure participants are being trained in demand occupations that lead to self-sufficient wages.
  - **Needs and Barriers** - The assessment identifies potential needs and barriers that hinder the participant from achieving the selected employment goal. Needs and barriers may include, but are not limited to, assistive technology needs, supportive service needs, and skills gaps (including job search skills, job readiness skills, and job retention skills) with appropriate justification for all services to be provided.

- **Training Services**: When needed to achieve employment goals – the criteria in ITA policy must be met. The case file must contain a determination of the need for training services as determined through the interview, evaluation, or assessment, and career planning or any other career service received.

- As a reminder, the determination of the need for training services must be documented as part of the participant’s Individual Employment Plan and/or case notes.

  - **Action Plan** - The action plan outlines the participant’s steps to complete their employment goal. This will include such things as job search activities, training and educational needs to assist them in attaining their employment goal through licensure, certification and/or skills development. The plan will include measurable steps and include timelines and who is responsible for completion of each step.

- Be based on the objective assessment and reflect the expressed interests and needs of the participant.
- Be jointly developed with the participant; meaning the participant’s input shall be taken into account and the participant shall have full knowledge of its contents. The goals must be mutually agreed upon. Participant must sign IEP.
- It is a living document that should be added to or adjusted as the participant and case manager deem necessary.
- When reviewing the IEP, case managers should document a participant’s progress, activities completed, benchmarks reached, and any other accomplishments. Case notes may provide information on progress.
- The IEP must be updated to reflect changes in long-term or short term goals, newly identified or changed barriers that would change objectives, or other life changes that may affect goal attainment.

**Note:** All participants who have received funding must have a signed copy of the IEP in their paper or scanned file.

**B. Update the IEP** – Review and update the IEP whenever there are significant changes in the participant’s circumstances, goals or plan of action. Be sure to involve the participant in any modification of the IEP. Case manager and participant need to sign modification of IEP. A case note must be entered regarding the updated IEP.

Once an IEP is developed and approved, it can be used in the ongoing process of reevaluating the participant’s progress toward his or her employment and educational goals. Case notes may be utilized to report on progress or areas of concern in meeting the goals of the IEP.

**C. Guidance on IEP Activity in Indiana Career Connect (ICC)**
  - IEP activity should be completed in ICC.
b. Development of an IEP is an enter/exit activity and should be entered and exited on the same day as the activity. Exceptions may occur that would cause the IEP to be open for a short period of time. (note: select provider of service that you are employed by i.e. JobWorks, DWD)

c. An IEP activity should be entered each time a significant change is made to the IEP.
## Region 4 Individual Employment Plan

<table>
<thead>
<tr>
<th>*Customer Name:</th>
<th>*Last 4 SS#</th>
<th>*Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*Program Enrollment:</th>
<th>Adult</th>
<th>DW</th>
</tr>
</thead>
</table>

### Assessments and Testing

<table>
<thead>
<tr>
<th>*Assessment Interview/Evaluation</th>
<th>WorkKeys if provided</th>
<th>Other – identify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

### Basic Employment Plan

<table>
<thead>
<tr>
<th>*Employment Status:</th>
</tr>
</thead>
</table>

Work History: see ICC Work History information

<table>
<thead>
<tr>
<th>*Goals:</th>
</tr>
</thead>
</table>

*Action Plan: (Measurable steps to employment, responsible party, start and anticipated end dates)

Goals:

Action Plan: (Measurable steps to employment, responsible party, start and anticipated end dates)

<table>
<thead>
<tr>
<th>*Needs and/or Barriers: (Transportation, Work Clothing, Child Care, training, etc.) Enter NA if no needs or barriers.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>*Plan to Overcome: Enter NA if no plan required.</th>
</tr>
</thead>
</table>
Training Plan

<table>
<thead>
<tr>
<th>Occupational Skill Training</th>
<th>On-the-Job Training</th>
<th>Customized Training</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>On Occupation in Demand List</th>
<th>Training approved for region 4 on ETPL</th>
</tr>
</thead>
</table>

Based on the assessment/evaluation, summarize:

Customer is unable to obtain/retain employment that leads to self-sufficiency – because:

Have skills/qualifications to successfully complete – examples are:

Is in need of training – because:

What other resources are available to assist?

Community resources __________________________ State resource __________________________

Partner resources __________________________ Federal resources (Pell, et.)

Training Provider: __________________________

Training Program: __________________________ ETPL Program ID: __________

OST Start Date __________________________ OST Planned End Date __________________________

OST Actual End Date __________________________

Supportive Service Needs:

What other resources are available to assist?

Budget and Financial Plan

See attachments B&C (must include other financial sources sought including Pell)
<table>
<thead>
<tr>
<th>Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Customer Responsibility Statement: I understand that I must:</td>
</tr>
<tr>
<td>1. Agree to contact the designated Case Manager at a minimum of once a month, or more, as needed.</td>
</tr>
<tr>
<td>2. Agree to receive and respond to text messages from WorkOne in regards to monthly contact and follow up.</td>
</tr>
<tr>
<td>3. If provided training resources, attend training regularly and make satisfactory progress.</td>
</tr>
<tr>
<td>4. Actively seek and accept training related employment upon completion of services.</td>
</tr>
<tr>
<td>5. Provide specific information regarding employment before leaving the program.</td>
</tr>
<tr>
<td>6. Respond to all surveys and other requests for information including follow-up interviews after leaving the program.</td>
</tr>
<tr>
<td>7. Notify the Case Manager of changes in:</td>
</tr>
<tr>
<td>• Training Status</td>
</tr>
<tr>
<td>• Employment Status (including part-time and temporary work)</td>
</tr>
<tr>
<td>• Eligibility for Pell or other grants</td>
</tr>
<tr>
<td>• Address or Phone Number</td>
</tr>
</tbody>
</table>

This plan has been jointly developed with the customer. The customer agrees to the above plan and will participate to the fullest extent possible. The customer understands that this is a plan subject to the availability of funds and that failure to actively participate in this plan may lead to loss of financial assistance and result in termination from the program.

Client Signature: ___________________________  Date: ________________

Case Manager Signature: ___________________________  Date: ________________

<table>
<thead>
<tr>
<th>Significant Modifications/changes:</th>
</tr>
</thead>
</table>

Client Signature: ___________________________  Date: ________________

Case Manager Signature: ___________________________  Date: ________________
PURPOSE: To provide WIOA Region 4 guidance regarding the use of Individual Training Accounts.


Background
Training services can be critical to the employment success of many adults and dislocated workers. Staff may determine training services are appropriate, regardless of whether the individual has received basic or individualized career services first, and there is no sequence of service requirement. Under WIOA, training services may be provided if staff determines after conducting an interview, an evaluation, or assessment, and career planning, that the individual:

- Is unlikely or unable to obtain or retain employment that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment through career services alone;
- Is in need of training services to obtain or retain employment that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment;
- Has the skills and qualifications to successfully participate in the selected program of training services;
- Is unable to obtain grant assistance from other sources to pay the costs of such training, including such sources as Vocational Rehabilitation, TANF, State-funded training funds or Federal Pell Grants or requires WIOA assistance in addition to other sources of grant assistance, including Federal Pell Grants;
- Is a member of a worker group covered under a petition filed for Trade Adjustment Assistance (TAA) and is awaiting a determination. If the petition is certified, the worker may then transition to TAA approved training. If the petition is denied, the worker will continue training under WIOA;
- Is determined eligible in accordance with the State and local priority system in effect for adults served under the adult funding stream; and
- Selected a program of training services from the Eligible Training List and that is directly linked to occupations in demand (see attachment A) or in another area to which the individual is willing to commute or relocate. Exceptions to the locally recognized Demand & Growth Occupation list will require R4WDB (or designee) approval.

Individual Training Accounts for Workforce Innovation and Opportunity Act (WIOA)
An ITA is one of the primary methods through which training is financed and provided for WIOA participants. ITAs are established on behalf of the WIOA participant to purchase a program of training services from a provider on the Eligible Training Providers List (ETPL) selected in consultation with the case manager. Indiana’s eligible training provider list can be found on the INTraining website.

A program of training services is defined as a structured regimen leading to:

- Recognized post-secondary credentials; or
- Secondary school diploma or its equivalent; or
- Employment; or
• Measurable skill gains toward credentials or employment.

ITAs are authorized for use in providing occupational training services to adult and dislocated worker customers and shall conform to the following requirements:

Before receiving training services under WIOA:
• eligibility determination; and
• determination of appropriateness
• complete Client Budget Worksheet – see Attachment B
• case note for training service

Staff must determine whether or not training services are appropriate and needed for WIOA participants. The Case file (IEP or case note) must contain a determination of need for training services as determined through the interview, evaluation, or assessment, and career planning informed by local labor market information and training provider performance information, or through any other career service received.

Determination of need must be done by completion of an interview, evaluation or assessment, and career planning.
Assessment may include, among other things:
• A combination of standardized tests
• Inventory of participants’ interests
• Skills assessment
• Career exploration
• Alignment with available labor market information
• Existing credential for occupation in demand

If an ITA is being used for a post-secondary institution's credit-bearing courses, it may only be used for non-developmental courses.
• An ITA should not be used to pay for remedial or developmental courses at a post-secondary institution.
• Customers who must take remedial or developmental courses prior to entering a post-secondary institution should be referred to Adult Education for remediation.
• Training programs must be within a reasonable commute of the local area.
• Training programs that are outside Region 4 or beyond a reasonable commuting distance must be approved by the R4WDB (or designee) on a case-by-case basis.
Maximum Duration of ITA:

Duration of an ITA is dependent upon the customer’s goals, resources & available training.

- The R4WDB will support individuals pursuing a 2-year or less certification or degree program geared toward an occupation in demand with one of the Eligible Training Providers.
- The R4WDB will fund the first 2-years of a 4-year program if that program results in an associate degree after the first 2 years.
- The R4WDB will fund the last 2 years of a 4-year program if that program results in a completion of a bachelor’s degree.
- WIOA funds will not be utilized to fund Associate’s or Bachelor’s Degrees in General Studies. [TAB 2005-004]

Maximum Funding and Allowable Costs for Training:

ITA funding amounts may vary from customer to customer based upon the needs of the customer; however, the maximum ITA tuition amounts for one year should not exceed $5000. Exceptions must be approved by WDB designee. The reasoning and the exception should be noted in the customer's case notes.

- ITA expenditures are costs required by the training provider to complete the training.
- ITA costs required to complete the training may include, but are not limited to:
  - Tuition and fees
  - Books
  - Tools
  - Uniforms
  - Tests (Background Check)
  - Medical immunizations/tests

ITAs may not be used for payment of late fees, fines, or penalties caused by customer error

ITA costs do not include any supportive services’ costs related to the ITA (e.g. transportation or child care).

Coordination of Funding:

A comprehensive assessment of the cost of the ITA, which involves accessing other grants or funding, including Federal Pell Grants, Trade Adjustment Assistance (TAA), and scholarships, must be conducted to ensure best utilization of WIOA funds. WIOA funds are not the payer of last resort.(see DWD policy 2017-09) See attachment D: Partner Resource Guide for additional sources of funding.

Other Considerations for ITA’s:

Training services must be provided in a manner which maximizes informed consumer choice in selecting an eligible provider. When participants select an eligible training provider, they should consider providers who are eligible for financial aid to ensure best utilization of WIOA funds. Our local ITA policy should not be construed that a participant cannot be served because the training in an in-demand occupation exceeds the maximum ITA funding limit. Exceptions must be approved by the board designee.

Budget and Financial Analysis
Service Providers must ensure that WIOA funds are not used to pay training costs that were paid by the participant (or other source) prior to WIOA program registration.
All recipients of an ITA must submit a FAFSA form and utilize any Pell Grants received prior to utilizing an ITA (as applicable for Pell eligible institutions).

A WIOA participant may enroll in WIOA-funded training while the participant’s application for a Pell Grant is pending, as long as the Service Provider has made arrangements with the training provider and the WIOA participant regarding allocation of the Pell Grant. If the Pell Grant is subsequently awarded, the training provider must reimburse the Board (Service Provider) the WIOA funds used to underwrite the training for the amount the Pell Grant covers. Reimbursement is not required from the portion of Pell Grant assistance disbursed to the WIOA participant for education-related expenses, which includes support services.

- Customers shall not be required to apply for or access student loans or incur personal debt as a condition of participation.
- The participant may incur personal debt when agreed to and after counseling regarding the responsibilities associate with the indebtedness, including loan repayment. It is the intent of this policy to preserve the element of choice in a WIOA customer’s selection of a training provider. The customer may choose to pay for the non-WIOA funded portion of his/her training through grant/aid/loan resources available through a proprietary education institution or through his/her own resources.

Service Providers must have a process in place to ensure payment will not be made to training vendors when the participant has withdrawn or dropped classes in accordance with the training vendor’s non-payment policy.

**ITA Voucher Content**
Vouchers are to be completed in ICC and signed by the case manager/team lead. Vouchers are to be scanned into ICC documents. All applicable items must be completed on voucher.

Attachment A – Occupations in Demand
Attachment B – Budget Worksheet
Attachment C – Financial Award Analysis Form or facsimile
Attachment D – WIOA Partner Resource Guide
<table>
<thead>
<tr>
<th>Demand and Growth Occupations 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountant and Auditors</td>
</tr>
<tr>
<td>Architectural and Engineering Managers</td>
</tr>
<tr>
<td>Assemblers &amp; Fabricators</td>
</tr>
<tr>
<td>Automotive Service Technician/Mechanic</td>
</tr>
<tr>
<td>Bookkeeping, Accounting, and Auditing Clerks</td>
</tr>
<tr>
<td>Bus and Truck Mechanics and Diesel Engine Specialists</td>
</tr>
<tr>
<td>Carpenters</td>
</tr>
<tr>
<td>Child Care Workers (except Private Household)</td>
</tr>
<tr>
<td>Clinical Laboratory Technologist</td>
</tr>
<tr>
<td>Commercial/Industrial Truck Drivers/Operators</td>
</tr>
<tr>
<td>Computer and Information Systems Manager</td>
</tr>
<tr>
<td>Computer Numerically Controlled Operator/Programmer (CNC)</td>
</tr>
<tr>
<td>Computer Software Developers</td>
</tr>
<tr>
<td>Computer Systems Analyst</td>
</tr>
<tr>
<td>Construction Laborers</td>
</tr>
<tr>
<td>Construction Manager</td>
</tr>
<tr>
<td>Correctional Officer</td>
</tr>
<tr>
<td>Counselor</td>
</tr>
<tr>
<td>Customer Service Representative</td>
</tr>
<tr>
<td>Dental Assistant</td>
</tr>
<tr>
<td>Dental Hygienist</td>
</tr>
<tr>
<td>Education Administrator</td>
</tr>
<tr>
<td>Educational, Vocational, and School Counselors</td>
</tr>
<tr>
<td>Electrical and Electronic Engineering Technicians</td>
</tr>
<tr>
<td>Electrician</td>
</tr>
<tr>
<td>Electronics Engineers, Except Computer</td>
</tr>
<tr>
<td>Elementary, Middle School and Secondary School Teacher</td>
</tr>
<tr>
<td>Emergency Paramedic, EMT</td>
</tr>
<tr>
<td>Executive Secretaries and Administrative Assistants</td>
</tr>
<tr>
<td>Financial Managers</td>
</tr>
<tr>
<td>First-line Supervisors/Managers of Construction Trades &amp; Extraction Workers</td>
</tr>
<tr>
<td>First-line Supervisors/Managers of Mechanics, Installers, &amp; Repairers</td>
</tr>
<tr>
<td>First-line Supervisors/Managers of Office and Administrative Support Workers</td>
</tr>
<tr>
<td>First-line Supervisors/Managers of Production &amp; Operating Workers</td>
</tr>
<tr>
<td>First-line Supervisors/Managers of Retail Sales Workers</td>
</tr>
<tr>
<td>First-line Supervisors/Managers of Transportation &amp; Material-moving machine and vehicle operators</td>
</tr>
<tr>
<td>General and Operations Manager</td>
</tr>
<tr>
<td>General Office Occupations</td>
</tr>
<tr>
<td>Heating, Air Conditioning, and Refrigeration Mechanics and Installers</td>
</tr>
<tr>
<td>Industrial Engineers</td>
</tr>
<tr>
<td>Industrial Production Manager</td>
</tr>
<tr>
<td>Industry/Profession</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Industrial Machinery Repairers/Maintenance</td>
</tr>
<tr>
<td>Industrial Truck and Tractor Operators</td>
</tr>
<tr>
<td>Inspectors, Testers, Sorters, Samplers, and Weighers</td>
</tr>
<tr>
<td>Licensed Practical Nurse (LPN)</td>
</tr>
<tr>
<td>Machinist</td>
</tr>
<tr>
<td>Maintenance and Repair Workers</td>
</tr>
<tr>
<td>Management Analyst</td>
</tr>
<tr>
<td>Manufacturing Production Technician</td>
</tr>
<tr>
<td>Material Moving Worker</td>
</tr>
<tr>
<td>Mechanical Engineers</td>
</tr>
<tr>
<td>Medical and Clinical Laboratory Technologist</td>
</tr>
<tr>
<td>Medical and Health Services Manager</td>
</tr>
<tr>
<td>Medical Assistant</td>
</tr>
<tr>
<td>Medical Record and Health Information Technician</td>
</tr>
<tr>
<td>Millwright</td>
</tr>
<tr>
<td>Multiple Machine Tool Setters, Operators, and Tenders, Metal and Plastic</td>
</tr>
<tr>
<td>Network and Computer Systems Administrator</td>
</tr>
<tr>
<td>Nursing Assistant</td>
</tr>
<tr>
<td>Occupational Therapists</td>
</tr>
<tr>
<td>Pharmacist</td>
</tr>
<tr>
<td>Pharmacy technicians</td>
</tr>
<tr>
<td>Plumbers, Pipefitters and Steamfitters</td>
</tr>
<tr>
<td>Police and Sheriff's Patrol Officers</td>
</tr>
<tr>
<td>Postsecondary Teachers</td>
</tr>
<tr>
<td>Precision Electrical &amp; Electronic Equipment Assemblers</td>
</tr>
<tr>
<td>Precision Metal Workers</td>
</tr>
<tr>
<td>Production Workers</td>
</tr>
<tr>
<td>Radiological Technologist</td>
</tr>
<tr>
<td>Registered Nurse (RN)</td>
</tr>
<tr>
<td>Respiratory, Occupational, Physical Therapist</td>
</tr>
<tr>
<td>Sales Representatives</td>
</tr>
<tr>
<td>Security Guards</td>
</tr>
<tr>
<td>Shipping, Receiving, and Traffic Clerks</td>
</tr>
<tr>
<td>Social Workers</td>
</tr>
<tr>
<td>Special Education School Teacher</td>
</tr>
<tr>
<td>Surgical Technologist</td>
</tr>
<tr>
<td>Team Assemblers</td>
</tr>
<tr>
<td>Tool &amp; Die Makers</td>
</tr>
<tr>
<td>Truck Drivers, Heavy and Tractor-Trailer</td>
</tr>
<tr>
<td>Veterinarians</td>
</tr>
<tr>
<td>Welders, Cutters, Solderers, and Brazers</td>
</tr>
</tbody>
</table>

Revised 4/19
# Budget Worksheet Example - Attachment B

## Region 4 Customer’s Household Budget Worksheet

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Amount</th>
<th>Monthly Fixed Expenses</th>
<th>Amount</th>
<th>Monthly Variable Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages Earned</td>
<td></td>
<td>Rent/House Pymt</td>
<td></td>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>TANF</td>
<td></td>
<td>Car Pymt(s)</td>
<td></td>
<td>Clothing</td>
<td></td>
</tr>
<tr>
<td>SNAP/Food Stamps</td>
<td></td>
<td>Insurance</td>
<td></td>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td>Medical/Dental</td>
<td></td>
<td>Child Care</td>
<td></td>
</tr>
<tr>
<td>Retirement</td>
<td></td>
<td>Prescriptions</td>
<td></td>
<td>Medical/Dental</td>
<td></td>
</tr>
<tr>
<td>WIC</td>
<td></td>
<td>Phone</td>
<td></td>
<td>Electric</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
<td>Trash</td>
<td></td>
<td>Gas</td>
<td></td>
</tr>
<tr>
<td>Property Income</td>
<td></td>
<td>Internet/Cable</td>
<td></td>
<td>Water</td>
<td></td>
</tr>
<tr>
<td>Work Study</td>
<td></td>
<td>Loan</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Credit Card</td>
<td></td>
<td>Other</td>
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<td>Other</td>
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<tr>
<td>Other</td>
<td></td>
<td>Other</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td><strong>Total Income:</strong></td>
<td><strong>$</strong></td>
<td><strong>Total Fixed Expenses</strong></td>
<td><strong>$</strong></td>
<td><strong>Total Variable Expenses</strong></td>
<td><strong>$</strong></td>
</tr>
</tbody>
</table>

By signing below, I agree that the above information is true and accurate. I realize that falsification could lead to suspension of all assistance.

Customer’s Signature: _________________________________ Date: ________________

Case Manager’s Signature: _______________________________ Date: ________________

Oct-18
# Financial Award Analysis

## Attachment C

### FINANCIAL AWARD ANALYSIS

**TRAINING PROVIDER:**

<table>
<thead>
<tr>
<th>Workforce Innovation and Opportunity Act (WIOA) Participant:</th>
<th>Telephone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Start Date:</td>
<td>Training End Date:</td>
</tr>
<tr>
<td>Name(s)/Type(s) Of Training:</td>
<td>No. of Weeks/Semesters/Quarters:</td>
</tr>
<tr>
<td>Training Provider Contact Person:</td>
<td>Telephone #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Items Cost of Attendance</th>
<th>Fund Assignments (#1-6 Under Funding Sources)</th>
<th>Cost per Week/Semester/Quarter</th>
<th>Number of Weeks/Semesters/Quarters</th>
<th>Total Cost of Training Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application/Registration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books/Supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shop/Clinic/Lab Fees/Uniforms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicals</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Licenses/Permits</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Parking Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Activity Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Child Care Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Required Cost (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Required Cost (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Projected Cost of Training</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Available Funding Sources

*(Documentation must be attached)*

<table>
<thead>
<tr>
<th>Available Funding Sources</th>
<th>Aid Per Semester or Quarter</th>
<th>Number Of Weeks/Semesters/Quarters</th>
<th>Total Available Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Federal Pell Grant <em>(attach Student Aid Report, etc.)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Scholarships/Grants/Other Financial Aid <em>(attach applicable award/denial letters)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Other Partner Sources <em>(specify)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Vocational Rehabilitation/Social Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Total Non-WIOA Available Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Needed/Requested WIOA Training Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Additional Resources Needed <em>(normally this should be a zero balance)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

__________________________  __________________________
Provider’s Signature         Date                          Regional Staff Signature     Date
### Region 4 One Stop Partner Resource Guide

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Adult Education</th>
<th>Day Tech</th>
<th>Goodwill Industries</th>
<th>Vocational Rehabilitation</th>
<th>WorkOne</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Funds</td>
<td>Worle Indiana funding available until June 30, 2019</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Testing (such as an: TAP, SSI, AFW)</td>
<td>Possible scholarships</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Transportation Assistance</td>
<td>Workle Indiana funding available until June 30, 2019</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Work and/or Interview/Internship</td>
<td>Workle Indiana funding available until June 30, 2019</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Workforce Assistance</td>
<td>Workle Indiana funding available until June 30, 2019</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Workforce Ready</td>
<td>Workle Indiana funding available until June 30, 2019</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

* Contingent on each program's eligibility and cost.
** Free childcare for students attending classes at LARA.
***VR will provide services that are documented as vocationally relevant and necessary for clients to achieve their employment outcomes. Services will be provided pursuant to state and federal regulations.

---

**Region 4 One-Stop Partner Resource Guide**

"The One-Stop delivery system brings together workforce development, educational, and other human resource services in a seamless customer-focused service delivery network that enhances access to the programs' services and improves long-term employment outcomes for individuals receiving assistance. One-Stop Partners administer separately funded programs as a set of integrated streamlined services to customers."
PURPOSE: To establish Region 4 Workforce Development Board (WDB) policy concerning Workforce Innovation and Opportunity Act (WIOA) funded work experience training, except for On-the-Job Training (OJT) that is covered under separate policy.

REFERENCES: WIOA Section 134(c)(2)(A)(xii)(VII), NPRM 680.170

BACKGROUND: Internships/Work experience is a paid/non-paid concerning Workforce Innovation and Opportunity Act (WIOA) activity designed to enable participants to gain work maturity, occupational skills, and exposure to the working world. The work experience should help participants acquire the personal attributes, knowledge, and skills needed to obtain a job and advance in employment. The work experience provides participants with the opportunities for career exploration and skill development.

POLICY: Internships and work experiences are services that may be provided. The need for the internship or work experience must be documented in a case note entered into ICC. These activities are planned structured learning experiences that take place in a workplace for a limited period of time and may be paid or unpaid, as appropriate. A work experience or internship maybe in the private for profit sector, the non-profit sector, or the public sector. It is determined that such experiences shall not be provided in the WorkOne centers or by the Service Provider agency. Labor standards apply in any work experience or internship where an employee/employer relationship exists, as defined by the Fair Labor Standards Act. Interns must be paid the prevailing wage within the employer’s job classification system. The duration of an internship or work experience shall not exceed 6 months or 500 hours, if working part time, per participant. Exceptions must be approved by R4WDB designee.

An internship or work experience for a participant in WIOA is classified as an Individualized Career Service as described in § 678.430(b). Internships and work experiences provide a helpful means for an individual to gain experience that leads to unsubsidized employment.

All work experience agreements (attachment A) must be approved by the Service Provider Regional Coordinator and/or designee. Participants cannot take part in a work based activity until the “Internship/Work Experience Agreement” has been approved.

The service provider and participant mutually review and determine the feasibility of utilizing a work experience activity. The activity must focus on the development of appropriate work habits and work ethics to include an understanding of employer/employee relationships.

The selection of a worksite for a paid and/or unpaid work based activity is determined by the needs of the participant/employer. The employer agrees to provide work-related activities for the participant(s) to develop basic work habits, learn occupational skills, and gain usable “Work Experience” to promote future employment.
The employer agrees to maintain records and prepare reports on the participant as prescribed by the service provider. The employer must observe and comply with applicable safety and health standards; observe Workers Compensation and Labor Laws of Indiana and the Federal Government; adjust to other conditions as stated in the worksite agreement.

Internships and Work Experience activities will not reduce current employee’s work hours, displace current employees or create a lay-off of current employees, impair existing contract or collective bargaining agreements, and/or infringe upon the promotional opportunities of current employees.

**Internship/Work Experience Process:** When a service provider identifies a potential worksite match between a participant and employer, the service provider staff will review the work based opportunity with the participant and evaluate the participant’s interest. The Service Provider Regional Coordinator or designee authorizes all Internships and Work Experience.

For the internship/work experience, the provider will:

- Arrange worksite interview(s) with the employer
- Complete an [Internship/Work Experience Agreement](#)
- Ensure justification for the work experience is in the file and case notes
  - Does the work experience match the participant’s interest?
  - Is the participant successfully accomplishing goals, meeting appointments, raising basic skill deficiencies, etc.?
  - Why was the worksite chosen?
  - How does the work experience relate to the customer’s overall goals, occupational training, etc?

**ICC Documentation:** The service provider will record all work based activities into ICC. Participant scan records must contain the required internship/work experience documentation.

- Internship/Work Experience Worksite Agreement
- [Paid Internship/Work Experience Progress Report/Timesheet](#)
Work Experience/Internship Agreement

THIS AGREEMENT is entered into this _______ day of ______________, 20__ by and between (SERVICE PROVIDER) and ______________________________________________________________ (called employer).

(SERVICE PROVIDER) is working with participants who are seeking employment and who desire to work. Through an INTERNSHIP, payment shall be made by (Service Provider) to these PARTICIPANT in lieu of actual wages paid by the EMPLOYER. The following are provisions of the agreement entered into by (SERVICE PROVIDER) and the EMPLOYER for purposes of implementing this WORK EXPERIENCE/INTERNSHIP.

1. (SERVICE PROVIDER) will refer PARTICIPANTS to the EMPLOYER based on: (A) the specific request and job description as provided by the EMPLOYER and (B) an assessment of the PARTICIPANT’S interests, aptitudes, and skills base as assessed by (SERVICE PROVIDER). The EMPLOYER will have the right to accept or reject PARTICIPANT(S) referred by (SERVICE PROVIDER) and may, at any time, request that a specific PARTICIPANT no longer be assigned to it. In the event that this occurs, the EMPLOYER will provide (SERVICE PROVIDER) with the reasons for requesting such actions.

2. (SERVICE PROVIDER) will provide all payment due to PARTICIPANT(S), inclusive of wages, taxes, and worker compensation payments. The EMPLOYER is responsible to ensure that PARTICIPANT(S) is provided with on-the-job supervision and direction which is necessary to assure effective job performance. At all times, the PARTICIPANT(S) will be under the exclusive direction and control of the EMPLOYER.

3. (SERVICE PROVIDER) will pay the PARTICIPANT(S) for all work performed for the EMPLOYER within the following guidelines:
   a.) (SERVICE PROVIDER) will pay PARTICIPANT(S) for hours worked up to the specified number of hours per day/week pursuant to the following terms:

   Participant Name: __________________________________________________________

   Job/Position Title: __________________________________________________________

   Hours Per Day/Wk: ____________________  Total Hours: ____________________

   Start/End Date: ____________________  Rate of Pay: ____________________

   Duties and tasks of job:

   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________

   Schedule: ______________________________________________________________________

   Job Supervisor: __________________________________________________________

   b.) In the event that the EMPLOYER needs a PARTICIPANT to work hours in excess of the specified number of hours, the EMPLOYER will be responsible for hiring and paying the PARTICIPANT for these excess hours, including the payment of any applicable overtime.

   c.) The EMPLOYER understands that PARTICIPANTS will not receive any fringe benefits other than Worker's Compensation, which will be provided by (SERVICE PROVIDER).

   d.) The EMPLOYER shall keep a daily account of hours worked by each PARTICIPANT and shall forward this account to (SERVICE PROVIDER) following the last day of each reimbursement period. This accounting will report the total number of hours worked by each PARTICIPANT during the reimbursement period, with the daily breakdown certified by both the PARTICIPANT and the EMPLOYER.
e.) If the PARTICIPANT is a minor child covered by Indiana Child Labor Laws, the EMPLOYER understands that the PARTICIPANT can only work hours consistent with the hours identified on the Work Permit. If the EMPLOYER works the PARTICIPANT for hours in excess of those allowed on the work permit, the EMPLOYER will be responsible for making payment to the PARTICIPANT for these excess hours.

f.) The employer agrees to maintain records and prepare reports on the participant as prescribed by the service provider.

4. The EMPLOYER shall provide and explain written work rules to each PARTICIPANT. These rules will contain, at a minimum, the expectations for time and attendance, unexcused absence policies, and all safety policies.

5. (SERVICE PROVIDER) representatives may, as required or requested by the EMPLOYER, counsel PARTICIPANTS regarding employment or other matters related to this WORK EXPERIENCE/INTERNSHIP. It is understood that (SERVICE PROVIDER) will work with the EMPLOYER in the scheduling of this counseling to ensure minimal disruption of the work environment and schedule.

6. Both (SERVICE PROVIDER) and the EMPLOYER reserve the right to terminate the agreement immediately upon notification that funds are not available to reimburse PARTICIPANTS. Should changes occur in any or all of the following areas, representatives of both (SERVICE PROVIDER) and the EMPLOYER would sign an amendment to this agreement: (1) the description of the work to be performed by the PARTICIPANT(S) under this agreement, (2) the total hours for which PARTICIPANT(S) are to be employed, (3) the hourly rate of pay, and/or (4) the number of hours per week the PARTICIPANT(S) may work.

7. The EMPLOYER assures that:
   a.) As a condition to the award of financial assistance from the Department of Labor, the EMPLOYER assures, with respect to operation of this WIOA funded program or activity and all agreements or arrangements to carry out the WIOA-funded activity, that it will comply fully with appropriate nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act (WIOA); title VI of the Civil Rights Act of 1964; as amended: section 504 of the Rehabilitation Act of 1973, as amended: the Age Discrimination Act of 1975, as amended: title IX of the Education Amendments of 1972, as amended: and with all applicable requirements imposed by or pursuant to regulations implementing those laws. The United States has the right to seek judicial enforcement of this assurance.
   b.) It will comply with the requirement that no program shall involve political activities and/or lobbying.
   c.) It will establish safeguards to prohibit PARTICIPANTS from using their positions for private gain for themselves or others, particularly those with whom there are family, business, or other ties.
   d.) PARTICIPANTS in the program will not be employed on the construction, operation, or maintenance of that part of any facility which is used for religious instruction or workshop.
   e.) Appropriate standards for health and safety in work and training will be maintained for all PARTICIPANTS. All child labor laws will be followed if a PARTICIPANT is under the age of 18 and subject to these laws.
   f.) The placing of the PARTICIPANT at the EMPLOYER’S worksite will not result in the displacement of employed workers or impair existing contracts for services or result in the substitution of Federal funds or other funds in connection with work that would otherwise be performed.
   g.) PARTICIPANTS at the EMPLOYER’S worksite will be treated in a manner consistent with the treatment afforded other PARTICIPANTS working in the same position and under similar conditions.
   h.) PARTICIPANTS at the EMPLOYER’S worksite will not be involved in work duties which involve the operation of any motor vehicle. If the EMPLOYER requires a PARTICIPANT to operate such a vehicle, the EMPLOYER assumes all liability for any accident or damage to property or person.
   i.) It will observe Workers Compensation and Labor Laws of Indiana and the Federal Government.
   j.) Internships and Work Experience activities will not reduce current employee’s work hours, displace current employees or create a lay-off of current employees, impair existing contract or collective bargaining agreements, and/or infringe upon the promotional opportunities of current employees.

8. The EMPLOYER releases and shall indemnify and hold harmless (SERVICE PROVIDER) and its PARTICIPANTs from any all actions, costs, damages, claims, and liabilities arising out of damage or injury to persons or property sustained in connection with the placement of the PARTICIPANT at the EMPLOYER’S worksite.
The foregoing Agreement is mutually agreed upon by:

_______________________________________
Name of authorized (SERVICE PROVIDER) Representative

_______________________________________
Name of authorized EMPLOYER Representative/Title

_______________________________________
Signature

_______________________________________
Signature

_______________________________________
Street Address

_______________________________________
Worksite Address

_______________________________________
City, State, Zip

_______________________________________
City, State, Zip

I certify that the signatures below are that of the worksite supervisor and alternate supervisor that will appear on the participant's paper time sheet when applicable. (2 names are required)

_______________________________________
Name of Supervisor/ Verify (and/or) sign time sheet

_______________________________________
Name of alternate (and/or) sign time sheet

_______________________________________
Signature

_______________________________________
Signature
Time and Attendance Report

Print Full Name: ____________________________________________

Work Site: _________________________________________________

Social Security #: _________________________________________

Pay Period Ending: _________________________________________

**Round time to nearest 15 minutes**

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Date</th>
<th>Time Started</th>
<th>Out for Lunch</th>
<th>In from Lunch</th>
<th>Time Finished</th>
<th>Total Hours</th>
<th>Supervisor’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Monday</td>
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<tr>
<td>Tuesday</td>
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<td>Thursday</td>
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<tr>
<td>Saturday</td>
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</tr>
</tbody>
</table>

Total Hours for Week in Class or Worked _________

Participants Approval: __________________________________ Date: ____________________________

Instructor/Supervisor Approval: _________________________ Date: ____________________________

JobWorks Staff Approval: _______________________________ Date: ____________________________

Check if this is the last time sheet □

Comments: ____________________________________________________________________________
______________________________________________________________________________________

Central Payroll Processing Center
JobWorks 201 E. Rudisill Blvd. Fort Wayne, IN 46806 (260) 745-2000 Fax (260) 456-3390
Trainee Evaluation Form

Trainee Name: __________________               Position: _______________________________
Supervisor Name: __________________          Phone: ______________________________
Worksite Name:    __________________          Address:   _____________________________

# Absences:  _____     # Tardy / Late:  _____       **   Did trainee use proper call in procedure? _____

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Habits:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displays a positive attitude toward daily tasks and work assignments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Skills:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates effective verbal and written skills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adheres to time frames; completes tasks as instructed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works well with others; is considerate and respectful; cooperative and flexible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assumes extra responsibility, seeks guidance or resources as necessary; good attitude when corrected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptability:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values and seeks out the insight of others; accepts new ideas; willing to assist others when needed; considered a team player.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectively recognizes and analyses problems, determines appropriate action for solutions, and thinks logically.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance and punctuality:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrives on time ready to work, is punctual for meetings.</td>
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<td></td>
</tr>
<tr>
<td>Planning and Organization:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinates with others, establishes priorities, and manages times well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trainee Signature: ______________________________________   Date: ______________________________
Supervisor Signature:   ______________________________________ Date: ______________________________
Purpose: Registered Apprenticeship (RA) is an important component of potential training and employment services that the workforce system can provide to its customers. DOL encourages Local WDBs to partner with the Registered Apprenticeship system and use Registered Apprenticeship opportunities as a career pathway for job seekers and as a job driven strategy for employers and industries. RA can be funded through several mechanisms. Section 122(a)(3) of WIOA also provides a new opportunity for RA programs to be more directly connected to the public workforce system. As RA programs, they are automatically eligible for inclusion on the State and local WDB’s ETPL, if they choose to be, allowing ITAs to support participants in RA programs, and more directly connect those programs to the American Job Center network.

Reference: TEGL 19-16, TEGL 13-16

What is Registered Apprenticeship: Registered Apprenticeship is a proven model of job preparation that combines paid on-the-job training (OJT) with related instruction to progressively increase workers’ skill levels and wages. Registered Apprenticeship is also a business-driven model that provides an effective way for employers to recruit, train, and retain highly skilled workers. It allows employers to develop and apply industry standards to training programs, thereby increasing productivity and the quality of the workforce. As an “earn and learn” strategy, Registered Apprenticeship offers job seekers immediate employment opportunities that pay sustainable wages and offer advancement along a career path. Graduates of Registered Apprenticeship programs receive nationally-recognized, portable credentials, and their training may be applied toward further post-secondary education.

Every State has either a federal DOL Office of Apprenticeship (OA) or a State Apprenticeship Agency (SAA). Local WDBs and American Job Centers should work with the offices in their State to implement registered apprenticeships (Federal OA and SAA State contact information).

All Registered Apprenticeship programs consist of the following five core components – direct business involvement, OJT, related instruction, rewards for skill gains, and a national occupational credential:

- **Business Involvement** - Businesses are the foundation of every Registered Apprenticeship program, and the skills needed for workforce success form the core of the model. Businesses must play an active role in building Registered Apprenticeship programs and are involved in every step of their design and execution.

- **On-the-Job Training** - Every Registered Apprenticeship program includes structured OJT. Companies hire apprentices and provide hands-on training from an experienced mentor. This training is developed by mapping the skills and knowledge the apprentice must learn over the course of the program to be fully proficient at the job.
• **Related Instruction** - Apprentices receive related instruction or classroom style training that complements the OJT. This instruction helps refine the technical and academic skills that apply to the job. Related instruction may be provided by a community college, technical school or college, an apprenticeship training school, or by the business itself. This instruction can be provided at the school, online, or at the work site.

• **Rewards for Skill Gains** - Apprentices receive increases in pay as their skills and knowledge increase. Progressive wage gains reward and motivate apprentices as they advance through training and become more productive and skilled at their job.

• **National Occupational Credential** - Every graduate of a Registered Apprenticeship program receives a nationally-recognized credential, referred to as a Certificate of Completion, which is issued by the U.S. Department of Labor (USDOL) or a federally recognized SAA. This portable credential signifies that the apprentice is fully qualified to successfully perform an occupation. Many Registered Apprenticeship programs – particularly in high-growth industries such as health care, advanced manufacturing, and transportation – also offer interim credentials as apprentices master skills as part of a career pathway.

ETA is committed to fully integrating RA programs as an employment and training solution for American Job Center centers. American Job Centers may make arrangements with RA programs to initiate applications to RA programs on behalf of participants. ETA wants to ensure that local areas have maximum flexibility to serve participants and support their placement into RA programs. Given the unique nature of RA, there are several ways in which training services may be used in conjunction with these programs:

• An ITA may be developed for a participant to receive RA training;
• An OJT contract may be developed with a RA program for training participants. OJT contracts are made with the employer or RA program sponsor, and RAs generally involve both classroom and on-the-job instruction. The OJT contract may be made to support some or all of the OJT portion of the RA program;
• A combination of an ITA to cover the classroom instruction along with an OJT contract to cover on-the-job portions of the RA is allowed; and
• Incumbent worker training may be used for upskilling apprentices or journey workers who already have an established working/training relationship with the RA program.

Each of the training services above have local policies on how to administer the training service. Local areas may also include supportive services, in coordination with career and/or training services, to participants in a RA program. These supportive services must be consistent with WIOA section 134(d)(2), Section 14 of TEGL 19-16, and state and local policies.

Registered Apprenticeship Agreement and Reimbursement Forms will need to be completed per the type of assistance provided – See Guide below.

**Note:** Before approving any RA training, review and receive approval from WDB designee.
Company Name: ____________________________

Address: ________________________________ City: ______________ State: _____ Zip: ______

FEIN: ____________________________

Contact Name: __________________________ Phone Number: ______________

E-mail: ____________________________

Employee Name: __________________________

Date of Hire: __________ Current Position: ________________ Current Wage: ____________

Name of Apprenticeship Program: __________________________

The requested apprenticeship training is a Department of Labor Registered Apprenticeship? Yes_____ No_____

Employee has provided I-9 documentation and is eligible to work in the United States: Yes _____ No ______

- Employer is a private, for-profit, or private not-for-profit business which generates income through the production of products
- Employer is current on all federal, state, county, and city tax obligations.
- Employer ensures that all trainees are current employees of the business, per the Fair Labor Standards Act. To be considered an employee, an employee-employer relationship must exist between the worker and the business.

The company official hereby attests, under penalty of perjury, that the above information is correct.

Signature of Company Representative: ____________________________ Date: ____________
PROGRESS REPORT: PART I – PARTICIPANT TRAINING ACTIVITY
Quarterly Progress Report

Report Period ____________ to ______________

Apprentice Name: __________________________________________
Apprenticeship Program: _______________________________________
Core Competencies Completed:
________________________________________________________________________
(may attach report from training provider)

Certificate earned: ___________________________________________
(if none at this time enter NA)

Prepared by ____________________________________________ Date ________________
(Company Representative)

Reviewed by ____________________________________________ Date ________________
(Grant Representative)
# Apprenticeship Agreement - Employer

## I. PARTIES TO THIS AGREEMENT

### A. Primary Parties:
The primary parties to this agreement are:

<table>
<thead>
<tr>
<th>JobWorks, Inc.</th>
<th>CONTACT PERSON: Tonia Long</th>
<th>TELEPHONE #: 260-458-7114</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
<td></td>
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<tr>
<td>JobWorks, Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7832 Bluffton Road</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fort Wayne, IN 46809</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMAIL:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:tlong@jobworksinc.org">tlong@jobworksinc.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAX #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>260-745-0114</td>
<td></td>
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</tr>
</tbody>
</table>

## II. CONDITIONS OF THIS AGREEMENT

### A. Reimbursement Process:
JobWorks, Inc. will reimburse the employer upon completion of each training module.

Cost of Training:

Reimbursement up to $XXXX for each approved apprentice.

Companies should submit the reimbursement/invoice requests after the completion of each training module. Final expenses must be reported within thirty (30) days after training activities are complete or the agreement end date, whichever is the earliest end date of program activity.

**Information required for reimbursement of expenditures covered in the individual agreements:**

1. Before an invoice can be paid, the following documentation must be received by JobWorks, Inc:
   - Invoice with company logo that shows total paid by the company and the amount being requested for reimbursement.

2. Copy of paid training provider invoice. The invoice should include the date(s) and type(s) of training that was provided.
3. Copy of the check with which the invoice was paid or other documentation as evidence of payment.

4. For each training program or session, a copy of the roster, which includes trainees’ names and last four (4) digits of SSN, is required. The date(s) and type(s) of training should be noted on each roster. In addition, this roster should include the signature of the trainer or employer certifying that the listed employees did participate in the training.

B. Employer Assurances

1. The Employer assures that it will comply with all Federal, State and local regulations, rules, laws and policies that govern the use of Workforce Innovation and Opportunity Act (WIOA) resources. In the event that such regulations, rules, laws, or policies would change, the Employer assures it will comply with these changes as they apply to this training contract.

2. The Employer assures that this contract will not impair existing collective bargaining agreements and that it will obtain written concurrence of the appropriate labor organization if inconsistencies with the bargaining agreement exist. It is further assured that the Employer will notify JobWorks if a labor dispute occurs during the term of this contract.

3. The Employer assures that no incumbent worker training funds will be used to assist, promote, or deter union organizing.

4. The Employer agrees to make every reasonable effort to maintain a drug-free workplace as required by the Drug-Free Workplace regulatory requirements specified in the Drug-Free Workplace Act of 1988.

5. As a condition to the award of financial assistance under WIOA, it is assured, with respect to the operation of the WIOA funded program or activity and all agreements or arrangements to carry out the WIOA funded program or activity, that the Employer will comply fully with the nondiscrimination and equal opportunity provisions of WIOA; Title VI of the Civil Rights Act of 1964, as amended; section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; Title IX of the Education Amendments of 1972, as amended; and with all applicable requirements imposed by or pursuant to regulations implementing these laws. The United States has the right to seek judicial enforcement of this assurance.

6. The Employer assures that it has not received payment for these incumbent worker training activities from any other state or federal source.

7. The Employer agrees to reimburse JobWorks, Inc for any funds expended in connection with this agreement which are later determined to be disallowed or wrongfully or illegally expended as a result of Employer non-performance or misrepresentation.

C. Contract Management

1. The Employer agrees that JobWorks, Inc and/or their designee may visit the worksite for the purposes of reviewing the progress of the trainees.
2. All training invoices, personnel and payroll records pertaining to the trainees must be kept for three years. State and Federal officials must be granted access to these records if requested for audit purposes.

3. This contract may be modified if both parties agree, in writing, to the modification. Unilateral modification may occur by JobWorks, Inc in cases of non-performance, unreasonable delays, or non-compliance with the terms and conditions of this contract.

4. This contract may be terminated at any time by either the JobWorks, Inc or the Employer. Written notice of this termination must be given which explains the reasons for and effective date of the termination. JobWorks, Inc reserves the right to terminate this agreement subject to the availability of funding.

III. COMMITMENT TO THIS AGREEMENT

The Employer represents that it has full and complete authority to enter into this contract and that the individual signing this contract has been duly authorized to execute such contracts. Upon signature, this agreement is a valid, binding, and enforceable agreement of the Employer and JobWorks, Inc.

With the signatures below, JobWorks, Inc and Employer agree to the terms and conditions of this agreement.

JOBWORKS, INC:  EMPLOYER:

_________________________________  ______________________________________
Signature  Signature

_________________________________  ______________________________________
Printed Name  Printed Name

_________________________________  ______________________________________
Title  Date  Title  Date
ApprenticeshipUSA is an employer-driven training model that combines on-the-job training with job-related instruction. This “earn and learn” approach helps workers start new careers and helps businesses recruit and retain a highly-skilled workforce. Businesses can hire new workers or select current employees to join apprenticeship programs. The Workforce Innovation and Opportunity Act (WIOA) advances the use of apprenticeship as an effective work-based learning approach that builds worker skills and establishes pathways to higher levels of employment and wages. WIOA funds can be used in a variety of ways to help job seekers and workers prepare for, enter, and complete apprenticeship programs.

While ApprenticeshipUSA is the term for the overall model, the term Registered Apprenticeship reflects the fact that a business has chosen to register its program with the U.S. Department of Labor or a State Apprenticeship Agency. Registering an apprenticeship program provides a number of benefits, such as a national credential for apprentices and potential state tax credits for businesses.

WIOA programs can support the on-the-job training component of apprenticeship programs. WIOA funds can also pay for the cost of related classroom instruction for the apprentice, including tuition, books, supplies, fees, uniforms, tools and other required items. Customized training and incumbent worker training are other ways that WIOA funds can support businesses that sponsor apprenticeship programs.

Basic skills training and pre-apprenticeship programs can be provided under WIOA to prepare participants to enter apprenticeship programs. WIOA youth services for tutoring, mentoring, and work experience can be used in combination with pre-apprenticeship and apprenticeship programs.

This quick reference guide is a resource for local workforce professionals who are interested in using apprenticeship as an employment and training strategy in WIOA programs.

**Note** that in all instances, a participant’s eligibility for WIOA must be properly established and documented prior to the commitment of funds for Registered Apprenticeship programs.
## WIOA Adult and Dislocated Worker Programs: Use of Funds for Registered Apprenticeship Programs

<table>
<thead>
<tr>
<th>WIOA SERVICE</th>
<th>SUPPORT FOR APPRENTICESHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSESSMENT, CAREER PLANNING, AND CASE MANAGEMENT</strong></td>
<td>• Assessment and career planning can help to identify if a WIOA participant is a good fit for an apprenticeship program.</td>
</tr>
<tr>
<td></td>
<td>• Through case management, local workforce professionals can identify the service strategies and supports necessary to overcome any barriers to entry and completion of an apprenticeship program.</td>
</tr>
<tr>
<td><strong>BASIC SKILLS PREPARATION</strong></td>
<td>• Pre-vocational services, language skills, and job readiness may be provided under WIOA to prepare participants to enter apprenticeship programs.</td>
</tr>
<tr>
<td><strong>PRE-APPRENTICESHIP</strong></td>
<td>• WIOA funds can be used to fund pre-apprenticeship programs that provide basic skills, work experiences, and other support to help participants obtain the skills needed to be placed into an apprenticeship.</td>
</tr>
<tr>
<td><strong>TRAINING AND EDUCATION</strong></td>
<td>• Individual Training Accounts (ITAs) can be used to fund the related classroom instruction component of an apprenticeship program, as long as the apprenticeship program or the education/training provider for the apprenticeship program is on the Eligible Training Provider List (ETPL). Under WIOA, all Registered Apprenticeship program sponsors are automatically eligible to be placed on the ETPL.</td>
</tr>
<tr>
<td></td>
<td>• WIOA participants can use ITA funds to pay for the cost of tuition, as well as fees, books, equipment, and other training-related costs (consistent with the policies for ITAs established by the local workforce board).</td>
</tr>
<tr>
<td></td>
<td>• ITA funds can be used in combination with on-the-job training funds to support WIOA participants in apprenticeship.</td>
</tr>
<tr>
<td><strong>ON-THE-JOB TRAINING</strong></td>
<td>• Under WIOA, on-the-job training (OJT) contracts may be established with employers to support the OJT component of Registered Apprenticeship programs.</td>
</tr>
<tr>
<td></td>
<td>• While employer OJT reimbursement rates were 50% under the Workforce Investment Act, Governors and local boards may choose to provide reimbursement to employers of costs up to 75% of apprentice wage rates under WIOA.</td>
</tr>
<tr>
<td></td>
<td>• OJT may be used with both job seekers and current (incumbent) workers already employed by the business.</td>
</tr>
<tr>
<td>WIOA SERVICE</td>
<td>SUPPORT FOR APPRENTICESHIP</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CUSTOMIZED TRAINING</td>
<td>• WIOA funds can be used for customized training with the employer paying for a significant portion of the cost of the training, as determined by the local workforce board.</td>
</tr>
<tr>
<td></td>
<td>• Customized training can be used to support apprenticeship programs by meeting the special requirements of an employer or a group of employers.</td>
</tr>
<tr>
<td></td>
<td>• Customized training may be used for both job seekers and current (incumbent) employees.</td>
</tr>
<tr>
<td>INCUMBENT WORKER TRAINING</td>
<td>• Under WIOA, local areas may use up to 20% of their adult and dislocated worker funds, and states may use their statewide activities and rapid response funds, for incumbent worker training. Employers pay a portion of the cost.</td>
</tr>
<tr>
<td></td>
<td>• Apprenticeships are a good way to up-skill entry-level employees, retain them, and provide workers with an upward career path. Therefore, incumbent worker training is an effective strategy to support apprenticeship programs.</td>
</tr>
<tr>
<td>SUPPORTIVE SERVICES</td>
<td>• To the extent that WIOA funds are available for supportive services, these services, such as transportation or child care, may be used to help WIOA participants who are preparing for apprenticeship programs. They may also help participants once they are enrolled in apprenticeship programs, to ensure retention and full participation in the related classroom instruction.</td>
</tr>
<tr>
<td></td>
<td>• Supportive services would most commonly be provided during pre-apprenticeship or at the beginning of an apprenticeship program. Once the apprentice is on the job, he or she will earn a wage and receive incremental wage increases throughout the apprenticeship, reducing the need for supportive services.</td>
</tr>
<tr>
<td>FOLLOW-UP SERVICES</td>
<td>• As with all WIOA services, local workforce professionals may provide follow-up services to participants in apprenticeship programs to help ensure successful completion.</td>
</tr>
</tbody>
</table>
## WIOA Youth Program:
### Use of Funds for Registered Apprenticeship Programs

<table>
<thead>
<tr>
<th>WIOA SERVICE</th>
<th>SUPPORT FOR APPRENTICESHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSESSMENT AND CASE MANAGEMENT</strong></td>
<td>• Through objective assessment and case management, local workforce professionals can determine if a pre-apprenticeship or apprenticeship program is an appropriate service strategy for a youth participant.</td>
</tr>
<tr>
<td><strong>PRE-APPRENTICESHIP</strong></td>
<td>• Pre-apprenticeship is an identified program element for WIOA youth programs.</td>
</tr>
<tr>
<td><strong>TRAINING AND EDUCATION</strong></td>
<td>• Pre-apprenticeship programs can include basic skills, integrated instructional models, and other activities designed to prepare youth participants to enter and succeed in apprenticeship programs.</td>
</tr>
<tr>
<td><strong>TUTORING</strong></td>
<td>• As part of occupational skills training, WIOA funds can be used to pay for the costs of the related classroom instruction component of apprenticeship programs through Individual Training Accounts (ITAs) for out-of-school youth aged 18-24.</td>
</tr>
<tr>
<td><strong>MENTORING</strong></td>
<td>• Tutoring services can be used in combination with apprenticeship to help youth participants succeed, particularly during pre-apprenticeship or related classroom instruction.</td>
</tr>
<tr>
<td><strong>WORK EXPERIENCE</strong></td>
<td>• Employers sponsoring Registered Apprenticeship programs can mentor WIOA-eligible youth hired as apprentices.</td>
</tr>
<tr>
<td><strong>SUPPORTIVE SERVICES</strong></td>
<td>• Under WIOA, local areas must spend a minimum of 20% of their youth program funds on work experience.</td>
</tr>
<tr>
<td><strong>FOLLOW-UP</strong></td>
<td>• On-the-job training can be supported with WIOA youth program funds and can be utilized to support youth participants in apprenticeship programs.</td>
</tr>
<tr>
<td></td>
<td>• To the extent that WIOA funds are available for supportive services, these services, such as transportation, may be used to help WIOA youth participants succeed in apprenticeship training.</td>
</tr>
<tr>
<td></td>
<td>• Supportive services would most commonly be provided during pre-apprenticeship or at the beginning of an apprenticeship program. Once the apprentice is on the job, he or she will earn a wage and receive incremental wage increases throughout the apprenticeship, reducing the need for supportive services.</td>
</tr>
<tr>
<td></td>
<td>• The 12-month follow-up period in the WIOA youth program can help to ensure participants continue to advance in, and graduate from, their apprenticeship programs.</td>
</tr>
</tbody>
</table>
Additional Federal Resources to Support Apprenticeship

In addition to WIOA, several other federal programs can be leveraged to support Registered Apprenticeship programs. For example:

- Apprentices may be eligible for Federal Financial Aid under certain circumstances. If the apprenticeship is connected to a post-secondary institution, apprentices may be eligible for Pell Grants - $3,000 on average per apprentice to support tuition, books and lab fees. Also, the post-secondary institution may choose to provide federal work-study grants, which average $2,000 per apprentice.

- By becoming approved for the GI Bill, Registered Apprenticeship programs can assist current and future Veteran apprentices in accessing the benefits they have earned. Veterans who qualify for the GI Bill can receive a tax-free monthly stipend (paid by the U.S. Department of Veteran Affairs), in addition to the wages they receive in an apprenticeship. Veterans also receive tuition and fee payments for classroom Instruction. Registered Apprenticeship program sponsors can be certified under the GI Bill usually within 30 days.

Using multiple funding sources can help to offset the costs of apprenticeship for both employers and WIOA participants. For additional information on federal resources that can support apprenticeship programs, please visit the “Federal Resources Playbook for Registered Apprenticeship” available at [http://www.doleta.gov/oa/federalresources/playbook.pdf](http://www.doleta.gov/oa/federalresources/playbook.pdf).

For more information on Registered Apprenticeship programs and how the workforce system can use apprenticeship as an effective workforce strategy, visit the ApprenticeshipUSA toolkit at [www.dol.gov/apprenticeship/toolkit/index.htm](http://www.dol.gov/apprenticeship/toolkit/index.htm).
Purpose:
On the Job Training (OJT) is a strategic employment service that supports the business community in their hiring process by adding staff capacity, productivity and training at reduced costs to the Employer and is an excellent vehicle for eligible Job Seekers to build their skills and re-establish their employment status. OJT benefits Employers by reducing the cost of training new employees, the Employer designs the on-site training, training is aligned with the skills required for the job and is a long term investment in the company. OJT benefits the Job Seeker by providing an opportunity to “earn as they learn” in a hands-on environment, acquire job and career advancement skills, and provides an opportunity for long-term employment.

The basic purpose of an OJT is to encourage public, private non-profit or private Employers to hire an individual, or upgrade an eligible employed worker, who would not otherwise qualify for the job and to teach the skills requisite to perform at the job. The OJT Service Provider provides the Employer with a partial wage reimbursement for an agreed-upon training time period in exchange for the provision of training by the Employer and a commitment to retain the individual when the training is successfully completed.

SELECTION OF TRAINEES

Trainees who are eligible for OJT must meet program eligibility requirements for each funding source, i.e. WIOA Adult, Dislocated Worker, Youth, National Emergency Grants (NEG), or Trade Act eligible, etc.

Participants must meet eligibility requirements and have received an assessment resulting in the development of an Individual Employment Plan (IEP for WIOA Adult and Dislocated Worker participants) or Individual Service Strategy (ISS for older WIOA Youth participants) that documents the participant’s appropriateness for OJT. Regardless of the funding source, consideration should be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, prior work experience, and the participant’s IEP/ISS.

The assessment process is used to substantiate that each Trainee has a need for the training that is to be provided and has the capability to benefit from this training. The decision to assign a participant to OJT should be based on consideration of the individual's employability skills, skill deficiencies, and interests.

Trainees who already possess a substantial portion of the skills required to perform the job also should not be placed into OJT positions. An individual who possesses knowledge or skills essential
to the full and adequate performance of the specific occupation for which the OJT is proposed may not be placed into an OJT in that occupation. While strict compliance with this principle is inherent in the concept of OJT, in reality many jobs are unique and do not present an exact match of the skills required for jobs with other Employers, even where the job title is identical. Thus, even where an individual has some relevant experience or training, the need for OJT may still be substantiated through the assessment process. In addition, a lack of contemporary application of skills or a change in technology may necessitate additional training.

**Employer Referrals**

An Employer may sometimes refer an applicant for a vacant position in order to determine whether the applicant is eligible for WIOA and appropriate for training through an OJT Training Plan. This practice is allowed under WIOA and sometimes called a reverse referral. A reverse referral is when the business has identified someone they would like to hire but the individual has demonstrated skills deficiency related to the position’s requirements. A business may refer a job applicant to the Service Provider for potential OJT enrollment. In the case of reverse referrals, the candidate must be scheduled for an eligibility determination and assessment appointment with a Service Provider and must be eligible for WIOA as a dislocated worker or adult. The Service Provider must utilize normal eligibility assessment and enrollment procedures. Participant’s eligibility must be determined prior to employment; no pre-hires or period of employment prior to the execution of an OJT agreement and participant training plan are acceptable.

OJT Service Providers should assess the circumstances to determine whether an OJT is appropriate in the same way they would assess an individual participant.

Any individual hired prior to the eligibility determination is not eligible for the federally funded OJT program.

**OJT and Eligible Employed Workers (must have WDB designee approval)**

OJT contract may be written for an eligible employed worker when the additional below requirements are met:

1) The employee is not earning a self-sufficient wage (as determined by local policy); and

2) The OJT relates to the introduction of new technologies, introduction to new production or service procedures, upgrading to new jobs that require additional skills, workplace literacy, or other appropriate purposes as defined in local policies.

**OJT and Registered Apprenticeship Programs**

 Individual training accounts (ITAs) and OJT funds may be combined to support placing participants into a registered apprenticeship program, just as they can be used together for a participant who is not in a registered apprenticeship. Local WDBs set policy for ITA duration and financial limits.

- An ITA may be used to support the classroom portions of the apprenticeship program, and OJT funds may be used to support the on-the-job training portions of the program.

- Depending on the length of the registered apprenticeship and local OJT policies, these funds may cover some or all of the registered apprenticeship training.
• If the apprentice is employed at time of participation, the additional criteria set forth above must be met.

**OJT Contract**

An OJT is provided under a contract with an employer in the public, private non-profit, or private sector. Through the OJT contract, occupational training is provided for the WIOA participant in exchange for wage reimbursement for hours in training. Employers are to provide individuals in OJT with benefits and working conditions at the same level and to the same extent as other trainees or employees working a similar length of time and doing the same type of work.

- The OJT contract is to outline the respective required duties of an OJT employer and the WDB or its designee as they relate to the provision of an OJT. Each contract, at a minimum, must contain the provisions included in Attachment B *(Minimum Provisions to be Included in OJT Contracts)* of this policy. During negotiation of an OJT contract, estimate the training cost for the employer; this estimation should be used as a basis for negotiating the percentage of wages that would be reimbursed to the employer during the training period. The percentage of wages reimbursed to the employer cannot exceed 50 percent.
  - The WorkOne staff will use the development of the Training Plan *(attachment C)* for outlining the process for determining the rate of training wage reimbursement. The maximum reimbursement rate is 50% and R4 WDB limits the cost of OJT’s to $13,000. Exceptions must be approved by WDB designee. The training duration will not be less than 4 weeks and more than 26 weeks.
  - The duration of the training must be established as part of the OJT contract. The duration should be of sufficient length to ensure the acquisition of skills by the participant and proficiency in the occupation for which the training is being provided while not being excessive in length. The maximum duration for WIOA-funded OJT in the State of Indiana is six months. *Funding limitations may result in OJT’s not being funded for the full 26 weeks duration, even when such length has been determined. (approval by manager needed)*. Special exceptions to the maximum duration must be approved in writing by the Associate Chief Operations Officer for Policy for the Indiana Department of Workforce Development.
  - In determining the appropriate length of the contract, consideration should be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, prior work experience, and the participant's Individual Employment Plan (IEP).
  - It is generally expected that the OJT contract would be a two-party contract, but in some instances, an OJT employer may utilize an employment service or other third-party human resource service to serve as the employer-of-record for new workers employed by the company. In these instances, the WDB or its designee may utilize three-party contracts, which specifically delineate the responsibilities of each party. In instances involving three-party contracts, both the OJT employer and the employer-of-record must abide by the governing provisions contained within this policy.
OJT wage reimbursement
The percentage of wages reimbursed to the employer cannot exceed 50 percent. One exception is that the Governor or the WDB may increase the reimbursement amount up to 75 percent, taking into account these factors:

- The characteristics of the participants taking into consideration whether they are “individuals with barriers to employment” (as defined in WIOA Section 3(24); thus, your local policy may provide a higher rate of reimbursement for individuals who will require more intensive training than individuals without barriers;

- The size of the employer, with an emphasis on small business. This means that your local policy can consider providing a higher wage reimbursement to smaller employers. You might, for example, provide a 30% reimbursement to employers of 1,000 or more; 50% for employers of 500-999; 60% for employers of 50-499; and 75% for employers of less than 50.

- The quality of employer-provided training and advancement opportunities, for example if the OJT contract is for an in-demand occupation and will lead to an industry-recognized credential; and

- Other factors the WDB may determine to be appropriate, which may include the number of employees participating, wage and benefit levels of the employees (both at present and after completion), and relation of the training to the competitiveness of the participant. See WIOA 134(c)(3)(H); WIOA Proposed Regulations §680.730.

Region 4 staff must have prior approval by the WDB or designee for reimbursement rates above 50%. Any approval will follow the above guidelines.

Limitations:
- OJT contracts may not be established with employers that have previously exhibited a pattern of failing to provide OJT participants with continued long-term employment with wages, benefits including health benefits), and working conditions that are equal to those provided to regular employees that have worked a similar length of time and are doing the same type of work.
- Funds may not be used to reimburse OJT employers for any overtime hours worked by the OJT participant. Overtime hours are generally needed for increased production demands and are rarely needed to provide additional training to participants.
- WIOA funds may not be used or proposed to be used for the encouragement or inducement of a business, or part of a business, to relocate from any location in the United States, if the relocation results in any employee losing his or her job at the original location.
- WIOA funds may not be used to provide OJT if the business has relocated from any location in the United States and the relocation resulted in any employee losing his or her job at the original location. This prohibition is no longer applicable after the company has operated at the new location for 120 days. To verify that an establishment (which is new or expanding) is not, in fact, relocating employment from another area:
A standardized pre-award review must be completed and documented jointly by the WDB or its designee and the OJT employer as a prerequisite to WIOA assistance.

The review must include names under which the establishment does business, including predecessors and successors in interest; the name, title, and address of the company official certifying the information; and, whether WIOA assistance is sought in connection with past or impending job losses at other facilities, including a review of whether WARN notices relating to the employer have been filed.

The review may include consultations with labor organizations and others in the affected region or local area(s). See Attachment A for details.

- Funds provided to employers for OJT must not be used to directly or indirectly assist, promote or deter union organizing.
- A participant may not be employed or assigned to an OJT if:
  - Any other individual is currently on layoff from the same or any substantially equivalent job;
  - The employer has terminated the employment of any regular employee;
  - or caused an involuntary reduction in its workforce with the intention of filling the vacancy with OJT participants; or
  - The OJT position is created in a promotional line that infringes in any way on the promotional opportunities of currently employed workers.
- An OJT must be in an in-demand industry or for an occupation in-demand that is included on the State list of targeted economic sectors. In-demand sectors and occupations will be facilitated and reviewed at least annually at both a state-wide and regional level by the Department of Workforce Development in partnership with local WDBs.
- OJT funds can only be used to pay for training for positions that pay a minimum of $10 per hour, or $20,800 annually for Adult or Dislocated Worker, Out of School Youth, or In-School youth who have graduated. Special exceptions to this guideline must be approved in writing by the Associate Chief Operations Officer for Policy for the Indiana Department of Workforce Development.
- The expenditure on an individual OJT contract is limited to $13,000 annually.
- Participants may only be provided OJT one time in any twelve month period. The only exception is when an OJT participant has successfully completed the training and was subsequently laid off through no fault of his/her own.

**On-the-Job Training Process**

1. WorkOne staff works with the employer to complete the pre-award review (Attachment A). The WDB, or its designee, is responsible for validating information provided in the pre-award review during the mandatory on-site monitoring visit.
2. WorkOne staff works with employer to determine the number of workers needed by the employer, the skills, experience, and other job requirements usually required for the job opening. Staff should utilize tools, such as Specific Vocational Preparation and O*Net, to determine the normal duration of training that is required for that job classification. Additional guidance on determining the appropriate duration of an OJT is contained in Attachment C.
3. WorkOne staff ensures that job openings to be considered for OJT participants are listed on the State's Job Match System -Indiana Career Connect.

4. WorkOne staff works with the OJT employer to recruit and select OJT participants for the specific openings. Ultimate hiring determinations must be made by the OJT employer.

5. WorkOne staff works with the employer and participants to determine skill gaps and the training plan for selected participants. Each participant must have an individual training plan that must be documented in case notes of the State's electronic case management system. A sample training plan is included in Attachment C.

6. WorkOne staff establishes OJT contract(s) with the OJT employer for each individual participant.

7. When the employer hires the new worker, the OJT officially begins. An OJT for an employed worker officially begins when training that was outlined in the OJT agreement begins. Service records must indicate start date of the OJT.

8. Employers are to provide regularly scheduled invoices to WDBs, or its designee, for reimbursement.

9. The service provider conducts monitoring of OJT contracts and follow-up with OJT participants. Monitoring of OJT contracts and follow-up with OJT participants must be documented in service records.

10. Employer electronic signatures on OJT forms are authorized in accordance with IC 26-2-8 "Uniform Electronic Transaction Act."

**Monitoring and Follow-Up Requirements**

Service Provider staff are to conduct periodic check-ins with OJT companies and conduct at least one fully documented monitoring visit during the OJT contract. The primary purpose of these check-ins and the monitoring visits is to ensure that the OJT employer is following all specifications included in the OJT contract and that the OJT participant is making satisfactory progression through his or her training plan. A sample OJT Monitoring Template is included in Attachment D.

Additionally, WorkOne staff are to provide meaningful follow-up services to OJT participants. WorkOne staff persons are to conduct monthly check-ins with OJT participants throughout the duration of their training and for six months following successful completion of the OJT. These check-ins will help to determine if the participant is in need of additional WorkOne services to successfully retain his/her employment. All check-ins should be documented in the State's electronic case management system as a follow-up service.

**Attachment A:** OJT Pre-Award Review Form template

**Attachment B:** Minimum Provisions to be included in OJT Contracts and OJT Master/Individual Contract Agreement template

**Attachment C:** OJT Training Plan / Guidance Determining the Appropriate Duration of an OJT

**Attachment D:** Sample OJT Monitoring Template

**Attachment E:** Check list
Attachment A

On-the-Job Training Pre-Award Form

I. Identifying Information:
Company
Address
City/State/Zip
Company Official – Name and Title
Phone
Other names (including successor(s) in interest) under which the above company has conducted or is currently conducting business

II. Relocation Information:
Has the above company, any subsidiary, affiliates, or part thereof, relocated within the last 120 days?
Yes No
If yes, please indicate the date in which operations began at the new facility.

If the establishment relocated within the last 120 days, did the move result in a loss of employment for any employee of the company at the original location?
Yes No Not applicable, did not relocate

III. Current Employee Status:
Are any employees currently on layoff from the same job classification(s) that will be included in the on-the-job training program?
Yes No
If yes, have the employees declined an offer to return to work? Yes No

IV. Labor Consultation
Are the positions that are part of the on-the-job training program subject to a collective bargaining agreement?
Yes No
If yes, provide a listing of all unions and contact information:

V. Attestation and Validation:
The company official hereby attests, under penalty of perjury, that the above information is correct.

Signature of Company Official Date

WorkOne Representative/Title Date
Attachment B
Minimum Provisions in On-the-Job Training Contracts & template

WDBs must ensure that the following provisions are included in OJT contracts established with employers:

- Identification of the parties involved in the contract.
- The beginning and ending dates of the contract.
- The total training hours.
- The rate of reimbursement and the total reimbursement, including the wage rate for the WIOA participant.
- A copy of the participant’s OJT Training Plan.
- Requirements for trainee retention.
- Assurances of safe working conditions.
- Assurances from employer of compliance with all Federal, State, and local regulations, including WIOA.
- Assurances from employer that include specific references to fair labor standards, benefits, non-discrimination, non-sectarianism, lobbying restrictions, and policy activity restrictions.
- Audit rights and access to records.
- Record retention requirements.
- Default clauses for non-performance and convenience.
- Modification methodology.
- Payment and delivery terms (for OJT, time/attendance records must be maintained).

The above items are not an all-inclusive list, but serve as an initial guideline. Furthermore, these points are not intended to replace or supersede mandates and guidelines in Federal and State laws and regulations regarding procurement and contracting.

See Master/Individual Contract template below.
ON-THE-JOB TRAINING CONTRACT AGREEMENT

Effective Date:                               Contract Number:  

I. PARTIES TO THIS AGREEMENT

A. Primary Parties: The primary parties to this agreement are:

JobWorks, Inc
7230 Engle Road, Suite 213
Fort Wayne, IN  46804
Contact Person
Name:  
Phone:  
E-mail:  

Employer Name:  
Address:  
City, State:  
Contact Person

B. Third Party: Any third part human resource agency serving as the employer of record under contract with the employer agrees to be bound by all applicable provisions of this contract that refer to the employer:

Third Party Agency

Company Name:  
Address:  
City, State, Zip  
Contact Person:  
Name:  
Phone:  
Email:  

II. CONDITIONS OF THIS AGREEMENT

A. Reimbursement Process: In consideration for the training provided, JobWorks agrees to reimburse the Employer up to 50% of the wages paid to the identified trainee who is provided on-the-job training by the Employer to an amount not to exceed the total contract hours.

Trainee Name:  
Trainee SS#  
Trainee Job Title:  
Trainee Hourly Wage:  
Total Number of OJT Contract Hours:  
OJT Contract Total: $  
Training Start Date:  
Projected Training End Date:  

The reimbursement is in compensation for the costs associated with training the identified individual and their lower productivity during the identified training period. The individual's training plan is included as an attachment to this agreement. Reimbursement will occur as a result of invoices submitted by the Employer. Such invoices will reflect the negotiated wage rates and training times of Individual Contracts. Overtime wages, wage increases not specified in the Contract and hours in excess of those specified per week in the Individual Contract will not be reimbursed. Further, reimbursement will not be made for time in which the trainees are absent from training, including authorized paid absences such as holidays, sick days, and vacation days. JobWorks will not reimburse contributions to retirement, medical or any other benefit plans for the trainee.
B. **Trainee Retention:** The Employer agrees that the trainees will not be terminated without prior notice and reasonable opportunity for correction or improvement of performance. As a part of this assurance, the Employer will immediately notify their WorkOne Representative if the trainees have an attendance or disciplinary problem or have demonstrated an inability to perform in accordance with the training plan. The Employer also agrees to retain the trainees as regular employees upon successful completion of the training.

C. **Trainee Wages:** The following will govern the wage rates and policies for all trainees covered by this agreement.

Trainee wages will be the highest of:

1. Minimum wage required under the Fair Labor Standards Act, or
2. Minimum wage applicable under State or local law, or
3. Wage rate paid by the Employer to other similar employees.

D. **Trainee Benefits and Working Conditions:** The following will govern benefit plans and overall working conditions for the trainees.

1. Trainees will be afforded the same benefits and working conditions as other employees doing the same type of work for a similar length of time.
2. The Employer will provide:
   - Workers Compensation benefits in accordance with State law, or
   - When such law is not applicable, liability insurance coverage for injuries suffered by trainees.
3. Trainees will not be required to work in conditions which are unsanitary, hazardous, or dangerous to their health or safety. With inherently dangerous jobs, reasonable safety practices will be applied.
4. In the event that a trainee is hired under this agreement who is subject to child labor laws in any form, the Employer agrees to follow all such laws.

E. **Employer Assurances**

8. The Employer assures that it will comply with all Federal, State and local regulations, rules, laws and policies that govern the use of Workforce Innovation and Opportunity Act (WIOA) resources. In the event that such regulations, rules, laws, or policies would change, the Employer assures it will comply with these changes as they apply to this on-the-job training contract.

9. The Employer assures that no currently employed workers will be displaced by the trainee(s) or suffer a reduction in wages, benefits, or work hours, including over-time work hours.

10. The Employer assures that trainees will not fill positions which will infringe upon the promotional opportunities of current employees.

11. The Employer assures that trainees will not fill positions when:

   - Another employee is on lay-off from the same or an equivalent job, or
   - The Employer has terminated a regular employee with the intention of filling the opening with trainees whose wages are subsidized, or
• Another employee is not employed because of a labor dispute.

12. The Employer assures that this contract will not impair existing collective bargaining agreements and that it will obtain written concurrence of the appropriate labor organization if inconsistencies with the bargaining agreement exist. It is further assured that the Employer will notify JobWorks if a labor dispute occurs during the term of this contract.

13. The Employer assures that no job training funds will be used to assist, promote, or deter union organizing.

14. The Employer assures that trainees will not be employed and funds received under this contract will not be used to conduct or support the construction, operation, or maintenance of any facility used for religious instruction or worship.

15. The Employer assures that trainees will not be employed in jobs which involve political or lobbying activities.

16. The Employer assures that trainees hired under this agreement will not be the immediate relative of the Employer’s administrative and supervisory staff or an immediate relative of the administrative or supervisory staff of the training site. (If applicable)

17. The Employer assures that it has written personnel policies which include a grievance procedure relating to the terms and conditions of employment and that will review these policies with the new trainees.

18. The Employer agrees to make every reasonable effort to maintain a drug-free workplace as required by the Drug-Free Workplace regulatory requirements specified in the Drug-Free Workplace Act of 1988.

19. As a condition to the award of financial assistance under WIOA, it is assured, with respect to the operation of the WIOA funded program or activity and all agreements or arrangements to carry out the WIOA funded program or activity, that the Employer will comply fully with the nondiscrimination and equal opportunity provisions of WIOA; Title VI of the Civil Rights Act of 1964, as amended; section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; Title IX of the Education Amendments of 1972, as amended; and with all applicable requirements imposed by or pursuant to regulations implementing these laws. The United States has the right to seek judicial enforcement of this assurance. The equal opportunity and nondiscrimination assurances at 29 CFR Part 38.25 apply to this contract/agreement.

20. The Employer assures that the information provided on the “Pre-Award Review” document is accurate and that it has not relocated causing the displacement of employees from any other location. The Employer is assuring that funds provided under this contract have not caused a loss of employment for any employee at this or any other Employer location.

F. Contract Management

5. The Employer agrees that WorkOne and/or JobWorks staff may visit the worksite for the purposes of reviewing the progress of the trainees.

6. All personnel and payroll records pertaining to the trainees must be kept for three years. State and Federal officials must be granted access to these records if requested for audit purposes. JobWorks staff must have access to these records at least once during the training period to verify the accuracy of monthly invoices.

7. This contract may be modified if both parties agree, in writing, to the modification. Unilateral modification may occur by JobWorks in cases of non-performance, unreasonable delays, or non-compliance with the terms and conditions of this contract.
8. This contract may be terminated at any time by either JobWorks or the Employer. Written notice of this termination must be given which explains the reasons for and effective date of the termination. JobWorks reserves the right to terminate this agreement subject to the availability of funding.

III. COMMITMENT TO THIS AGREEMENT

With the signatures below, JobWorks and the Employer agree to the terms and conditions of this agreement.

FOR JOBWORKS:     FOR THE EMPLOYER

Signature  
Typed or Printed Name  
Title  

Signature  
Typed or Printed Name  
Title  

FOR THIRD PARTY AGENCY:  
(If Applicable)

Signature  
Typed or Printed Name  
Title
# OJT Training Plan

## On the Job Training (OJT) Plan

### Contact and OJT Information

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Financial Information</th>
<th>Total OJT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Occupational Information

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Hours/Week:</th>
<th>SVP Value:</th>
<th>Minimum of SVP Range:</th>
<th>O*net Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Job Description:** See Attached

### Required Job Skills for Occupation

**Starting Capability**

<table>
<thead>
<tr>
<th>Skills Progression during monitoring</th>
<th>End of OJT Capability of Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory Progress</td>
<td>No Training to Date</td>
</tr>
<tr>
<td>Unsatisfactory Progress</td>
<td></td>
</tr>
<tr>
<td>No Training to Date</td>
<td></td>
</tr>
</tbody>
</table>

**Percent of Training Time Needed**

<table>
<thead>
<tr>
<th>Monitoring Date</th>
<th>End of OJT Capability Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Required Job Skills**

- Not Skilled (100%)
- Some Skills (50%)
- Skilled (0%)
- NA

**Hours Needed**

<table>
<thead>
<tr>
<th>Hours Needed</th>
<th>Satisfactory Progress</th>
<th>Unsatisfactory Progress</th>
<th>No Training to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Number of Skill Areas**

<table>
<thead>
<tr>
<th>Number of Skill Areas</th>
<th>Total of Skills Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Financial Information**

<table>
<thead>
<tr>
<th>Reimbursement Rate</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

**Addition or reduction in training hours based on prior skills, training, experience or barriers to employment:**

<table>
<thead>
<tr>
<th>Total Hours of OJT Funded Training</th>
<th>Total Hours Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
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</tbody>
</table>

**SVP Hours**

<table>
<thead>
<tr>
<th>SVP Hours</th>
<th></th>
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</thead>
<tbody>
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<td></td>
<td></td>
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</table>

**Percent of all skills**

<table>
<thead>
<tr>
<th>Percent of all skills</th>
<th>SVP Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>#DIV/0!</td>
<td></td>
</tr>
</tbody>
</table>
**Training Plan Guidance**

Training Plans are used to outline the specific skill requirements for on-the-job training (OJT). They are also used as the assessment tool to document which skills the Trainee lacks at the start of the training, to determine the length of the OJT and to measure skill attainment during the course of the training. A [Training Plan template](Attachment C).

**Job Description:**

A job description may be obtained from the Employer or the Job Developer may assist the employer in writing a job description, thus providing a "value-added" for the employer.

**Skill Requirements:**

List the skills needed to perform the job to the standards specified by the Employer. Record skills as specifically and briefly as possible. For assistance in writing skill requirements you may use the tasks and activities provided at O*NET OnLine ([http://online.onetcenter.org](http://online.onetcenter.org)). Please modify these skills to be specific to employer's needs for the occupation. (Type of tools or software used)

**Trainee’s Starting Capability:**

Used to assess the trainee’s skill level at the beginning of the training period and to document skill deficiencies which will be addressed through training. The skills gap can be addressed in the list of "Job Skills Needed/Learned". The "Starting Capability" will be completed through an interview assessment with the trainee.

**Training Length:**

a) The job developer, working with the Employer, determines the job title for the position to be trained for, referencing O*NET OnLine ([http://online.onetcenter.org](http://online.onetcenter.org)).

From O*NET OnLine, Job Zone/SVP parameters are obtained. Use these parameters as a beginning guide to determine the length of training. If the individual has other past experience/skills not listed from O*Net that would impact training duration, provide rationale for reducing training time. In most cases this should not change the duration more than 30 days.

b) The OJT Provider considers the trainee's past work experience, knowledge, and skills gap to assist in determining the length of training.

c) An OJT contract must be limited to the period of time required for a participant to become proficient in the occupation for which the training is being provided. In determining the appropriate length of the contract, consideration should be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, prior work experience, and the participant's individual employment plan.

d) It may be necessary to deviate from the training schedule, depending on the trainee's ability to gain and retain knowledge of the various tasks within the occupation. If there is disruption of the planned training period through no fault of the trainee or the employer, provide modifications in writing with a revised Training Plan. Must seek approval from Regional Operator.

**Monitoring/Skill Progression**

Service Provider staff are to conduct periodic check-ins with OJT companies and conduct at least one fully documented monitoring visit during the OJT contract. The primary purpose of these check-ins and the monitoring visits is to ensure that the OJT employer is following all specifications included in the OJT contract and that the OJT participant is making satisfactory progression through his or her training plan.

The training plan includes a section for monitoring skills progression. This will be used with [OJT monitoring form](Attachment D).

Additionally, WorkOne staff are to provide meaningful follow-up services to OJT participants. WorkOne staff persons are to conduct monthly check-ins with OJT participants throughout the duration of their training and for six months following successful completion of the OJT. These check-ins will help to determine if the participant is in need of additional WorkOne services to successfully retain his/her employment. All check-ins should be documented in the State's electronic case management system as a follow-up service.
Trainee’s Ending Capability:

Record the date on which the “Ending Capability” assessment is made and the skill level which has been obtained using the following rating scale:

Beginning - Can do only simple parts of the task.
Intermediate - Can do most parts of the task.
Skilled – Meets the Employer’s standard for the task.
Attachment D

OJT Monitoring Template

Use in coordination with the Training Plan

Employer Name:

OJT Contract#:

OJT Participant Name:

OJT Participant SSN: XXX-XX- _ _ _ _ Monitor’s Name:

Date of Visit:

Records and Accounts

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Findings/Issues (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the employer have timesheets or payroll registers for the OJT participant and do these documents support the hours claimed on the most recent invoice?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. Is the OJT participant receiving the wage identified in the OJT contract and on the most recent invoice?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. Is the OJT participant receiving the same wage as other workers in the same position?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Training Activities

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Findings/Issues (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Is the OJT participant receiving the training that was detailed in the OJT Training Plan and appropriate direction and supervision?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5. Is the OJT participant working and receiving training in a safe and healthy work environment?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
# OJT Progress Check

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Findings/Issues (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. From the OJT participant’s perspective, do they feel they are doing well and learning the required job tasks?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7. From the employer’s perspective, do they feel that the OJT participant is doing well and learning the required job tasks?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8. Are there any issues which may cause this OJT to be unsuccessful?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Overall Evaluation**

Briefly describe what was observed and learned while conducting the OJT monitoring visit.

Detail any needed corrective actions to address the findings and issues identified in the above questions.

Monitor’s Signature:

Date of Signature:

Date of Follow-Up Visit if Needed:
## Attachment E

### OJT Checklist and Guidance

<table>
<thead>
<tr>
<th>ON-THE-JOB TRAINING Check List (documents are to be scanned in ICC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WIOA Eligibility Documentation</strong></td>
</tr>
<tr>
<td><strong>Statement about OJT being for an Occupation in Demand</strong></td>
</tr>
<tr>
<td><strong>Determination of Need of training ( part of IEP)</strong></td>
</tr>
<tr>
<td><strong>Job Description</strong></td>
</tr>
<tr>
<td><strong>Individual Training Plan (includes skill gaps and length of training)</strong></td>
</tr>
<tr>
<td><strong>OJT Pre-Award Form</strong></td>
</tr>
<tr>
<td><strong>Master/Individual Contract</strong></td>
</tr>
<tr>
<td><strong>On-The-Job Training Report and Reimbursement Request Form</strong></td>
</tr>
<tr>
<td><strong>+Supporting Records</strong></td>
</tr>
<tr>
<td><strong>Monthly Check-in’s for Duration of OJT – Documented in ICC</strong></td>
</tr>
<tr>
<td><strong>Monthly Check-in’s for Six Months Following Completion of OJT – Documented in ICC</strong></td>
</tr>
<tr>
<td><strong>OJT Monitoring Report –</strong></td>
</tr>
<tr>
<td><strong>+Monthly Check-In with Employer</strong></td>
</tr>
<tr>
<td><strong>+One Documented Visit during OJT</strong></td>
</tr>
<tr>
<td><strong>+One Documented Visit within Six Months of Completion of OJT</strong></td>
</tr>
<tr>
<td><strong>+Written Documentation to WDB of Deficiencies w/Corrective Action and Follow Up Visit</strong></td>
</tr>
<tr>
<td><strong>Monitoring Template</strong></td>
</tr>
<tr>
<td><strong>Other correspondence</strong></td>
</tr>
</tbody>
</table>
ON-THE-JOB TRAINING PARTICIPANT FILE DOCUMENTATION CHECKLIST Guidance

All documentation relative to the development of the participant's OJT Training Plan must be documented in the participant's file, including:

- **WIOA eligibility documentation**

- **Objective Assessment**: all other applicable assessments. An individual's need for OJT is established by documenting their deficiency in occupational skills during the assessment process. The decision to place a participant into an OJT must be based upon an assessment of the skills, knowledge, attitudes, and behaviors. An individual may be placed in OJT only when assessment, testing, and/or individual counseling indicate a need for and ability to benefit from the training specified in the OJT agreement.

- **Individual Service Strategy (ISS)/Individual Employment Plan (IEP)** The case file must contain determination of need for training services under 20 CFR 680.220(b) as identified in the IEP/ISS (20 CFR 680.180). The IEP/ISS documentation of a participant's appropriateness for OJT is required prior to referral to an Employer for OJT placement. The IEP/ISS must also identify potential supportive services the participant may need to successfully participate in the OJT. This is no different than the processes used to determine any participant's ability to benefit from training services – an OJT is simply another training vehicle.

  The IEP/ISS must include, at a minimum, the following elements:
  - Participant name;
  - Date plan was initiated;
  - Current/prior educational status;
  - Current/prior work history and experience;
  - Assessment of participant's skills and interests;
  - Short-term and long-term educational and occupational goals;
  - Identification of barriers to employment that hinder the participant's ability to find and maintain unsubsidized employment;
  - A plan of action to overcome barriers to employment to include specific services that the participant will receive from the WIA Service Provider or another provider;
  - Determination of the participant's supportive service needs;
  - Participant and WIOA Service Provider signature and date.

- **Case notes**, in compliance with Case Note Policy, to include justification for the OJT position in the industry/occupation the Trainee is placed (must be in demand or a growing industry and Trainee's progress during the OJT training and retention periods

- **Job description** and related DOL/O*NET reports to support training duration (SVP)

- **Training Plan** and/or **Training Plan Modifications**.

- **OJT Master/Individual Contract** and **Contract Modifications** if applicable

- **OJT Evaluations/Trainee Progress Reports**: Employer monitoring reviews

- **Reimbursement Invoice** and applicable supporting documentation

- **Corrective Action** documents and follow-up documentation, if applicable.
Purpose: The Workforce Innovation and Opportunity Act (WIOA) allows Workforce Development Boards (WDBs) to expend up to 20% of their Adult and Dislocated Worker funds for training workers who are already employed. This policy provides guidance regarding Participant Eligibility for Incumbent Worker Training and Employer Eligibility for Incumbent Worker Training Reimbursement.

References: Workforce Innovation and Opportunity Act (WIOA) Section 134(d)(4), Section 181(d)(2), and Section 194(13). WIOA Proposed Regulations §§ 680.780 – 680.820; § 683.200(c)(9); § 680.320(a)(1); and § 680.530

Incumbent worker training is allowed under WIOA Section 134(d)(4). The following points provide overall guidance for funding this activity:

- Local areas may use up to 20 percent of their local adult and dislocated worker funds to pay for the federal share of incumbent worker training. Employers participating in the program are required to pay for the non-Federal share of the cost of the training. See Cost Sharing Section below for more information on the non-Federal share. The maximum expenditure per individual will be $5,000. Exceptions may be requested from the board designee.

- The training should, wherever possible, allow the participant to gain industry-recognized training experience, and ultimately should lead to an increase in wages.

- Local areas may contract for incumbent training rather than use Individual Training Accounts (ITAs) [§ 680.320(a)(1)], or may use the ITA process to pay the federal share if it is more expedient to meet the employer’s and the workers’ training needs. Agreements with employers regarding incumbent worker training must be in writing.

- Providers of incumbent worker training are not subject to the same requirements as entities listed on the Eligible Training Provider List (ETPL), but, as outlined at § 680.530, one-stop operators must collect any performance information the Governor may require to determine whether the providers meet the Governor’s performance criteria. For Indiana, performance information that may be collected on providers of incumbent worker training includes:
  
  (A) The number of incumbent workers engaged in training for the project (by employer when there are multiple employers involved);
  
  (B) The percent of incumbent workers engaged in training for each employer who completed the training;
  
  (C) The skills for which the incumbent workers were trained, by employer;
  
  (D) The percent of incumbent workers who completed training who attained an industry recognized credential, by credential type and by employer;
  
  (E) The percent of incumbent workers by employer who completed the training and received a pay increase within 60 days of the end of training as a result of gaining skills;
  
  (F) Of those incumbent workers who completed the training and received a wage increase, the average hourly wage increase by employer.
Services to incumbent workers must be recorded in the state case management system.

- In accordance with WIOA Section 181(d), incumbent worker funds may **not** be used:
  - For any business or part of a business that has relocated, until 120 days after the date on which the business commences operations at the new location,
  - If the relocation of the business or part of a business results in a loss of employment for any employee of the business at the original location and the original location is within the United States.

**Eligibility of Participants**

To receive incumbent worker training under WIOA, a worker must:

- Be employed with the company when the incumbent worker training starts;
- Have an employer-employee relationship. That the individual must have an established employment history with the employer of at least 6 months *; and
- Be determined to be in need of incumbent worker services to retain employment. *(see attachment A)*
  
  *The agreement with the employer must include the 6 month work history verification (see attachment B)*

**Eligibility of Employers**

Contract funds are paid to the employer for incumbent worker training to either:

- Avert a lay-off; or
- Otherwise help workers retain employment. This determination of need is at the discretion of the WDB and may include consideration of whether the employing firm(s) would likely be unable to remain sufficiently competitive to retain workers unless the workers receive the training.

An ideal incumbent worker training would be one where a participant acquires new skills allowing him or her to move into a higher skilled and higher paid job within the company, thus allowing the company to hire a job seeker to backfill the incumbent worker’s position. An intent to backfill is not a requirement of receiving incumbent worker training funds.

For the purpose of determining the eligibility of an employer to receive funding, several factors must be taken into account (Sec. 134(d)(4)(A)(ii) and § 680.810):

- The characteristics of the participants in the program;
- The relationship of the training to the competitiveness of a participant and the employer; and
- Other factors may include the number of employees participating in the training, the wage and benefit levels of those employees (at present and anticipated upon completion of the training), and the existence of other training and advancement opportunities provided by the employer.

**Cost Sharing**

Employers participating in the program are **required** to pay for the non-Federal share of the cost of the training. Pursuant to Sec. 134(d)(4)(D)(i) & (ii), the Region 4 Workforce Development Board established that the non-Federal share may not be less than:

- 10 percent of the cost for employers with not more than a total of 50 employees or less (regardless of the number enrolled in training);
- 25 percent of the cost for employers with a total of more than 50 employees but not more than 100 employees; and
- 50 percent of the cost for employers with a total of more than 100 employees.
Calculation of the Non-Federal Share:

Pursuant to Sec. 134(d)(4)(D)(iii) The non-Federal share provided by an employer participating in the program may include the amount of the wages paid by the employer to a worker while the worker is attending the training program. The Region 4 Workforce Development Board has determined that the nature of the non-federal share of the employer may be provided by wages paid by the employer to a worker while in training, by cash, or by local (non-federal) grants available.

Scenario:

Training vendor ABC provides incumbent worker training to 5 eligible employees of the Acme Co. The training vendor cost is $1500 per employee for a total cost of $7500. Acme Co. paid their employees’ wages of $800 each (total $4000) while in training. The Acme Co. employs 45 employees so their non-federal share is 10% or $750 in this scenario. The employer may use the amount paid in wages ($4000) to cover their non-federal share. WIOA funds will reimburse the employer $7500 for the training vendor cost.
Attachment A

WIOA Incumbent Worker – Employee Form

First Name: _______________________   Last Name: __________________________

Address:______________________________ City:________________  State:_____ Zip:______

Social Security Number:_________________________             Phone Number:_________________________

Date of Birth _______________________   Gender:  _____M ______F

Highest Education Level, please circle:

1. attained secondary school diploma
2. attained secondary school equivalency
3. participant with disability receives a certificate of attendance/completion
4. completed one or more years of post-secondary
5. attained a post-secondary technical or vocational certificate
6. attained an associated degree
7. attained a bachelor’s degree
8. attained a degree beyond bachelors

0 no educational level completed

Current Wage:________________     Current Position:___________________     Employment start Date:____________

Type of Training:_____________________ Trng Start Date:____________     Trng End Date:____________________

Why taking the training?_________________________________________________________________

_____________________________________________________________________________

Signature of Employee:______________________________________________ Date:________________
Incumbent Worker Employer Form

**Employer Eligibility**

I. **Identifying Information:**
   - Company:
   - Address: City: State: Zip:
   - Contact Person (name & title):
   - Contact Phone: Contact Email:

Other names (including successors) under which the above company has conducted or is currently conducting business.

II. **Employer Information:**
   1. Has the above company, any subsidiary, affiliates, or part thereof, relocated within the last 120 days? 
      - Yes  
      - No
   2. If Yes, please indicate the date in which operations began at the new facility. ______
   3. If the establishment relocated within the last 120 days, did the move result in a loss of employment for any employee of the company at the original location? 
      - Yes  
      - No
   4. What is the company's current employment level? 
      - 50 or less  
      - 51-99  
      - 100 +
   5. Have the employees who will be trained been employed with the company for at least 6 months? 
      - Yes  
      - No

III. **Describe the Training that is Requested**
   1. Course title: 
      Number of employees: 
      - Does this training result in a certification? 
      - What is the name of the credential? 
      - Cost of training: Start date: End date:
      - Training provider:

IV. **Explain Why this Training is Needed**
   1. Is this training needed to prevent a layoff? 
   2. Is training is needed to upskill workers for company to remain competitive? 
   3. Will the trainee(s) move into a higher skilled position as a result of this training? 
      If answered Yes, what will the new job title be? 
   4. Will the trainee(s) receive a wage increase within 6 months of completing the training? 
      If answered Yes, what will the new wages be? 
   5. Is this training required for the company to be sufficiently competitive to retain workers? 
      If answered Yes, please provide an explanation. Please be as detailed as possible.

V. **Cost Sharing**

Employers participating in the program are **required** to pay for the non-Federal share of the cost of the training. Pursuant to Sec. 134(d)(4)(D)(i) & (ii), the Region 4 Workforce Development Board established that the non-Federal share may not be less than:

- 10 percent of the cost for employers with not more than a total of 50 employees or less (regardless of the number enrolled in training);
- 25 percent of the cost for employers with a total of more than 50 employees but not more than 100 employees; and
- 50 percent of the cost for employers with a total of more than 100 employees.
The Region 4 Workforce Development Board has determined that the nature of the non-federal share of the employer may be provided by wages paid by the employer to a worker while in training, by cash, or by local (non-federal) grants available.

**Please Note – Employer must pay training provider for training costs up front, the Fiscal Agent will reimburse employer for the federal share of the training costs after training has been completed.**

Reimbursement and Performance

I. Terms

1. JobWorks, Inc. is a service provider for the Region 4 Workforce Development Board and is the Fiscal Agent for the Incumbent Worker Training Program. Payments to the employer by JobWorks shall not exceed the total amount of reimbursement due employer listed in the Cost Sharing Calculation.

2. Reimbursement for training will be provided after trainees have completed training and copies of invoices and proof of training payment (checks, e-payment) are submitted to JobWorks exhibiting that the employer has paid for the training.

II. Performance Data

1. The State requires that the Regional Workforce Board track performance criteria of Incumbent Worker Training programs. Within 90 days of completion of training, employer agrees to provide the following performance data:
   - (G) The number of incumbent workers engaged in training for the project.
   - (H) The percent of incumbent workers engaged in training for each employer who completed the training;
   - (I) The skills for which the incumbent workers were trained.
   - (J) The percent of incumbent workers who completed training who attained an industry recognized credential, by credential type.
   - (K) The percent of incumbent workers by employer who completed the training and received a pay increase within 60 days of the end of training as a result of gaining skills;
   - (L) Of those incumbent workers who completed the training and received a wage increase, the average hourly wage increase.

Attestation and Validation:

The company official hereby attests, under penalty of perjury, that the information provided to determine eligibility for the reimbursement of training costs is correct.

Name and Title of Company Official (Printed)

Signature of Company Official Date

Approval

Name and Title of WorkOne Staff Approving Request (printed)

WorkOne Staff Signature Date
PURPOSE: This policy covers payments to customers for supportive services and other participant payments.


CONTENT: This policy sets forth the rationale and procedures for providing and funding payments to customers through the WorkOne System.

I. Supportive Services - Adults and Dislocated Workers

Supportive Services are for participants in Career Services or Training Services and who are unable to obtain such services through other programs. Supportive services include such things as: transportation, childcare, dependent care and housing payments.

WIOA allows for the provision of supportive services to enable an individual to participate in career services and training services. Supportive services such as transportation, child care, dependent care, and housing, may be necessary to enable an individual to participate in activities authorized and consistent with the provisions of the WIOA Title I-B.

Note: Follow up career service are not a qualifying service for the receipt of supportive services; therefore, an individual who is only receiving follow up services may not receive supportive services.

• Supportive services will be available for: books, transportation assistance, childcare assistance, and car maintenance and repairs, and other training or work related assistance to enable a person to participate in career and/or training services.
  • Supportive services that are related to training services must be added to the ITA in ICC. The supportive service vouchers supporting training (excluding mileage or childcare) will be entered under the ITA activity.
  • If customer has completed training, cost of license, certifications, etc. should be funded through supportive services.

• If the customer is in need of supportive services, this need must be documented through the inclusion of a case note in ICC and through the development of a customer budget worksheet (see attachment A) that identifies the specific financial need(s) being addressed. A budget will be developed with the customer to determine supportive service need.

• Supportive services may be provided when, in the best judgment of a team member, this service will enable the customer to successfully participate in their career or training program. During program participation, the specific issues, such as transportation, child care, or other supportive issues should be reviewed to determine if supportive service needs exist.

• Other resources must be sought (e.g., Trustees, child care vouchers, etc.) before supportive services can be provided. A statement of the effort to examine such other resources must be reflected in appropriate ICC case notes.
• The Local WDB, in consultation with the one-stop partners and other community service providers developed a guide to additional resources that may be available to assist. See Attachment B WIOA Partner Resource Guide, developed with partners for additional resources that may be available to assist the participant.
• Assure WIOA funding is available to support the provision of such services.
• Customers must sign receipt for all items received such as: gas cards, books, clothes, boots, and vehicle repairs. If there is not a receipt available, customer must sign voucher.

The maximum amount that may be used to cover the costs of supportive services for an individual customer is $500 per person, per program year. The combined amount for supportive services and training costs shall not exceed $5500 per year.

To provide more than $500 in WIOA supportive services or for any exception to this policy requires the approval of the Region 4 Workforce Development Board (R4WDB) designee. A request to exceed the specified limit will be forwarded to the R4WDB designee from the Regional Coordinators. The request should be via email and the approval shall be remitted via email.

If a customer is enrolled in a classroom training activity, the customer’s progress in completing this activity will be reviewed when supportive services are requested. If a customer displays chronic attendance problems, an authorization to suspend all or part of these supportive services may be issued. The rationale for this decision should be described in the ICC case notes.

As a reminder, supportive services are not entitlements and should be provided on the basis of a documented financial assessment, individual circumstances, the absence of other resources, and funding limits.

II. Supportive Services Available in WorkOne West Central for Participants in WIOA
A. Transportation Assistance

• Customers will be provided bus tokens/passes, mileage reimbursement or prepaid gas cards to address transportation needs (not more than one month’s worth at a time). In communities where public transportation systems exist, bus tokens/passes should be utilized if appropriate. For circumstances where training/internships are at different locations one or more of the above options may be needed to assist the customer.
• For all other situations where transportation assistance is required, prepaid gas cards or mileage reimbursement should be used.
• When prepaid gas cards or mileage reimbursement are needed, staff may use up to $.35 cents per mile of estimated travel to determine the appropriate amount of prepaid gas cards to provide the customer. The calculation used to determine the amount of gas cards provided should be indicated in the case note.
• All staff must maintain a record of distribution of all bus tokens/passes and prepaid gas cards. In the rare event that bus tokens/passes, mileage reimbursement or prepaid gas cards are not appropriate for a customer; cab/uber type fare may be purchased if needed.
• Customers must sign for receipt of all gas cards, bus tokens/passes.

B. Automotive Repairs/Maintenance
If necessary, WorkOne West Central will assist customers with the repair of their automobile. When assisting with such a repair, the following guidelines must be followed (any deviation from this policy needs to be approved by the R4WDB designee):
• The repair amount must not exceed $500.00
• The customer must obtain two written estimates from two vendors regardless of amount.
• If the variance between two estimates is greater than 20%, the customer will need to obtain three estimates regardless of the repair amount.
• If the customer’s vehicle is not drivable and must be towed to a service station, only one estimate is required in order to eliminate the need to pay for multiple towing charges to each vendor. However, there must be documentation attached to the estimate indicating that the vehicle was not drivable and required towing.
• Before automotive repairs can be authorized, proof of valid driver’s license, car insurance, and registration must be obtained and copies must be placed in the customer’s file. Proof of registration must be in the customer’s/spouse name (a parent’s name may also be on the registration if the customer is a youth being served as an adult under this policy).
• Vehicle repair amount cannot exceed value of vehicle per vendor.
• Customers may only be provided with automotive repair assistance once during the lifetime of their participation. Additional requests must be approved by the R4WDB designee via the Regional Coordinator.
• For automotive repairs, payment will only be made to vendors, selected on the basis of the estimates provided. Payments will not be made directly to the customer.

C. Childcare Assistance
Once other child care options have been exhausted, it may be necessary to provide certain customers with child care assistance. A licensed day care facility or provider must be used. The customer must first investigate a minimum of three child care options and review both the cost and quality of care at each facility. The service provider will reimburse the standard fee charged by the facility to a maximum of $100/week per child. To arrange for this assistance, the team member must adhere to the following guidelines:
• A completed Child Care Agreement that has been signed by both the customer and the child care provider. This agreement will detail the children to be covered by WorkOne West Central, the hours per week for which day care has been approved, and the amount(s) to be paid to the child care provider.
• For each child to be covered in the Agreement, proof of the relationship of the child to the customer must also be provided. This can be documented through the use of birth certificates, court papers, or other appropriate sources.
• Providers will be responsible for submitting an invoice for payment consistent with the provisions of the child care agreement. As a reminder, the child care provided will also need to complete a W-9 form and return it to fiscal before any payments can be issued.

Childcare assistance may only be issued for up to one-month. Customers can request additional amounts after sufficient proof of attendance and progress is determined by the WorkOne team member. This can be in the form of an attendance sheet, official grades, or progress report.

D. Work Related Clothing & Equipment
As required, WorkOne West Central may assist customers with clothes and/or equipment that are required for interviews and/or work assignments. This could include interview-quality clothing, required work uniforms and shoes, and appropriate tools and safety equipment as required by employers. Clothing and equipment directly related to training should be funded under the occupational skills training activity (refer to ITA policy)
• Three quotes must be obtained if $300 or more in work tools/equipment are being purchased; however, three quotes will not be required for work/training related clothing (including work boots)
When work tools/equipment are provided to a customer, the team member must have the customer sign an agreement to return the purchased tools to WorkOne West Central in the event of job loss or separation.

E. Emergency Aid (with approval of board designee)
Emergency Aid is a one time or rare expense paid to continue participating in WIOA activities such as training, work experience, OJT, etc. If the customer is having extreme difficulty, staff should be assisting him/her with financial information (development of a budget, credit counseling, debt management, etc.) Emergency aid payments must be well documented in Service Notes. As with all other WIOA funding, all other options should be sought first.
Examples include:

- Payment of utility bills (electric, water, heating, etc.)
- A car insurance payment
- A rent payment
- Vehicle repairs during the same timeframe as mileage reimbursement (only in cases where it is absolutely necessary to allow participation in WIOA activities.)

Rent can only be provided if the address is used as the primary residence and allows for the participant to take part in the allowable WIOA activities. The participant must provide appropriate documentation for proof of residency and proof of ownership by the landlord. Any and all documentation must provide proof that the participant lives at the address, proof that the landlord owns the property, and the amount that is past due. The landlord is to be paid directly for the rent, not the participant. Allowable documentation to show proof of residency may include a lease, a phone bill, cable bill, voting registration card, driver’s license, etc. Allowable documentation to show proof of ownership by the landlord may include a lease, a property tax receipt, a title, a trash or sewer receipt, etc.

Vehicle repairs can only be provided on the vehicle used as the primary transportation for the participant to take part in the allowable WIOA activities. The participant must provide appropriate documentation for proof of ownership. Repair costs must be directly linked to an authorized activity. The vendor is to be paid directly for the repair, not the participant.

As with all other WIOA funding, all other options must be sought first. For example, heating and cooling assistance could be pursued through resources such as: Low Income Home Energy Assistance Program through a CAP agency or faith-based organizations. Rent assistance could possibly be obtained through the U.S. Department of Housing and Urban Development (HUD).

III. Needs Related Payments- See Region 4 Needs Related Policy

IV. Administrative Provisions

Allowances, earnings, and payments to customers participating in adult and dislocated worker activities shall not be considered as income for the purposes of determining eligibility. The amount of income transfer and in-kind aid furnished under any federal or federally assisted program based on need other than as provided under the Social Security Act shall not be considered as income for determining eligibility.

Supportive Services are not available for incumbent workers.
Attachment A
Budget Worksheet Example
Region 4 Customer's Household Budget Worksheet

Customer:___________________________________________ Last 4 of SSN:___________ Date:_______

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Amount</th>
<th>Monthly Fixed Expenses</th>
<th>Amount</th>
<th>Monthly Variable Expenses</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Wages Earned</td>
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<td>Rent/House Pymt</td>
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<td>Food</td>
<td></td>
</tr>
<tr>
<td>TANF</td>
<td></td>
<td>Car Pymt(s)</td>
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<td>Clothing</td>
<td></td>
</tr>
<tr>
<td>SNAP/Food Stamps</td>
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<td>Insurance</td>
<td></td>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td>Medical/Dental</td>
<td></td>
<td>Child Care</td>
<td></td>
</tr>
<tr>
<td>Retirement</td>
<td></td>
<td>Prescriptions</td>
<td></td>
<td>Medical/Dental</td>
<td></td>
</tr>
<tr>
<td>WIC</td>
<td></td>
<td>Phone</td>
<td></td>
<td>Electric</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
<td>Trash</td>
<td></td>
<td>Gas</td>
<td></td>
</tr>
<tr>
<td>Property Income</td>
<td></td>
<td>Internet/Cable</td>
<td></td>
<td>Water</td>
<td></td>
</tr>
<tr>
<td>Work Study</td>
<td></td>
<td>Loan</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Credit Card</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Total Income: $ -</td>
<td>Total Fixed Expenses $ -</td>
<td>Total Variable Expenses $ -</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By signing below, I agree that the above information is true and accurate. I realize that falsification could lead to suspension of all assistance.

Customer's Signature:____________________________________________ Date:____________________

Case Manager's Signature:_____________________________________ Date:____________________

Oct-18
PROVIDER’S CHILD CARE AGREEMENT

Participant’s Name: ___SUE SMITH___________________________________   SSN___XXX=XX=XXXX_________

Participant’s Phone Number: _260-111-2222_________________________________

Children Covered by Agreement:

Child/Age: __Joe Smith________________________        Child/Age: ____6 Mo___________________________
Child/Age: __________________________________        Child/Age: ___________________________________

Provider’s Name: ___Family Day Care Center_________________________________________________________

Provider’s Address: _111 Main St.___________________________________________________________________
_Ft. Wayne, IN  46806____________________________________________________________

Provider’s Phone Number: __260-112-2222_____________________________________

Provider’s Contact Person: __Mary Doe    (Program Director)_______________________________________

Child care Authorized to Begin on: ___1/01/08_________________________ End on: ____2/01/08________________

Circle One
Maximum Hours Per Week __40___ for Child __Joe Smith_______________   Authorized Rate Per (hour/week): __$2.00___________

Maximum Hours Per Week _______ for Child _________________________   Authorized Rate Per (hour/week): ________________

Maximum Hours Per Week _______ for Child _________________________   Authorized Rate Per (hour/week): ________________

Maximum Hours Per Week _______ for Child _________________________   Authorized Rate Per (hour/week): ________________
Provider Assurance:

I understand that Sue Smith is responsible for paying me for child care I provide before or after the approved dates and for any hours above and beyond the maximum hours identified above.

I understand that I must have the participant sign the invoice each day to confirm attendance of the child(ren).

I understand that this agreement can be canceled if I sign for the participant.

I understand that this agreement can be canceled if I claim payment for any child care hours I did not provide.

I understand that I cannot be a resident of the participant’s household. If I violate this, JobWorks can take action to recover all the funds I have received and the participant may be terminated from the program.

I understand that I must submit an invoice every two weeks at the end of the two-week period for each child covered by this agreement. I understand that if I do not complete this invoice completely and correctly, it will be returned to me unpaid for the correction.

I agree not to hold JobWorks responsible for any liabilities that may arise as a result of this agreement.

I have read the above conditions and I agree to follow them.

___________________________________   ________         __________________________________   ____________
Signature of Child Care Provider                     Date                  Signature of JobWorks Case Manager          Date

Printed Name:__MARY DOE__________ ________ Street Address:______111 Main St.  Ft. Wayne, IN 46806__

Mailing Address:__Family Day Care Center_ ________City, State, Zip:______111 Main St., Ft. Wayne, IN 46806 _____

Last Modified: 7.1.05
**Sample JOBWORKS CHILD CARE INVOICE (1 child/invoice)**

**CHILD:** Joe Smith  
**PARTICIPANT:** Sue Smith

**PARTICIPANT’S SSN:** XXX-XX-xxxx

### STATEMENT OF CHARGES

**CLAIM PERIOD BEGINNING:** 01/07/08  
**ENDING:** 1/18/08

<table>
<thead>
<tr>
<th>WEEK ONE</th>
<th></th>
<th>WEEK TWO</th>
<th></th>
</tr>
</thead>
<tbody>
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<td><strong>DAY</strong></td>
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I CERTIFY BY MY SIGNATURE THAT THE ABOVE HOURS/DAYS/WEEKS ARE CORRECT.

PARTICIPANT'S SIGNATURE: ____________________________ DATE: ____________________________

PAYMENT REQUEST

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PROVIDER'S NAME: Family Day Care Center

CONTACT: Mary Doe

STREET ADDRESS: 111 Main St.

PHONE: 260-112-2222

CITY, STATE, ZIP: Ft. Wayne, IN 46806

PROVIDER'S SIGNATURE: ____________________________ DATE: ____________________________

TO BE COMPLETED BY JOBWORK'S STAFF:

DATE RCV'D: ____________________________ REVIEWED BY: ____________________________

County of Primary Service Office: ____________________________

Program: 1A 1D 1R VET 1Y-OS 1Y-IS UEA FS TANF BioTech Bound Yes BioTech Bound-Yes Other

122
JOBWORKS CHILD CARE INVOICE (1 child/invoice)

CHILD: ______________________________  PARTICIPANT: _________________________________

PARTICIPANT’S SSN: ___________________________

STATEMENT OF CHARGES

CLAIM PERIOD BEGINNING:     /   /       ENDING:                 /   /

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I CERTIFY BY MY SIGNATURE THAT THE ABOVE HOURS/DAYS/WEEKS ARE CORRECT.

PARTICIPANT’S SIGNATURE: ________________________________ DATE: ________________________________
## PAYMENT REQUEST

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**Circle One**

**PROVIDER'S NAME:** ____________________________  **CONTACT:** ____________________________

**STREET ADDRESS:** ____________________________  **PHONE:** ____________________________

**CITY, STATE, ZIP:** ____________________________

**PROVIDER'S SIGNATURE:** ____________________________  **DATE:** ____________________________

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**TO BE COMPLETED BY JOBWORK'S STAFF:**

**DATE RCV'D:** ____________________________  **REVIEWED BY:** ____________________________

**County of Primary Service Office:** ____________________________

**Program:** 1A  1D  1R  VET  1Y-OS  1Y-IS  UEA  FS  TANF  BioTech Bound  Yes  BioTech Bound-Yes  Other__________________  **Last Modified:** 11.1.05
Sample PARTICIPANT’S CHILD CARE AGREEMENT

Participant’s Name: __Sue Smith______________________________________ SSN: __xxx-xx-1111_____________

Participant’s Phone Number: __260-111-2222____________________________________

1. I have arranged for the following child(ren) to be cared for:

   Child/Age: ___Joe Smith__________________________     Child/Age: _____6 Mo______________________

   Child/Age: ____________________________________     Child/Age: ____________________________________

2. I have investigated a minimum of three child care providers and have arranged for my child(ren) to be cared for by:

   Provider’s Name: __Family Day Care Center  _________________________________________________

   Street Address: ___111 Main St.__________________________________________________________________

   City/State/Zip: ____Ft. Wayne, IN  46806__________________________________________________________

1. I understand that JobWorks will only pay for childcare beginning _1/01/08__________ and will not pay for childcare beyond _2/01/08__________.  I also understand that JobWorks will only pay for up to _40________hours per week of childcare at the childcare facility I have chosen.

2. I understand that JobWorks will pay $ 2.00___________per (hour/day/week) to the provider for caring for my child(ren) within the dates and maximum hours per week as identified in Number 3.

3. I understand that I am responsible for paying the provider for any childcare provided before or after the authorized dates, for any hours beyond those listed in Number 3 above, and for any hours that I am not attending the training activity.

4. I understand that I must sign the provider’s invoice each day to confirm that the hours the provider has listed are correct and that the provider is to be paid by JobWorks.

5. I understand that this agreement can be canceled and care will no longer be paid for by JobWorks if; I sign the invoice where the provider is supposed to sign and/or I complete any part of the provider’s part of the invoice.

6. I understand that this agreement can be canceled and child care will no longer be paid by JobWorks if; I sign the invoice for any time the provider did not actually care for my child(ren) and/or I initial the invoice for time the provider did care for my child(ren) but I did not attend the training activity.

7. I understand that the provider may not be a resident of my household. If I violate this, JobWorks can take action to recover all the funds paid on my behalf for childcare and may terminate me from the program.
8. I understand that if I have any reason to change my childcare schedule, I must notify my case manger.

I have read all the conditions above. I have had the opportunity to ask any questions and I agree with the conditions. I take full responsibility for the selection of the childcare provider and for making the arrangements for childcare. I do not hold JobWorks responsible for any liabilities that may arise as a result of this agreement.

_________________________________  _________  __________________________________  _________
Participant’s Signature          Date       Case Manager’s Signature        Date

County of Primary Service Office: ___________________________

Program:  1A  1D  1R  VET  1Y-OS  1Y-IS  UEA  FS  TANF  BioTech Bound  Other_____________________

Total Obligation:  $ 320.00____________________

Last Modified: 11.1.05
PARTICIPANT’S CHILD CARE AGREEMENT

Participant’s Name: _______________________________________________ SSN: ________________________

Participant’s Phone Number: ________________________________________

1. I have arranged for the following child(ren) to be cared for:

   Child/Age: ____________________________________     Child/Age: ____________________________________

   Child/Age: ____________________________________     Child/Age: ____________________________________

2. I have investigated a minimum of three child care providers and have arranged for my child(ren) to be cared for by:

   Provider’s Name: _______________________________________________________________________

   Street Address: _________________________________________________________________________

   City/State/Zip: _________________________________________________________________________

3. I understand that JobWorks will only pay for childcare beginning ______________ and will not pay for childcare beyond _______________. I also understand that JobWorks will only pay for up to ___________ hours per week of childcare at the childcare facility I have chosen.

4. I understand that JobWorks will pay $________________ per (hour/day/week) to the provider for caring for my child(ren) within the dates and maximum hours per week as identified in Number 3.

5. I understand that I am responsible for paying the provider for any childcare provided before or after the authorized dates, for any hours beyond those listed in Number 3 above, and for any hours that I am not attending the training activity.

6. I understand that I must sign the provider’s invoice each day to confirm that the hours the provider has listed are correct and that the provider is to be paid by JobWorks.

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8. I understand that this agreement can be canceled and child care will no longer be paid by JobWorks if; I sign the invoice for any time the provider did not actually care for my child(ren) and/or I initial the invoice for time the provider did care for my child(ren) but I did not attend the training activity.

9. I understand that the provider may not be a resident of my household. If I violate this, JobWorks can take action to recover all the funds paid on my behalf for childcare and may terminate me from the program.

10. I understand that if I have any reason to change my childcare schedule, I must notify my case manager.

    I have read all the conditions above. I have had the opportunity to ask any questions and I agree with the conditions. I take full responsibility for the selection of the childcare provider and for making the arrangements for childcare. I do not hold JobWorks responsible for any liabilities that may arise as a result of this agreement.

    ___________________________________________     _________     ___________________________________________     _________

    Participant’s Signature     Date   Case Manager’s Signature       Date

County of Primary Service Office: ___________________________

Program: 1A 1D 1R VET 1Y-OS 1Y-IS UEA FS TANF BioTech Bound Other_____________________

Total Obligation: $________________________      Last Modified: 11.1.05
Purpose: To provide policy for the understanding of case closures and exit dates

References: WIOA, 20 CFR 681.450, DWD Memorandum on Interim Guidance on Participation and Exit dates

Case Closures
When a participant:
- completes their activities and enters employment or
- becomes disabled or
- is otherwise incapable of working, or
- voluntarily opts out of services,
the participant’s case should be closed and employment information updated. Case closure should not be confused with Exit (see exit procedures below). The decision to close the case should be documented accordingly in the case notes. If participant becomes employed and activities need to remain open (ex. has not completed training), employment information should be entered in to the personal profile/employment history section in ICC.

Detailed and verified information must be provided and supported with the case note. At least one of the following forms of documentation can be used for verification:

- UI wage records from another state (if the individual was placed in another state and the wage information is available);
- a letter or document from the employer at which the individual worked which includes information on the dates the individual worked (wage information can be collected as well but is not required);
- any employer-generated record which the individual can request and forward to staff which includes information on the dates the individual worked (wage information can be collected as well but is not required);
- a case note which includes notes of a conversation with the individual or employer and which verifies employment in the proper time period (data recorded in the Follow-Up Contacts Screens shall serve as case notes for data validation documentation purposes); or
- a copy of a paycheck stub which confirms employment in the proper time period; or
- Employment Confirmation form or reasonable facsimile; or
- Agency Verification form or reasonable facsimile

While a participant’s case may be closed because the participant entered employment or began post- secondary training (Youth only), the participant’s case may be reopened if the participant needs services in addition to those provided through follow up services. Attachment A includes step by step instructions.
Closure Screen

DWD is requiring that employment data be recorded at the time of case closure.

A benefit of completing closures is that the case manager will be notified of open activities which could aid in reducing the number of system closed completion statuses. If the exit date is determined by an activity that was system closed, there is a risk of data validation errors.

Please make sure the following, if applicable, have been completed **BEFORE** Creating a Closure:

1. Make sure the IEP/ISS has been closed
2. Make sure all services have been closed. You can do this by going to the Programs tab, click on the (+) sign on the completed WIOA Application to expand this section. Then click on Activities/Enrollments/Services. Look at the status column. If you see a green “O” that means you must close the service. Look across and click on the Close link for each service with the green “O.”
3. Make sure any credential earned during the program Credential has been added to the WIOA Credential bar
4. Make sure any Measurable Skills Gains attained during the program have been added to the WIOA Measurable Skills Gain bar
5. Make sure any unsubsidized or OJT Employment entered during the program or at Closure has been added to the WIOA Employment bar

Once items above have been completed then you can create the Closure for the participant.

**Step 1:** Once you are “Assisting” the customer, click on the Programs Link.
**Step 2:** Then click on the (+) next to the WIOA Application to expand the section.

**Step 3:** Click on the Closure (+) to expand the section.
Step 4: Click on Create Closure

Step 5: In the General Information section, you must select the Office Location and a reason for the Accountability Closure/Exit status. Please select “Neither condition applies.”

- Last service date: 11/10/2018
- Exit Date: 12/14/2018
- Exit Reason: Soft Exit
- LWIA: 04 Region 4
- *Office Location: WorkOne Lafayette (Tippecanoe County)
- Case closure date: 11/16/2018

*Accountability Closure/Exit Status: Neither condition applies
**Step 6:** Please choose a Case Closure Exit reason.

**Step 7:** In the Outcome Information section, please answer all the questions with a red asterisks from the choices below. This must be Verified.
Please Note: The Youth Placement will only appear for Youth customers. The Placement Date is required if Youth Placement at Exit is anything EXCEPT “None of the above.”

For Youth that are being exited with Post-Secondary Education, these are the selections that should be made:

- **Case Closure/Exit Reason:** Attending Post-Secondary High School/College at Exit
- **School Status at Exit:** In-School, Post High School
- **Youth Placement at Exit:** Entered Post-Secondary Education
Step 8: The question “Entered Employment” must be answered regardless of the exit reason for the participant.

If the participant is exiting with employment, the job at Closure must be completed and verified in the Employment Information section.
In order to select a job that has already been added to the Add Employment bar, click on the Search Individual Employment History and you can select the employment at Closure. You can also add a new job here as well. This screen works just like any other screen that allows you to add employment. This information must also be Verified.

**Step 9:** Once the job has been entered, click on “SAVE” and the participant has been Closed. Creating the Closure automatically Exits the customer from WIOA. Use the “Print Preview” button at the bottom of the Closure screen to print the Closure information and save it in the customer’s file.

Now the participant has been Closed and a Closure date will appear.
When to formally close a case -
In ICC a case closure should be completed when a participant becomes employed and activities are completed. If participant becomes employed and activities need to remain open (ex. has not completed training), employment information should be entered into the personal profile/employment history section in ICC. Participants should be notified that their cases are being transitioned to follow up and for what reason, along with information on the type and frequency of follow-up contact to expect. The term ‘exit’ is not mandatory and may be found abrasive. Instead, you may wish to explain to the participant that they are transitioning to another phase of service where they will become more and more independent, but that you are still there to help them if they need it and will be in contact.

A case note should be made indicating the formal closure of the case and the reason, i.e., no longer in need of, or able to benefit from services, lack of participation, or customer requested exit.

Cases that are closed may be re-opened within 90 days if the participant needs additional assistance with support services or if the customer loses the job and needs job search assistance.

**Note:** Setting the WIOA Soft Exit alert will assist staff in monitoring upcoming exits.
Exits

A participant will automatically exit the program when they have not received WIOA services for 90 consecutive
days. The exit date is the last date of service with no other services planned. The only way to prevent a system exit is
to provide a service before the 90th day after the last service. This service **must** be appropriate for the participant.

Once a participant has not received any services funded by the program, or a partner program, for 90 consecutive
calendar days, has no gap in service, and is not scheduled for future services*, the date of exit is applied retroactively
to the last day on which the individual received a service funded by the program or a partner program.

- Examples of activities that do not extend the period of participation, or delay program exit, include:
  - Follow-up services which may include:
    - Additional career planning and counseling
    - Assistance with work-related problems that may arise
    - Peer support groups
    - Information about additional educational opportunities
    - Informational mailings and
    - Referral to supportive services available in the community
  - Monthly Check-Ins (Non-TAA)
  - Determination of eligibility to participate in the program
  - Administrative case load management services that involve contact with the customer to obtain
    information such as employment status or educational progress
  - Income maintenance or support payments such as Unemployment Insurance, TANF, Food Stamps,
    unsubsidized childcare, etc.

*Note – the phrase ‘not scheduled for future services” does not apply to an individual who
voluntarily withdraws or drops out of the program.

The Exit date is a critical data validation item. If the Exit date is not accurate, not only will this item fail but all other
data items related to the exit date may fail.
A “hard” exit date may be entered when a participant is:

- Institutionalized
- Receiving medical treatment lasting longer than 90 days
- Deceased
- Active Duty for at least 90 days
- Relocation to a mandated program

See additional Exit Date Guidance
Quick Reference Guide for Case Closure

A. When a customer no longer requires training or Individualized Career level services and is employed:
   1. Check status of current activity(s) (Edit-Service for actual end date)
   2. If applicable, enter credential in ICC
   3. Update Job History showing employment
   4. Enter Closure info
   5. Enter appropriate case notes
   6. Enter required documentation – reference supplemental data policy
   7. Follow-up on employed status on quarterly basis record contact info
   8. If needed, record a Follow Up service and case note. (Individualized Category – Follow Up Service)

B. When a customer no longer wants or participates in training or Individualized Career level services and is not employed:
   1. Record status of current activity(s) (Edit-Service for actual end date if service is still open)
   2. If applicable, enter credential in ICC
   3. Enter appropriate case notes
   4. Attempt regular contacts (enter case note) & provide services as needed until client is employed
   5. Enter exit case note and Follow-up on status on quarterly basis

C. When a customer in training returns to work before completing training:
   1. Contact and ask customer if he/she will remain in training
      a. If “yes”, inform customer that monthly contacts and Time and Attendance Reports (TAR), need to continue –
         i. if willing, leave in OST and maintain monthly contacts and TARs.
         o if refuses, exit from OST (withdrew before completing)
      b. If “no” exit from OST (withdrew before completing)
      c. Record status of current activity(s) (Edit-Service for actual end date if service is still open)
   2. Enter appropriate case notes
   3. Enter Case Closure info and Follow-up on employed status on quarterly basis

NOTE: WorkOne staff must provide follow up services to adult and dislocated workers who are in unsubsidized employment for 12 months after first date of employment (see Follow Up policy). After all quarterly follow ups are completed on a client, case manager status in ICC should be changed to “Inactive.”
Exit Dates and Data Validation - Regional Guidance

To validate the exit date, there must be a MATCH by:

1. Documentation of services in case file or case notes.
2. ICC - paper or scanned documentation is not required. However, detailed information must be present in the case management system sufficient to validate the data item.

For a Service in ICC to be ‘counted’ as a service verified for the Exit date, a case note must be attached. If there is not a case note attached to the last service, the exit date will fail as it not verified. Also the Planned End date and/or the Actual End date may impact the exit (if no other services are provided beyond the Planned or Actual End dates). When a Planned End date has been entered, an Actual end date should then be entered when the service is exited/completed and a case note must be entered. Example: If you become aware on June 5th that the customer completed the training on May 22nd enter the Actual End date of May 22nd and post your case note on June 5th stating the training was completed on May 22nd. The date stated in the case note must MATCH the end date.

Please ensure actual end dates are entered and that there is a case note attached for each service and the Actual End date.

If there is a planned or actual end date after a ‘last’ service and there is not a case note for the planned or actual end date, the exit date is incorrect.

Examples:

Example 1

The last service posted in ICC on 1/15/2017 is 1-1 counseling service, but no case note.

If the last service provided to a customer in on 1/15/2017, but no case note is entered, the service is not verifiable, therefore it cannot be considered the ‘last service’ and the exit date fails data validation. Every WIOA service must have a case note attached

Notes: The WIOA Monthly Check-In and Supportive Services are not considered a countable service and does not start or end a POP. So these services are not considered in the Exit date calculations.
Example 2

Planned End date is past the last posted Service in ICC

The last service posted in ICC is 1-1 Counseling provided on December 29, 2015 and case note reflects customer is attending and doing well in training.

Planned end date is March 15, 2016 and the training plan shows class to end 03/15/2016

90 days have passed and the Exit date is recorded as 03/15/2016 as ICC uses Planned end date as the ‘last’ service. However, the Exit date will fail as no case note reflecting a service actually occurred on 03/15/2016. If staff had entered a case note on March 15th verifying the customer was still in class or had changed this to an actual end date – (when we can verify the customer completed training until March 15th) and entered a case note this would meet validation standards.

A January check in with the customer should have occurred and indicated if the customer was still attending class. If the customer can no longer be reached, then verification with the training vendor of when the customer last attended class should occur, the actual end date entered, and case note reflecting why. If the training vendor cannot provide then the Actual End should be when you could last verify the last date of attendance, which in this case is December 29, 2015.

Note:

If the Actual End Date turns out to be a different date than the Planned End Date, then the Planned End Date should be modified to match the Actual End Date. Also, if the Planned End Date has passed but the customer is still participating in the service, the Planned End Date needs to be extended.
Purpose: To provide policy for the provision of follow-up services to adult who enter into unsubsidized employment.

References: WIOA Sec. 134 (c), TEGL 19-16

Follow-Up Services

Follow-up services must be provided, as appropriate, including counseling regarding the workplace, for participants in adult activities who are placed in unsubsidized employment, for up to 12 months after the first day of employment. While follow-up services must be made available, not all of the adults who are registered and placed into unsubsidized employment will need or want such services. Also, the intensity of appropriate follow-up services may vary among different participants. Participants who have multiple employment barriers and limited work histories may require significant follow-up services to ensure long-term success in the labor market.


POLICY: The goal of follow-up services is to enable participants to ensure job retention, wage gains, and career progress. In order to attain desired follow-up services, service providers may need to go beyond phone calls and other periodic contacts. It may be beneficial to follow-up with both participants and their employers.

CONTENT: The emphasis of follow-up services is job retention and advancement, and self-sufficiency. Follow-up is critical to ensure successful, long term employment. The follow-up provided must be based upon individual participant’s needs. All participants should be offered follow-up services for a minimum duration of 12 months after completion of participation. Follow-up services are recorded in Indiana Career Connect (ICC).

Quarterly follow up and follow up services are not the same. Quarterly follow up is the process of checking in with the participant or employer and completing the follow up screens in ICC with details of the participant’s work history or educational involvement for that quarter. Follow up services are services that are given to the participant so that they may continue towards success. These services are entered through the activities screens in ICC. Many times the services may be due to information discovered during the quarterly follow up.

Follow-up services will be discussed in the IEP (Individual Employment Plan) and signed and mutually agreed upon by both the case manager and program participant. Follow-up services should be discussed during eligibility and participation. Program participants must agree to participate in follow-up services.

Note: Participants in the following categories, either at the time of exit or during the first three quarters following exit, will be excluded from performance. Exclusions must be recorded in ICC and written documentation must be in the file.

- Institutionalized
- Health/medical or family care
- Deceased
- Reservist Call to Active duty
- Relocated to Mandated Residential Program\Foster Care

Follow-Up Service Process for Successful Outcomes:
- Follow-up agreement completed with IEP, signed and a copy given to participant
- Build in follow-up into the service strategy from the beginning
- Maintain regular contact with participant.
- Occur a minimum of once every 3 months (more often if needed).
- Occur in person, via the phone, texting, email or other forms of one on one communication. Follow up via social networking status updates, tweets or other mass communication mediums is not acceptable as a follow up service.
- Follow-ups are defined as reciprocal communication between the WorkOne staff member and customer that includes the collection of information on employment status, educational progress, the need for additional services, problems and challenges, and the assistance needed to resolve them.
  - Additional services should be offered or recommended as appropriate.
  - Examples of such services may include: career planning; peer support groups; support service referral, etc.
  - Such services are provided to ensure the participant is able to retain employment, realize wage increases, and progress in his/her career.
  - A follow-up call or e-mail is not a recordable service and should not be counted as such

If the participant cannot be located, utilize follow-up contacts listed in the participant’s file and/or school/employer contact.

Opting Out

If at any point in time during the program or during the 12 months following exit the participant requests to opt-out of follow-up services, they may do so. In this case, the request to opt-out or discontinue follow-up services made by the youth must be documented in the case file in detail. **Participants may not be encouraged to opt-out.**

For purposes of WIOA performance calculations, **EXIT** is defined as 90 days without any services other than self-service, informational, or follow-up AND there are no future services planned other than follow-up.

Services that may be delivered during the 90 days that do not extend the period of participation include:

- Follow-up services could include, but are not limited to:
  - Additional career planning and counseling;
  - Contact with the participant’s employer, including assistance with work-related problems that may arise;
  - Peer support groups;
  - Information about additional educational opportunities, and referral to supportive services available in the community.

Provision of these program elements must occur after the exit date in order to count as follow-up services. Indiana recommends that when these services are provided as follow-up services they are coded as follow-up services in the state’s case management systems as opposed to program services provided prior to program exit, so the case management system clearly differentiates follow-up services from those services provided
prior to exit. In addition, such follow-up services should be documented in the case file that they were provided as follow-up services post exit.

At minimum, one year of follow-up must:

- Be based on the needs of the individual. Staff should update the participant’s IEP prior to exiting to reflect the follow-up plans and strategy;
- Include collection of information on employment status, education progress, need for additional services, and problems and challenges occurring and the assistance needed to address them;
- Include reciprocal communication between staff and the participant that identifies how a participant is progressing;
- Occur in person, or via the phone, texting, email, or other forms of one-on-one communication; and
- Be recorded as a follow-up service with a detailed case note in the State’s case management system.

Indiana Career Connect (ICC) Data Entry:

Follow-Up activities will be posted after participant has exited. The Follow Up activities are located under the application. Open the application by clicking on the “+”. The follow-up activities are under the activity section. Activities are services that are provided to the participant. If the follow up is only gathering of information from the customer, this is not an activity.

The follow up information will be added to the follow up section in ICC. This is the last selection under the application. Follow-up information may also be entered as a post-employment service during the 90 period before ICC ‘formally’ exits the participant. When completing follow ups, information pertaining to employer or post-exit placement must be verified and documented in ICC.

As a reminder, if a case manager learns from communication with the youth that he/she is, at that time, not in need of additional services or assistance, **case managers must fully document the details of that conversation in the case file**. This would include documenting that the case manager determined the youth is not in need of services or assistance or the refusal to receive service.

The goal of follow-up services is to ensure job retention.

Follow-up services must be made available for a minimum of 12 months following the first day of employment.

Note: **Individuals in follow-up may not receive supportive services.**

See Attachment A for guidance of ICC data entry
Attachment A

Follow Up ICC Screenshots

1. **Open Follow Up tab**

<table>
<thead>
<tr>
<th>Participation</th>
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</thead>
<tbody>
<tr>
<td>Activities / Enrollments / Services</td>
<td>7</td>
</tr>
<tr>
<td>Measurable Skills Gain</td>
<td>1</td>
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<tr>
<td>Partner Programs</td>
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<tr>
<td>Literacy &amp; Numeracy</td>
<td>0</td>
</tr>
<tr>
<td>Credentials</td>
<td>1</td>
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<tr>
<td>Closure</td>
<td>09/01/2017</td>
</tr>
<tr>
<td>Exit / Outcome</td>
<td>09/01/2017</td>
</tr>
</tbody>
</table>

2. **Select the follow up date that you are reporting information.** The required by date is the end of that reporting quarter. Example below: The required by date of 12/31/2017 is for the months of October, November and December of 2017. Only information that is for that time period should be entered here.

<table>
<thead>
<tr>
<th>Follow-ups</th>
<th>4</th>
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</table>

Create Local Follow Up

<table>
<thead>
<tr>
<th>Required By</th>
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<th>Status</th>
<th>Follow Up Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2017</td>
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<td>Completed</td>
<td>1st Quarter After Exit</td>
</tr>
<tr>
<td>03/31/2018</td>
<td>03/30/2018</td>
<td>Completed</td>
<td>2nd Quarter After Exit</td>
</tr>
<tr>
<td>06/30/2018</td>
<td>Required</td>
<td>3rd Quarter After Exit</td>
<td></td>
</tr>
<tr>
<td>09/30/2018</td>
<td>Required</td>
<td>4th Quarter After Exit</td>
<td></td>
</tr>
</tbody>
</table>
3. **A. 1st Quarter Follow Up**

The contact attempt section (date, time of day and type) is recorded for all customers in follow up. The Follow Up screens are completed if/when there is a response to the contact attempt from the individual or the employer. If this is the first follow up quarter and customer is employed you will enter yes and click on employer information. If the employer information has been entered previously, you will be able to import from the Individual Employment History. If not entered previously, you may enter it on the Add/Edit Employer screen. When adding an employer, if you have documentation that proves employment, you should click on verify employer name.

- **Follow-up Employment Information**
  - **Employer Name:**
  - **Worked in Quarter 10/1/2017 - 12/31/2017?**
    - Yes
    - No

- **Add/Edit Employer**
  - **Employer Information**
    - Search Individual Employment History
    - Select from Internal Job Order/Placement
    - **Employer Name:**
    - **Verify Employer Name:** [Verify, Scan, Upload, Link]
3 B. 2nd through 4th Quarter Follow Up

If customer is employed during the quarter (one day or more) enter “yes”. If employer from prior quarter is still correct, you will check the “use primary employer from previous quarter” box. If the employer has changed, click the add employer link. If the customer did not work at least one day in the quarter, you will select “no” for worked in quarter.

4. Post-Exit Placement Information is for Youth. If a youth has entered/continued training, select the appropriate response in the drop down box and enter a date that falls within the correct quarter. Example: Customer began training in September 2017 and we are working on first quarter follow for Oct- Dec 2017 – Customer is still attending school in this quarter, we will enter a date when they were attending class during this first quarter, i.e. November 17, 2017. We must show that they attended at least one day of training in the follow up quarter. If you find out in subsequent quarters that the youth attended school during this quarter, enter a date when they were attending class during this quarter and enter details regarding when you obtained this information in case notes.
5. **Complete the current status at follow up**

Enter actual date of follow up and contact type. If the customer is employed or in training (youth only), you may skip the status at follow up section. If the customer *is not* employed or not in training (youth only), the status at follow up should be completed. At the bottom of this section you may enter your follow up case note.
No individual is to be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with, any program or activity, funded in whole or in part under WIOA, because of race, color, religion, sex (except as otherwise permitted under Title IX of the Education Amendments of 1972), national origin, age, disability, or political affiliation or belief.

Prohibition of Discrimination on the Basis of Disability

WorkOne is obligated to provide physical and programmatic accessibility and reasonable accommodation/modification in regard to the WIOA program, as required by section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as amended, and Section 188 of WIOA.

The ADA defines a “disability” with respect to an individual to mean a physical or mental impairment that substantially limits one or more of the major life activities of such individual, a record of such an impairment, or being regarded as having such an impairment.

WIOA Program Accessibility

When providing aid, benefits, or services under a WIOA Title I financially assisted program or activity, WorkOne must not directly or through contractual, licensing, or other arrangements, on the ground of disability:

1. Deny a qualified individual with a disability the opportunity to participate in or benefit from the aid, benefits, services, or training;

2. Afford a qualified individual with a disability an opportunity to participate in or benefit from the aid, benefits, services, or training that is not equal to that afforded others;

3. Provide a qualified individual with a disability with an aid, benefit, service or training that is not as effective in affording equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as that provided to others;

4. Provide different, segregated, or separate aid, benefits, services, or training to individuals with disabilities, or to any class of individuals with disabilities, unless such action is necessary to provide qualified individuals with disabilities with aid, benefits, services or training that are as effective as those provided to others;
(5) Deny a qualified individual with a disability the opportunity to participate as a member of planning or advisory boards; or

(6) Otherwise limit a qualified individual with a disability in enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving any aid, benefit, service or training.

Separate or different programs or services for individuals with disabilities are not prohibited under the ADA; however individuals with disabilities cannot be forced to participate in these programs instead of WIOA Title I financially assisted programs or activities.

Auxiliary Aids, Services and Assistive Technology

To afford individuals with disabilities an equal opportunity to participate in and enjoy the benefits of the WIOA Title I program or activity, WorkOne must furnish appropriate auxiliary aids or services where necessary. In determining what type of auxiliary aid or service is appropriate and necessary, WorkOne must give primary consideration to the requests of the individual with a disability. Primary consideration means honoring the choice unless WorkOne can demonstrate that another equally effective means of communication is available, or that using the means chosen would result in a fundamental alteration in the service, program, activity, or undue financial and administrative burdens.

A list of auxiliary aids and services can be found in 29 CFR § 38.4, and includes:

- Qualified interpreters, note takers, transcription services, written materials, telephone handset amplifiers, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunications devices for deaf persons (TDDs/TTYs), videotext displays, or other effective means of making aurally delivered materials available to individuals with hearing impairments;

- Qualified readers, taped texts, audio recordings, braille materials, large print materials, or other effective means of making visually delivered materials available to individuals with visual impairments;

- Acquisition or modification of equipment or devices; and

- Other similar services and actions.
IDOA has established a new contract for FACE-to-FACE Interpreter Services. The new vendor is Language Training Center (LTC). The contact information is listed below. This contract is effective immediately.

**Contract Information: FACE-to-FACE Interpreter Services QPA#13314 (Language Training Center Inc)**

The Face-to-Face Interpretation contract establishes hourly rates based on the language selected. If you should have any questions or issues with this contract, please contact Teresa Bucker at (317) 232-5818 or email her at tbucker@dwd.in.gov.

To access services:

Call 317-578-4577 or email Josh Ehrgott at jehrgott@languagetrainingcenter.com.

Be prepared to answer the questions below when scheduling an on-site interpretation:

1. What is your first and last name?
2. Which agency are you calling from?
3. What is the address and telephone number of the agency you are representing?
4. What is your e-mail address?
5. What is the language needed for the interpretation?
6. What is the date of the interpretation?
7. Is there a “Start time” or an “End time”?
8. What is the location of the interpretation? (full address will be required)
9. What is the nature of the assignment? (the more information, the better)
10. Is there a contact telephone number the interpreter is allowed to have should a problem arise during the interpretation?
IDOA has established a contract for **Telephonic Interpreter Services**. The vendor is **PROPIO LS LLC**. The contact information is listed below.

**Contract Information: Telephonic Interpreter Services QPA#13336 (PROPIO LS LLC)**

The Telephonic Interpretation contract establishes hourly rates based on the language selected.

**Instructions for using this contract:** Dial the unique 800 number provided to your agency and/or division. Press 1 for Spanish and 2 for all other languages. If non-Spanish, enter the appropriate two-digit language code found on card provided by vendor. Enter four-digit account number found on the card provided by the vendor. Authorized users may be asked intake questions as requested by their agencies.

Services are available 24/7, with no additional charges for after-hours calls.

### Over-the-Phone Interpreting

Dial the Interpreter:

**1-844-246-9151**

The auto attendant will prompt:

1. Spanish, press 1; all other languages, press 2
2. (If non-Spanish) enter the language code
3. Enter your 4-digit account number: 3427

Dept of Workforce Development
Caller's First and Last Name
Location
Limited English Speaker first and last name
For 3-way calls:
Ask the first person who answers (interpreter or operator) to place the call.

Back-Up Interpreter Number: 1-866-386-1284
(Only use if interpreter is unavailable at primary number above)

---

WorkOne must not place a surcharge on a particular individual with a disability, or any group of individuals with disabilities, to cover the costs of measures associated with providing auxiliary aids, services, or assistive technology, that are required to provide that individual or group with the nondiscriminatory treatment required by WIOA Title I.

This obligation does not require WorkOne to provide personal devices, such as wheelchairs; prescribed devices, such as prescription eyeglasses or hearing aids; or readers for personal use or study.

If an individual with disabilities elects not to participate in an available separate or different program or service, and instead chooses to participate in available WIOA Title I financially assisted programs and activities, the obligations regarding auxiliary aids, services, and assistive technology still apply.

---

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<thead>
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<td>All other languages</td>
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Reasonable Accommodations
With regard to aid, benefits, services, training, and employment, WorkOne must provide reasonable accommodation to qualified individuals with disabilities who are applicants, registrants, eligible applicants/registrants, participants, employees, or applicants for employment, unless providing the accommodation would cause undue hardship. Definitions of the terms “reasonable accommodation” and “undue hardship” are specified in 29 CFR § 38.4.

Employment Related Placements
WorkOne must not, directly or through any contractor, use testing procedures that have an adverse impact on disabled employment applicants or subject qualified individuals with disabilities to discrimination on the ground of such disability.

WorkOne, or any contractor including on the job training contractors, shall not discriminate against an individual with a disability if the person is otherwise qualified for the job. Compliance with the Uniform Guidelines of Employee Selection Procedures, 31 CFR§ 60-3, is required.
Customer Reasonable Accommodation Request Form

WorkOne is committed to providing an accessible and supportive environment for employees, claimants, and customers with disabilities. Equal access for qualified individuals with a disability is an obligation of WorkOne under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990. WorkOne does not discriminate on the basis of disability against qualified individuals with a disability in any program, service or activity offered by WorkOne.

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<tr>
<th>Name of Person Needing Accommodation: (Please Print)</th>
<th>Name of Person Completing this Form (If different from person needing accommodation):Please Print</th>
<th>Telephone Number:</th>
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<tr>
<td></td>
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<td>Last 4 of SSN:______________</td>
<td>Relationship:__________________</td>
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Please provide any additional information that may assist us in providing reasonable accommodation (specify):

<table>
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<th>Customer Name</th>
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For Office Use Only

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<th>Date:</th>
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<tbody>
<tr>
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<td></td>
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</table>

Action Taken:

Note: Copies of this request go to the Regional Systems Coordinator

An equal opportunity employer/program and auxiliary aids are available upon request to individuals with disabilities.
Purpose

To provide initial guidance regarding the observance and enforcement of the nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act (WIOA) and its implementing regulations.


Element 1. Designation of the Tecumseh Area Equal Opportunity (EO) Officer [29 CFR Part 38].

Mellisa Leaming, Director of Operations for Tecumseh Area Partnership, Inc., is the designated EO Officer. Her office is at 976 Mezzanine Drive, Suite C; Lafayette, Indiana 47905. She can be reached by telephone at (765) 807-0888 (Voice), (765) 471-7830 (Fax). Her E-mail address is mleaming@tap.lafayette.in.us

She reports directly to the Chief Operations Officer of Tecumseh Area Partnership, Inc.

The EO Officer is responsible for coordinating the Region 4 Workforce Development Board (R4WDB) obligations set forth in 29 CFR part 38. Those responsibilities include, but are not limited to:

- Reporting EO/Nondiscrimination matters to the State EO Officer;
- Processing and investigating regional discrimination complaints;
- Monitoring compliance of regional WIOA Title I recipients;
- Undergoing training and providing training for staff and service providers (participation required for quarterly conference calls and training sessions conducted by DWD’s State EO Officer);
- Surveying WorkOne offices to ensure compliance with applicable accessibility requirements;
- Reviewing the Region’s policies to ensure they are nondiscriminatory;
- Conducting outreach and education about EO and nondiscrimination requirements and how an individual may file a complaint; and
- Ensuring overall implementation of the NDP.

Element 2. Notice and Communication [29 CFR 38].

A copy of the R4WDB’s prescribed EO Policy Assurance Notice is attached to and made a part of this policy. The EO Officer’s name and contact information will be prominently posted at each WIOA Title I recipient and subrecipient office in the Economic Growth Region 4 as part of each office’s EO Assurance Notice. The Notice will be posted in English and Spanish. It will contain the EO Officer’s TDD/TTY/Relay Indianan telephone number to accommodate the hearing impaired.

Recipient and subrecipient recruitment brochures and other materials routinely made available to the public as well as program-related information published or broadcast in the news media will include the statements “equal opportunity
employer/program" and "auxiliary aids and services are available upon request to individuals with disabilities." Where a telephone number is included on brochures or materials, a TDD/TTY/Relay Indiana number will also be included.

Element 3. Review assurances, job training plans, contracts, and policies and procedures [29 CFR 38].

The R4WDB will incorporate the required EO assurance into each grant, cooperative agreement, contract or other arrangement whereby Federal financial assistance under Title I of WIOA is made available. Each application for financial assistance under Title I of WIOA will include the following assurance language:

"As a condition to the award of financial assistance from the Department of Labor under Title I of WIOA, the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

Workforce Investment and Opportunity Act (WIOA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I-financially assisted program or activity;
Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;
Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
The Age Discrimination of 1975, as amended, which prohibits discrimination on the basis of age; and
Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

The grant applicant also assures that it will comply with 29 CFR part 38 and all other regulations implementing the laws listed above. This assurance applies to the grant applicant’s operation of the WIOA Title I-financially assisted program or activity, and to all agreements the grant applicant makes to carry out the WIOA Title I-financially assisted program or activity. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance."

Job training plans, contracts, assurances, and other similar agreements entered into by the R4WDB will be both nondiscriminatory and contain the required language regarding nondiscrimination and equal opportunity. Subrecipients will be required to assure that their issuances are not discriminatory either in intent or effect. In lieu of including the assurance language in its entirety for smaller contracts or agreements (such as OJT contracts, etc.), the following reference to the language may be used:
“The equal opportunity and nondiscrimination assurances at 29 CFR Part 38.25 apply to this contract/agreement.”

Each grant applicant, and each training provider seeking eligibility, must be able to provide programmatic and architectural accessibility for individuals with disabilities.

Element 4. Universal Access [29 CFR 38]

The R4WDB and its sub recipients will make continued efforts to broaden the composition of those considered for participation or employment in their programs and activities, including members of both sexes, various racial and ethnic groups, various age groups, and individuals with disabilities. Those efforts will include maintaining ongoing contacts with community groups, schools, organizations that provide services to the disabled, and minority organizations.

The R4WDB will establish its criteria for determining priority of service and publish its plans to expand the pool of those considered for participation or employment in its programs through its Local Workforce Plan.
Element 5. Compliance with section 504 of the Rehabilitation Act of 1973, as amended and 29 CFR part 38

The R4WDB and its sub recipients will meet their obligation not to discriminate on the basis of disability by providing the following:

- Reasonable accommodation for individuals with disabilities.
- Reasonable steps to ensure meaningful access to limited English proficiency (LEP) individuals via every delivery method (written, electronic, and in person).
- Reasonable modification of policies, practices and procedures, as required.
- Architectural accessibility for individuals with disabilities.
- An annual schedule that will be adhered to for the purpose of evaluating job qualifications to ensure that the qualifications do not discriminate on the basis of disability.
- A limitation on pre-employment/employment medical inquiries to those permitted by and in accordance with WIOA section 188, Section 504, the Americans with Disabilities Act of 1990, and their implementing regulations.
- Administration of their WIOA Title I-financially assisted programs and activities so that each individual with a disability participates in the most integrated setting appropriate to that individual.
- Communication with persons with disabilities that is as effective as with others.

Element 6. Data and Information Collection and Maintenance [29 CFR 38].

The R4WDB and its sub recipients will assist the Indiana Department of Workforce Development to ensure EO compliance by ensuring the following:

- R4WDB and its sub recipients will collect EO data for applicants, registrants, eligible applicants/registrants, participants, terminees, employees, and applicants for employment and record the race/ethnicity, sex, age, and where known, disability status. Beginning on January 3, 2019, each Recipient must also record LEP and preferred language.
- Records, particularly those containing medical information, will be treated in a manner that ensures their confidentiality.
- A log of complaints that allege discrimination will be maintained and submitted to the Indiana Department of Workforce Development, as required by IDWD policy. State Form 46001 will be used for this purpose.
- All such data and records will be maintained for a period of three years from the close of the applicable program year. Records regarding complaints and actions taken on complaints will be maintained for a period of three years from the date of resolution of the complaint.
- IDWD will be notified of administrative enforcement actions and lawsuits filed that allege discrimination on one or more of the bases prohibited by WIOA section 188.


The R4WDB will establish procedures to periodically monitor all aspects of its subrecipients' compliance with WIOA section 188 and 29 CFR part 38 (e.g., assurances, notice and communication). The R4WDB will monitor programs and activities to determine whether discrimination is occurring. The monitoring of programs and activities will involve, at a minimum:

Analysis of the data and records collected by the subrecipient pursuant to 29 CFR 38 through 41, to determine whether any differences based upon race/ethnicity or sex have practical or statistical significance. Where significant differences are found, follow-up investigations to determine, through records review, interviews, and other appropriate investigative techniques, whether the differences are due to discrimination.

A copy of the R4WDB’s Complaint Procedure is attached to and made a part of this policy.
A copy of the R4WDB’s EO Complaint Procedure is attached to and made a part of this policy.

Element 9. Corrective Actions/Sanctions [29 CFR 38]

The R4WDB’s grant oversight processes involve ongoing desktop and field monitoring to identify strengths and weaknesses. Deficiencies are addressed through technical assistance and corrective action requirements. In this manner, the R4WDB affords maximum opportunity to address problem areas and comply with legal mandates.

The R4WDB will assess adherence to EO requirements throughout the grant period by various review processes. The R4WDB may require sub recipients to take certain corrective actions, including the requirement to develop plans to correct deficiencies or situations which, if not corrected, could result in the subrecipient not complying with or continuing not to comply with the EO requirements.

An essential prerequisite for issuance or continuation of a grant is a good faith response by the sub recipient to the R4WDB’s corrective action or clarification requirements. Failure to respond in good faith to the R4WDB’s corrective action or clarification requirements will lead to progressive sanction activity.

Lack of good faith is defined as: 1) the subrecipient does not respond to the corrective action plan or clarification requirements within the timeframe allowed (or fails to negotiate an acceptable timeframe); 2) the response is inadequate and the subrecipient fails to develop an adequate response within the timeframe allowed; or 3) the response is adequate, but the subrecipient fails to fully implement the corrective action plan or implement/follow the clarification provided within the timeframe agreed upon.

Before the imposition of any sub recipient sanctions, the R4WDB will transmit a letter to the subrecipient indicating the violation. The letter will address the possible sanctions if the violation or problem is not remedied, appropriate clarifications are not submitted and adhered to, or the appropriate needed corrective action has not yet been undertaken. The letter may include a request for a meeting between the relevant parties and R4WDB staff to review the violation(s) and discuss appropriate corrective and other actions and will also include timelines for instituting corrective action. This meeting should take place within 15 working days after receipt of the letter as indicated by certified mail.

If this meeting or the subrecipient's response and corrective action plan fails to resolve the difficulty, the R4WDB will notify the subrecipient and relevant parties of its intent to impose a specific sanction. Such notification shall be received by the parties involved at least ten (10) working days before the scheduled imposition of sanctions, as evidenced by certified mail. The letter will also reiterate the violation, the corrective action needed, and the appeal process.

If satisfactory evidence of needed corrective action initiation is presented to the R4WDB within this ten (10) working day period, the R4WDB may postpone the initiation of sanctions until either the completion of the action within the R4WDB approved timelines or attainment of any IDWD imposed deadline without completion of the action. In the former case, the implementation of the sanctions may be lifted; in the latter, sanctions will be imposed.

Sanctions which may be imposed by the R4WDB upon sub recipients include the following (in order of increasing severity):

Sanctions that may be imposed include, but are not limited to:

- Termination of future funding;
- Disallowance of selected costs;
- Restriction from bidding on competitive or discretionary funds; and
- Reduction in funding.
Appeals may be made to the R4WDB designee within ten (10) working days after receipt of notification of pending sanctions. Such an appeal, however, will not forestall the initiation of sanctions (unless the R4WDB designee extends the deadline).

If satisfactory evidence of needed corrective action initiation is presented to the R4WDB within this ten (10) working day period, the R4WDB may postpone the initiation of sanctions until either the completion of the action within the R4WDB approved timelines or attainment of the IDWD deadline without completion of the action. In the former case, the implementation of the sanctions may be lifted; in the latter, sanctions will be imposed.
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Enter Number in Discrimination Column *(if applicable)*

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual’s citizenship status or participation in any WIOA Title I–financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I–financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I–financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient’s Equal Opportunity Officer (or the person whom the recipient has designated for this purpose);

Mellisa Leaming, Equal Opportunity Officer; Region 4 Workforce Board; 976 Mezzanine Drive, Suite C; Lafayette, IN 47905 or electronically at mleaming@tap.lafayette.in.us.

or

Director, Civil Rights Center (CRC), U.S. Department of Labor 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed ( whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.
Region 4 Workforce Development Board
Equal Opportunity Policy Complaint Procedures
Equal Opportunity Is the Law

The Complaint Resolution Process by Investigation

A written complaint must be signed and dated by the complainant. The complainant must sign and include his/her name and address, the identity of the person the complaint is made against, and a detailed description of the Complainant's allegations. The Recipient's Equal Opportunity (EO) Officer will assist the Complainant in filing his/her complaint. The Recipient will provide a written acknowledgement of receipt of the complaint to the Complainant within 7 calendar days from the date the complaint is filed. The Recipient will notify the Complainant of the following:

- His/her right to be represented in the complaint process;
- A list of the issues raised in the complaint; for each issue, a statement that the Recipient will accept the issue for investigation or reject it; and, if rejected, the reason for each rejection;
- The option of resolving the complaint by the Alternative Dispute Resolution (ADR) or Mediation Process instead of an investigation (see below);
- That there will be a period of 15 calendar days (Days 8 – 22) during which the EO Officer will investigate the facts underlying the complaint;
- That there will be a period of 8 calendar days (Days 23 – 30) during which the Recipient will attempt to resolve the complaint, including the ADR Process; and
- A statement that the Complainant is due a decision or Notice of Final Action within 60 days after receipt of the complaint.

The Notice of Final Action will contain, for each issue raised in the complaint, either a statement of the Recipient's decision on the issue and an explanation of the reasons underlying the decision, or a description of the way the parties resolved the issue. The Notice of Final Action will advise the Complainant that if he/she is dissatisfied with the decision, he/she must appeal the local decision to the Indiana Department of Workforce Development (IDWD) EO Officer within 5 days of receipt of the decision. The IDWD EO Officer will issue a response to the appeal within 25 days after receipt or 90 days after the initial filing date of the complaint, whichever is later. The Notice of Final Action will also advise the Complainant of his/her right to file a complaint with the Civil Rights Center if he/she is dissatisfied with the IDWD EO Officer’s decision.

The Complaint Resolution Process by Alternative Dispute Resolution or Mediation

If the Complainant chooses to have his/her complaint resolved by the Alternative Dispute Resolution (ADR) or Mediation process rather than by investigation, the Recipient will provide the following:

- An impartial mediator who is trained in mediation techniques and the principles of equal opportunity;
- That both parties to the complaint must sign a consent form affirming that the contents of the mediation will be kept confidential and that both parties agree not to involve the mediator in any litigation;
- That any successful resolution obtained shall be recorded in a written settlement agreement and signed by both parties. There should be no written record or other recording made of the meeting; and
- That if the parties cannot reach agreement under the ADR process, the Complainant may file directly with the Civil Rights Center (at the address provided herein) within 180 days of the alleged act of discrimination. In the event the agreement is breached, the non-breaching party may file the complaint directly with the Civil Rights Center within 30 days of the date on which the non-breaching party learns of the alleged breach.

The Recipient's EO Officer, Ms. Mellisa Leaming, can be contacted at (765) 807-0888 (Voice), Relay Indiana 800-743-3333 (TTY) for assistance in filing a complaint.
Purpose

To provide initial guidance regarding the observance and enforcement of the nondiscrimination provisions of the Workforce Innovation and Opportunity Act (WIOA) and its implementing regulations.


Element 1. Designation of the Tecumseh Area Complaint Officer [29 CFR Part 38].

Mellisa Leaming, Director of Operations for Tecumseh Area Partnership, Inc., is the designated Complaint Officer. Her office is at 976 Mezzanine Drive, Suite C; Lafayette, Indiana 47905. She can be reached by telephone at (765) 807-0888 (Voice), (765) 471-7830 (Fax). Her E-mail address is mleaming@tap.lafayette.in.us

She reports directly to the Chief Operations Officer of Tecumseh Area Partnership, Inc.

Element 2. Complaint Processing [29 CFR 38].

A copy of the R4WDB's Complaint Procedure is attached to and made a part of this policy.

Element 3. Corrective Actions/Sanctions [29 CFR 38]

The R4WDB's grant oversight processes involve ongoing desktop and field monitoring to identify strengths and weaknesses. Deficiencies are addressed through technical assistance and corrective action requirements. In this manner, the R4WDB affords maximum opportunity to address problem areas and comply with legal mandates.

An essential prerequisite for issuance or continuation of a grant is a good faith response by the sub recipient to the R4WDB's corrective action or clarification requirements. Failure to respond in good faith to the R4WDB's corrective action or clarification requirements will lead to progressive sanction activity.

Lack of good faith is defined as: 1) the subrecipient does not respond to the corrective action plan or clarification requirements within the timeframe allowed (or fails to negotiate an acceptable timeframe); 2) the response is inadequate and the subrecipient fails to develop an adequate response within the timeframe allowed; or 3) the response is adequate, but the subrecipient fails to fully implement the corrective action plan or implement/follow the clarification provided within the timeframe agreed upon.

Before the imposition of any sub recipient sanctions, the R4WDB will transmit a letter to the subrecipient indicating the complaint. The letter will address the possible sanctions if the complaint or problem is not remedied, appropriate clarifications are not submitted and adhered to, or the appropriate needed corrective action has not yet been undertaken. The letter may include a request for a meeting between the relevant parties and R4WDB staff to review the complaints(s) and discuss appropriate corrective and other actions and will also include timelines for instituting
corrective action. This meeting should take place within 15 working days after receipt of the letter as indicated by certified mail.

If this meeting or the subrecipient's response and corrective action plan fails to resolve the difficulty, the R4WDB will notify the subrecipient and relevant parties of its intent to impose a specific sanction. Such notification shall be received by the parties involved at least ten (10) working days before the scheduled imposition of sanctions, as evidenced by certified mail. The letter will also reiterate the complaint, the corrective action needed, and the appeal process.

If satisfactory evidence of needed corrective action initiation is presented to the R4WDB within this ten (10) working day period, the R4WDB may postpone the initiation of sanctions until either the completion of the action within the R4WDB approved timelines or attainment of any IDWD imposed deadline without completion of the action. In the former case, the implementation of the sanctions may be lifted; in the latter, sanctions will be imposed.

Sanctions which may be imposed by the R4WDB upon sub recipients include the following (in order of increasing severity):
Sanctions that may be imposed include, but are not limited to:
- Termination of future funding;
- Disallowance of selected costs;
- Restriction from bidding on competitive or discretionary funds; and
- Reduction in funding.

Appeals may be made to the R4WDB designee within ten (10) working days after receipt of notification of pending sanctions. Such an appeal, however, will not forestall the initiation of sanctions (unless the R4WDB designee extends the deadline).

If satisfactory evidence of needed corrective action initiation is presented to the R4WDB within this ten (10) working day period, the R4WDB may postpone the initiation of sanctions until either the completion of the action within the R4WDB approved timelines or attainment of the IDWD deadline without completion of the action. In the former case, the implementation of the sanctions may be lifted; in the latter, sanctions will be imposed.
USE THE FOLLOWING INFORMATION FOR HANDLING COMPLAINTS

NOT BASED ON DISCRIMINATION

Complaint Procedure:

• Grievances must be filed within one year of the alleged violation by certified mail.

• Written complaints must be signed and dated by the complainant and include the complainant’s name and address, the identity of the respondent and a detailed description of the complainant’s allegations. (Attachment A Complaint Form)

• Grant recipients are to provide a written acknowledgement of receipt of the complaint to the complainant. The acknowledgement should include a notice of the complainant’s right to be represented in the complainant process; a list of the issues raised in the complaint, and for each issue a statement whether the recipient will accept the issue for investigation or reject the issue, and if rejected, the reasons for each rejection; the option of resolving the complaint by alternative dispute resolution instead of an investigation; and a statement that the complainant is due a decision or “Notice of Final Action” within 60 days after receipt of the complaint.

• The “Notice of Final Action” should inform the complainant that if he/she is dissatisfied with the decision the local decision must be appealed to the DWD EEO Officer within 10 days of receipt of adverse decision. The appeal should be sent to DWD-EO Officer, Jennifer Long, 10 N. Senate, Room SE 105, Indianapolis, IN 46204. For all complaints, DWD will issue a determination within 60 days of the filing.

RECORDKEEPING REQUIREMENTS

Complaint records must be retained for a minimum of 3 years following the resolution of the complaint. All complaints must be entered on the DWD Complaint Log (SF 46001). The logs should contain the name and address of the complainant, the grounds for the complaint, a description of the complaint, the date the complaint was filed and the disposition of the complaint.

The Region 4 Workforce Development Board (R4WDB) has delegated the authority to operate and maintain the grievance procedure to its subrecipients and vendors except for the following situations which will necessitate directly filing with the Grant Recipient:

• Issues between the R4WDB and the R4WDB designee (RO)

• Issues involving more than one of the R4WDB’s sub recipients, vendors, or community based organizations.

• Complaints directly involving the operations or responsibilities of the R4WDB.

The R4WDB will assure all subrecipient service provider staff members, vendors and other organizations that they will have access to the WIOA grievance procedure.

The identity of any person who has furnished information relating to, or assisting in, an investigation of a possible violation of the Act, shall be kept confidential to the maximum extent possible, consistent with a fair determination of the issues.
COMPLAINT PROCEDURE PROCESS

Step 1: **Acceptance of Complaint and Investigation by Complaint Officer**

After a complaint is received by the Complaint Officer, he/she will conduct an investigation to gather relevant information and facts. The Complaint Officer will render a written decision or resolution within seven (7) calendar days of the date of the filing of the complaint. The complainant will also be notified of his/her right to appeal the Complaint Officer’s decision. Complaint should be sent to: Mellisa Leaming, Director of Operations, 976 Mezzanine Drive, Suite C, Lafayette, IN 47905

Phone: 765-807-0888

Step 2: **Informal Hearing**

If a satisfactory decision or resolution is not reached in Step One, the Complaint Officer and the complainant will attend an informal hearing with the complainant’s supervisor or other relevant party connected with the grievance. If in the judgment of the Complaint Officer, a representative of the R4WDB designee or a Service Provider should be involved in the informal hearing, the attendance of that representative will be requested by the complaint Officer. This decision rests with the Complaint Officer.

The Complaint Officer will conduct the informal hearing and a resolution will be written and given to the complainant within fifteen (15) calendar days of the initial filing of the complaint. Notification of the complainant’s right to appeal the decision to a formal hearing officer will also be given in writing within this same 15-day period. If a complainant fails to appear at the informal hearing, he/she will be sent a letter explaining that another informal hearing will be held at an appointed time and place. The Complaint Officer will assume the responsibility of having the informal hearing completed and proper notification being sent to the complainant within 15 calendar days of the initial filing of the complaint.
Step 3: Formal Hearing
When informal resolution is unsuccessful or upon the request of the complainant, a formal hearing before an impartial hearing officer will be provided within 30 days of the complaint filing date. The following elements will be included in the hearing process:

- Written notice of the formal hearing will be sent to both the complainant and the respondent. The notice will include the following:
  - Date, time and place of the hearing
  - Purpose of the hearing
  - Name and address of the Hearing Officer
  - Issues to be decided
  - Manner in which the hearing will be conducted

- A written decision will be rendered by both the Hearing Officer and the R4WDB designee within 60 calendar days of the date of the initial filing of the complaint.

- The hearing will take place in the locale of the complainant and respondent.

- The R4WDB designee has the final decision superceding that of the Hearing Officer.

- Hearings shall be conducted by an impartial hearing officer who shall be named by the R4WDB designee. In order to meet the requirements of impartiality, individuals selected as hearing officers may have neither direct nor indirect involvement with the ordinary application or, operation, and/or administration of the recipient's WIOA program.

- Both parties will be informed of his/her right to be represented by an attorney or other representative designated by the complainant.

- Both parties may bring witnesses and/or evidence to the hearing and question witnesses and examine evidence.

- Both parties may have access to documents relevant to the issues produced by the Service Provider.

- Interested parties supporting the complainant's position and/or affected by the outcome of the hearing may attend and will be notified to attend by the service Provider.

- Sections of WIOA or Federal regulations that are relevant will be provided by the Service Provider.

- The complainant may amend the complaint or withdraw it in writing prior to the hearing.

- Both complainant and respondent will have the opportunity to request rescheduling of the hearing for a reasonable cause.

The formal hearing itself will:
- Have due process observed to ensure fairness.
- Allow the formal hearing officer to have complete independence in obtaining facts and making decisions.
The Hearing Officer will:

- Prepare and review a file of the case prior to the hearing
- Direct parties to appear at the hearing
- Conduct the hearing
- Receive evidence
- Dispose of procedural requests
- Question witnesses and parties
- Evaluate facts and evidence
- Render a decision
- Make a complete record including any material relevant to appeal or review. The formal hearing officer will tape (audio) the proceedings in order to have a verbatim record of the proceedings.
- Determine order of proof
- Present relevant facts if the complainant does not pursue relevant questions.
- Attempt to resolve issues before the hearing ends. The decision of the hearing officer will be given in writing to the respondent and to the complainant within 60 days of the initial filing of the complaint. The formal hearing officer’s decision will include, at a minimum:
  - Synopsis of the facts
  - Statement of the reason for the decision
  - Statement of applicable remedies
  - Names of people attending the hearing
  - Statement that the R4WDB designee will review the hearing officer’s decision and render a written administrative decision within 60 days of the initial filing of the complaint. The R4WDB designee’s decision may concur, approve or disapprove with the hearing officer’s decision. The R4WDB designee’s decision is binding unless appealed to the State EO Officer. The R4WDB designee’s written decision will include:
    - Summary of facts
    - Statement of the decision(s) and reason(s)
    - State of remedy(ies)
    - Statement indicating that this decision constitutes the final action of the R4WDB designee
    - Instructions on how to file an appeal with the State EO Officer, including time frame

A transcript of the hearing will be kept by the hearing officer and copy of the tape will be provided the complainant and subrecipient/Service Provider upon request.

**APPEAL**

For local complaints, grievances may be appealed to the Indiana Department of Workforce Development when no decision is reached within 60 days or either party is dissatisfied with the local hearing decision.

- Such appeals should be made within ten (10) days of receipt of the adverse decision or within ten (10) days after expiration of the 60-day period with no decision. The appeal should be sent to the Indiana Department of Workforce Development; ATTN: Associate Chief of Workforce Programs; 10 N. Senate Avenue; Indianapolis, IN 46204.
- For all complaints, the Indiana Department of Workforce Development will issue a determination within 60 days of the filing of the grievance.
- Appeals of state-level decisions must be filed within 60 days of the receipt of the decision being appealed. Appeals must be submitted by certified mail, return receipt required, to the Secretary; U. S. Department of Labor; Washington, DC 20210; Attention: ASET. A copy of the appeal must be simultaneously provided to the Region V Administrator; U. S. Department of Labor; Employment and Training Administration; 230 S. Dearborn, 6th Floor; Chicago, IL 60604-1505; and the opposing party.
- A final decision on the appeal will be made no later than 120 days after receiving the appeal.
Attachment A

PROGRAMMATIC COMPLAINT LETTER

Name___________________________________ Telephone Number_____________________

Home Address_________________________________________________________________

City__________________________________ County__________________________________

E-Mail Address _________________________________________________________________

Work/Training Site_______________________________________________________________

Job Title or Training Type_______________________________________________________

Description of what occurred: (Please state the facts that prompted the complaint, including the name and address of the party(ies) against whom the complaint is made; the date of the incident or treatment that caused the complaint; the names of any witnesses; any documents or evidence and the remedy being requested. Attach additional sheets, if necessary.)

___________________________________    _____________________________________
(Complainant's signature)       (Equal Opportunity Officer)

___________________________________    _____________________________________
(Date)         (Date complaint received)
PURPOSE: This policy explains the methods and responsibilities for handling Personally Identifiable Information (PII) at all WorkOne Centers and WorkOne Express sites. Indiana Department of Workforce Development staff, all employees of organizations partnered in direct or indirect contractual relationships with the State of Indiana or any of its subcontracted entitled shall adhere to the requirements of this policy.


BACKGROUND: The Indiana Department of Workforce Development is entrusted with information that must be kept secure and private. If Personally Identifiable Information (PII) documents and records are not securely stored and destroyed, there is a potential danger that the records of individuals as well as businesses can be wrongfully accessed and misused for illicit purposes, such as identity theft or fraud. All individuals, organization, business entities and Department staff with access to confidential and privileged customer information have an obligation to ensure the protection and appropriate business use of the information.

DEFINITIONS:
Protected PII and/or sensitive information is information that if disclosed could result in harm to the individual whose name or identity is linked to that information. Examples of protected PII include, but are not limited to, social security numbers (SSNs), credit card numbers, bank account numbers, home telephone numbers, ages, birthdates, marital status, spouse names, education history, biometric identifiers (finger prints, voice prints, iris scans, etc.) medical history, financial information and computer passwords.

Non-sensitive PII, on the other hand, is information that if disclosed, by itself, could not reasonably be expected to result in personal harm. Essentially, it is stand alone information that is not linked or closely associated with any protected or unprotected PII. Examples of non-sensitive PII includes information such as first and last names, email addresses, business addresses, business telephone numbers, general education credentials, gender or race. However, depending in the circumstances, a combination of these items could potentially be categorized as protected or sensitive PII.

To illustrate the connection between non-sensitive PII and protected PII, the disclosure of a name, business email address or business address mostly likely will not result in a high degree of harm to an individual. However, a name linked to a social security number, a date of birth and mother’s maiden name could result in identity theft. This demonstrates why protecting the information of our program participants is so important.

CONTENT:
PII and/or sensitive information if not securely stored and shredded in accordance with this policy, can cause irreparable harm to individuals, businesses and to the Indiana Department of Workforce Development. Please note that this policy does not supersede existing record retention policies or guidelines set forth by the Indiana Commissions on Public Records. According to Commission’s policies, many IDWD records must be retained for a certain number of years, such as those of the Trade Adjustment Assistance program, Unemployment Insurance claims, Unemployment Insurance tax and basic accounting records.

PII and/or sensitive information not required to be retained for a certain period of time under Indiana Commission on Public Records policies will be shredded (and recycled, where feasible).
Employees must not store PII and/or sensitive information to be shredded underneath their desks in boxes or containers. All PII and/or sensitive information must be taken to the specified locked receptacles (where feasible) or shredded as soon as possible.

Storage of PII and Sensitive Information
When an employee’s desk is unattended, it is the employee’s responsibility to ensure that PII and/or sensitive information is properly filed and stored. This means that all documents containing PII and/or sensitive information must not be left on desks, fax machines, printers, or photocopiers unattended. When not working directly with these documents, they must be filed or stored in drawers to prevent inadvertent disclosure of information. Examples of documents include post-it-notes, scrap pieces of paper, or files with social security numbers, names or other confidential information. Regulations in the Health Insurance Portability and Accountability Act (HIPAA) (http://www.cms.hhs.gov/hipaa/) limit the way in which personal health information is disclosed. Health subjects include mental and behavioral health. Such information gathered should not be added into case notes, but stored in a separate file.

Electronic Data
Any and all Confidential and/or Privileged Information containing PII transmitted via e-mail or stored on CDs, DVDs, thumb drives, mobile or portable devices, etc. must be encrypted using a Federal Information Processing Standards ("FIPS") 140-2 compliant and National Institute of Standards Technology ("NIST") validated cryptographic module. WorkOne employees or Department staff are prohibited from e-mailing unencrypted Confidential or Privileged Information containing Sensitive PII to any person or entity. See TEGL No. 39-11.

Additional Security Measures
The unauthorized use of cameras, including cell phone cameras, is prohibited from use at all times while on WorkOne or Department premises. Cameras that are used for business reasons or to document special occasions, such as retirements and birthday parties, must be used with management approval and all photographs limited to the subject area. Cameras that are used in an unauthorized manner, or to collect confidential and/or privileged information, will subject the user to immediate disciplinary action.

Any employee who discovers PII and/or sensitive information unsecured, inappropriately filed, or not stored to prevent inappropriate disclosure must immediately notify a supervisor who will then contact the R4WDB designee.

Acknowledgement Release
I have reviewed and acknowledge the local workforce development board’s Personally Identifiable Information Policy and agree that all necessary steps will be taken to ensure the privacy and confidential nature of all personally identifiable information to protect such information from unauthorized disclosure.

I further agree that all personally identifiable information will be stored in an area that is physically safe from access by unauthorized persons at all times, and be managed with appropriate information technology (IT) services and designated locations. Access to any personally identifiable information through program and grant activity will be restricted to only those individuals who need access in their official capacity to perform duties in connection with the scope of work.

_________________________      ________________________  _________________________
User Signature    Supervisor Signature   Date (MM/DD/YYYY)

Users of the ICC Case Management System will also complete and sign Indiana Career Connect Case Management/Labor Exchange System Acceptable Use and Confidentiality Policy (See Attachment A)
Indiana Career Connect Case Management/Labor Exchange System Acceptable Use and Confidentiality Policy

It is the responsibility of all authorized Indiana Career Connect (ICC) users, (which may include but is not limited to the following: Case Managers, Department of Workforce Development Staff, Regional Workforce Board Staff, Service Provider Staff, and Regional Operator Staff), to safeguard sensitive client information. This information includes all personal information obtained from those seeking assistance from the WorkOne system and its affiliates. Unless otherwise identified by DWD management, all client information entered into the ICC system is confidential and is not to be shared or disclosed to organizations, agencies or individuals outside the Indiana Department of Workforce Development, its authorized representatives/agents, the Department of Labor and/or its authorized representatives/agents, agencies or organizations within the scope of those authorized by the Client’s Release forms, partner MOUs, and/or other affidavits insuring confidentiality of records, and which relate to the provision of employment, support, and training services.

One of the primary objectives under Indiana’s State Plan is integrated delivery for the overall benefit of the customer. The new mandatory statewide case management/labor exchange system, ICC, is designed to support that objective by allowing for a shared case management process. ICC allows authorized users to view information on all clients who are entered into the system across the state. This information includes case notes, with the exception of those relating to domestic violence, which are required to be “locked down” in the system.

Staff entering case notes should enter complete information needed to support the employment plan, but should refrain from entering any information that is not relevant to the employment plan or that is overly graphic and/or non-essential.

This confidentiality policy will be strictly enforced: Violators will face disciplinary actions that could result in termination of employment.

I have read and understand the above ICC Case Management/Labor Exchange System Acceptable Use and Confidentiality Policy, and agree to its terms.

Please print pages, complete all fields, scan pages into PDF and send to R4WDB Elite User.

_________________________      ________________________  _________________________
User Signature    Supervisor Signature   Date (MM/DD/YYYY)
Purpose: To provide guidance on how Workforce Innovation and Opportunity Act (WIOA) Funds may be utilized to provide prior learning assessments to eligible participants enrolled in occupational skills training.

References: DWD Policy 2011-14

Background: Prior Learning Assessment (PLA) is a process that reviews an individual's learning gained from previous experience, including work responsibilities, and military and corporate training, in order to award the individual college-level credit. Through PLA, individuals who have acquired knowledge outside of a formal classroom setting have the opportunity to have that learning reviewed for college-level equivalency; PLA can potentially save an individual time and money toward completing a degree or certificate program.

Content:

Prior Learning Assessment Models
When offering prior learning assessments and awarding prior learning credit, post-secondary institutions invariably provide PLA in one of the following models:

1. Student completes a prior learning portfolio or completes a nationally-recognized prior learning test independently. If prior learning credit is awarded, the training institution receives funding based upon the number of credits awarded.
2. Training Institution offers prior learning assessment course, where student develops a prior learning assessment portfolio with an instructor and/or completes a nationally-recognized prior learning test. Student receives credit for completing the course, and could be awarded prior learning credit based upon prior learning experiences. The training institution first receives tuition for the credit-bearing course, and following the review of the student's portfolio, additional payment based upon the number of prior learning credits awarded to the student.
3. A third-party organization or institution offers prior learning assessment courses to prospective post-secondary students. The third-party organization assists the student in developing a prior learning portfolio and awards credit to student for completing the course as well as prior learning credit based upon a review of the prior learning portfolio or completion of a nationally-recognized prior learning test. The credit earned through both the prior learning assessment course and the award of prior learning credit is then transferred to the post-secondary institution that the student is attending for occupational skills training. The third-party organization first receives tuition for the credit-bearing course, and following the review of the student's portfolio, additional payment based upon the number of prior learning credits awarded to the student.

When appropriate, any or all of the three models may be utilized by WIOA grantees to fund PLA for eligible WIOA participants.

State Requirements for Utilizing WIOA funds for Prior Learning Assessments
The SWIC and DWD have imposed the following requirements that must be followed when WIOA funds are to be utilized for prior learning assessments:

- WIOA participant must have an Individual Employment Plan (IEP), which signifies the need for occupational skills training;
- The WIOA participant must be accepted into a program of study included on INTraining, the State of Indiana's list of
WIOA eligible training providers;

- Prior learning assessment may only be utilized for programs of study which lead to an associate degree or a credit-bearing pre-baccalaureate occupational certificate;
- WIOA funds may only be utilized for prior learning credit that is applicable to the participant's program of study; and

- WIOA funds may not be utilized for fees associated with the transfer of credit from one institution to another, or in cases where an institution charges a fee for credits earned as the result of completing a nationally-recognized prior learning test, such as CLEP or DSST Credit by Exam. As examples:
  - Some institutions charge a fee to accept transferred credit. In a scenario where a third-party organization is utilized to provide PLA and award prior learning credit and credits are then transferred (with a fee) to the institution where the participant is receiving occupational skills training, WIOA funds may not be used for the transfer fee.
  - Most nationally-recognized prior learning tests (CLEP, DSST, etc.) are administered for a fee, often paid directly to the test vendor, in secure testing facilities. WIOA funds may be used to pay for the administration and scoring of the test. Some institutions of higher education charge a fee to award credit for successful outcomes on the prior learning tests. In such cases, WIOA funds may not be used for the costs associated with the award of credit as a result of the test.

**Prior Learning Assessment Process**

1. After a case manager has worked with the participant to develop an Individual Employment Plan, has determined that the participant is eligible to receive an Individual Training Account (ITA), and has ensured that the participant has been accepted into the associate degree or credit-bearing occupational certificate program, the case manager should work with the participant to determine if a prior learning assessment is appropriate.

When determining whether prior learning assessment is appropriate, case managers should consider a number of factors, including:

- The participant's previous experience, including,
  - Prior work experience in the occupation for which the participant will receive training.
    - For example, if the participant has worked previously as an electrician's assistant, and he/she is entering an Associate in Electrical Engineering Technology program, PLA may be appropriate.
  - Prior certifications or certificates earned by the participant in the occupation for which the participant will receive training.
  - Prior experience gained through military service that relates to the occupation for which the participant will receive training.
  - Prior experience gained through voluntary work that relates to the occupation for which the participant will receive training.
  - Prior to pursuing credit through the PLA, a customer should:
    - Take ICE
    - Take TABE, if relevant to determine if remediation is necessary
    - Receive academic and career counseling

- Does the institution in which the participant will enroll offer prior learning assessments and/or accept prior learning credit?
  - If the determination is made to utilize a third-party institution or organization (Model #3) for PLA, the case manager must ensure that the institution or organization and its PLA program is listed on INTraining.

- Will there be tangible benefits derived from utilizing WIOA funds to pay for prior learning assessment?
  - The case manager should perform a brief cost-benefit analysis, determining how the cost of PLA and any potential prior learning credit earned may save time and/or funds. For example, would the cost of PLA be less
than if the participant was required to attend and complete the course at the training institution? Would the participant be able to complete the program sooner if he/she earns prior learning credit?

- Will the credit earned from both the prior learning assessment course and any resulting prior learning credit count towards the completion of the associate degree program or credit-bearing occupational certificate program for which the participant will receive training?
- Does the institution charge a fee for accepting transferred credits?

2. After determining that PLA is appropriate, the case manager should document the use of PLA in the participant's IEP plan and case file, including justification for using PLA in the circumstance.

3. The case manager issues the ITA for prior learning assessment, following local processes for issuing ITAs.

NOTE: In scenarios where the student completes a nationally-recognized prior learning test without being enrolled in WIOA training-level services, if funded by WIOA, the test would be considered as a supportive service and not occupational skills training.

**ICC Data Entry:**
All PLA services provided to the eligible participants in this program will be recorded in ICC under the appropriate funding stream. Case notes will be entered in ICC providing details of the service provided to the customer.
Prior Learning Assessment Checklist

When determining whether prior learning assessment is appropriate, Case managers should consider a number of factors, including:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Does the participant’s previous experience relate to the training?</td>
<td></td>
<td></td>
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<tr>
<td>• Prior work experience</td>
<td></td>
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</tr>
<tr>
<td>• Prior certifications or certificates earned</td>
<td></td>
<td></td>
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<tr>
<td>• Prior experience gained through military service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Prior experience gained through voluntary work</td>
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<td></td>
</tr>
<tr>
<td>Are the institution/organization and its PLA program listed on INTraining?</td>
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<tr>
<td>Does the institution offer prior learning assessments and/or accept prior learning credit?</td>
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<tr>
<td>Does the prior learning credit earned save time and/or funds?</td>
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<tr>
<td>Will there be tangible benefits derived using WIOA funds to pay for prior learning assessment</td>
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<tr>
<td>Will the credit of the prior learning assessment count towards the completion of the program?</td>
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<tr>
<td>Does the institution charge a fee for accepting transfer credits?</td>
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</table>
PURPOSE: To provide guidance on procedures for the record retention and achieving of all records pertinent to all grants and agreements, including financial, statistical, property and participant records and supporting documentation.

GENERAL PROVISIONS:
I. GENERAL PROVISIONS FOR RECORD RETENTION
A. Region 4 Workforce Development Board (R4WDB) requires that all records pertinent to all grants and agreements, including financial, statistical, property and participant records and supporting documentation be retained for three (3) years following the date on which the annual expenditure report (final report) is submitted to the Indiana Department of Workforce Development.
B. All records shall be retained according to the prescribed periods:
   • If a claim is instituted involving the grant or agreement covered by the records, the records will be retained until the litigation, audit or claim has been resolved.
   • In the case of grievances or discrimination complaints, records must be retained for three (3) years following the date of the resolution.
   • Non-expendable property records must be retained for a period of three (3) years from the date of final disposition of property. Property records consist of purchase documents, inventory records and disposition documents.
C. Disallowed costs can result from inadequate documentation and record retention. All service providers will be required to have a record retention procedure and R4WDB will ensure compliance through compliance assurance reviews. In the event of the termination of the relationship with a service provider, R4WDB shall be responsible for the maintenance and retention of the service provider WIOA records.

II. GENERAL PROVISIONS FOR ACCESS TO RECORDS
A. R4WDB, and other oversight entities in coordination with R4WDB, shall have the right to timely and reasonable access to the service provider, premises, personnel, monitoring, auditing, evaluation, or interview and discussion, related to all records required to be retained which exist for the purposes of accomplishing the goals of the contract. The service provider will give the appropriate entities timely and reasonable access to copy or mechanically reproduce all reports, books, papers, documents, automated data systems and other records pertaining to contract awards through R4WDB.
B. Timely and reasonable access to records shall be made available to the public upon request, not withstanding provisions of State or local law. This requirement does not apply to:
   • Disclosure of information that would constitute a clear unwarranted invasion of personal privacy; or
   • Trade secrets or commercial or financial information obtained from a person that is privileged or confidential.
C. A fee may be charged to the extent sufficient to recover the cost applicable to processing such request. The rights of access in this section are not limited to the required retention period but shall last as long as the records are retained.
III. GENERAL PROVISIONS FOR STORAGE OF RECORDS
   A. R4WDB shall implement and maintain a security system for all records and supporting documentation, with particular attention to the reasonable safeguard of confidential data.
   B. Maintenance of records must allow for reporting, monitoring, audit and evaluation activities. The records must be stored in a secure manner. Off-site storage is acceptable provided that security and facility conditions provide adequate protection for the records and the ability to access them as required.
   C. Records must be retained and stored in a manner that will preserve their integrity and admissibility as evidence in any audit or other proceeding. The burden of production and validity of authentic records shall be on the custodian of records.

IV. GENERAL PROVISIONS FOR ARCHIVING RECORDS
   A. Customers who have a hard file and received a funded service must have their hard file archived after completion of follow up.
   B. All WIOA client participant records will be housed in a central location. All client participant records to be archived must be physically delivered to R4WDB by the 15th working day of the month after the fourth quarter follow up. The Participant File Transfer Form (Attachment A) must accompany all files transferred to R4WDB as well as an electronic copy of the document sent to R4WDB (no handwritten forms). Archived files will not be released from R4WDB to service providers in the case of a new enrollment; service providers will be required to create a new case file.
   C. All archived files must be complete. Each file is to be labeled as shown below. The case note requires the Date of Archive in the case note.

The label is to be completed in the following manner, legibly, on a plain white adhesive label and affixed to the front left-hand cover of the file folder:

<table>
<thead>
<tr>
<th>Last Name, First Name, MI</th>
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<tbody>
<tr>
<td>Last 4 of SSN</td>
</tr>
<tr>
<td>County where services provided</td>
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<tr>
<td>Provider Name</td>
</tr>
<tr>
<td>Program</td>
</tr>
<tr>
<td>Exit Date</td>
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<tr>
<td>Archived Date</td>
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</tbody>
</table>
The chart below shows when participant records may be destroyed.

<table>
<thead>
<tr>
<th>Participant Information</th>
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<tr>
<td>PY 14 Exits</td>
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<td>PY 15 Exits</td>
</tr>
<tr>
<td>PY 16 Exits</td>
</tr>
<tr>
<td>PY 17 Exits</td>
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<tr>
<td>PY 18 Exits</td>
</tr>
<tr>
<td>PY 19 Exits</td>
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</tbody>
</table>
## Attachment A
Participant File Archive Form
(Complete in Word)

<table>
<thead>
<tr>
<th>Service Provider:</th>
<th>County:</th>
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<tbody>
<tr>
<td>Program:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Last 4 SSN</th>
<th>Exit Date</th>
<th>Received</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

In signing below, I certify that the above mentioned client file(s) have been physically transferred to the following office ____________________________ on ______ day of ____________, 20__.  

Transferring Organization ____________________________________________

_________________________ ________________________________  
Signature                  Printed Name

Receiving Organization ____________________________________________

_________________________ ________________________________  
Signature                  Printed Name

180
Referral Procedure: Access to career services for one-stop partner programs which are not available directly on site in a Region 4 WorkOne office will be available via a direct linkage.

In order to comply with Option 3, from USDOL Training and Employment Guidance Letter (TEGL) 16-16 regarding direct linkage (see excerpt below), Region 4 staff may utilize the Hoosier Heartland Partnership Referral System. The system allows for direct linkages to partners by making direct referrals, setting appointments with partners and reviewing eligibility of programs as well as services available.

Additionally staff will still have the ability to contact the program partner by phone with the client present so the meaningful program information or services can be provided to the customer. The attached referral form (or a referral from developed in partnership with a specific partner/program) will be completed and e-mailed to the partner agency and a copy of the referral will be provided to the client. If a partner agency is not open, a voice mail message will be left and a referral form will be e-mailed to the partner agency. The WorkOne staff member will be expected to follow up with both the partner agency and client to ensure contact has been made.

It is important to note that “providing” career services in the comprehensive does not mean that each required partner must provide these services directly on-site at the comprehensive American Job Center. However, it does mean that some career services must be provided directly on-site. Career services may be provided through access to one-stop partner programs and activities, which, as described in 20 CFR 678.305(d), 34 CFR 361.305(d), and 34 CFR 463.305(d), may be delivered in one of three ways:

Option 1. Having a program staff member physically present at the American Job Center;

Option 2. Having a staff member from a different partner program physically present at the American Job Center and appropriately trained to provide information to customers about the programs, services, and activities available through all partner programs; or

Option 3. Making available a direct linkage through technology to a program staff member who can provide meaningful information or services.

Regarding option 3, a direct linkage, can take many forms as well. As described in 20 CFR 678.305(d)(3), 34 CFR 361.305(d)(3), and 34 CFR 463.305(d)(3), a “direct linkage” means providing a direct connection at the American Job Center within a reasonable time, by phone or through a real-time Web-based communication, to a program staff member who can provide program information or services, including career services, to the customer. Solely providing a phone number, Web site, information, pamphlets, or materials does not constitute a “direct linkage”.
REFERRAL FORM

REFFERAL INFORMATION: When transmitting the referral form, the originating agency should give a copy of the form to the customer with the instructions to present the form to the receiving agency at the time a face-to-face contact is made. After assisting the customer, the receiving agency is to complete the referral results section of this form and return a copy to the originating agency who first initiated the service referral.

<table>
<thead>
<tr>
<th>APPLICANT</th>
</tr>
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<tbody>
<tr>
<td>Date of Referral:</td>
</tr>
<tr>
<td>Customer Name:</td>
</tr>
<tr>
<td>SS# (last 4):</td>
</tr>
<tr>
<td>Address, City, State, Zip:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Customer Currently receiving: □ TANF □ WIOA Services □ Adult □ WIOA Training Service □ Older Work Services □ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENCY REFERRED TO: (Receiving Agency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of agency referred to:</td>
</tr>
<tr>
<td>Contact person:</td>
</tr>
<tr>
<td>Appointment Date / Time</td>
</tr>
<tr>
<td>Address, City, State, Zip:</td>
</tr>
<tr>
<td>Purpose of referral:</td>
</tr>
<tr>
<td>Service to be provided:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REFERRED BY: (Originating Agency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of referring agency:</td>
</tr>
<tr>
<td>Contact person:</td>
</tr>
<tr>
<td>Address, City, State, Zip:</td>
</tr>
</tbody>
</table>

| Did the customer report to the agency: □ Yes |
| Date customer was seen on: |
| The following action was taken: |
**Purpose:** Co-enrollment of RESEA participants into WIO Adult and Dislocated Worker (DW) programs. Co-enrollment will allow for participants to receive additional services that will assist them in finding gainful employment.

**When to enroll a RESEA participant**

RESEA participants that complete the RESEA orientation (R05) and are not waived/exempt from participating in the program may be co-enrolled into WIOA Adult and/or Dislocated Worker.

**What programs to enroll participant in**

All RESEA participants are eligible for WIOA DW. All sub-RESEA participants that complete sub-reassessment orientation should be enrolled into WIOA DW. Those RESEA participants that fit WIOA Adult priority (refer to WIOA Priority of Service policy) should be enrolled into WIOA Adult and DW. A WIOA application must be completed and appropriate documentation recorded (Region 4 Eligibility Policy and DWD Interim Guidance on Eligibility and Data Validation).

**What services should be entered to enroll the participant into WIOA**

The initial enrollment of a RESEA participant into WIOA program will consist of the

1. Initial assessment 112
2. Career Guidance and Planning 202
3. Development of IEP/ISS 205
   a. The RESEA IRP may take the place of the IEP until the plan changes or the participant has completed RESEA. After the RESEA IRP, the Objective Assessment and IEP in ICC will be utilized.

If participant is being enrolled into WIOA Adult and DW, then Career Guidance and Planning will be an Adult service and the Development of an IEP/ISS will be a DW service. If only enrolled as a DW participant, then all services to DW.

**Initial Case Note**

A case note must be entered that states the co-enrollment into the appropriate WIOA programs. Case note should make a reference that the IRP is substituting for the IEP/ISS. If there are specific items that were discussed beyond RESEA, these should be reflected in case note.
PURPOSE: To provide Region 4 guidance to ensure Selective Service Compliance for the provision of WIOA services.

REFERENCES: DWD Memorandum Interim Guidance on Eligibility and Data Validation, Except Youth and Adult Education, TEGL 11-11, Change 2

Applicable Programs and Services. All programs and services funded under Title I of WIOA must comply with Selective Service registration requirements.

Selective Service Registration Requirements.
Men born on or after January 1, 1960 are required to register with Selective Service within 30 days of their 18th birthday (i.e. 30 days before or 30 days after their birthday.) This includes males who are:
• Citizens of the U.S.;
• Non-citizens, including illegal aliens, legal permanent residents, seasonal agricultural workers, and refugees, who take up residency in the U.S. before their 26th birthday; and/or
• Dual nationals of the U.S. and another country regardless of whether they live in the U.S.
For U.S. citizens, Selective Service registration is not required if the man falls within one of the following categories:
• Men who are serving in the military on full-time active duty;
• Men attending the service academies;
• Disabled men who are continually confined to a residence, hospital or institution; and/or
• Men who are hospitalized, institutionalized, or incarcerated are not required to register during their confinement; however, they must register within 30 days after being released if they have not yet reached their 26th birthday.

For non-U.S. citizens, Selective Service registration is not required for women or for men that fall within one of the following categories:
• Non-U.S. male who came into this country for the first time after his 26th birthday. Acceptable forms of supporting documentation include:
  1. Date of entry stamp in his passport;
  2. I-94 with date of entry stamp on it; or
  3. Letter from the U.S. Citizenship and Immigration Services (USCIS) indicating the date the man entered the United States presented in conjunction with documentation establishing the individual’s age
  • Non-U.S. male who entered the U.S. illegally after his 26th birthday. He must provide proof that he was not living in the U.S. from age 18 through 25
  • Non-U.S. male on a valid non-immigrant visa
• Transgender
  • Individuals who are born female and have changed their gender to male.
This list is not intended to be exhaustive. The Selective Service System also provides a quick reference chart showing who must register.

**Ensuring Selective Service Compliance in the Public Workforce System.** In order to participate in any Individualized Career Services or training program under WIOA, all males born on or after January 1, 1960 must present documentation showing compliance with the Selective Service registration requirement. **Acceptable documentation to determine a person’s Selective Service registration status includes:**

- Selective Service Acknowledgement letter;
- Form DD-214 “Report of Separation”;
- **Screen printout** of the Selective Service Verification site: [https://www.sss.gov/Home/Verification](https://www.sss.gov/Home/Verification). Be certain to **scan the printout into the ICC record.** For males who have already registered, this website can be used to confirm their Selective Service number as well as the date of registration, by entering a last name, social security number, and date of birth;
- Selective Service Registration Card;
- Selective Service Verification Form (Form 3A); and/or
- Stamped Post Office Receipt of Registration.

**Registration Requirements for Males Under 26**

Before being enrolled in WIOA Title I-funded services, all males who are not registered with the Selective Service and have not reached their 26th birthday must register through the Selective Service website at [https://www.sss.gov/Home/Registration](https://www.sss.gov/Home/Registration). If a male turns 18 while participating in any applicable services, registration with Selective Service must be completed no later than 30 days after he becomes 18 in order to continue to receive WIOA Title I-funded services. **If a man under the age of 26 refuses to register with the Selective Service, WIOA Title I-funded services must be suspended until he registers.**

**Registration Requirements for Males 26 Years and Over**

Before enrolling in WIOA Title I-funded services, all males, 26 years of age or older, must provide (1) documentation of compliance with the Selective Service registration requirement; (2) documentation showing they were not required to register; or (3) if they were required to but did not register, documentation establishing that their failure to register was not knowing and willful.

The service provider that enrolls individuals in WIOA Title I-funded activities may require that males 26 years and over, who failed to comply with the Selective Service registration requirement, request a Status Information Letter before making a determination that the failure to register was knowing and willful.

**Requesting a Status Information Letter.** An individual may obtain a **Status Information Letter** from Selective Service if he (1) believes he was not required to register; or (2) did register but cannot provide any of the documentation listed above. The **Request for Status Information Letter** form can be accessed at [https://www.sss.gov/Registration/Status-Information-Letter](https://www.sss.gov/Registration/Status-Information-Letter). The individual will need to describe, in detail, the circumstances that prevented him from registering (e.g., hospitalization, institutionalization, incarceration, and/or military service from age 18 through 25.) and provide documentation of those circumstances. The documentation should be specific as to the dates of the circumstances. If the **Status Information Letter** indicates that an individual was not required to register for the Selective Service, then he is eligible to enroll in services authorized or funded by Title I of WIOA.

If the Status Information Letter indicates that the individual was required to and did not register, he is presumed to be disqualified from participation in WIOA Title I-funded activities and services until it can be determined that his failure to register was not knowing and willful. **All costs associated with grant-funded services provided to non-eligible individuals may be disallowed.**

**Determining Knowing and Willful Failure to Register.** If the individual was required but failed to register with the Selective Service as determined by the **Status Information Letter** or by **his own acknowledgment**, the individual may only receive services if he can establish by a preponderance of the evidence that the failure to register was not knowing and willful. **Upon receipt of the Status Information Letter,** the service provider that enrolls individuals in WIOA Title I-funded
activities is responsible for evaluating the evidence presented by the individual and determining whether the failure to register was a knowing and willful failure. Evidence presented may include the individual’s written explanation and supporting documentation of his circumstances at the time of the required registration and the reasons for failure to register. The individual should be encouraged to offer as much evidence and in as much detail as possible to support his case. The following are examples of documentation that may be of assistance in making a determination in these cases:

1. Service in Armed Forces. Evidence that a man has served honorably in the U.S. Armed Forces such as DD Form 214 or his Honorable Discharge Certificate. Such documents may be considered sufficient evidence that his failure to register was not willful or knowing.

2. Third Party Affidavits. Affidavits from parents, teachers, employers, doctors, etc. concerning reasons for not registering, may also be helpful to grantees in making determinations in cases regarding willful and knowing failure to register.

In order to establish consistency regarding the implementation of the requirement, the Service Provider should consider the following questions when determining whether a failure to register is knowing and willful.

In determining whether the failure was “knowing,” the Service Provider organization should consider:

- Was the individual aware of the requirement to register?
- If the individual knew about the requirement to register, was he misinformed about the applicability of the requirement to him (e.g., veterans who were discharged before their 26th birthday were occasionally told that they did not need to register)?
- On which date did the individual first learn that he was required to register?
- Where did the individual live when he was between the ages of 18 and 26?
- Does the status information letter indicate that Selective Service sent letters to the individual at that address and did not receive a response?

In determining whether the failure was “willful,” the Service Provider organization should consider:

- Was the failure to register done deliberately and intentionally?
- Did the individual have the mental capacity to choose whether or not to register and decided not to register?
- What actions, if any, did the individual take when he learned of the requirement to register?

If the Service Provider organization determines it was not a knowing and willful failure and the individual is otherwise eligible, services may be provided. If the Service Provider organization determines that evidence shows that the individual’s failure to register was ‘knowing and/or willful’, WIOA services must be denied. Individuals denied services must be advised of available WIOA grievance procedures. Service Providers must keep documentation related to evidence presented in determinations related to Selective Service and all denials and supporting statements must be sent to the One Stop Operator.
I, ________________________________________________, am not Selective Service registered. I am completing the Selective Service Status Information letter and herein offer evidence that the failure to register was not knowing or willful.

NOT KNOWING

Did you know you were required to register?       Yes_____ No_____

If you knew about this requirement, but were
Misinformed about this applying to you (e.g,
vetran discharged after age 26)? Yes_____ No_____  

When did you learn you were required to register? Date _________________

Where did you live between ages of 18 & 25?  ________________________________
________________________________________________________________________

________________________________________________________________________

Does Status Information Letter indicate Selective Service sent letter(s) to individual at that address and applicant did not receive a response? Yes_____ No_____  

NOT WILLFUL

Was the failure to register done deliberately and intentionally? Yes_____ No_____  

Did you have the mental capacity to choose whether or not and decided not to register? Yes_____ No_____  

What actions, if any, have you taken when you Learned of the requirement to register? ________________________________
________________________________________________________________________

________________________________________________________________________

Documentation offered to support the above statements: ____________________________
________________________________________________________________________

___________________________________________ _______________________
Applicant's Name                Date

___________________________________________ _______________________
WorkOne Staff Member             Date
WorkOne West Central
Selective Service – Not Required to Register
I, _______________________________________________, am not Selective Service registered and not required to be registered due to the following circumstances:

U.S. Citizen
I am currently serving in the military on full-time activity duty. Yes____
I am a student at one of the US service academies.
   Name the academy: ____________________________ Yes____
I was disabled and continually confined to a residence, hospital, or institution between the ages of 18 and 26.
   Actual ages of confinement: ______________________ Yes____
I was hospitalized, institutionalized, or incarcerated between ages of 18 and 26.
   Actual ages of confinement: ______________________ Yes____

Non-U.S. Citizen
I entered this country for the first time after my 26th birthday. Yes____
   Documentation: (circle one)
   Date of entry stamp in passport, or
   I-94 with date of entry stamp, or
   Letter from US Citizenship and Immigration Services indicating the date the man entered the United States with documentation of his age
I entered the U.S. illegally after my 26th birthday.
   Must prove he was not living in U.S. from age 18 to 25. Yes____
I am in U.S. on valid non-immigrant visa
   Diplomatic or consular personnel & families, student visa,
   Tourists with unexpired Form I-94, Border Crossing
   Document DSP-150, or special agricultural workers (I-688A) Yes____

Documentation provided (copied and to be part of record):
______________________________________________________________________
______________________________________________________________________

______________________________________ _________________
Application Name       Date

______________________________________ _________________
WorkOne Staff Member      Date
### PURPOSE:
Under the Workforce Innovation and Opportunity Act (WIOA), many of the performance standards are calculated using available UI wage records from DWD. However, for a variety of reasons, UI wage record information is not available on some clients. When this happens, WIOA provides an opportunity to collect supplemental data which can be utilized to verify program outcomes for these clients. The purpose of this standard practice is to establish procedures for collecting and reporting information that can be used to supplement UI wage records for calculating WIOA performance.

### REFERENCES:
Workforce Innovation and Opportunity Act and [TEGL 26-16](#)

### Standard Practices

1. When client has entered unsubsidized employment staff will complete the case closure screen and update the employment information. If employment is out-of-state or believed to be non-covered employment to where UI data may not be available, staff will use the following when attempting to gather supplemental data for employment.

   At least one of the following forms of documentation will be collected for each individual:
   - UI wage records from another state (if the individual was placed in another state and the wage information is available);
   - a letter or document from the employer at which the individual worked which includes information on the dates the individual worked (wage information can be collected as well but is not required);
   - any employer-generated record which the individual can request and forward to staff which includes information on the dates the individual worked (wage information can be collected as well but is not required);
   - a case note which includes notes of a conversation with the employer and which verifies employment in the proper time period (data recorded in the Follow-Up Contacts Screens shall serve as case notes for data validation documentation purposes); or
   - a copy of a paycheck stub which confirms employment in the proper time period; or
   - Employment Confirmation form or reasonable facsimile; or
   - Agency Verification form or reasonable facsimile

2. For self-employed individuals on the listing, at least one of the following forms of documentation must be collected for each individual:

   - copies of tax records or payments which include estimated or actual wages during the proper time period;
   - copies of paycheck stubs if the self-employed individual pays themselves an actual paycheck as part of their business; or,
   - a letter from the self-employed individual which includes information on the amount of work performed during the proper time period (wage information can be collected as well but is not required).
ICC screens that must be completed for supplemental wage data are below:

**Click on Create Closure**

<table>
<thead>
<tr>
<th>Closure</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create Closure</td>
<td></td>
</tr>
</tbody>
</table>

Enter “yes” for entered employment. Click on Add Employer.

**Employment Information**

* Entered Employment: Yes

No employers available.

[Add Employer]

If employment has been added earlier you may click on “search individual employment history”. If employment has not been added earlier you may add information in this screen. You must verify the employer name in order for it to count in supplemental wages.

**Add/Edit Employer**

**Employer Information**

Search Individual Employment History:  
Select from Internal Job Order/Placement

* Employer Name:  
Verify Employer Name: [Verify]  
[Scan | Upload | Link]

Employer FEIN:  
Address Line 1:  
Address Line 2:  
City:  
State:  
Zip:  
Country:  

See Data Validation charts from DWD Memorandum on Interim Eligibility for Youth and Adults/DW
Dear Employer:

WorkOne West Central is a grantee of the U.S. Department of Labor under the Workforce Investment Act (WIOA). We provide training and other employment assistance to eligible individuals to enhance their employability and long term career goals.

The customer named above was enrolled in our program and benefited from WIOA services. We are required by regulation to report customers' employment information and provide follow-up services to them for a period of twelve months. Please take a moment to complete the section below on this form, and return it to us in the envelope provided or fax to the number listed above. Attached is a release of information form.

Should you have any questions, please contact our office at the telephone number listed above.

Thank you for your assistance.

This section to be completed by Employer

Employment Begin Date: _____/_____/______  Occupation or Job Title_________________________________

Beginning Hourly Wage: $____________  Current Hourly Wage: $__________________

Hours Worked per Week _____________

Benefits Available:

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If not longer employed, last day worked: _____/_____/______

Comments:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Employer Representative                       Title                                                                                      Date

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If not longer employed, last day worked: _____/_____/______

Comments:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Employer Representative                       Title                                                                                      Date
Region 4

Employer/Agency Verification

Applicant Name: ___________________________ SSN (last 4 digits) ____________

Information to be verified:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Telephone Contact  Visual Inspection

Verifying Employer/Agency: ___________________________  _________________________

(Name)      (Phone Number)

Person Contacted: ___________________________________  _________________________

(Name)      (Position)

Date and Time of Contact: ____________________________  Case or ID Number:  _________

Response:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

I attest that the information recorded by me on this document was obtained through telephone contact or document inspection on the above date.

Staff Signature: ___________________________ Date: _____ / _____ / _____
**PURPOSE:** This policy addresses Priority of Service for Veterans and Eligible Spouses under the Workforce Innovation and Opportunity Act (WIOA).

**REFERENCES:**
- 38 United States Code, Chapter 42, Section 4211 and Section 4215
- Jobs for Veterans Act, Public Law 107-288 (Nov. 7, 2002)
- Veterans’ Program Letter (VPL) No. 07-09, “Implementing Priority of Service for Veterans and Eligible Spouses in all Qualified Job Training Programs Funded in Whole or in Part by the U.S. Department of Labor”
- USDOL/Employment and Training Administration (ETA) Training and Employment Guidance Letter (TEGL) No. 10-09, “Implementing Priority of Service for Veterans and Eligible Spouses in all Qualified Job Training Programs Funded in Whole or in Part by the U.S. Department of Labor”
- Training and Employment Notice (TEN) 15-10a, “A Protocol for Implementing Priority of Service for Veterans and Eligible Spouses”

**Priority of Service**

WorkOne offices are required to ensure that Priority of Service is observed. To further improve service to veterans, the Priority of Service to Veterans and Eligible Spouses Federal Regulations, effective January 19, 2009, TEN 15-10, and DWD policy 2015-08, provides specific guidance on how One-stop Career Center providers, Wagner-Peyser staff, DVOPs, and LVERs are to serve veterans with respect to priority of service.

Veteran and eligible spouse customers should be identified upon entry at a WorkOne and allowed to move to the front of the waiting line. To assist with identifying veterans and eligible spouses, Priority of Service signs have been developed and are posted in all WorkOne offices where veterans are served. Signs will be displayed in a manner where the public and especially veteran and eligible spouse customers can easily see them. In accordance with the priority of service sign, eligible veterans and eligible spouses should notify staff upon entry into the facility. Typically, this will be near the entry point. Customers with visual impairments must be asked if they are a veteran or eligible spouse.

As defined in Section 2(a) of the JVA (38 U.S.C. 4215(a)), priority of service means, with respect to any qualified job training program, that a covered person shall be given priority over a non-covered person for the receipt of employment, training, and placement services provided under that program, notwithstanding any other provisions of the law.
Priority in the context of providing priority of service to veterans and other covered persons in qualified job training programs means the right to take precedence over non-covered persons in obtaining services. Depending on the type of service or resource being provided, taking precedence may mean:

- The covered person receives access to the service or resource earlier in time than the non-covered person; or
- If the service or resource is limited, the covered person receives access to the service or resource instead of or before the non-covered person.

Priority of service applies to every qualified job training program funded, in whole or in part, by the Department of Labor, including:

- Any such program or service that uses technology to assist individuals to access workforce development programs (such as job and training opportunities, labor market information, career assessment tools, and related support services); and
- Any such program or service under the public employment service system, One-stop Career Centers, the Workforce Innovation and Opportunity Act, a demonstration, or other temporary program; any workforce development program targeted to specific groups; and those programs implemented by States or local service providers based on Federal block grants administered by the Department.

Identifying and Informing Covered Persons

Priority of Service Signs will be displayed in a manner where the public and especially veteran and eligible spouse customers can easily see them. In accordance with the priority of service sign, eligible veterans and eligible spouses should notify staff upon entry into the facility. When greeters are used in the Center, they will ask customers entering if they are veterans and if so, provide them immediate priority in the delivery of service. WorkOne Intake staff will use the Veteran Self-Attestation (attached) Intake form to identify veterans. All staff in our Centers will receive training on identifying veterans and ensuring they are provided priority of service.

These processes shall ensure that covered persons are aware of:

- Their entitlement to priority of service;
- The full array of employment, training, and placement services available under priority of service; and
- Any applicable eligibility requirements for those programs and/or services.

Point of entry may include reception through a One-stop Career Center established pursuant to the Workforce Innovation and Opportunity Act, as part of an application process for a specific program, or through any other method by which covered persons express an interest in receiving services, either in-person or virtually.

Verification

- Basic Career Services – No source documentation needed for eligibility when these services are accessed or provided unless the individual who self-identifies (Self-Attestation Form) as a veteran or eligible spouse:
  - Is to immediately undergo eligibility determination and be registered or enrolled in a program; and
  - The applicable federal program rules require verification of a veteran or eligible spouse
status at that time.

- **Programs or Services that cannot rely on self-attestation** – verification only needs to occur at the point at which a decision is made to commit outside resources to one individual over another for these programs or services.
  - When verification of eligibility is required in these instances, a veteran or eligible spouse should be enrolled, provided immediate priority, and be permitted to follow-up subsequently with any required verification of his or her status as a veteran or eligible spouse.

- **Labor Exchange System Reporting**— Federal regulations require that all individuals who are veterans be identified as veterans in the Wagner-Peyser labor exchange system, regardless of eligibility requirements.

- **Verification of veteran status or eligible spouse**—When verification is required, the following official documents may be used:
  - A DD 214 (issued following separation from active duty);
  - An official notice issued by the Department of Veterans Affairs that establishes entitlement to a disability rating or award of compensation to a qualified dependent;
  - An official notice issued by the Department of Defense that documents the eligibility of an individual, based on the missing or detained status of that individual’s active duty spouse; or
  - An official notice issued by a State veterans’ service agency that documents veteran status or spousal rights, provided that the State veterans’ service agency requires Federal documentation of that information.

**Definitions**

- **Covered Person**—A veteran who is eligible or the spouse of an eligible veteran who is entitled to receive priority of service as a person who has served at least one day in the active military, naval, or air service and who was discharged or released from service under any condition other than a condition classified as dishonorable. This definition includes Reserve units and National Guard units activated for Federal Service.

- **Qualified job training program**—Any workforce preparation, delivery program, or service that is directly funded, in whole or in part, by the Department of Labor and includes the following:
  - Any such programs or services that use technology to assist individuals to access workforce development programs (such as job and training opportunities, labor market information, career assessment tools, and related support services).
  - Any such program or service under the public employment system, One-stop Career Centers, the Workforce Innovation and Opportunity Act of 2015, a demonstration or other temporary program, and/or those programs implemented by States or local service providers based on Federal block grants administered by the Department of Labor.

- **Veteran**—A person who served at least one day in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable, as specified in 38 U.S.C. 101(2).

- **Active duty**—Full-time duty in the Armed Forces, other than active duty for training. This definition of “active service” does not include full-time duty performed strictly for training purposes, (i.e., that which often is referred to as “weekend” or “annual” training), nor does it include full-time active duty performed by National Guard personnel who are mobilized by State rather than Federal authorities. (State mobilizations usually occur in response to events such as natural disasters.)

- **Armed Forces**—United States Army, Navy, Marine Corps, Air Force, and Coast Guard.

- **Eligible spouse**—means the spouse of any of the following:
  - Any veteran who died of a service-connected disability;
  - Any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
- Missing in action;
- Captured in line of duty by a hostile force; or
- Forcibly detained or interned in line of duty by a foreign government or power;
- Any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs; or
- Any veteran who died while a disability was in existence.
- **NOTE:** A spouse whose eligibility is derived from a living veteran or service member would lose his or her eligibility if the veteran or service member were to lose the status that is the basis for the eligibility (e.g. if a veteran with a total service-connected disability were to receive a revised disability rating at a lower level). Similarly, for a spouse whose eligibility is derived from a living veteran or service member, that eligibility would be lost upon divorce from the veteran or service member.
Welcome to the WorkOne / American Job Center

As a Veteran and/or eligible spouse, you may be entitled to additional intensive services to assist you in your employment search.

Are You a Prior Military Service Member Who...

1. Served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; □ YES □ NO

2. Was discharged or released from active duty because of a service-connected disability; □ YES □ NO

3. Was a member of a reserve component under an order to active duty pursuant to section 12301(a), or (g), 12302, or 12304 of title 10, served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge; □ YES □ NO

4. Was discharged or released from active duty by reason of a sole survivorship discharge (as that term is defined in section 1174(i) of title 10); □ YES □ NO

Are you the Spouse of a Veteran with any of the following conditions?

1. Any veteran who died of a service-connected disability; □ YES □ NO

2. Any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than ninety (90) days;
   a. Missing in action; □ YES □ NO
   b. Captured in the line of duty by a hostile force; □ YES □ NO
   c. Forceibly detained or interned in the line of duty by a foreign government or power; □ YES □ NO

3. Any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs or any veteran who died while such a disability was in existence; □ YES □ NO

See reverse side for a list of special circumstances that entitles Eligible Veterans and/or Eligible Spouses to Intensive Services from dedicated WorkOne staff members.
Significant Barrier to Employment (SBE)

An eligible veteran or eligible spouse is determined to have a significant barrier to employment if he or she attests to belonging to at least one of the twelve criteria below:

Please select either “yes” or “no” for each of the Significant Barrier to Employment (SBE) to determine eligibility for Disabled Veterans' Outreach Program specialist (DVOP) Individualized Career Services.

1. Are you a special disabled or disabled veteran, as defined in 38 U.S.C § 4211(1) and (3)?
   a. Are you entitled to compensation (or but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the secretary for a disability?  
      i. Is your disability rating 30% or more; or  
      ii. Is your disability rating 10% or 20% and determined a serious employment handicap?  
      □ YES  □ NO
   b. Were you discharged or released from active duty because of service connected disability?  
      □ YES  □ NO

2. Are you a homeless person, as defined in Section 103(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302(a) and (b), as amended)?  
   □ YES  □ NO

3. Are you a recently-separated service member, who at any point in the previous twelve (12) months has been unemployed for twenty-seven (27) or more weeks?  
   □ YES  □ NO

4. Are you an offender, as defined by the Workforce Innovation and Opportunity Act (WIOA) Section 3 (38) 1, who is currently incarcerated or who has been released from incarceration?  
   □ YES  □ NO

5. Are you lacking a high school diploma or equivalent certificate?  
   □ YES  □ NO

6. Are you a low-income individual (as defined by WIOA Section 3 (36))?  
   □ YES  □ NO

7. Are you between the ages eighteen (18) and twenty-four (24)?  
   □ YES  □ NO

8. Are you a Veteran Affairs Vocational Rehabilitation and Employment Chapter 31 Veteran?  
   □ YES  □ NO

9. Are you a Transitioning Service Member in need of Individualized Career Services?  
   □ YES  □ NO

10. Are you a wounded, ill, or injured Service Member receiving treatment at Military Treatment Facilities (MTFs) or Warrior Transition Units (WTUs)?  
    □ YES  □ NO

11. Are you the spouse or family care-giver of such wounded, ill, or injured Service Member?  
    □ YES  □ NO

12. Served any part of active military, naval, or air service during the Vietnam era (2/28/1961 - 5/7/1975)?  
    □ YES  □ NO

I attest that I am a Veteran or eligible spouse with at least one or more of the special circumstances listed above and I am in need of Individualized Career Services as a part of my overall assistance toward employment.

_________________________  __________________________
Print Name  Signature of Veteran or Eligible Spouse

_________________________  __________________________
Telephone Number  E-mail Address

Please check the appropriate status below and enter today's date:

□ VETERAN  □ ELIGIBLE SPOUSE  DATE (MM/DD/YY) ___________ / ___________ /
To: Service Provider

DVOP/LVERS Roles and Responsibilities

From: Region 4 Workforce Board

Effective Date: 07-01-2019

PURPOSE: To explain the required roles and responsibilities of Disabled Veterans’ Outreach Program (DVOP) specialist and Local Veterans’ Employment Representatives (LVER) in Integrated WorkOne Offices and serving Veterans with Significant Barriers to Employment. The local board adopts the policy of the DWD.

References
- Training and Employment Guidance Letter 20-13 Change 2
- 38 United States Code, Chapter 42, Section 4211 and Section 4215
- Jobs for Veterans Act, Public Law 107-288
- Veteran Program Letter 03-14 Jobs for Veterans State Grants (JVSG) Program Reforms and Roles and Responsibilities of American Job (AJC) Staff Serving Veterans
- Veteran Program Letter 03-14 change 1 Expansion and Clarification of Definition of Significant Barriers to Employment for Determining Eligibility for the Disabled Veterans’ Outreach Program (DVOP)
- Veteran Program Letter 03-14 Change 2 Expansion and Clarification of Homeless Definition as a Significant Barrier to Employment (SBE)
- Veteran Program Letter 07-14 American Job Center (AJC) participation in Capstone Activities and other Outreach to Transitioning Service Members
- Veteran Program Letter 01-18 Exception of Jobs for Veterans State Grant (JVSG), Local Veterans’ Employment Representative (LVER) Duty Roles
- DWD Policy 2019-03 Required Responsibilities of DVOP and LVER Specialists in DWD’s Integrated WorkOne Offices
- The Consolidated Appropriations Act of 2014
Definitions

- **Eligible Veteran**, as defined by the United States Code Title 38 Veterans’ Benefits, Chapter 4211, paragraph (4), subparagraph (A) (B), is a person who:
  - served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge;
  - was discharged or released from active duty because of a service-connected disability; or as a member of a reserve component under an order to active duty pursuant to section 12301(a), (d), or (g), 12302, or 12304 of title 10, served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.

- **Eligible Spouse**, as defined by the United States Code Title 38 Veterans’ Benefits, Chapter 4101, means:
  - the spouse of any person who died of a service-connected disability;
  - the spouse of any member of the Armed Forces serving on active duty who, at the time of application for assistance under this chapter, is listed, pursuant to section 556 of title 37 and regulations issued thereunder, by the Secretary concerned in one or more of the following categories and has been so listed for a total of more than ninety days:
    - missing in action,
    - captured in line of duty by a hostile force, or
    - forcibly detained or interned in line of duty by a foreign government or power;
  - the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.

- **Additional Service Populations**, as defined in The Consolidated Appropriations Act of 2014 and VPL 03-19, are populations receiving support services funded by Jobs for Veteran State grants (JVSG) grants under this Act. Those populations include:
  - transitioning members of the Armed Forces who have been identified as in need of intensive services;
  - members of the Armed Forces who are wounded, ill, or injured and receiving treatment in military treatment facilities or warrior transition units; and
  - the spouses or other family caregivers of such wounded, ill, or injured members.

- **Family caregiver**, with respect to an eligible veteran, means a family member who is a caregiver of the veteran.

- **Caregiver** with respect to an eligible veteran, means an individual who provides personal care services to the veteran.

- **Family member**, with respect to an eligible veteran, means an individual who—
  - Is a member of the of the veteran’s family, including—
    - A parent;
    - A spouse;
    - A child;
    - A step-family member; or
    - An extended family member; or
  - lives with, but is not a member of the family of the veteran.

- **Transitioning Service Members (TSM)** according to VPL 07-14, are those members falling within the three categories below and are therefore eligible for DVOP services:
  - Service members who receive a warm handover, or who produce a DD-2958 signed by their commander documenting that they have not met Career Readiness Standards;
  - Transitioning service members ages 18-24, regardless of whether they meet Career Readiness Standards; or
  - Active duty service members being involuntarily separated through a Service reduction- in-force.
Vietnam Era Veteran, served any part of active duty military, naval, or air service during the Vietnam Era (02/28/1961 – 05/07/1975).

General Roles and Responsibilities of WorkOne Staff Serving Veterans

Welcome Team Staff – Identify those eligible veterans or eligible spouses with significant barriers to employment (SBE) and direct those veterans to the Disabled Veterans’ Outreach Program Specialist (DVOPs) for assistance for intensive services and case management. In the event that a DVOP Specialist is not available, the veteran or spouse should be referred to the appropriate Wagner-Peyser or WIOA staff in addition to scheduling or referring to an available DVOP Specialist by appointment. Under normal operating circumstances, all WorkOne customers are greeted by the welcome team and moved on to the appropriate staff for assistance.

Wagner-Peyser Staff—The majority of veterans should be served by Wagner-Peyser or WIOA staff rather than the JVSG Veteran staff.

Veteran staff (DVOPs)—Efforts of veteran staff should be focused on veteran customers with Significant Barriers to Employment (SBE) in accordance with Veterans Program Letter 03-14 and 03-14, Change 1 and Change 2. The six significant barriers to employment (SBE) and five other associated factors for DVOP services, as identified by the Department of Labor are:

1. A special disabled or disabled veteran, defined in 38 U.S.C § 4211(1) and (3); Special disabled and disabled veterans are those:
   - who are entitled to compensation (or who would be entitled to compensation but for the receipt of military retired pay) under laws administered by the Secretary of Veterans Affairs; or,
   - were discharged or released from active duty because of a service connected disability;

2. A Homeless person, as defined in Section 103(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302(a) and (b), as amended);

3. A recently-separated service member, as defined in 38 U.S.C § 4211(6), who has been unemployed for 27 or more weeks in the previous 12 months, i.e. the term of unemployment over the previous 12 months remains 27 weeks; however, the requirement of 27 consecutive weeks is eliminated;

4. An offender, as defined by WIOA Section 3 (38) 1, who is currently incarcerated or who has been released from incarceration, i.e. the expanded definition of SBE includes any eligible veteran or eligible spouse who is currently or was formerly incarcerated, removing the “within the last 12 months” requirement;

5. Lacking a high school diploma or equivalent;

6. Low-income individual (as defined by WIOA Section 3 (36));

7. A Veteran between the ages of 18-24;

8. A Veteran Affairs Vocational Rehabilitation and Employment Chapter 31 Veteran;

9. A Transitioning Service Member in need of intensive services;

10. Wounded, ill, or injured Service Member receiving treatment at a military facility, or Warrior Transition Unit (MTF/WTUS); or

11. Spouses and family care-givers of such wounded, ill, or injured service members.

12. Served any part of active duty military, naval, or air service during the Vietnam era (02/28/1961 – 05/07/1975).
Disabled Veterans' Outreach Program Specialist Roles

In Veterans' Program Letter 03-14 and 03-19, DVOP specialists facilitate intensive services to veterans with barriers to employment and/or special training needs which include:

- Conducting a comprehensive assessment (minimum requirement)
- Developing an individual employment plan that is documented (minimum requirement)
- Chapter 31 Vocational Rehabilitation & Employment Case Management
- Coordinating supportive services
- One-on-One Career Counseling
- Providing short term pre-vocational services
- Group Counseling

Case Management and Tracking

The DVOP specialist is the DWD case tracker for veterans in the United States Department of Veterans Affairs Vocational Rehabilitation and Employment Program (Title 38, Code of Federal Regulations, and Chapter 31). This program requires extensive follow-up and the DVOP specialist must be allowed sufficient time to do the case management and intensive services to meet these requirements. The DVOP specialist should work closely with the LVER & WorkOne Business Service Team (BST) to ensure that veterans in Chapter 31 programs who are "job ready" receive priority in their job search, as determined by the Vocational Rehabilitation Counselor (VRC) at the VA.

In accordance with Department of Labor Veterans' Employment and Training Service (DOL-VETS) Technical Assistance Guide dated December 2008, DVOPs are required to complete a service every two weeks for the Chapter 31 Veterans that they are case managing. Typically, this service will also be recorded in the current State client tracking systems under the Chapter 31 Case Management selection.

The DVOP specialist is the resident expert on programs available to assist SBE veterans in improving their skills so they can take the next step up in their careers. This would include workshops the DVOP may present and other staff services available at the WorkOne office as well as the programs available through the Veterans' Administration, such as Vocational Rehabilitation and Employment Program Services (VOC REHAB) and other WIOA training programs. The DVOP specialist is required to do outreach to target all veterans. DVOPs will coordinate outreach activities with their formal and functional managers to ensure maximum efficiency of the event.

In the event that a DVOP specialist does not have a full case-load of eligible veterans and eligible spouses, the DVOP specialist may perform additional outreach activities. For example, at such locations:

- Vocational Rehabilitation & Employment (VR&E) Services
- Homeless Veterans Reintegration Program (HVRP)
- VA Medical and other Centers
- Veterans' Administration Community Based Outpatient Clinic (CBOC)
- Homeless shelters
- Civic and service organizations
- Community Stand Downs
- Military installations
- WIOA partners
- State Vocational Rehabilitation Services
- County Service Veterans Service Officer
Case Noting

Case notes for veterans in the Chapter 31 program are confidential and must be kept separate from other case management files. Specific veterans’ disability data may not be recorded in any computer system. The only data that can be recorded is the percentage of disability rated by the US Department of Veterans Affairs.

Rapid Response for Dislocated Veterans

At a minimum, the DVOP should be a part of the Rapid Response Team at selected Rapid Response events for dislocated veterans, ensuring that SBE veterans are offered JVSG services.

Local Veterans’ Employment Representative (LVER) Roles

In Veterans’ Program Letter 03-14 and 01-18, the following are the mandated functions for the Local Veterans’ Employment Representative Staff:

1. As an integral part of the State’s Labor Exchange System, LVER staff work with employers to promote veterans as job seekers who have highly marketable skills and experience.
2. LVER staff advocate for veterans to gain employment and training opportunities with business, industry, and community-based organizations. To accomplish this, LVER staff participates in a variety of outreach activities including, but not limited to:
   a. Planning and participation in job fairs.
   b. Coordinating with unions, apprenticeship programs, and business organizations to promote employment and training opportunities for veterans.
   c. Promoting credentialing and training opportunities for veterans with training providers and licensing agencies.
3. LVER staff establishes, facilitates, and/or maintains regular contact with employers to include federal contractors. They should coordinate with employer relations representatives as part of the WorkOne system to include veterans in their marketing efforts.
4. LVER staff provides and facilitates a full range of employment, training, and placement services to meet the needs of priority veterans in targeted categories identified and approved in the State Plan. These services may include, but are not limited to:
   • Conducting job search assistance workshops in conjunction with employers
   • Providing job development opportunities
5. LVERs serving in Federally Declared Major Disaster areas by the President of the United States and where VETS Assistant Secretary has determined circumstances appropriate are authorized temporary exception to the restricted LVER roles and responsibilities as outlined in VPL 03-14 and may provide direct individualized career services to disaster-affected veterans.

The LVER should be integrated into the WorkOne Employment Team or Business Services Team (or equivalents). The difference between the LVER and any other member of the team is that the LVER advocates for veterans for employment and training opportunities with businesses, industries, unions, and apprenticeship programs. They may ask employers specifically to seek veterans for positions in their companies. Optimally, the employer would target specific positions for veterans with certain skills (based on the veterans’ military training/military occupational specialty). Under no circumstances will the LVER provide related services to non-veteran customers unless the customer is an eligible spouse covered by priority of service.

The LVER staff must be able to inform the community of Veteran services. LVER staff should be encouraged to attend meetings of the local Chamber of Commerce, area Unions, and Hiring Events to promote all the WorkOne services; both as a networking tool and for the opportunity to speak about veterans’ programs.
Joint Responsibilities of DVOPs and LVERs

Outreach Accountability

In order to maintain accountability for time spent on outreach, each LVER and DVOP shall report the results of their outreach activities, including but not limited to travel logs in writing via e-mail or Outlook Calendar Shares to their WorkOne local management staff. If necessary, copies of these documents and schedules will be provided to formal State Managers, and/or functional managers when applicable.

These reports will be used by the LVER staff, Regional Operators, and the Workforce Development Boards (WDB’s), to produce the required quarterly reports for the State Veterans Coordinator and U.S. Department of Labor Veterans’ Employment and Training Services as required in Public Law 107-288 and VPL 01-15. Outreach activities will be reviewed by supervisors and those that are determined by the management team to be unproductive may be discontinued.

National Veterans Training Institute (NVTI)

All DVOPs and LVERs are required to attend veteran related courses at NVTI within 18 months of assignment or hire. Typically, most veteran representatives will attend at least two courses offered by NVTI. In some instances, the DWD State Veterans Coordinator may elect to send veterans’ representatives to additional courses based on career development.

Indiana Seamless Transition Program

In some instances, LVERs and DVOPs will be called upon to assist with the State of Indiana Seamless Transition Program for State Guard and Reservists returning from deployment. This may include the Yellow Ribbon Program for returning deployed service members.

Negotiated Performance Measures

The State of Indiana Veterans Program negotiates Performance Targets with the USDOL/VETS for the JVSG programs which uses data metrics retrieved from Participant Individual Record Layout (PIRL) to report outcomes. The following entities are charged with the responsibility of meeting the VETS Negotiated Performance Targets: Indiana Department of Workforce Development, the State’s regional Workforce Development Boards (WDBs), the State Workforce Innovation Council (the State’s Workforce Investment Board), Regional Workforce Board Chairs, and Regional Operators. Indiana's Veterans' Performance Targets are typically negotiated annually with the U.S. Department of Labor’s Veterans Employment and Training Service.
PURPOSE: To re-enforce DWD’s position on the presence of weapons in WorkOne facilities

REFERENCES: DWD Policy 2010-05

BACKGROUND: Every employee of the WorkOne system has the right to work in a safe and non-threatening environment.

CONTENT:
In order to diminish the possibility of workplace violence, the Region 4 Workforce Development Board (WDB) and Tecumseh Area Partnership, Inc. reiterates the prohibition against weapons within any WorkOne facility and administrative office. The nature of our business makes it imperative that every possible precaution be taken to ensure the safety and welfare of WorkOne staff, administrative staff, and their customers.

The R4WDB and R4WDB designee recognize that the nature of our services may expose employees to situations that could put them at risk; however, at no time are employees expected to put their personal safety in jeopardy.

It is impossible to predict every type of workplace violence incident that may occur. Effective handling of these situations requires WorkOne System staff to use good judgment and common sense in every situation. It is vitally important to identify any threatening or disruptive actions early and deal with them right away. Due to the nature of federal and state statutorily-created benefits and services the Department provides to the public, it is not prudent to restrict customer access to its physical facilities, except in situations that challenge safety, well-being, or security at WorkOne Centers, WorkOne Express sites and DWD offices. In these situations, WorkOne System staff should contact law enforcement immediately for assistance. The law enforcement official may immediately remove the threatening individual from the premises or prohibit a customer's future access to the WorkOne Center, WorkOne Express site or DWD office.

Examples of situations that challenge safety, well-being, or security may include but are not limited to:
- Carrying or displaying an unauthorized weapon;
- Written or verbal threat to harm or in any way endanger the safety of an individual;
- Physical contact such as hitting, pushing, shoving, sexual harassment or inappropriate touching whether physical or implied;
- Obscene, profane, or abusive language which interrupts the ability to conduct business; or threatening gestures (i.e. shaking fist at others) or remarks;
- Throwing, kicking or pounding on objects in a manner reasonably perceived to be threatening;
- Inappropriate bodily exposure;
- Theft or attempted theft of WorkOne or DWD property;
- Written, verbal or perceived threat to destroy property;
- Possession or use of alcohol or illegal drugs;
- Suspected intoxication or actions that indicate impairment;
- Entry into an unauthorized area;
- Stalking (repeated unwanted attention or contact by participants or customers).
Since it is impossible to know with any certainty whether a threat is going to be carried out, all threats should be treated in a serious manner. The following are suggested responses for WorkOne System staff to use if confronted with a situation that challenges the safety, well-being or security of an individual. Examples of such a situation include an immediate threat of violence, a verbal threat, a written threat, other non-violent incident placing the staff member or a member of the public in fear of harm, or a suicide threat.

Immediate Threats and Imminent Danger
If a WorkOne System employee encounters an immediate threat such as a person with a gun, knife or other weapon:
- Stay calm and non-confrontational. Do not argue with, touch or attempt to physically restrain an individual because this may further incite the individual’s anger.
- Move and speak slowly, quietly and confidently.
- Be courteous, listen attentively and encourage the individual to talk.
- Do not attempt to bargain with the individual.
- Try to arrange yourself so that you have an avenue of exit from the immediate area. Try to maintain three (3) to six (6) feet between you and the individual.
- Try to remember a description of the individual such as gender, race, approximate age, height and weight, hair color and style, tattoos or piercings, type of clothing, etc.
- Signal on site security personnel for assistance. If on site security is not available, signal a co-worker or supervisor that you need help and have the co-worker or supervisor call the police or 911.
- Do not call for help yourself if the individual is directly confronting you.
- As soon as safely possible, remove yourself and other individuals to a safe environment.
- Follow the instructions given by police when they arrive.

Verbal Threats
If a WorkOne System employee receives a telephone call, voice mail message, or is confronted by an individual who makes a verbal threat to harm any person or damage WorkOne or DWD property:
- Listen carefully and write down the date and time of the call as well as everything the individual says.
- Describe any background noise you may have heard such as airplane sounds, machinery, voices, crying, traffic noise, etc.
- Notify a supervisor immediately.
- The supervisor will decide if it is appropriate to contact police.
- If the call was left on voicemail, do not erase the telephone message until it is reviewed by police.
- Follow the instructions given by police when they arrive.

Written Threats
If a WorkOne System employee receives a written document such as a letter, postcard, facsimile or e-mail from an individual who makes a threat to harm any person or damage WorkOne or DWD property:
- Notify a supervisor.
- The supervisor should contact police if specific information is provided: name of person making the threat, when and how the threat will be carried out, name of specific person against whom the threat is made.
- Do not allow anyone to handle the document; protect the document and/or envelope by placing it and the envelope it came in into a file folder or larger envelope and turn it over to police when they arrive.

Non-violent Incidents
- If a WorkOne System employee receives a telephone call from or is confronted by an individual who is using offensive, profane or vulgar language or yelling, but does not make a verbal threat to harm any person or damage WorkOne or DWD property:
- Stay calm and do not take it personally.
- Listen attentively. Do not interrupt. Do not argue with the individual.
- Attempt to de-escalate the situation by being courteous, empathetic and patient, and express a willingness to calmly discuss the matter with the individual. Try to affect a solution to the individual’s problem and/or concern at that time.
• Speak slowly, softly and clearly. If the individual is yelling, gradually bring your voice down to a soft volume level.
• If the interaction is in person, alert a supervisor and ask for assistance in trying to calm the individual down and assist
  the individual. If the individual does not calm down and is disrupting business, the supervisor should ask for assistance
  from contracted security staff or determine whether or not to contact police if security is not immediately available.
• Follow the instructions given by police when they arrive.
• If the interaction is on the telephone and the individual does not calm down, inform the individual that if the abusive
  or profane language continues you are required to terminate the call and report it to your supervisor. Provide a
  second warning, and if not heeded, then terminate the phone call.
• Immediately inform a supervisor of the terminated phone call.
• If there is any threat of harm to a person or damage to WorkOne or DWD property during these interactions, refer to
  the Verbal Threats section of this policy.

Suicide Threats
If a WorkOne System employee receives a telephone call from or is confronted by an individual who is threatening to commit
suicide:
  • If in the employee's judgment, there exists an imminent danger situation that the individual may attempt suicide, call
    911. Make certain to provide the 911 operator with the address of the individual's current location and all other
    information about the situation that you may possess.
  • If in the employee's judgment there is not an imminent danger that the individual may attempt suicide and the
    individual is on the telephone, call and transfer the individual to a suicide prevention phone number provided/posted
    at your work location. If interacting with the individual in person, locate a more private area with a telephone in the
    work location. Call a suicide prevention phone number and hand the telephone to the individual.
    • Inform a supervisor.

Incident Reporting Procedures
Once the incident is brought to a closure and as soon as possible thereafter, a WorkOne System supervisor must ensure that
a DWD Incident Report is completed. Incident forms and instructions are located on the department’s website at
http://www.in.gov/dwd/2429.htm. All WorkOne System employees involved in the incident should be consulted and any
information they provide should be included in the report. The report must be detailed and include all information
relevant to the incident. Human Resources must also be notified of any incidents involving DWD employees.

Destruction of WorkOne or DWD Office Property
DWD may take civil action against an individual who willfully and maliciously damages or destroys property that exceeds
an estimated value of $500. A DWD Incident Report must be submitted and a WorkOne System supervisor should
contact the DWD Legal Section immediately.
PURPOSE: To ensure a professional workstation and office atmosphere for staff and for the purpose of delivering services to WorkOne customers efficiently and effectively.

BACKGROUND: With the inception of a WorkOne Integrated System, office layouts have become much more open and free-flowing. Cubicles and high walls will be replaced by open workstations and better customer flow. WorkOne centers will transform to a more interactive environment, where customers can visually see the staff there to serve them. Customers are shared across team members and are escorted across teams and workshop space. In an effort to keep a safe environment, staff should keep their personal belongings out of public reach. An organized and professional office is intended to keep the “look and feel” of the new, improved Integrated System.

CONTENT:

- All areas are to be kept neat, clean, and professional in appearance.

- No personal items are to be placed in the aisles or on file cabinets and bookcases in the common areas.

- Work surfaces should be kept neat, dusted, and clear of excess clutter. A few well selected personal items are acceptable as long as the items do not interfere with the organization and flow of the employee’s work.

- Only one plant per work station is permissible. No plant shall be hung from the ceiling or walls. Plants must not be placed on or on window ledges.

- With the exception of guide animals, no fish or other animals are permitted in the common area or work stations.

- No flower stands or other personal furniture is permitted.

- No adhesives are to be used on the walls or furniture. Magnets may be used on metal portions of furniture.

- Nothing is to be placed on top of any open or closed bins or file cabinets that can be seen above the cabinet/partition walls.