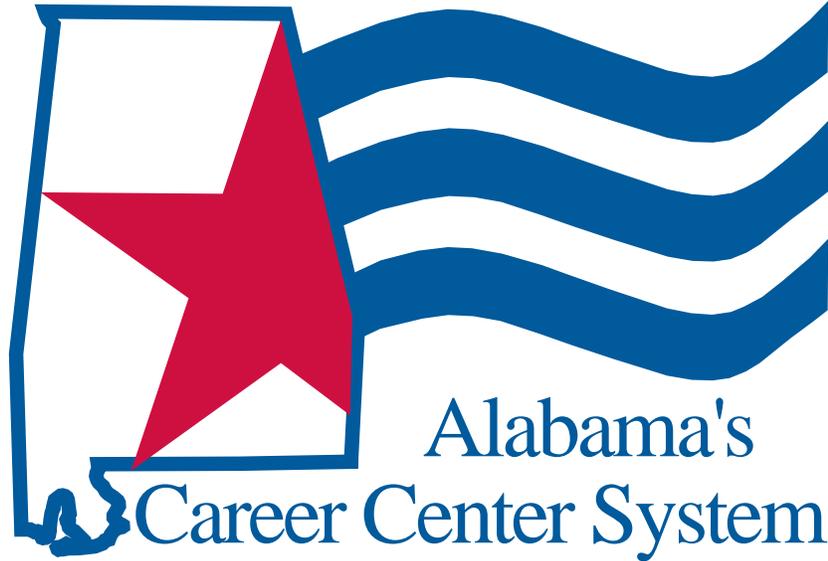


WORKFORCE INVESTMENT ACT



***FORMS PREPARATION
AND
DATA VALIDATION REQUIREMENTS
HANDBOOK***

***OFFICE OF WORKFORCE DEVELOPMENT
ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS
MONTGOMERY, ALABAMA***

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Governor***

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ADECA***

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TABLE OF CONTENTS

| | <u>PAGE</u> |
|---|-------------------------------|
| I. Introduction | 3 |
| II. Eligibility Criteria | 4-5 |
| III. Data Validation | 6-7 |
| IV. WIA Eligibility Form (WDD-1A) | 8-10 |
| Instructions for Completing the Eligibility Form | 11-17 |
| V. Incumbent Worker Eligibility Form WDD 1A.1 | 18 |
| Instructions for Completing the Incumbent Worker Eligibility Form | 19 |
| VI. WIA Activity Service Record (WDD-1B) | 20-22 |
| Instructions for Completing the Activity Service Record | 23-29 |
| VII. WIA Additional Youth Literacy and Numeracy Data Form and Instructions (WDD-1C) | 30-34 |
| VIII. WIA Exit Form (WDD-2) | 35-37 |
| Instructions for Completing the Exit Form | 38-44 |
| IX. WIA Incumbent Worker Activity/Service Record and Incumbent Worker Exit Form (WDD-3) | 45-46 |
| Instructions for Completing the Incumbent Worker Activity/Service Record and Incumbent Worker Exit Form | 47 |
| <u>Appendices:</u> | |
| A. APPENDIX A | Income Guidelines 48-53 |
| B. APPENDIX B | Selective Service 54-60 |
| C. APPENDIX C | Activity Codes 61-64 |
| D. APPENDIX D | Fips Code 65 |
| E. APPENDIX E | County Code 66 |
| F. APPENDIX F | Definitions 67-76 |
| G. APPENDIX G | Documentation Log/Forms 77-95 |

INTRODUCTION

This manual contains instructions for completing the WIA Eligibility Form, Activity Service Record, and Exit Form. Step-by-step instructions direct the preparer through each transaction.

Coding instructions are designed to meet Department of Labor requirements for Title IB funded activities and also capture data for management purposes.

Data element validation is critical to ensure that Local Area staff is following established state procedures for recording participant data. This approach is necessary to establish that the performance results submitted to the Department of Labor are reasonably accurate.

All possible situations cannot be addressed in this handbook, therefore, if you have questions regarding the contents of this manual, contact Information Management/Reporting staff as follows:

Office of Workforce Development
Information Management/Reporting
401 Adams Avenue
P.O. Box 5690
Montgomery, Alabama 36103-5690

Telephone Number: (334) 242-5385

ELIGIBILITY CRITERIA

The Workforce Investment Act (WIA) specifies three funding streams through which individuals may receive services: adult, dislocated workers, and youth.

An eligible youth is defined as an individual who is:

- Age 14 through 21
- Low income
- Has one or more of the following barriers,
 1. deficient in basic literacy skills
 2. high school dropout
 3. homeless, runaway, fosterchild
 4. pregnant/parenting
 5. offender
 6. youth needing additional assistance

An adult is defined as an individual who is:

1. 18 years of age and older

A dislocated worker is an individual who is 18 years of age or older and:

- A. terminated or laid off, or who has received a notice of termination or layoff, from employment
 1. is eligible for or has exhausted entitlement to unemployment compensation; or
 2. has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in section 134(c), attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and
 3. is unlikely to return to a previous industry or occupation;
- B. has been terminated or laid off, or received a notice of termination or layoff; as the result of a permanent closure or substantial layoff
 1. employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or
 2. for purposes of eligibility to receive services other than training services described in section 134(d)(4). Intensive services described in section 134(d)(3), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close

- C. was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters; or
- D. is a displaced homemaker.

All registrants must comply with citizen/eligible to work, selective service, and provide the information needed to determine eligibility.

DATA VALIDATION

Overview

The Employment and Training Administration (ETA) has implemented a Data Validation policy to be in effect for the following programs:

- *Workforce Investment Act Title IB
- *Trade Adjustment Assistance
- *Native American Employment and Training
- *Senior Community Service Employment Program
- *Labor Exchange
- *Migrant and Seasonal Farmworkers

Data Validation will be conducted annually by the Office of Workforce Development in conjunction with the submittal of the Annual Report and quarterly by each Local Area in order to validate data submitted with the Quarterly Reports.

ETA has committed to the development and implementation of a data validation process in order to ensure the accuracy of data collected and reported for program activities and outcomes.

For additional information, refer to Training and Employment Notice (TEN) No. 14-02, "Data Validation Initiative", issued via Governor's Workforce Development Directive No. 2000-06, Change 3 and Training and Employment Guidance Letter (TEGL) No. 3-03, "Data Validation Policy for Employment and Training Programs", issued via Governor's Workforce Development Directive No. 2000-06, Change 4.

Scope

There are two components of the Validation process:

Report Validation: Evaluates the validity of aggregate reports submitted to ETA by checking the accuracy of the software utilized to calculate the reports. This Validation will occur at the level of the Office of Workforce Development.

Data Element Validation: This will assess the accuracy of participant data records. This will be accomplished by reviewing samples of participant records on site against source documentation to ensure compliance with Federal definitions as outlined in the WIASRD. This Validation will occur at both the Office of Workforce Development and the Local Areas.

Implementation

Utilizing ETA software, the Office of Workforce Development will generate a sample of participant records contained within the system. The sample will match the data element field description with the needed source documentation.

On-site reviews will be conducted to verify the data source documentation for those pulled for the data validation element sample. Examples:

Data Element Field

Source Documentation

Date of Birth

Copy of ID; Birth Certificate; etc.

Low Income

Applicant Statement; Alimony Agreement; etc.

TANF Recipient

Case Notes; Public Assistance Records; etc.

Date of Exit

Case Notes; WIA Exit Forms; etc.

Recognized Credential

Case Notes; Diplomas; Transcripts; etc.

WIA ELIGIBILITY FORM (WDD-1A)

The WIA Eligibility Form (WDD-1A) provides the information needed to determine eligibility.

ELIGIBILITY FORM

Agency Name: _____

Application Date: _____

Expiration Date: _____

(Local Area Use ONLY)

| | | | | | | | | | | | | | | | | | |
|-----------------------------|--|--|----------------|---|--|-----------------------------|--|--|--------------|---|--|------------------|--|--|--|--|--|
| 1. Social Security Number | | | | 2. Name: First (space), Middle Initial, (space), Last | | | | | | | | | | | | | |
| 3. Address | | | | | | 4. City | | | | | | 5. State | | | | | |
| 6. Zip Code | | | 7. County Name | | | | | | 8. Area Code | | | 8a. Phone Number | | | | | |
| 9. Date of Birth (MMDDYYYY) | | | | 10. Age | | 11. Gender: 1=Male 2=Female | | | | 12. Citizenship 1=US Citizen 2=Eligible Non-Citizen | | | | | | | |

13. Ethnicity: 1=Yes 2=No
 _____ Hispanic or Latino

15. Highest Grade Completed: _____

14. Race: (1=Yes for all that apply or 2=No)
 _____ 1-American Indian or Alaska Nat.
 _____ 2-Asian
 _____ 3-Black or African American
 _____ 4-Hawaiian Native/Pacific Islander
 _____ 5-White
 _____ 6-Does not declare a race

16. Primary Language: _____

| | | | |
|------------------------------------|---|------------------------------|--|
| 16a. Limited English 1=Yes 2=No | 17. Selective Service 1=Yes 2=No 3=N/A | 18. Disability 1=Yes 2=No | 19. Veteran Status 1=Yes, 180 days or less 2=Yes, Eligible Veteran 3=Yes, Other Eligible Person 4=No |
|------------------------------------|---|------------------------------|--|

If #19 = 1 or 2 complete

_____ a-Campaign-related veteran
 1-Yes 2-No

_____ b-Disabled veteran
 1-Yes 2-Yes, Special 3-No

_____ c-Recently separated veteran
 1-Yes 2-No

20. Work History:

| Employer Name | Start Date | End Date | Reason for leaving | Ending Salary | Hours/Week |
|---------------|------------|----------|--------------------|---------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |

21. Number in family: _____

21a. Dependents: _____
 (Total dependents in household)

22. Marital Status: _____
 1-Married 2-Single 3-Single Parent

COMPLETE ONLY IF SINGLE PARENT (with Dependents under age 18)

| 23. Name (Dependents under age 18) | Age | Gender | Relationship |
|------------------------------------|-----|--------|--------------|
| | | | |
| | | | |

23a. Family Income (6 months prior to application date)

_____/_____/_____
 MM DD YYYY

*For income check only

| Name | Relationship | Amount | x2 | Total | Source |
|-------------------------|--------------|--------|----|-------|--------|
| | | | x2 | | |
| | | | x2 | | |
| | | | x2 | | |
| Total Annualized Income | | | | | |

| 24. Low Income (Enter all that apply) | | | | | |
|---------------------------------------|---|--|-------------------------------------|---|--------------------------------|
| A. Income 1=Yes 2=No | B. Public Assistance 1=TANF 2=General Assistance 3=Refugee Assistance 4=None | C. Food Stamps 1=Yes 2=No | D. Homeless 1=Yes 2=No | E. Foster Child 1=Yes 2=No | F. SSI 1=Yes 2=No |
| | | | | | |

24a. 200% Income
 1=Yes 2=No

25. Eligible for: 1=Yes 2=No
 Adult Dislocated Worker Youth

25a. Dislocated Workers Category
 (A) (B) (C) (D)
 SEE FPHB

25b. Date of actual qualifying dislocation
 ___/___/___
 MM DD YYYY

25c. Displaced Homemaker
 1=Yes 2=No

26. Additional Youth Eligibility Criteria: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> A. Deficient in basic literacy skills | <input type="checkbox"/> D. Pregnant or Parenting |
| <input type="checkbox"/> B. School drop out | <input type="checkbox"/> E. Offender (1-Both 2-Felon 3-Misdemeanor) |
| <input type="checkbox"/> C. Homeless, Runaway, and/or Foster Child | <input type="checkbox"/> F. Youth needing Additional Assistance |

27. 5% Youth (Age 14-21) (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> A. School drop out | <input type="checkbox"/> E. Possesses one or more disabilities, including learning disabilities |
| <input type="checkbox"/> B. Basic skills deficient (Career Link Staff) | <input type="checkbox"/> F. Homeless or Runaway |
| <input type="checkbox"/> C. One or more grade level below appropriate grade age | <input type="checkbox"/> G. Offender (1-Both 2-Felon 3-Misdemeanor) |
| <input type="checkbox"/> D. Pregnant or Parenting | <input type="checkbox"/> H. Barriers identified by the Local Board |

CERTIFICATION: 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 penalties as specified by law. I grant permission for any information on this form to be verified for eligibility determination.

Applicant/Registrants signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Eligibility determination made by:

Name: _____ Date: _____

Office: _____ Phone #: _____

Reviewed By: _____ Date: _____

REMARKS: _____

Instructions for Completing the WIA Eligibility Form (WDD-1A)

Agency Name:

Application Date: Is the date applicant applies for WIA services.

Expiration Date: Add 89 days to date of application to calculate 90 days.

- (1) **SSN:**
Enter SSN.
- (2) **NAME:**
Enter First, Middle, and Last.
- (3) **ADDRESS:**
Enter Address.
- (4) **CITY:**
Enter City.
- (5) **STATE:**
Enter State.
- (6) **ZIP CODE:**
Enter Zip Code.
- (7) **COUNTY NAME:**
Enter County.
- (8) **AREA CODE:**
Enter Area Code.
- (8a) **PHONE NUMBER:**
Enter Phone Number.
- (9) **DATE OF BIRTH:**
Enter in MM/DD/YYYY.
- (10) **AGE:**
Enter Age
- (11) **GENDER:**
Enter 1-Male
2-Female
- (12) **CITIZENSHIP:**
Enter 1-US Citizen
2-Eligible Non-Citizen.

Participation in programs and activities financially assisted in whole or in part under WIA shall be open to citizens and nationals of the United States, lawfully admitted permanent resident aliens, lawfully admitted refugees and parolees, and other individuals authorized by the Attorney General to work in the United States. **Section 188(a)(5) of WIA.**

07/2005

Citizens and nationals must prove citizenship with documentation in place of birth or citizenship status. Permanent Resident and Temporary Resident Aliens must prove citizenship status with an alien registration receipt card issued by the Immigration and Naturalization Service. This card is a photo ID. ID's issued prior to July 1, 1979, will be a Form 1-151 (green card). Subsequent ID's will be Form 1-551 (white card). All permanent resident aliens are "authorized to work."

Lawfully admitted refugees, parolees, and other individuals must prove authorized employment status with an annual-departure record issued by the Immigration and Naturalization Service. If the individual is permitted to work in the U.S., their card will be stamped "Employment Authorized."

(13) ETHNICITY:

Enter 1-Yes
2-No for Hispanic or Latino. (WIASRD item 105).

ETHNICITY HISPANIC OR LATINO: (105) A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.

NOTE: Individuals who indicate that they are Hispanic or Latino, should also select one or more racial categories.

(14) RACE: (WIASRD items 106-110)

Individuals may select one or more racial designations.

1-Yes
2-No.

AMERICAN INDIAN OR ALASKA NATIVE: (106) A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.

ASIAN: (107) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.

BLACK OR AFRICAN AMERICAN: (108) A person having origins in any of the black racial groups of Africa.

HAWAIIAN NATIVE OR OTHER PACIFIC ISLANDER: (109) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE: (110) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

(15) HIGHEST GRADE COMPLETED:

Enter highest grade completed. (WIASRD item 123).

HIGHEST SCHOOL GRADE COMPLETED: (WIASRD 123)

Use the appropriate code to record the highest school grade completed by the individual. This information may be updated at any time during participation in the program.

Individuals who completed 12th grade but did not receive a diploma or equivalent should be coded 11 to indicate that they did not receive a diploma or equivalent.

(16) **PRIMARY LANGUAGE:** Record as apply.

(16a) **LIMITED ENGLISH LANGUAGE PROFICIENCY:**

Enter 1-Yes
2-No.

LIMITED ENGLISH LANGUAGE PROFICIENCY: (116) An individual who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English or (b) who lives in a family or community environment where a language other than English is the dominant language.

(17) **SELECTIVE SERVICE:**

Enter 1-Yes
2-No
3-N/A.

NOTE: Males born on or after January 1, 1960, must register with the Selective Service System within 30 days after their 18th birthday or at least before they reach the age of 26.

WAIVERS: The MSSA provides for men who did not register and have subsequently turned 26, whereas the LWIB may grant a waiver. Each situation should be assessed individually. Allowable waiver situations are provided on the WIA Verification of Selective Service Waiver form provided in Appendix B of this document.

(18) **DISABILITY: (WIASRD item 104)**

Enter 1-Yes
2-No

INDIVIDUAL WITH A DISABILITY: Section 101(17). An individual with a disability (as defined in Section 3 of the Americans With Disability Act of 1990 (42 U.S.C. 12102).

Record 1 for any individual who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such an impairment, or is regarded as having such an impairment.

"An individual with a disability" must for purposes of income eligibility determination, be considered to be an unrelated individual who is a family unit of one consistent with the definition of Low Income Individual at Section 101 (25), of the Act, (Section 101 (25) F).

(19) **ELIGIBLE VETERAN STATUS: (WIASRD 111-114)**

Enter 1. Yes, 180 days (less than or equal to 180 days)
2. Yes, Eligible Veteran
3. Yes, Other Eligible Person
4. No

Record 1 if the individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.

Record 2 if the individual served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service

connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or (g), 673 (a) of Title 10, U.S.C., 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.

Record 3 if the individual is a person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C. 101.

Record 4 if the individual does not meet any one of the conditions described above.

(19a-c) COMPLETE IF # 19 is 1 OR 2: (See definitions of Veteran, Appendix F)

(a) Campaign-Related Veteran

(c) Recently Separated Veteran

(b) Disabled Veteran

(20) WORK HISTORY:

Enter employer name, start date, end date, reason for leaving, ending salary, and hours worked per week.

(21) NUMBER IN FAMILY:

Enter total number of WIA Family Members.

If **eligibility is based on income** for a married or single individual the total WIA family members must be listed in item 23a Family Income.

If **the eligibility is based on income** for a single parent, list the dependents in item 23, Name of Dependents under age 18, and list the other family members in item 23a, Family Income.

If **eligibility is not based on income**, number in family is 0.

FAMILY: Section 101(15). 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) A husband, wife, and dependent children;
- (B) A parent or guardian and dependent children; or
- (C) A husband and wife.

· The term "welfare family" is defined as those listed on the welfare grant receiving cash payments under TANF (PRWORA) Act of 1996, General Assistance (State or local government), the Refugee Assistance Act of 1980 (PL 96-212), or SSI.

· The phrase "living in a single residence" with other family members includes temporary, voluntary residence elsewhere (e.g. attending school or college, or visiting relatives). It does not include involuntary residence elsewhere (e.g. incarceration, or placement as a result of a court order).

· Dependent children for WIA purposes are those individuals under age 19 (or under age 24 and a full-time student) who are living in the single residence and are being claimed as dependents on the parent/guardian's income tax return at the time of application or living with the parent/guardian who has legal custody.

(21a) DEPENDENTS:

Enter the total dependents in the household.

(22) MARITAL STATUS:

Enter Marital Status (If 3 is marked, complete item 21a). (WIASRD item 117).

1. Married 2. Single 3. Single Parent

SINGLE PARENT: (WIASRD117) A single, separated, divorced or widowed individual who has primary

responsibility for one or more dependent children under age 18.

(23) NAME of DEPENDENTS Under age 18 (Applicable only for Single Parent)

Single parent: individual is single, separated, divorced or widowed. If 3 is marked in item 22, Marital Status, complete item 21a.

(23a) FAMILY INCOME:

Enter total family income. List WIA family members. If eligibility is based on income for married or single individuals, number of family members listed in item 23a must match the Number in Family, item 21.

If the individual is a single parent, **and** eligibility is based on income, number of family members listed in items 23 and 23a must match the Number in Family, item 21.

When eligibility is not based on income show "00000" Total Annualized Income and mark Item 24A Income "2" No. **Item 21 should also be 0.**

(24) LOW INCOME: (See Definitions in Appendix F)

Mark 24A Income, "2" No when eligibility is not based on income.

Total Annualized Income in 23a should be "00000" **and** at least one item in 24B-F should be marked "1" Yes.

(24a) LLSIL 200% INCOME: (Self-Sufficient Income Chart)

Leave blank if participant meets low income criteria.

- If income determination is based on the 200% income chart mark the appropriate response.
- If income determination is not based on the 200% income chart leave item 24A blank.

(25) ELIGIBLE FOR:

Enter 1-Yes or 2-No.

Adult Youth
Dislocated Worker

(25a) DISLOCATED WORKER CATEGORY:

Mark A, B, C, or D

- A.** terminated or laid off, or who has received a notice of termination or layoff, from employment
1. is eligible for or has exhausted entitlement to unemployment compensation; or
 2. has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in section 134(c), attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and
 3. is unlikely to return to a previous industry or occupation.
- B.** has been terminated or laid off, or received a notice of termination or layoff; as the result of a permanent closure or substantial layoff
1. employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or
 2. for purposes of eligibility to receive services other than training services described in section 134(d)(4). Intensive services described in section 134(d)(3), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.

07/2005

- C. was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters; or
- D. is a displaced homemaker.

All registrants must comply with citizen/eligible to work, selective service, and provide the information needed to determine eligibility.

(25b) DATE OF ACTUAL QUALIFYING DISLOCATION:
(FOR DISLOCATED WORKER). Record MM/DD/YYYY.

The last day of employment at the dislocation job. If there is no dislocation job (e.g., displaced homemakers) leave blank.

(25c) DISPLACED HOMEMAKER:

Enter 1-Yes
2-No

DISPLACED HOMEMAKER: Section 101(10) The term “displaced homemaker” means an individual who has been providing unpaid services to family members in the home and who:

- (A) Has been dependent on the income of another family member but is no longer supported by that income; and
- (B) Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

NOTE: For purposes of (B) above, underemployment occurs when a worker is either overqualified for his/her job, or is not working full-time and is working fewer hours than desired. For example, a college graduate in microbiology can find no work in his/her field and ends up as a clerk in a department store.

(26) ADDITIONAL YOUTH ELIGIBILITY CRITERIA:

Enter 1-Yes or 2-No for all that apply 26a-26f.
If 26e is Yes, circle 1-Both, 2-Felon or 3-Misdemeanor.

- A. Basic Literacy Skills Deficiency
- B. High School Drop Out
- C. Homeless, Runaway or Foster Child
- D. Pregnant or Parenting
- E. Offender
- F. Youth Needing Additional Assistance

See definitions of Eligible Youth, Appendix F.

(27) 5% YOUTH (AGE 14-21):

Enter 1-Yes or 2-No for all that apply 27a-27h. If 27g is Yes, circle 1-Both, 2-Felon or 3-Misdemeanor) as applicable.
27-H Barrier Identified by local board #6 Barrier.

NOTE: Not more than 5% of the youth participants in a program assisted under these parts in each local workforce investment area may be individuals who do not meet the economic eligibility requirements if such individuals are within one or more categories of individuals who face serious barriers to employment.

CERTIFICATION:

Applicant/Registrant's Signature/Date - Obtain the signature and date of the applicant/registrant. The signature attests that information provided is true and accurate and that the applicant/registrant understands that information, if misrepresented or incomplete, may be grounds for immediate exit and/or penalties as specified by law. In addition, the applicant should understand that he/she may be called on at any time to document the information contained on the Eligibility Form (such information also being subject to external verification, including release for this purpose). The applicant grants permission for any information on this form to be verified by the appropriate agency. The signature also acknowledges that the applicant understands termination will result if he/she is found ineligible after enrollment and that males have complied with draft registration requirements.

Parent/Guardian/Signature Date - In the case of a minor, under the age of 19, the signature of a parent, guardian, or other responsible adult as required by state law. Record the date on which the Eligibility Form is signed.

Eligibility Determination Made By- Eligibility determination is the entire process used to obtain information about an applicant's status at time of registration. The certifying official must sign and date the Eligibility Form. Also, enter the office name, telephone number, reviewed by, date and any remarks.

INCUMBENT WORKER ELIGIBILITY FORM

Agency Name: _____

Expiration Date: ____/____/____

Application Date: ____/____/____

(Local Area Use ONLY)

| | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|--|----------------|--|-------------------------------|--|--|--|--|--|------------------|--|--|--|--|--|--|--|----------|--|
| 1. Social Security Number | | | | | | | | | | 2. Name (First, space, MI, space, Last) | | | | | | | | | | | |
| 3. Address | | | | | | | | | | 4. City | | | | | | | | | | 5. State | |
| 6. Zip Code | | | | 7. County Name | | | | | | 8. Area Code | | 8a. Phone Number | | | | | | | | | |
| 9. Date of Birth MMDDYYYY | | | | 10. Age | | 11. Gender 1=Male 2=Female | | | | 12. Citizenship 1=US Citizen 2=Eligible Non-Citizen | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

13. Ethnicity 1=Yes 2=No
 Hispanic or Latino

14. Race (1=Yes for all that apply or 2=No)
 American Indian or Alaska Nat.
 Asian
 Black or African American

Hawaiian Native/Pacific Islander
 White
 Does not declare a race

15. Selective Service
 1=Yes 2=No 3=N/A

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|---|--|--|--|
| 16. Disability 1=Yes 2=Yes impediment to employment 3=No | | | | 17. Veteran Status 1=Yes, 180 days or less 2=Yes, Eligible Veteran 3=Yes, Other Eligible Person 4=No | | | | 18. Eligible for Incumbent Worker 1=Yes 2=No | | | |
| | | | | | | | | | | | |

CERTIFICATION: 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 penalties as specified by law. I grant permission for any information on this form to be verified for eligibility determination.

Applicant/Registrants signature: _____

Date: _____

Parent/Guardian: _____

Date: _____

Eligibility determination made by:

Name: _____

Date: _____

Office: _____

Phone #: _____

Reviewed By: _____

Date: _____

INSTRUCTIONS FOR INCUMBENT WORKER ELIGIBILITY FORM

Agency Name: _____ Application Date: ____/____/____ Expiration Date: ____/____/____

Application date is the date applicant applies for WIA Services.
(Not necessarily the date application is signed by applicant or parent/guardian)

1. **SSN:** Enter 9-digit social security number.
2. **Name:** Enter First (space), Middle Initial (space), and Last.
3. **Address:** Enter the home street address; NOTE: Residency is not a requirement.
4. **City:** Enter the city in which the registrant resides.
5. **State:** Enter the state in which the registrant resides.
6. **Zip Code:** Enter the appropriate five-digit zip code.
7. **County Name:** Enter the name of the county.
8. **Area Code:** Enter the appropriate three-digit area code.
- 8a. **Phone Number:** Enter phone number.
9. **Date of Birth:** Enter the date in MMDDYYYY order (i.e., July 17, 1970 as 07/17/1970)
10. **Age:** Enter the age.
11. **Gender:** Enter 1=Male, 2=Female
12. **Citizenship:** Enter (1) US Citizen, (2) Eligible Non-Citizen
13. **Ethnicity:** Enter 1=Yes, 2=No. (See 2005 WIASRD, Page A.1, Item # 105).
14. **Race:** Check all that apply. Enter 1=Yes or 2=No. (See WIASRD, Page A.1 & A.2, Items # 106-110).
15. **Selective Service:** Enter 1=Yes, 2=No, 3=N/A.
16. **Disability:** Enter 1=Yes, 2=Yes, Impediment to Employment, 3=No. (See WIASRD, Page A.1, Item # 104 for more information).
17. **Veteran Status:** Enter 1, 2, 3, or 4. (See WIASRD, Page A.2, Item # 111-114).
18. **Eligible for:** 1=Yes, 2=No.

Application/Registrants Signature: Signature and Date.

Parent/Guardian Signature: Signature and Date.

Eligibility Determination made by: Name, Date, Office Location and Phone Number.

***NOTE:** Workforce Investment Act Title IB Standardized Record Data (WIASRD), See Attachment, Governor's Workforce Development Directive No. 2000-05, Change 23.

ACTIVITY SERVICE RECORD (WDD-1B)

The Activity Service Record is designed to capture the WIA and partner services received and the date of participation.

The Activity Service Record consists of the following sections:

- **WIASRD Revised 2005 and TEGL 28-04 Items**
- **Core Services**
- **Intensive Services**
- **Training Services**
- **Youth Services**
- **Goals for Younger Youth**

CareerLink intensive service is a comprehensive service that includes all the intensive services identified in the law:

Comprehensive/Specialized Assessment
Individual Employment Plan
Group Counseling
Individual Counseling/Career Planning
Case Management
Short Term Prevocational Services
Out of Area Job Search Expenses
Relocation Expenses
Internships
Work Experience

Instructions for Completing the Activity Service Record (WDD-1B)

- (1) **SSN:**
Enter SSN.
- (2) **NAME:**
Enter Participant's Name (First, space MI, space Last).
- (3) **PARTICIPATION DATE:**
Enter MMDDYYYY. The date of the first WIA service.
- (4) **EMPLOYED STATUS: (WIASRD 115)**
Enter 1, 2, or 3.

Record 1 if the participant is a person who either (a) did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.

Record 2 if the participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is currently on active military duty and has been provided with a firm date of separation from military service.

Record 3 if the individual does not meet any one of the conditions described above.

- (5) **UNEMPLOYMENT COMPENSATION (U.I.): (WIASRD 118)**
Enter 1, 2, 3, or 4.

Record 1 if the individual is a person who, at the time of participation in the program, (a) filed a claim and has been determined monetarily eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights **and** (b) was referred to service through the state's Worker Profiling and Reemployment Services (WPRS) system.

Record 2 if the individual is a person who, at the time of participation in the program, meets condition (a) described above, **but** was **not** referred to service through the state's WPRS system.

Record 3 if the individual has exhausted all UC benefit rights for which he/she has been determined monetarily eligible, including extended supplemental benefit rights.

Record 4 if the individual was neither an UC Claimant nor an Exhaustee.

- (6) **IN SCHOOL:**
Enter 1=Yes 2=No.

- (6a) **SCHOOL STATUS AT PARTICIPATION: (WIASRD 130)**
Enter 1, 2, 3, 4, or 5. Complete if #6 is marked yes.

Record 1 if the individual has not received a secondary diploma or its recognized equivalent and is attending any secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school.

Record 2 if the individual has not received a secondary school diploma or its recognized equivalent and is attending an alternative high school or an alternative course of study approved by the local educational agency whether full or part-time.

Record 3 if the individual has received a secondary school diploma or its recognized equivalent and is attending a post-secondary school or program (whether full or part-time), or is between school terms and intends to return to school.

Record 4 if the individual is no longer attending any school and has not received a secondary school diploma or its recognized equivalent.

Record 5 if the individual is not attending any school and has either graduated from high school or holds a GED.

(7) ENROLLED IN EDUCATION: (WIASRD 133) (Youth Only)

Enter 1=Yes 2=No.

Record 1 if the individual at the time of enrollment or any point during participation in the program is enrolled in secondary school, post-secondary school, adult education programs, or any other organized program of study that leads to a GED (General Educational Development High School Diploma equivalency test), diploma, or certificate.

Record 2 if the individual is not enrolled in education.

(7a) EDUCATION STATUS: (Youth Only)

Enter 1, 2, 3, 4, or 5. Complete if #7 is marked yes.

(8) PRE-VOC ACTIVITIES: (WIASRD 338)

Enter 1=Yes 2=No.

Record 1 if the individual received short-term prevocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct, to prepare individuals for unsubsidized employment or training (i.e., intensive services for adults and dislocated workers).

Record 2 if the individual did not receive any of the services described above.

(9) SUPPORTIVE SERVICES: (WIASRD 328)

Enter 1=Yes 2=No.

Record 1 if the individual received supportive services (WIA section 134(e)(2)) which include, but are not limited to, assistance with transportation, child care, dependent care, and housing that are necessary to enable the individual to participate in activities authorized under WIA title IB. For youth, support services (WIA section 101(46)) for youth include (a) linkages to community services; (b) assistance with transportation; (c) assistance with child care and dependent care; (d) assistance with housing; (e) referrals to medical services; and (f) assistance with uniforms or other appropriate work attire and work-related tools, including such items as eye glasses and protective eye gear.

Record 2 if the individual did not receive any supportive services.

(10) NEEDS RELATED PAYMENTS: (WIASRD 329)

Enter 1=Yes 2=No.

Record 1 if the individual received needs related payments WIA title IB funded for the purpose of enabling the individual to participate in approved training funded under WIA Title IB.

Record 2 if the individual did not receive any needs-related payments or stipends.

(11) DISASTER RELIEF ASSISTANCE: (WIASRD 330) (NEG Only)

Enter 1=Yes 2=No.

Record 1 if the NEG participant received disaster relief assistance, which includes, but is not limited to,

providing food, clothing, shelter and related humanitarian services; performing demolition, cleaning, repair, renovation and reconstruction of damaged and destroyed public structures, facilities and lands located within the designated disaster area, as defined in the grant award document.

Record 2 if the NEG participant did not receive any disaster relief assistance.

(12) WORKFORCE INFO. SERVICES: (WIASRD 333)

Enter 1=Yes 2=No.

Record 1 if the individual received workforce information services which includes, but is not limited to, information on state and local labor market conditions, industries, occupations and characteristics of the workforce, area business identified skills needs, employer wage and benefit trends, short and long term industry and occupational projections, worker supply and demand, and job vacancies survey results. In addition, workforce information may include local employment dynamics information such as the high growth and high demand industries, workforce availability, business turnover rates, job creation, job destruction, and new hire rates, and labor and commute shed information.

Record 2 if the individual did not receive any workforce information services as described above.

Record 0 or leave "blank" if not known.

Additional Note: Workforce information may be delivered using a variety of methods and media that include, but are not limited to, publications, brochures, posters, booklets, workshop presentations, individual counseling or career guidance in a One-Stop Career Centers, and remote access to information.

(13) RECEIVING TAA: (WIASRD 319)

Enter 1=Yes 2=No.

Record 1 if the participant received services financially assisted under the Trade Adjustment Act (WIA section 121(b)(1)(B)(viii)).

Record 2 if the participant did not receive services financially assisted under the Trade Adjustment Act.

(14) RECEIVING PARTNER SERVICES:

Enter 1=Yes 2=No.

(15) CORE SELF SERVICE: (WIASRD 331)

Enter 1=Yes 2=No.

Record 1 if the individual received core self-service and informational activities. Self-service and informational activities are those core services accessible to the general public electronically or through a physical location that are designed to inform and educate individuals about the labor market and their employment strengths, weaknesses, and the range of services appropriate to their situation, and that do not require significant staff involvement with the individual.

Record 2 if the individual did not receive any core self-service and informational activities as described above.

Record 0 or leave "blank" if not known.

(16) WIA SERVICES:

Enter 1, 2, 3, 4, or 5. Complete 16a if participant is a Youth.

(16a) YOUTH TYPE:

Enter 1 or 2.

(17) ESTABLISHED ITA: (WIASRD 337)

Enter 1=Yes 2=No.

07/2005

Record 1 if any of the individual's services were purchased utilizing an Individual Training Account established for adults or dislocated workers and funded by WIA title I.

Record 2 if the individual does not meet the condition described above.

(18) PELL GRANT STATUS:

Enter 1=Yes 2=No.

(19) FIRST STAFF ASSISTED CORE DATE: (WIASRD 332)

Enter MMDDYYYY.

Record the date on which the individual received his/her first staff assisted core service (excluding self-service and informational activities).

Otherwise, leave "blank" if the individual did not receive staff assisted core services.

(19a) CORE SERVICES:

(Select one). Enter Fund Type, Project Number, Start Date/End Date upon completion. Complete if #19 has date entered.

(20) INTENSIVE SERVICE:

(Select one). Careerlink, Relocation Expenses, Work Experience. Enter Intensive Services, Funds, Project Number, ONET (For W.E.), and Start Date. Enter End Date upon completion. If the participant receives a partner service, list the partner name under service and record the start date.

(21) TRAINING SERVICES:

Adult, Dislocated Worker, or Older Youth (19-21)

| | |
|--|---|
| Adult Education/Basic Skills/Literacy Skills | Work Place Training/Cooperative Education |
| On the Job Training | Skills Upgrading/Retraining |
| Occupational Skills | Entrepreneurial Training |
| Customized Training | Job Readiness |
| Individual Referral | Other |

Enter Training Service, Fund, Project Number, ONET Code, and Start Date. Enter the End Date upon completion.

(22) YOUTH SERVICES:

All youth 14-18 & 19-21 receiving YOUTH services.

Educational Services: Educational achievement services include, but are not limited to: Tutoring, study skills training, and instruction leading to secondary school completion, including dropout prevention strategies; and Alternative secondary school offerings.

Employment Services: Preparation for and success in employment services include, but are not limited to: Paid and unpaid work experiences, including internships, and job shadowing; and Occupational skill training.

Additional Support for Youth Services: Supports for youth services include, but are not limited to: Adult mentoring for a duration of at least twelve (12) months, that may occur both during and after program participation; Comprehensive guidance and counseling, including drug and alcohol abuse counseling, as well as referrals to counseling, as appropriate to needs of the individual youth.

Leadership Development Opportunities: Leadership development opportunities are opportunities that encourage responsibility, employability, and other positive

social behaviors such as: (a) exposure to postsecondary educational opportunities; (b) community and service learning projects; (c) peer-centered activities, including peer mentoring and tutoring; (d) organizational and team training, including team leadership training; (e) training in decision-making, including determining priorities; and (f) citizenship training, including life skills, training - such as parenting work behavior training, and budgeting of resources.

Summer Employment Services:

Summer youth employment must provide direct linkages to academic and occupational learning, and may provide other elements and strategies as appropriate to serve the needs and goals of the participants. The summer youth employment opportunities element is not intended to be a stand-alone program. Local programs should integrate a youth's participation in that element into a comprehensive strategy for addressing the youth's employment and training needs.

Work Experience:

Work experience is not a Public Service Employment Program. Participants enrolled in Work Experience have been determined through a comprehensive assessment to be in need of Work Experience in order to obtain unsubsidized employment.

Enter Youth Service, Funds, Project Number, ONET (For W.E.), and Start Date. Enter the End Date upon completion.

(23) SKILLS ATTAINMENT GOALS FOR YOUTH (14-18 at registration):

One goal minimum per year is required for all in-school youth and any appropriately assessed out-of-school youth who need to attain basic skills, work readiness skills, or occupational skills. A maximum of three goals per year may be set for purposes of the youth skill attainment measure.

Basic Skills Goal - measurable increase in basic skills including comprehension, math computation, writing, speaking listening, problem solving, reasoning, and the capacity to use these skills.

NOTE: An individual is basic skills deficient that has English reading, writing, or computing skills at or below the 8th grade level, (8.9 is at the 8th grade level).

Occupational Skills Goal - primary occupational skills encompass the proficiency to perform actual tasks and technical functions required by certain occupational fields at entry, intermediate, or advanced levels. Secondary occupational skills entail familiarity with and use of set-up procedures, safety measures, work-related terminology, record keeping and paperwork formats, tools, equipment and materials, and breakdown and clean-up routines.

Work Readiness Skills Goal - work readiness skills include world of work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision making, job search techniques (resumes, interviews, applications, and follow-up letters). They also encompass survival/daily living skills such as using the phone, telling time, shopping, renting an apartment, opening a bank account, and using public transportation. They also include positive work habits, attitudes, and behaviors such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and co-workers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job. This category also entails developing motivation and adaptability, obtaining effective coping and problem-solving skills, and acquiring an improved self image.

TYPE OF GOAL #1: (enter one) Setting one basic skills goal is required if the youth is basic literacy skills deficient.

- ___ 1-Basic Skills
- ___ 2-Occupational Skills
- ___ 3-Work Readiness Skills

(23a) **Attainment of Goal #1:** (enter one)

- ___ 1-Attained
- ___ 2-Set, but not attained
- ___ 3-Set, but attainment pending

(23b) **Date Goal #1 was set:** ___/___/___
 MM DD YYYY

Project Number: _____

Date Goal #1 Attained: _____

Date Goal Ended, But Not Attained: _____

TYPE OF GOAL #2 (enter one)

- ___ 1-Basic Skills
- ___ 2-Occupational Skills
- ___ 3-Work Readiness Skills

(23c) **Attainment of Goal #2** (enter one)

- ___ 1-Attained
- ___ 2-Set, but not attained
- ___ 3-Set, but attainment pending

(23d) **Date Goal #2 was set:** ___/___/___
 MM DD YYYY

Project Number: _____

Date Goal #2 Attained: _____

Date Goal Ended/But Not Attained: _____

TYPE OF GOAL #3 (enter one)

- ___ 1-Basic Skills
- ___ 2-Occupational Skills
- ___ 3-Work Readiness Skills

(23e) **Attainment of Goal #3** (enter one)

- ___ 1-Attained
- ___ 2-Set, but not attained
- ___ 3-Set, but attainment pending

(23f) **Date Goal #3 was set:** ___/___/___
 MM DD YYYY

Project Number: _____

Date Goal #3 Attained: _____

Date Goal Ended/But Not Attained: _____

Goal attained. Attainment of a goal is to be based on individual assessments using widely accepted and recognized measurement/assessment techniques. Goal set, but not attained. Goals not attained include goals whose anniversary date has passed without attainment of the goal. The anniversary date of a goal is the date one year after the date the goal was set. Goal set, but attainment pending. Includes goals that have not been attained, but have anniversary dates after the end of the report quarter. This category also includes goals that have been postponed because of gaps in service where the participant was placed in a hold status during which services were not received, but the participant planned to return to the program.

The date goal was set is the date a goal was identified for the youth, except that the date of the first goal set must be recorded as the registration date. At least one goal must be set within one month of registration and recorded as being set on the registration date.

The date the goal was attained is the date on which it was determined that the individual attained a goal. This would normally be the date on which the individual's skills were tested or otherwise assessed. This date should normally be on or before the one-year anniversary of the date the goal is set. However, it may be later if the participant had a gap in service where he/she was placed in a hold status during which services were not received, but the participant planned to return to the program.

DATE GOAL ENDED/BUT NOT ATTAINED - The date the goal ended/but not attained, would be the date on or before anniversary of the date the goal was set, but attainment of the goal was not achieved.

ENROLLED BY:

The person completing item 26 will sign, date, and provide agency/career center name and telephone number.

REVIEWED BY:

Reviewer Initials.

PLAN GAP:

Complete as noted on the form.

ENROLLED BY:

The person completing the Plan Gap will sign, date, and provide agency/career center name and telephone number.

REVIEWED BY:

Reviewer Initials.

**WIA ADDITIONAL YOUTH LITERACY AND NUMERACY DATA FORM
AND INSTRUCTIONS (WDD-1C)**

Please follow the instructions on the form.

ADDITIONAL YOUTH LITERACY AND NUMERACY DATA

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|---|----|----|----|----|---|----|----|----|--|---|--|--|--|--|--|--|--|--|--|--|
| Social Security Number | | | | | | | | | | Name (First, space, MI, space, Last) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Youth (enter one) | | | | | 1=Post Secondary Education 2=Employment 3=Military 4=Basic Skills Deficient | | | | | | | | | | | | | | | | | | | | |
| 2. Category of Assessment | | | | | 1= ABE 2=ESL | | | | | | | | | | | | | | | | | | | | |
| Record 1 if the participant was assessed using approved tests for Adult Basic Education (ABE), Record 2 if the participant was assessed using approved tests for English-As-A-Second Language (ESL) OR Leave blank if the individual was not assessed in literacy or numeracy. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Assessment Test Type | | | | | 1=TABE 7-8 | | | | | 5=WorkKeys | | | | | 9=Other Approved Assessment Tool | | | | | | | | | | |
| | | | | | 2=TABE 9-10 | | | | | 6=SPL | | | | | | | | | | | | | | | |
| | | | | | 3=CASAS (Life Skills) | | | | | 7=BEST | | | | | | | | | | | | | | | |
| | | | | | 4=ABLE | | | | | 8=BEST Plus | | | | | | | | | | | | | | | |
| Use the appropriate code to record the type of assessment test that was administered to the youth participant. Leave blank if the individual was not assessed in literacy or numeracy. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Functional Area | | | | | ____ 1=Reading | | | | | ____ 5=Speaking | | | | | ____ 9=Other Functional Area | | | | | | | | | | |
| Check appropriate number for the Functional Area...May test in more than one (1) area. | | | | | ____ 2=Writing | | | | | ____ 6=Oral | | | | | _____ | | | | | | | | | | |
| | | | | | ____ 3=Language | | | | | ____ 7=Listening | | | | | | | | | | | | | | | |
| | | | | | ____ 4=Mathematics | | | | | ____ 8=Literacy | | | | | | | | | | | | | | | |
| Use the appropriate code for the functional area of the assessment test that was administered to the youth participant. Leave blank if the individual was not assessed in literacy or numeracy. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Pre-Test Raw Score | | | | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | | | | | | | | | | | | |
| Enter Raw Score. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Record the raw scale score achieved by the youth participant on the pre-assessment test. Leave blank if the individual was not assessed in literacy or numeracy. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Date Administered Pre-Test: Enter as MMDDYYYY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Record the date on which the pre-assessment test was administered to the youth participant. Leave blank if the individual was not assessed in literacy or numeracy. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Grade Level | | | | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | | | | | | | | | | | | |
| Grade level is based on test results. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Educational Functioning Level | | | | | 1=Beginning ABE/ESL Literacy | | | | | | | | | | 4=High Intermediate ABE/ESL Education | | | | | | | | | | |
| Place appropriate ED. Level (1-6) with corresponding Functional Area (1-9). | | | | | 2=Beginning ABE/ESL Basic Education | | | | | | | | | | 5=Low Adult Secondary Education/Advanced ESL | | | | | | | | | | |
| | | | | | 3=Low Intermediate ABE/ESL Education | | | | | | | | | | 6=High Adult Secondary Education/Advanced ESL | | | | | | | | | | |
| | | | | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | | | | | | | | | | | | |
| Record the educational functioning level that is associated with the youth participant's raw scale score. Leave blank if the individual was not assessed in literacy or numeracy. | | | | | | | | | | | | | | | | | | | | | | | | | |

Name: _____

Date: _____

Agency/Career Center: _____

Phone #: _____

Reviewed By: _____

Date: _____

REMARKS: _____

| | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------|--------------------------------------|----|-------------|---|----|----------------------------------|-------------------------|--------------------------------------|----|--|--|--|--|--|--|--|--|
| Social Security Number | | | | | | | | | | Name (First, space, MI, space, Last) | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| YOUTH POST-TEST DATA (YEAR # 1) | | | | | | | | | | | | | | | | | | | |
| 9. Post Assessment Test Type | | 1=TABE 7-8 | | | 5=WorkKeys | | | 9=Other Approved Assessment Tool | | | | | | | | | | | |
| | | 2=TABE 9-10 | | | 6=SPL | | | | | | | | | | | | | | |
| | | 3=CASAS (Life Skills) | | | 7=BEST | | | | | | | | | | | | | | |
| | | 4=ABLE | | | 8=BEST Plus | | | | | | | | | | | | | | |
| Use the appropriate code to record the type of assessment test that was administered to the youth participant. Leave blank if the individual was not assessed in literacy or numeracy. | | | | | | | | | | | | | | | | | | | |
| 10. Post Test Functional Area | | | _____ 1=Reading | | | _____ 5=Speaking | | | 9=Other Functional Area | | | | | | | | | | |
| Check appropriate number for the Functional Area...May test in more than one (1) area. | | | _____ 2=Writing | | | _____ 6=Oral | | | | | | | | | | | | | |
| | | | _____ 3=Language | | | _____ 7=Listening | | | | | | | | | | | | | |
| | | | _____ 4=Mathematics | | | _____ 8=Literacy | | | | | | | | | | | | | |
| Use the appropriate code for the functional area of the assessment test that was administered to the youth participant. Leave blank if the individual was not assessed in literacy or numeracy. | | | | | | | | | | | | | | | | | | | |
| 11. Post-Test Raw Score | | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | | | | | | | | |
| Enter Raw Score. | | | | | | | | | | | | | | | | | | | |
| Record the raw scale score achieved by the youth participant. Leave blank if the youth did not receive a post-test during his/her first year of participation in the program. | | | | | | | | | | | | | | | | | | | |
| 12. Date Administered Pre-Test: Enter as MMDDYYYY | | | | | | | | | | | | | | | | | | | |
| Record the date on which the post-test was administered to the youth during his/her first year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered. Leave blank if the youth did not receive a post-test during his/her first year of participation in the program. | | | | | | | | | | | | | | | | | | | |
| 13. Grade Level | | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | | | | | | | | |
| Grade level is based on test results. | | | | | | | | | | | | | | | | | | | |
| 14. Post-Test Educational Functioning Level | | | 1=Beginning ABE/ESL Literacy | | | 4=High Intermediate ABE/ESL Education | | | | | | | | | | | | | |
| Place appropriate ED. Level (1-6) with corresponding Functional Area (1-9). | | | 2=Beginning ABE/ESL Basic Education | | | 5=Low Adult Secondary Education/Advanced ESL | | | | | | | | | | | | | |
| | | | 3=Low Intermediate ABE/ESL Education | | | 6=High Adult Secondary Education/Advanced ESL | | | | | | | | | | | | | |
| | | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | | | | | | | | |
| Record the educational functioning level that is associated with the youth participant's raw scale score. Leave blank if the youth did not receive a post-test during his/her first year of participation in the program. | | | | | | | | | | | | | | | | | | | |

Name: _____

Date: _____

Agency/Career Center: _____

Phone #: _____

Reviewed By: _____

Date: _____

REMARKS: _____

| | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------|--------------------------------------|----|-------------|---|----|----------------------------------|-------------------------|--------------------------------------|----|--|--|--|--|--|--|--|--|
| Social Security Number | | | | | | | | | | Name (First, space, MI, space, Last) | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| YOUTH POST-TEST DATA (YEAR # 2) | | | | | | | | | | | | | | | | | | | |
| 15. Post Assessment Test Type | | 1=TABE 7-8 | | | 5=WorkKeys | | | 9=Other Approved Assessment Tool | | | | | | | | | | | |
| | | 2=TABE 9-10 | | | 6=SPL | | | _____ | | | | | | | | | | | |
| | | 3=CASAS (Life Skills) | | | 7=BEST | | | | | | | | | | | | | | |
| | | 4=ABLE | | | 8=BEST Plus | | | | | | | | | | | | | | |
| Use the appropriate code to record the type of assessment test that was administered to the youth participant. Leave blank if the individual was not assessed in literacy or numeracy. | | | | | | | | | | | | | | | | | | | |
| 16. Post Test Functional Area | | | _____ 1=Reading | | | _____ 5=Speaking | | | 9=Other Functional Area | | | | | | | | | | |
| Check appropriate number for the Functional Area...May test in more than one (1) area. | | | _____ 2=Writing | | | _____ 6=Oral | | | _____ | | | | | | | | | | |
| | | | _____ 3=Language | | | _____ 7=Listening | | | | | | | | | | | | | |
| | | | _____ 4=Mathematics | | | _____ 8=Literacy | | | | | | | | | | | | | |
| Use the appropriate code for the functional area of the assessment test that was administered to the youth participant. Leave blank if the individual was not assessed in literacy or numeracy. | | | | | | | | | | | | | | | | | | | |
| 17. Post-Test Raw Score | | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | | | | | | | | |
| Enter Raw Score. | | | | | | | | | | | | | | | | | | | |
| Record the raw scale score achieved by the youth participant. Leave blank if the youth did not receive a post-test during his/her second year of participation in the program. | | | | | | | | | | | | | | | | | | | |
| 18. Date Administered Pre-Test: Enter as MMDDYYYY | | | | | | | | | | | | | | | | | | | |
| Record the date on which the post-test was administered to the youth during his/her first second of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered. Leave blank if the youth did not receive a post-test during his/her second year of participation in the program. | | | | | | | | | | | | | | | | | | | |
| 19. Grade Level | | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | | | | | | | | |
| Grade level is based on test results. | | | | | | | | | | | | | | | | | | | |
| 20. Post-Test Educational Functioning Level | | | 1=Beginning ABE/ESL Literacy | | | 4=High Intermediate ABE/ESL Education | | | | | | | | | | | | | |
| Place appropriate ED. Level (1-6) with corresponding Functional Area (1-9). | | | 2=Beginning ABE/ESL Basic Education | | | 5=Low Adult Secondary Education/Advanced ESL | | | | | | | | | | | | | |
| | | | 3=Low Intermediate ABE/ESL Education | | | 6=High Adult Secondary Education/Advanced ESL | | | | | | | | | | | | | |
| | | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | | | | | | | | |
| Record the educational functioning level that is associated with the youth participant's raw scale score. Leave blank if the youth did not receive a post-test during his/her second year of participation in the program. | | | | | | | | | | | | | | | | | | | |

Name: _____

Date: _____

Agency/Career Center: _____

Phone #: _____

Reviewed By: _____

Date: _____

REMARKS: _____

| | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------|--------------------------------------|----|-------------|---|----|----------------------------------|-------------------------|--------------------------------------|----|--|--|--|--|--|--|--|--|
| Social Security Number | | | | | | | | | | Name (First, space, MI, space, Last) | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| YOUTH POST-TEST DATA (YEAR # 3) | | | | | | | | | | | | | | | | | | | |
| 21. Post Assessment Test Type | | 1=TABE 7-8 | | | 5=WorkKeys | | | 9=Other Approved Assessment Tool | | | | | | | | | | | |
| | | 2=TABE 9-10 | | | 6=SPL | | | | | | | | | | | | | | |
| | | 3=CASAS (Life Skills) | | | 7=BEST | | | | | | | | | | | | | | |
| | | 4=ABLE | | | 8=BEST Plus | | | | | | | | | | | | | | |
| Use the appropriate code to record the type of assessment test that was administered to the youth participant. Leave blank if the individual was not assessed in literacy or numeracy. | | | | | | | | | | | | | | | | | | | |
| 22. Post Test Functional Area | | | _____ 1=Reading | | | _____ 5=Speaking | | | 9=Other Functional Area | | | | | | | | | | |
| Check appropriate number for the Functional Area...May test in more than one (1) area. | | | _____ 2=Writing | | | _____ 6=Oral | | | | | | | | | | | | | |
| | | | _____ 3=Language | | | _____ 7=Listening | | | | | | | | | | | | | |
| | | | _____ 4=Mathematics | | | _____ 8=Literacy | | | | | | | | | | | | | |
| Use the appropriate code for the functional area of the assessment test that was administered to the youth participant. Leave blank if the individual was not assessed in literacy or numeracy. | | | | | | | | | | | | | | | | | | | |
| 23. Post-Test Raw Score | | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | | | | | | | | |
| Enter Raw Score. | | | | | | | | | | | | | | | | | | | |
| Record the raw scale score achieved by the youth participant. Leave blank if the youth did not receive a post-test during his/her third year of participation in the program. | | | | | | | | | | | | | | | | | | | |
| 24. Date Administered Pre-Test: | | | | | | | | | | | | | | | | | | | |
| Enter as MMDDYYYY | | | | | | | | | | | | | | | | | | | |
| Record the date on which the post-test was administered to the youth during his/her third year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered. Leave blank if the youth did not receive a post-test during his/her third year of participation in the program. | | | | | | | | | | | | | | | | | | | |
| 25. Grade Level | | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | | | | | | | | |
| Grade level is based on test results. | | | | | | | | | | | | | | | | | | | |
| 26. Post-Test Educational Functioning Level | | | 1=Beginning ABE/ESL Literacy | | | 4=High Intermediate ABE/ESL Education | | | | | | | | | | | | | |
| Place appropriate ED. Level (1-6) with corresponding Functional Area (1-9). | | | 2=Beginning ABE/ESL Basic Education | | | 5=Low Adult Secondary Education/Advanced ESL | | | | | | | | | | | | | |
| | | | 3=Low Intermediate ABE/ESL Education | | | 6=High Adult Secondary Education/Advanced ESL | | | | | | | | | | | | | |
| | | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | | | | | | | | |
| Record the educational functioning level that is associated with the youth participant's raw scale score. Leave blank if the youth did not receive a post-test during his/her third year of participation in the program. | | | | | | | | | | | | | | | | | | | |

Name: _____

Date: _____

Agency/Career Center: _____

Phone #: _____

Reviewed By: _____

Date: _____

REMARKS: _____

EXIT FORM (WDD-2)

The Exit Form is designed to capture outcomes for adults, dislocated workers, and youth. The form is divided into two sections.

Part I Outcomes for Adults, Dislocated Workers, Older Youth

Part II Outcomes for Younger Youth

Instructions for Completing the Exit Form (WDD-2)

ENTER EXIT DATE:

The last date on which WIA Title IB or partner services, excluding follow-up services, were received by the individual.

I. Outcome for: Adults (18 and above), Dislocated Workers, and Older Youth (19-21)

ENTER SSN:

ENTER NAME:

1. EMPLOYMENT INFORMATION:

Complete items 1a-1h.

2. ENTERED TRAINING-RELATED EMPLOYMENT:

(Complete if the participant received a Training Service)

Training-related employment in which the individual uses a substantial portion of the skills taught in the training received by the individual.

1-Yes

2-No

3-Training did not impart job-specific skills (e.g. job readiness)

4-Relationship of employment to training cannot be determined

3. METHOD USED TO DETERMINE TRAINING-RELATED EMPLOYMENT:

Leave blank if item # 2 is marked no.

Training-related employment may be determined by any appropriate method or methods selected by the state, including comparison of the occupation of employment with the occupation of training, comparison of the industry of employment with the occupation of training using valid crosswalks, by a comparison of the job's activities with the skills taught in the training program, or other method. Methods used should be documented.

1-Comparison to the occupation codes between the training activity and the job

2-Comparison of the industry of employment with the occupation of training using an appropriate crosswalk

3-Other appropriate method

4. SCHOOL STATUS: Youth Only

Enter 1, 2, 3, 4, or 5.

Record 1 if the individual has not received a secondary school diploma or its recognized equivalent and is attending any secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school.

Record 2 if the individual has not received a secondary school diploma or its recognized equivalent and is attending an alternative high school or an alternative course of study approved by the local

07/2005

educational agency whether full or part-time.

Record 3 if the individual has received a secondary school diploma or its recognized equivalent and is attending a post-secondary school or program (whether full or part-time), or is between school terms and intends to return to school.

Record 4 if the individual is no longer attending any school and has not received a secondary school diploma or its recognized equivalent.

Record 5 if the individual is not attending any school and has either graduated from high school or holds a GED.

5. ATTAINED CREDENTIAL BY END OF Q3 AFTER EXIT: (WIASRD 619)

Enter Yes or No.

Credentials must be attained either during participation or by the end of the third quarter after the quarter of exit from services (other than follow-up services).

6. RECOGNIZED EDUCATION TYPE: (WIASRD 619)

If the individual attained more than one qualifying certificate/credential/diploma, record the highest level certificate/credential/diploma.

1-AA or AS Diploma/Degree

2-BA or BS Diploma/Degree

3-High School Diploma/Equivalency/GED

4-Occupational Skills Certificate or Credential

5-Occupational Skills License

6-Other _____(Write in approved credential)

7. OLDER YOUTH OUTCOMES:

Enter 1=Yes 2=No. If yes, give the date as MM/DD/YYYY.

7a. Attained a secondary school (high school) diploma - The individual attained a secondary (high school) diploma recognized by the State during enrollment or by the end of the first quarter after exit.

7b. Attained a GED or high school equivalency diploma - The youth attained a GED or high school equivalency diploma recognized by the State during enrollment or by the end of the first quarter after exit.

7c. Attained a Degree a Certificate - The individual attained a certificate in recognition of an individual's attainment of technical or occupational skills.

7d. Did not attain diploma or equivalent.

Record the date the individual attained the diploma, GED, or certificate, if available.

8. OTHER REASONS FOR EXIT: (WIASRD 327) (enter one) _____

07/2005

Family Care: The participant is providing care for a family member that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.

Health/Medical: The participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in WIA. Does not include temporary conditions expected to last for less than 90 days.

Institutionalized: The participant is residing in an institution or facility providing 24-hour support, such as a prison or hospital, and is expected to remain in that institution for at least 90 days.

Relocated to Mandated Residential Program (Youth Only): The youth is in the foster care system or any other mandated residential program and has moved from the area as part of such a program or system.

Reservists Called to Active Duty: The participant is a reservist who is called to active duty for at least 90 days.

- 1- Called back-remained with layoff employer
- 2- Cannot locate
- 3- Deceased
- 4- Employed
- 5- Family Care
- 6- Health/Medical
- 7- Ineligible
- 8- Institutionalized

- 9- Lacks transportation
- 10- Moved out of state
- 11- Other, services completed
- 12- Other, services not completed
- 13- Program ended
- 14- Relocated to a Mandated Residential Program
- 15- Reservist chose not to return to WIA
- 16- Reservists called to Active Duty

TRAINING/POST SECONDARY EDUCATION Q1 AFTER EXIT: (WIASRD 620) (enter one) _____

- 1-In Advanced Training
- 2-In Post Secondary Education
- 3-Not In Further Training/Education

The individual entered advanced training or post secondary education by the end of the first quarter after exit:

See Definition of Key Terms for definition of Advanced Training and Post Secondary Education.

TRAINING/POST SECONDARY EDUCATION Q3 AFTER EXIT: (WIASRD 621) (enter one) _____

- 1-In Advanced Training
- 2-In Post Secondary Education
- 3-Not In Further Training/Education

The individual completing the Exit Form must sign, date and enter the agency/career center and telephone number.

Reviewer must sign or initial and date the Exit Form.

FOLLOW-UP SERVICES: (Youth ONLY) ALL YOUTH (14-21): (WIASRD 347)

- 1. Yes, Received 12 Months of Follow-Up Services
2. No, Did Not Receive 12 Months of Follow-Up Services

All youth participants must receive some form of follow-up services for a minimum duration of 12 months. Follow-up services may be provided beyond twelve (12) months at the State or Local Board's discretion. The types of services provided and the duration of services must be determined based on the needs of the individual. The scope of these follow-up services may be less intensive for youth who have only participated in summer youth employment opportunities. (WIA sec.129(c)(2)(I)).

Follow-up services for youth may include:

- 1-The leadership development and supportive service activities listed in sections 664.420 and 664.440;
- 2-Regular contact with a youth participant's employer, including assistance in addressing work-related problems that arise;
- 3-Assistance in securing better paying jobs, career development and further education;
- 4-Work-related peer support groups;
- 5-Adult mentoring; and
- 6-Tracking the progress of youth in employment after training.

Leave blank if the youth has not exited or has exited and is still receiving follow-up services, but has not yet received 12 months of follow-up services.

NOTE: If a youth re-enrolled in WIA within 12 months of exit, record 1 for "Yes" if follow-up services were provided throughout the period from exit to re-enrollments.

The individual completing the Exit Form must sign, date and enter the agency name and telephone number.

Reviewer must sign or initial and date the Exit Form.

ENTER EXIT DATE:

The last date on which WIA Title IB or partner services, excluding follow-up services, were received by the individual.

II. Outcomes for Youth (14-18 at registration)

07/2005

1. **SSN/NAME:**

2. **SCHOOL STATUS:**

Enter 1, 2, 3, 4, or 5.

Record 1 if the individual has not received a secondary school diploma or its recognized equivalent and is attending any secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school.

Record 2 if the individual has not received a secondary school diploma or its recognized equivalent and is attending an alternative high school or an alternative course of study approved by the local educational agency whether full or part-time.

Record 3 if the individual has received a secondary school diploma or its recognized equivalent and is attending a post-secondary school or program (whether full or part-time), or is between school terms and intends to return to school.

Record 4 if the individual is no longer attending any school and has not received a secondary school diploma or its recognized equivalent.

Record 5 if the individual is not attending any school and has either graduated from high school or holds a GED.

3. **OTHER YOUTH OUTCOMES: (If yes, give the date) Younger Youth (14-18) (WIASRD 673)**

3a. Attained a secondary school (high school) diploma - The individual attained a secondary (high school) diploma recognized by the State during enrollment or by the end of the first quarter after exit.

3b. Attained a GED or high school equivalency diploma - The youth attained a GED or high school equivalency diploma recognized by the State during enrollment or by the end of the first quarter after exit.

3c. Attained a Degree a Certificate - The individual attained a certificate in recognition of an individual's attainment of technical or occupational skills.

3d. Did not attain diploma or equivalent.

Record the date the individual attained the diploma, GED, or certificate, if available.

4. **YOUTH PLACEMENT INFORMATION (If yes, give the date as MM/DD/YYYY): (WIASRD 673)**

Record which of the following activities the youth entered within quarter 1 after exit. Entry into these activities may be determined through information obtained from the participant during case management and follow-up services, administrative records (including wage records, where appropriate), surveys of participants, and other similar methods. If the youth qualifies for several of these placement outcomes, record the primary outcome. For example, if the youth enters full-time post-secondary education and has a part-time job, record 1.

4a. **Entered post-secondary education** - Should be recorded only if the youth started to attend classes. Post-secondary education is a program at an accredited degree-granting institution that leads to an academic degree (e.g., AA, AS, BA, BS). Do not include programs offered by degree-granting institutions that do not lead to an academic degree as post-secondary education.

4b. **Entered advanced training** - Should be recorded only if the youth started to attend classes. Advanced training is an occupational skills employment/training program, not funded under WIA Title I, which does not duplicate training received under WIA Title I. Training that leads to an

academic degree (e.g., AA, AS, BA, BS) should be categorized as post-secondary education and not reported as advanced training. Advanced training may be provided by a One-Stop partner following the exit of the participant from WIA. Advanced training does not include training funded partially or wholly with WIA funds. An example of advanced training is a community college program that does not lead to an advanced degree.

- 4c. **Entered military service** - Should be recorded only if the youth entered military service (i.e., reported for active duty).
- 4d. **Entered a qualified apprenticeship** - Should be recorded only if the individual entered a qualified apprenticeship program, i.e., a program approved and recorded by the ETA/Bureau of Apprenticeship and Training or by a recognized State Apprenticeship Agency. Approval is by certified registration or other appropriate written credential.
- 4e. **Entered unsubsidized employment** - Should be recorded only if the youth entered full- or part-time unsubsidized employment.
- Note:** Section I. 1. Employment Information - 1a. - 1g. Should be completed.
- 4f. No, did not enter any of the above.

Unsubsidized employment is any employment, including self-employment, not financed by either funds provided under the Act or by direct wage subsidies provided by any type of public funds. Also, include entry into the Peace Corps, VISTA, and other National Service programs funded by the Federal Corporation for National and Community Service under the National and Community Service Trust Act of 1993 (Examples are activities in the AmeriCorps and the National Civilian Community Corps programs). Do not include entry into the Armed Forces or entry into a qualified apprenticeship program. **(WIASRD 673)**

5. YOUNGER YOUTH RETENTION INFORMATION: (WIASRD 674) (For all youth except those still attending secondary school at exit).

- 1-Yes
- 2-No

- 5a. In Post-Secondary Education
- 5b. In Advanced Training
- 5c. In Military Service
- 5d. In A Qualified Apprenticeship
- 5e. In Unsubsidized Employment (Employment information will be obtained from Wage Records)
- 5f. No, did not enter any of the above.

Record the primary activity that the youth was in at any time during the third quarter after exit.

DO NOT COMPLETE RETENTION INFORMATION UNTIL 3RD QUARTER AFTER EXIT.

The individual is considered as employed if wage records for the quarter after exit show earnings greater than zero.

6. OTHER REASONS FOR EXIT: (WIASRD 327) enter one ____
Institutionalized: The participant is residing in an institution or facility providing 24-hour support, such as a prison or hospital, and is expected to remain in that institution for at least 90 days.

Health/Medical: The participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in WIA. Does not include temporary conditions

expected to last for less than 90 days.

- | | | |
|--|-----------------------------------|---|
| 1- Called back-remained with layoff employer | 7- Ineligible | 13- Program ended |
| 2- Cannot locate | 8- Institutionalized | 14- Relocated to a Mandated Residential Program |
| 3- Alternate High School diploma | 9- Lacks transportation | 15- Reservist chose not to return to WIA |
| 4- Deceased | 10- Moved out of state | 16 – Reservist called to Active Duty |
| 5- Family care | 11- Other, services completed | 17 - Employed |
| 6- Health/Medical | 12- Other, services not completed | |

The individual completing the exit form must sign, date and enter the agency name and telephone number on the Exit Form.

Reviewer must sign or initial and date the Exit Form.

FOLLOW-UP SERVICES: (Youth ONLY) ALL YOUTH (14-21): (WIASRD 347)

- ___ 1. Yes, Received 12 Months of Follow-Up Services
2. No, Did Not Receive 12 Months of Follow-Up Services

All youth participants must receive some form of follow-up services for a minimum duration of 12 months. Follow-up services may be provided beyond twelve (12) months at the State or Local Board's discretion. The types of services provided and the duration of services must be determined based on the needs of the individual. The scope of these follow-up services may be less intensive for youth who have only participated in summer youth employment opportunities. (WIA sec.129(c)(2)(I)).

Follow-up services for youth may include:

- 1-The leadership development and supportive service activities listed in sections 664.420 and 664.440;
- 2-Regular contact with a youth participant's employer, including assistance in addressing work-related problems that arise;
- 3-Assistance in securing better paying jobs, career development and further education;
- 4-Work-related peer support groups;
- 5-Adult mentoring; and
- 6-Tracking the progress of youth in employment after training.

Leave blank if the youth has not exited or has exited and is still receiving follow-up services, but has not yet received 12 months of follow-up services.

NOTE: If a youth re-enrolled in WIA within 12 months of exit, record 1 for "Yes" if follow-up services were provided throughout the period from exit to re-enrollments.

The individual completing the exit form must sign, date and enter the agency name and telephone number on the Exit Form.

Reviewer must sign or initial and date the Exit Form.

**INCUMBENT WORKER ACTIVITY/SERVICE RECORD
AND
INCUMBENT WORKER EXIT FORM
(WDD-3)**

This Form is designed to capture activity service and exit outcomes for Incumbent Workers. The form is divided into two sections.

Part I Incumbent Worker/Activity Service Record

Part II Incumbent Worker Exit Form

**INCUMBENT WORKER ACTIVITY/SERVICE RECORD
AND
INCUMBENT WORKER EXIT FORM**

Part I. Incumbent Worker Activity/Service Record:

| | |
|--|--|
| 1. Social Security Number | 2. Name (First, space, MI, space, Last) |
| | |
| 3. Participation Date (Enter as MMDDYYYY) | |
| | |

4. Training Service

| SERVICE | FUND (Prog. Type) | PROJECT NUMBER | ONET | OCCUPATIONAL TITLE | START DATE MMDDYYYY | END DATE MMDDYYYY |
|---------------------------|----------------------|-------------------|------|-----------------------|------------------------|----------------------|
| Incumbent Worker Training | I.W. | | | | | |

Name: _____

Date: _____

Agency/Career Center: _____

Phone #: _____

Reviewed By: _____

Date: _____

Part II. Incumbent Worker Exit Form:

| | |
|---|---|
| 1. Social Security Number | 2. Name (First, space, MI, space, Last) |
| | |
| 3. Exit Date (Enter as MMDDYYYY) | |
| | |
| 4. Reason for Exit | 1. Completed program objective - I.W. Only 2. Services not completed – I.W. Only |
| | |

Name: _____

Date: _____

Agency/Career Center: _____

Phone #: _____

Reviewed By: _____

Date: _____

**Instructions for Completing Incumbent Worker Activity/Service Record
AND
Instructions for Completing Incumbent Worker Exit Form
(WDD-3)**

Part I: Incumbent Worker Activity/Service Record

1. **SSN:** Enter 9-digit social security number.
2. **Name:** Enter First, space, MI, space, Last.
3. **Participation Date:** Enter in MMDDYYYY order (i.e., July 17, 1970 as 07/17/1970).
4. **Training Service:** Service and Fund (Prog. Type) is pre-printed.
 - Project Number
 - ONET Code – Enter 8-digit ONET Code.
 - Occupational Title – Enter job title for registrant.
 - Start Date – Enter actual start date as MMDDYYYY.
 - End Date – Enter actual end date as MMDDYYYY.

Paperwork completed by:

Name and Date.

Agency/Career Center and Phone Number.

Reviewed By and Date.

Part II. Incumbent Worker Exit Form

1. **SSN:** Enter 9-digit social security number.
2. **Name:** Enter as First, space, MI, space, Last.
3. **Exit Date:** Enter in MMDDYYYY order (i.e., July 17, 1970 as 07/17/1970).
4. **Reason for Exit:** Select one of the following.
 1. Completed Program Objective-I.W. Only
 2. Services not completed-I.W.Only

Paperwork completed by:

Name and Date.

Agency/Career Center and Phone Number.

Reviewed By and Date.

70% Lower Living Standard Income Level
Combined with Federal Poverty Level

Metropolitan Areas

| <u>Family Size</u> | <u>Income</u> |
|--------------------|---------------|
| 1 | 10,830 |
| 2 | 14,570 |
| 3 | 18,736 |
| 4 | 23,130 |
| 5 | 27,229 |
| 6 | 31,928 |

For each additional family member above 6 add 4,699

Non-Metropolitan Areas

| <u>Family Size</u> | <u>Income</u> |
|--------------------|---------------|
| 1 | 10,830 |
| 2 | 14,570 |
| 3 | 18,326 |
| 4 | 22,623 |
| 5 | 26,697 |
| 6 | 31,222 |

For each additional family member above 6 add 4,525

METROPOLITAN AREAS INCLUDE:

Autauga, Bibb, Blount, Calhoun, Chilton,
Colbert, Elmore, Etowah, Geneva, Greene,
Hale, Henry, Houston, Jefferson, Lauderdale,
Lawrence, Lee, Limestone, Lowndes,
Madison, Mobile, Montgomery, Morgan,
Russell, Shelby, St. Clair, Tuscaloosa and
Walker.

NON-METRO AREAS INCLUDE: The other 39 counties.

*Revision effective 05/07/10 per Federal Register / Vol. 75, No. 88 (LLSIL) and Federal Register / Vol. 74, No. 14 (HHS Poverty Guidelines).

WIA Self-Sufficiency Income Chart

A. Metropolitan Areas

(Autauga, Bibb, Blount, Calhoun, Chilton, Colbert, Elmore, Etowah, Geneva, Greene, Hale, Henry, Houston, Jefferson, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Madison, Mobile, Montgomery, Morgan, Russell, Shelby, St. Clair, Tuscaloosa, and Walker.)

| Family Size | 100% LLSIL | 150% LLSIL | 200% LLSIL |
|---|------------|------------|------------|
| 1 | \$11,901 | \$17,852 | \$23,802 |
| 2 | \$19,500 | \$29,250 | \$39,000 |
| 3 | \$26,765 | \$40,148 | \$53,530 |
| 4 | \$33,043 | \$49,565 | \$66,086 |
| 5 | \$38,999 | \$58,499 | \$77,998 |
| 6 | \$45,611 | \$68,417 | \$91,222 |
| For Each Additional Family Member above 6, add: | \$6,612 | \$9,918 | \$13,224 |

B. Non-Metropolitan Areas

(Other 39 Alabama Counties)

| Family Size | 100% LLSIL | 150% LLSIL | 200% LLSIL |
|---|------------|------------|------------|
| 1 | \$11,644 | \$17,466 | \$23,288 |
| 2 | \$19,075 | \$28,613 | \$38,150 |
| 3 | \$26,180 | \$39,270 | \$52,360 |
| 4 | \$32,318 | \$48,477 | \$64,636 |
| 5 | \$38,139 | \$57,209 | \$76,278 |
| 6 | \$44,603 | \$66,905 | \$89,206 |
| For Each Additional Family Member above 6, add: | \$6,464 | \$9,696 | \$12,928 |

Revision effective 05/07/10 per Federal Register / Vol. 75, No.88

Family Income includes total annualized cash receipts before taxes from all sources, with the exceptions listed in (B) below:

(A) Family income shall include:

- (1) Money wages and salaries before any deductions (includes payment for work performed under Title V of OAA);
- (2) Net receipts from nonfarm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses);
- (3) Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses);
- (4)** Regular payments from railroad retirement, strike benefits from union funds, workers' compensation, veterans' payments, and training stipends;
- (5) Alimony;
- (6) Military family allotments or other regular support from an absent family member or someone not living in the household;
- (7) Pensions whether private, government employee (including military retirement pay);
- (8) Regular insurance or annuity payments;
- (9) College or university scholarships, grants, fellowships, and assistantships;
- (10) Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts;
- (11) Net gambling or lottery winnings.

(B) Family income does not include:

- (1) Unemployment compensation;
- (2) Child support payments;
- (3) Welfare payments (including TANF, SSI, RCA, and GA or General Relief, Emergency Assistance money payments);
- (4) Capital gains;
- (5) Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car;
- (6) Tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury;
- (7) Noncash benefits, such as employer paid fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals, and housing assistance.
- (8) Allowances or pay received by any person while serving on active duty in the Armed Services, providing that person is now a veteran (i.e., discharged from active duty). Allowances and pay received by any person while serving in Reserve or National Guard on six-month active duty for training, weekend drills, or Summer Camp are also excluded;

- (9) Educational assistance and compensation payments to veterans and other eligible persons under Chapters 11 (Compensation for Service-Connected Disability or Death), 13 (Dependent Indemnity Compensation for Service-Connected Death), 31 (Vocational Rehabilitation), 34 (Veterans' Education Assistance), 35 (War Orphans' and Widows' Educational Assistance), and 36 (Administration of Education Benefits) of Title 38, United States Code;
- (10) Pell Grants;
- (11) Title IV of the Higher Education Act Federal Supplemental Education Opportunity Grants (FSEOG) and Federal Work Study (FWS);
- (12) Needs-based scholarship assistance;
- (13) Foster care child payments;
- (14) Social Security Disability Income (SSDI).
- (15)** Regular payments from social security; OASI and survivors.

Methods for Calculating Annualized Income

When calculating income, States and Local Workforce Investment Areas (LWIA) are encouraged to use any one of the following methods as appropriate. The examples are illustrative only and LWIA should obtain as many pay stubs as possible. A minimum of three pay stubs must be used for the straight pay or salary method and the average pay method.

Straight Pay or Salary Method

Under the Straight Pay Method, the participant supplies a sample of pay stubs covering the most recent six months of family income. Upon reviewing the pay stubs the intake worker determines that the wage information on the pay stubs is the same. There is no variation in the wages for any of the pay stubs submitted for the income verification.

The intake worker will calculate the income based upon the wages indicated on one of the pay stubs, since there are no variations in the gross income on the pay stubs. Based upon the length of the pay period represented by the pay stubs, (usually weekly, bi-weekly or monthly) the gross income is multiplied by the number of pay periods in a year. That is, 52 X gross wages, 26 X gross wages, or 12 X gross wages respectively. The result will be the annualized income used to determine eligibility.

Example:

Five (5) pay stubs are provided indicating gross wages of \$548.00 each. The pay stubs are sporadic and cover a period of three (3) months. The pay frequency is bi-weekly. An intake worker would multiply the gross wages indicated on the pay stub by the frequency occurrence.

$$26 \times \$548 = \$14,248$$

Average Pay Method

Under the Average Pay Method, a sample of six (6) pay stubs are submitted which show variations in the gross earnings. The variations may result from overtime, lost time or work for different employers.

In calculating the annualized income, the intake worker must determine the average gross earnings based upon the number of pay stubs provided. To determine the average gross earnings, the intake worker must total the gross earnings of all the pay stubs provided and divide the result by the number of pay stubs. The result will be the average gross earnings per pay period. After determining average gross earnings the intake worker will then determine the pay frequency and multiply the gross average earnings by the number of pay periods in a year.

Example:

Participant provides intake worker with six (6) pay stubs with gross earnings of: \$534.00, \$475.00, \$398.00, \$534.00, \$498.00, and \$534.00. The pay frequency is weekly. The intake worker should do the following:

Add: $\$534 + \$475 + \$398 + \$534 + \$498 + \$534 = \$2973.00$

Divide: $\$2976/6 = \$495.50 = \text{Average gross earnings}$

Multiply: $\$495.50 \times 52 = \$25,766 \text{ Annualized gross income}$

Year-To-Date Method

Under the Year-To-Date Method of calculating annualized gross income, the participant provides recent pay stubs with cumulative year-to-date gross earnings indicated on the pay stub. The cumulative year-to-date gross earnings indicate the gross earnings up to the date of the pay period ending date on the pay stub. To compute the annualized income, the intake worker counts the number of pays that have occurred since January 1, and divides that number into the gross year-to-date earnings indicated on the pay stub. [After this computation, the steps are the same as for the average pay method.] The result of this computation (average gross income per pay period) is then multiplied by the number of pay periods in a year to determine the annualized gross earnings.

Example:

Participant provides the intake worker with a recent pay stub whose gross year-to-date earnings are \$13,756. The pay period ended September 30, 2003. The pay frequency is bi-weekly. Upon counting the number of pays that have occurred since January 1, 2003, the intake worker has determined that the participant has been paid 19 times. Calculation of the gross annualized income would be done as follows:

Divide $\$13,756$ by 19 bi-weekly pays = $\$724.00$

Multiply \$724.00 by 26 = \$18,824 (based upon bi-weekly pay frequency 26 pays per year) or

Divide \$13,756 by 38 weekly pays = \$362.00

Multiply \$362.00 by 52 = \$18,824 (based upon weekly pay frequency 52 pays per year)

Intermittent Work Method

When an applicant has not had steady work with one or more employers, she/he should supply as many pay stubs as possible and complete an Applicant Statement explaining all missing pay stubs and non-work periods during the last six (6) months. In such cases the intake worker should total all wages for the six (6) months. In such cases the intake worker should total all wages for the six-month period and multiply the result by two to annualize the wage income.

If the applicant reports little or no includable income, as shown above, she/he should indicate other resources relied upon for life support during the last six months on the Applicant Statement. Such resources may include such things as unpaid debts, gifts, loans, unemployment compensation, etc.

SELECTIVE SERVICE REGISTRATION

The WIA, Section 189(h) [20 CFR 667.250] requires that a determination of Selective Service Registration Status be made prior to enrollment into WIA-funded programs. Military Selective Service Amendments provide that services must be denied to a male applicant 26 years of age or older if it is determined that he knowingly and willfully failed to register. He may be considered for participation. (See "Who Must Register for Selective Service?" on the following page 6.)

The LWIB has the option to serve those who did not knowingly and willfully fail to register. The LWIB will develop policy and procedures to conform with the new guidance on service to this population of applicants. This local policy would be carried out by the Career Center or entity that determines eligibility.

Only those males who are subject to, and have complied with, the registration requirements of the Military Selective Service Act (MSSA), as amended are eligible for participation in WIA-funded programs and services. Section 189(H) of WIA requires the Secretary of Labor to insure that each individual participating in any WIA program, or receiving any assistance under the WIA, has not violated the requirements of §3 of the MSSA (50 U.S.C. App. 453). This section requires that every male citizen, and every other male residing in the U. S., must register with the Selective Service System between their 18th and 26th birth dates. The Director of the SSS and the Secretary of Labor are required to cooperate in carrying out these provisions.

In 1986, the MSSA was amended by Public Law 99-661, §1366 to require the registration status to be examined and confirmed as follows:

- (g) A person may not be denied a right, privilege, or benefit under Federal law by reason of failure to present himself for and submit to registration under section 3 [50 U.S.C. App. 453] if--
 - (1) the requirement for the person to so register has terminated or become inapplicable to the person; and
 - (2) the person shows by a preponderance of the evidence that the failure of the person to register was not a knowing and willful failure to register.

The Conference Report to the amendment clarified "that a nonregistrant is not to be denied any Federal benefit if he can demonstrate that his failure to register was not knowing or willful." This provision was added "in order not to penalize an individual with an obvious disqualifying handicap, such as total paralysis of the limbs, or an individual who has been honorably discharged from the armed services."

Occasionally, males who were subject to SSS registration, but did not register and are now beyond their 26th birth date, apply for assistance from the WIA program. In the past, when grantees completed the "advisory form" for such applicants, the SSS responded with an "advisory opinion letter" which, in effect, ruled on an Applicant's compliance with the WIA requirement to register with the SSS. Since January 1995, the SSS has been issuing "status

information letters" indicating an applicant's Selective Service status, in lieu of the previous system of "advisory opinion letters." This current practice is pursuant to SSS's determination that final decisions for disbursing federally financed domestic benefits, services, rights, or training, rests solely with the various provider agencies which disburse them. In the case of WIA, these provider agencies are the LWIBs.

The LWIB programs disbursing services or benefits have the responsibility for deciding the above cases and determining eligibility for services or benefits on a case-by-case basis.

Individuals who are required to register (Males between the Ages of 18 and 26), but have not registered, and have not yet reached their 26th birth date, should be referred to SSS for registration or registered by the LWIB prior to enrollment in WIA.

Any male over 26 years old who did not register and possesses a "Status Information Letter" from the SSS indicating that he was required to register, but did not, and now cannot be registered because the law does not allow for registration after the age of 26, is presumptively disqualified from participation in WIA-funded services and activities. The burden then falls on the Applicant to provide evidence explaining why he failed to register with the SSS. This could include a written explanation from the Applicant, stating his circumstances at the time of the required registration, and his reasons for not registering, together with supporting documentation.

Since the WIA grantee is now authorized to make these determinations for eligibility purposes, the LWIB staff should evaluate the evidence presented by the applicant and make a determination regarding whether or not the applicant's failure to register with the SSS when required to register is consistent with the above cited amendment to P.L. 99-661, §1366. If after reviewing the evidence, the LWIB determines that the preponderance of the evidence shows that a man's failure to register was not a knowing and willful failure and he is otherwise eligible, services may be granted. If the determination is that the evidence shows the Applicant's failure to register was knowing and willful, WIA services must be denied. Applicants denied services should be advised of the available grievance procedures under WIA. Decisions by the local program are appealable to the State (see item 6. below).

A nonregistrant should be encouraged to offer as much evidence and in as much detail as possible to support his case. Following are examples of documentation/evidence that may be of assistance to LWIBs in making a determination in these cases:

1. A man provides evidence that he served honorably in the U.S. Armed Forces by submitting a copy of his DD Form 214 attesting to his service, or a copy of his Honorable Discharge Certificate. Such documents may be considered prima facie evidence that his failure to register with the SSS was not willful or knowing.
2. Alien males who entered the U.S. on or after attaining their 26th birthday are exempt from the Selective Service registration requirements. Immigration and Naturalization Service (INS) Form I-94 (Arrival/Departure Record) and INS Form I-551 (Alien Registration Receipt Card commonly called the "green card") held by aliens will show the birth date of the alien. Also, INS has granted legal status and employment

authorization to some lawful seasonal agricultural workers (SAWs) and some formerly illegal aliens under the 1986 Immigration Reform and Control Act (IRCA).

3. Immigrant aliens, and refugees, parolees, asylees, SAWs, and IRCA-legalized aliens with work permits can be enrolled into WIA programs only after an SSS registration or exemption is established as outlined above. INS Form I-688 (Temporary Resident Card) will be helpful in establishing the alien's status.
4. Male aliens 26 years of age or older who entered the U.S. illegally and who were subsequently granted legal status by the INS (IRCA-legalized aliens) or who were born on or after January 1, 1960, but who are not registered with the SSS can be enrolled into WIA only after a "status information" letter (formerly called an "Advisory Opinion Letter") has been obtained from SSS. If SSS issues a status information letter that it has no evidence that such individuals knowingly and willfully failed to register, the individuals should provide the LWIB reasons why SSS has no evidence of their registration, and in so doing, provide evidence to convince the LWIB that they did not knowingly or willfully fail to register. The individuals can then be enrolled into WIA programs, if they are otherwise eligible. If SSS is silent on this question, then the LWIB must make the determination, as described above.
5. Third Party Affidavits from parents, teachers, employers, doctors, etc. concerning reasons for not registering, may also be helpful to LWIBs in making determinations in cases regarding willful and knowing failure to register with the SSS.
6. The WIA and its regulations provide a system for handling grievances, complaints, hearings, and appeal rights. The specific procedures to be followed are developed at the local and State levels in accordance with the provisions of WIA and the regulations at 20 CFR 667.600. Under WIA, the State is responsible for making sure that there is a process in place to handle WIA complaints/appeals at the local level. If a person does not receive a decision at the local level within 60 days of filing a complaint or grievance or is dissatisfied with the decision they receive, they have the right to request a review of their complaint by the State. Please note that under Federal rules, the State's decision is final.

Policy for Application of Selective Service System Registration Requirements in Section 189 (h) of WIA to Applicants 26 Year of Age or Older

WIA requires that a determination of Selective Service Registration status be made by WIA providers before services can be delivered. The Amendments provide that services may be denied to a male applicant 26 years of age or older if it is determined that the applicant knowingly and willfully failed to register.

The State encourages the Career Center or entity that determines eligibility to thoroughly review Applicant's non-registration status with SSS. Effective immediately, in determining the qualifications of males who failed to register with the Selective Service System to participate in WIA programs, the following steps should be followed:

The Career Center or entity that determines eligibility must determine whether the Applicant has complied with the SSS requirement:

1. The Career Center or entity that determines eligibility will determine if the male has served on active duty in the military and has been discharged. All discharges, other than dishonorable, allow the applicant to be eligible to participate in WIA programs. Appropriate documentation would include making a copy of the applicant's military discharge (Form DD-214) for the intake record. Reserve duty and National Guard service are not acceptable for eligibility.
2. If the Applicant did not serve in the military and is not registered, the entity that determines eligibility will decide if the Applicant has a visible or obvious handicap that would permanently disqualify him from military service. If the Applicant has such a handicap, no further action is necessary. If otherwise eligible, the Applicant may participate in the WIA program. The entity determining eligibility should appropriately document the type of handicap observed and note it in the Applicant's intake record. Other appropriate documentation includes a medical statement or Social Security disability income documentation.
3. If the Applicant does not have a visible or obvious handicap that would permanently disqualify him from military service, has no honorable discharge, and has not complied with Selective Service's Registration requirements, the following procedure will be followed:

The Career Center or entity that determines eligibility will decide whether an Applicant knowingly and willfully failed to register with the SSS.

An Applicant 26 years of age or older who was born on or after January 1, 1960, and does not meet any of the above criteria, must request a Status Information Letter from the SSS if the local LWIB cannot establish the registration status of the individual before further eligibility determination for participation in WIA programs may be considered.

The Career Center instructs the non-registered Applicant, 26 years of age or older, (or those without evidence of registration with the SSS) wishing to participate in WIA programs to send request for a Status Information Letter to:

The Office of General Counsel
Selective Service System
National Headquarters
1515 Wilson Blvd.
Arlington, VA. 22209

Applicant requests must include the following information:

1. The Applicant's name;
2. The Applicant's current address;
3. The Applicant's date of birth;
4. The Applicant's Social Security number (Applicants may voluntarily provide this to the SSS to aid in differentiating among applicants with identical names. The Selective Service does not, however, require this information.); and
5. A statement that the Applicant is requesting a Status Information Letter.

The SSS will respond with a Status Information Letter within 30 days of receipt of each request. The SSS does not render an opinion regarding the circumstances of the Applicant's noncompliance. The Status Information Letter either confirms that a male was required to register and did so or that he is not registered. The SSS does not provide a determination for the failure to register. When the Applicant receives a response from the SSS, the letter should be taken to the Career Center or entity determining eligibility.

The Career Centers are advised of their duty to determine, on a case-by-case basis, whether the Applicant has shown that the failure to register was not a deliberate disregard of the law.

If the Career Center determines that the Applicant's failure to register was reasonably not willful and knowing, then an otherwise eligible male may be enrolled into WIA programs.

Applicants who are determined to have knowingly and willfully failed to comply may not be enrolled into WIA programs.

The Career Centers are encouraged to give preferences to applicants who are honorably discharged veterans or who did comply with the SSS requirements.

WHO MUST REGISTER FOR SELECTIVE SERVICE?
Only Male Persons

| CATEGORY | YES | NO |
|---|-----------|-----------|
| All male U.S. citizens born on or after January 1, 1960, who are 18 but not yet 26 years old, except as noted below: | X | |
| Military-related | | |
| Members of the Armed Forces on Active Duty (Active Duty for training does not constitute "Active Duty" for registration purposes) | | X* |
| Cadets and Midshipmen at Service Academies or the Coast Guard Academy | | X* |
| Cadets at the Merchant Marine Academy | X | |
| Students in Officer Procurement Programs at The Citadel, North Georgia College, Norwich University, and Virginia Military Institute | | X* |
| National Guardsman and Reservist not on active duty | X | |
| Delayed Entry Program enlistees | X | |
| ROTC students | X | |
| Separatees from Active Military Service, separated for any reason before age 26 | X* | |
| Men Rejected for Enlistment for any reason before age 26 | X | |
| Civil Air Patrol members | X | |
| Aliens** | | |
| Lawful nonimmigrants on visas (e.g., diplomatic and consular personnel and families, foreign students, tourists with unexpired Forms I-94, I-95A, or Border Crossing Documents I-185, I-186, I-586, or I-444) | | X |
| Permanent resident aliens | X | |
| Special (seasonal) agricultural workers (I-688) | X | |
| Special agricultural workers (I-688A) | | X |
| Refugee, parolee, and asylee aliens | X | |
| Undocumented (illegal) aliens | X | |
| Dual national U.S. citizens | X | |
| Confined | | |
| Incarcerated or hospitalized or institutionalized for medical reasons | | X* |
| Handicapped physically or mentally | | |
| Able to function in public with or without assistance | X | |
| Continually confined to a residence, hospital, or institution | | X |

* MUST register within 30 days of release unless already age 26 or already registered when released, or unless exempt during entire period age 18 through 25.

** Residents of Puerto Rico, Guam, Virgin Islands and Northern Mariana Islands are U.S. citizens. Citizens of American Samoa are nationals and must register when they are habitual residents in the United States. Habitual residence is presumed whenever a national, or a citizen of the Republic of the Martial Islands or the Federated States of Micronesia resides in the United States for more than one year in any status, except as a student or employee of the government of his homeland.

**WORKFORCE INVESTMENT ACT
VERIFICATION OF SELECTIVE SERVICE WAIVER
FOR MALES BORN ON OR AFTER JANUARY 1, 1960, AND 26 OR OLDER
AND HAVE NOT REGISTERED**

Applicant's name: _____ Date of Application: ____/____/____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

The above named Applicant meets all other requirements and is eligible for the Workforce Investment Act program. Eligibility is based on the following selective service eligibility.

____ Institutionalized for the entire period between the ages of 18 and 26.

____ Release Papers (Please attach a copy of the document used to verify the information).

____ Telephone Contact _____

____ Name of Institution _____

____ Date Entered _____

____ Date Released from Institution _____

____ Applicant's Status Verified By _____

____ Person Contacted _____

____ Job Title _____ Telephone No. _____

____ Received an honorable discharge from the military. (Please attach a copy of the document used to verify the information).

____ Visible or obvious disability that would permanently disqualify him from military service.
Please list disability observed _____

____ Appeal made to Selective Service and a Registered Status Information letter was received indicating that according to their records the applicant was not required to register.

____ Entered U.S. after 26th birthday (please attach a copy of immigration documentation showing U.S. entry date).

| CERTIFICATION | |
|--|------------|
| I certify that the information provided above is true and that all documentation is, to the best of my knowledge, authentic. | |
| Signature, Title _____ | Date _____ |
| Signature, Title _____ | Date _____ |

Digits

1 - Funding Year * 2, 3, 4 or 5

2 - Fund Source

JTPA

| | |
|--|---------|
| X - Generic | ..... |
| "0" - N/A | ..... |
| 1 - IIA Adult | ..... |
| 2 - IIA Older Worker | ..... |
| 3 - IIB SYETP | ..... |
| 4 - IIC Youth | ..... |
| 5 - III Governor's (40%) | ..... |
| 6 - III SSA (60%) | ..... |
| 7 - IIA PY92 ("2" funding year only) | ..... |
| 8 - WIA Transition Setaside | ..... |
| A - IIA/C Administration (5%) | ..... |
| B - IIA/C 8% Education (80%) | ..... |
| C - IIA/C 8% Education (20%) | ..... |
| D - IIA/C Incentive (75%) | ..... |
| E - IIA/C Capacity Building (25%) | ..... |
| F - III (Flood Relief) National Reserve | ..... |
| G - III National Reserve (Goodyear) | ..... |
| H - IIC Incentive | ..... |
| I - N/A | ..... |
| J - TANF Fatherhood Initiative | ..... |
| K - MSFW (Weather Disaster Assistance) | ..... |
| L - III National Reserve (Non-Apparel) | ..... |
| M - Migrant/Seasonal Farmworker |** |
| N - One Stop Grant | ..... |
| P - N/A |** |
| Q - N/A |** |
| R - 8% Reverted | ..... |
| S - III National Reserve (Apparel Grant) | ..... |
| T - III National Reserve Re-employment | ..... |
| W - Welfare-to-Work |** |
| Y - School-to-Career | ..... |

WIA

| |
|---|
| Multi-Funds |
| TAA/WIA Dual Enrollment (NEG) |
| Adult |
| N/A |
| Summer Youth |
| Out of School Youth |
| Governor's Setaside |
| LWIA Dislocated Worker |
| In School Youth |
| Local ADMIN |
| ADMIN 5% |
| State General Funds WtW Match |
| Secondarily Impacted Workers (NEG) |
| Incentive |
| LWIA Dislocated Workers (75%) |
| Hurricane Ivan Disaster Grant |
| Alabama Customized Employment Program (NoPart.) |
| Adult (75%) |
| Health Insurance Tax Credit (No Part.) |
| N/A |
| Rapid Response (75%) |
| Work Incentive Program-Disabled |
| Military Employment & Training Initiative |
| WIA Title V Incentive Grant-PY03 |
| PY Adult Transfer |
| FY Adult Transfer |
| Rapid Response |
| Multi-Company (NEG) |
| Governor's Setaside (75%) |
| BRAC (NEG) |
| Dual Enrollment 6/30 (NEG) |

**Recent Change

07/2005

- 3&4 LWIA
- 10 - WDD State Programs
 - 11 - WDD State Programs Region I
 - 12 - WDD State Programs Region II
 - 13 - WDD State Programs Region III
 - 14 - WDD State Programs Region IV
 - 15 - WDD State Programs Region V
 - 16 - WDD State Programs Region VI
 - 17 - School-to-Career
 - 18 - ACIN
 - 20 - AWIA Statewide
 - 21 - AWIA Region I
 - 22 - AWIA Region II
 - 23 - AWIA Region III
 - 24 - AWIA Region IV
 - 25 - AWIA Region V
 - 26 - AWIA Region VI
 - 30 - Jefferson County Commission
 - 40 - Mobile Works, Inc.
- 5&6 Activities
- 01 - **BASIC SKILLS TRAINING**
 - 02 - REMEDIAL READING/WRITING/MATHEMATICS
 - 03 - LITERACY
 - 04 - STUDY SKILLS
 - 05 - ENGLISH FOR NON-ENGLISH SPEAKERS
 - 06 - BILINGUAL
 - 07 - GED
 - 08 - BASIC SKILLS EMPLOY. COMPS (YOUTH)
 - 09 - SCHOOL TO POST-SECONDARY TRANSITION
 - 10 - ALTERNATIVE HIGH SCHOOL
 - 11 - MENTORING
 - 12 - OTHER

 - 15 - **OCCUPATIONAL SKILLS TRAINING**
 - 16 - JOB-SPECIFIC COMPETENCIES
 - 17 - SCHOOL-TO-WORK/APPREN. (JOB SPECIFIC)
 - 18 - ON-SITE INDUSTRY SPECIFIC
 - 19 - CUSTOMIZED
 - 20 - ENTREPRENEURIAL
 - 21 - INTERNSHIP
 - 22 - PRE-APPRENTICESHIP
 - 23 - ADVANCED CAREER
 - 24 - INDIVIDUAL REFERRAL
 - 25 - UPGRADE

02/2005

- 26 - RETRAINING
- 27 - OTHER
- 30 - **ON-THE-JOB TRAINING (01-99)**
- 31 - ON-THE-JOB TRAINING (ABOVE 99)
- 32 - **WORK EXPERIENCE**
- 33 - VOCATIONAL EXPLORATION
- 34 - ENTRY EMPLOYMENT EXPERIENCE-YOUTH ONLY
- 35 - PRIVATE/LIMITED INTERN 500 HOURS-YOUTH ONLY
- 36 - COMMUNITY SERVICES
- 37 - WtW ON-THE-JOB TRAINING
- 38 - **OTHER EMPLOYMENT SKILLS TRAINING**
- 39 - PRE-EMPLOYMENT/WORK MATURITY
- 40 - SCHOOL-TO-WORK/POST-SECONDARY PROGRAMS
- 41 - TRAINING COMBINED W/COMMUNITY & YOUTH SERVICES OPPORTUNITIES
- 42 - POST EMPLOYMENT SERVICES
- 43 - JOB RETENTION SERVICES
- 44 - **JOB PLACEMENT SERVICES**
- 45 - JOB DEVELOPMENT/REFERRAL/PLACEMENT
- 46 - VOCATIONAL EXPLORATION
- 47 - RELOCATION ASSISTANCE
- 48 - JOB CLUBS
- 49 - RESUME ASSISTANCE
- 50 - JOB FINDING SKILLS
- 51 - JOB READINESS
- 52 - JOB CREATION EMPLOYMENT WAGE SUBSIDIES
- 53 - **BASIC READJUSTMENT SERVICES (III)**
- 54 - ORIENTATION
- 55 - SKILLS DETERMINATION
- 56 - PRE-LAYOFF ASSISTANCE
- 57 - JOB DEVELOPMENT/REFERRAL
- 58 - JOB SEARCH
- 59 - JOB TRANSITIONAL SERVICES
- 60 - TEMPORARY JOB CREATION
- 61 - RELOCATION ASSISTANCE
- 62 - OTHER
- 63 - **SUPPORTIVE SERVICES**
- 64 - TRANSPORTATION
- 65 - HEALTH CARE
- 66 - FAMILY CARE
- 67 - HOUSING/RENTAL ASSISTANCE
- 68 - COUNSELING
- 69 - NEEDS-BASED/RELATED PAYMENTS

- 70 - CASH INCENTIVE PAYMENT (YOUTH ONLY)
- 71 - OTHER (PELL OR TRA COVERAGE)
- 72 - ADMINISTRATION
- 73 - ELIGIBILITY DETERMINATION
- 74 - ASSESSMENT
- 75 - CASE MANAGEMENT
- 76 - OUTREACH
- 77 - SUMMER ENRICHMENT
- 78 - SUMMER WORK EXPERIENCE
- 79 - SUMMER SPECIAL PROJECTS
- 80 - RAPID RESPONSE
- 81 - RELOCATION ASSISTANCE (RET)
- 82 - OTHER
- 83 - ONE STOP SHOP
- 84 - INDIVIDUAL DEVELOPMENT ACCOUNTS
- 85 - WtW COMPUTER TECHNOLOGY
- 86 - INCUMBENT WORKER
- 87 - CAPACITY BUILDING
- 88 - ACIN
- 89 - BASIC SKILLS (Youth Skill Attainment 14-18))
- 90 - OCCUPATIONAL SKILLS (Youth Skill Attainment 14-18)
- 91 - WORK READINESS (Youth Skill Attainment 14-18)
- 92 - COMMUNITY AUDIT GRANT
- 93 - PERFORMANCED BASED OJT CONTRACTS
- ** 94 - WORK INCENTIVE PROGRAM-DISABLED
- ** 95 - WIA TITLE V INCENTIVE GRANT-PY03
- 96-99- UNASSIGNED NUMBERS FOR COMBINED
ACTIVITIES/SPECIAL PROJECTS

7&8 Sequence No. 01-99

* DOL year of allocation

** Recent change

| <u>FIPS NUM. CODE</u> | <u>STATE OR STATE EQUIVALENT</u> | <u>FIPS NUM. CODE</u> | <u>STATE OR STATE EQUIVALENT</u> |
|---------------------------|--------------------------------------|---------------------------|--------------------------------------|
| 01 | Alabama | 36 | New York |
| 02 | Alaska | 37 | North Carolina |
| 04 | Arizona | 38 | North Dakota |
| 05 | Arkansas | 39 | Ohio |
| 06 | California | 40 | Oklahoma |
| 08 | Colorado | 41 | Oregon |
| 09 | Connecticut | 42 | Pennsylvania |
| 10 | Delaware | 44 | Rhode Island |
| 11 | District of Columbia | 45 | South Carolina |
| 12 | Florida | 46 | South Dakota |
| 13 | Georgia | 47 | Tennessee |
| 15 | Hawaii | 48 | Texas |
| 16 | Idaho | 49 | Utah |
| 17 | Illinois | 50 | Vermont |
| 18 | Indiana | 51 | Virginia |
| 19 | Iowa | 53 | Washington |
| 20 | Kansas | 54 | West Virginia |
| 21 | Kentucky | 55 | Wisconsin |
| 22 | Louisiana | 56 | Wyoming |
| 23 | Maine | 60 | American Samoa |
| 24 | Maryland | 64 | Federated States of Micronesia |
| 25 | Massachusetts | | |
| 26 | Michigan | 66 | Guam |
| 27 | Minnesota | 68 | Marshall Islands |
| 28 | Mississippi | 69 | Northern Mariana Islands |
| 29 | Missouri | 70 | Palau |
| 30 | Montana | 72 | Puerto Rico |
| 31 | Nebraska | 74 | U.S. Minor Outlying Islands |
| 32 | Nevada | | |
| 33 | New Hampshire | 78 | Virgin Islands of the U.S. |
| 34 | New Jersey | 99 | Outside USA |
| 35 | New Mexico | | |

The following code numbers should be used to record the applicant's county of residence.

| <u>County</u> | <u>Number</u> | <u>County</u> | <u>Number</u> | <u>County</u> | <u>Number</u> |
|---------------|---------------|---------------|---------------|---------------|---------------|
| Autauga | 001 | Dallas | 047 | Marion | 093 |
| Baldwin | 003 | DeKalb | 049 | Marshall | 095 |
| Barbour | 005 | Elmore | 051 | Mobile | 097 |
| Bibb | 007 | Escambia | 053 | Monroe | 099 |
| Blount | 009 | Etowah | 055 | Montgomery | 101 |
| Bullock | 011 | Fayette | 057 | Morgan | 103 |
| Butler | 013 | Franklin | 059 | Perry | 105 |
| Calhoun | 015 | Geneva | 061 | Pickens | 107 |
| Chambers | 017 | Greene | 063 | Pike | 109 |
| Cherokee | 019 | Hale | 065 | Randolph | 111 |
| Chilton | 021 | Henry | 067 | Russell | 113 |
| Choctaw | 023 | Houston | 069 | St. Clair | 115 |
| Clarke | 025 | Jackson | 071 | Shelby | 117 |
| Clay | 027 | Jefferson | 073 | Sumter | 119 |
| Cleburne | 029 | Lamar | 075 | Talladega | 121 |
| Coffee | 031 | Lauderdale | 077 | Tallapoosa | 123 |
| Colbert | 033 | Lawrence | 079 | Tuscaloosa | 125 |
| Conecuh | 035 | Lee | 081 | Walker | 127 |
| Coosa | 037 | Limestone | 083 | Washington | 129 |
| Covington | 039 | Lowndes | 085 | Wilcox | 131 |
| Crenshaw | 041 | Macon | 087 | Winston | 133 |
| Cullman | 043 | Madison | 089 | Out of State | 997 |
| Dale | 045 | Marengo | 091 | | |

DEFINITIONS

Adult Education/Basic Skills/Literacy Skills:

Services or instruction in one or more of the following areas: adult education and literacy services, including workplace literacy services, family literacy services and English literacy services.

Advanced Training/Occupational Skills Training:

An organized program of study that provides specific vocational skills that lead to proficiency in performing actual tasks and technical functions required by certain occupational fields at entry, intermediate, or advanced levels. Such training should: (1) be outcome-oriented and focused on a long-term goal as specified in the Individual Service Strategy, (2) coincide with exit rather than short-term training that is part of services received while enrolled in ETA-funded youth programs, and (3) result in attainment of a certificate (as defined below under this attachment).

Basic Skills Deficient/Basic Literacy Skills Deficiency:

The individual computes or solves problems, reads, writes, or speaks English at or below the eighth grade level or is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society. *(TEGL 28-04 and WIASRD 131)*

Basic Skills Goal:

Measurable increase in basic education skills including reading comprehension, math, computation, writing, speaking, listening, problem solving, reasoning, and the capacity to use these skills.

Behind in Grade Level:

Individuals with educational attainment that is one (1) or more grade levels below the grade level appropriate to the age of the individuals. *(Section 129(c)(5)(C))*

When determining the level of deficiency for a youth participant, it is essential to determine the grade level at which they should be functioning. According to the Alabama Department of Education, in order to enter the first grade, a child must be six years old on or before September 1.

Certificate:

A certificate is awarded in recognition of an individual's attainment of measurable technical or occupational skills necessary to gain employment or advance within an occupation. These technical or occupational skills are based on standards developed or endorsed by employers. Certificates awarded by workforce investment boards or awarded in recognition of the attainment of only generic pre-employment or work readiness skills are not included in this definition. A certificate is awarded in recognition of an individual's attainment of technical or occupational skills by:

- A state educational agency, or a state agency responsible for administering vocational and technical education within a state.
- An institution of higher education described in Section 102 of the Higher Education Act (20 USC 1002) that is qualified to participate in the student financial assistance programs authorized by Title IV of that Act. This includes community colleges, proprietary schools, and all other institutions of higher education that are eligible to participate in Federal student financial aid programs.
- A professional, industry, or employer organization (e.g., National Institute for Automotive Service Excellence certification, National Institute for Metalworking Skills, Inc., Machining Level I credential) or a product manufacturer or developer (e.g., Microsoft Certified Database Administrator, Certified Novell Engineer, Sun Certified Java Programmer) using a valid and reliable assessment of an individual's knowledge, skills, and abilities.
- A registered apprenticeship program.
- A public regulatory agency, upon an individual's fulfillment of educational, work experience, or skill requirements that are legally necessary for an individual to use an occupational or professional title or to practice an occupation or profession (e.g., FAA aviation mechanic certification, state certified asbestos inspector).
- A program that has been approved by the Department of Veterans Affairs to offer education and training to veterans and other eligible persons under provisions of the Montgomery GI Bill.
- Office of Job Corps.
- Institutions of higher education which is formally controlled, or has been formally sanctioned, or chartered, by the governing body of an Indian tribe or tribes. *(Effective 7/1/05)(WIASRD PY2005)*

Credential:

Nationally recognized degree or certificate or State/locally recognized credential. Credentials include, but are not limited to a high school diploma, GED or other recognized equivalents, post-secondary degrees/certificates, recognized skill standards, and licensure or industry-recognized certificates. States should include all State Education Agency recognized credentials. In addition, States should work with local Workforce Investment Boards to encourage certificates to recognized successful completion of the training services listed above that are designed to equip individuals to enter or re-enter employment, retain employment, or advance into better employment.

Customized Training:

Designed to meet the special requirements of an employer (including a group of employers), that is conducted with a commitment by the employer to employ, or in the case of incumbent workers, continue to employ, an individual on successful completion of the training, and for which the employer pays for not less than 50 percent of the cost of training. (*Sec. 101 (8)*)

Date of Actual Qualifying Dislocation:

The last day of employment at the dislocation job. (*WIASRD 125*)

Date of Exit:

Represents the last day on which the individual received a service funded by the program or a partner program.

Date of Program Participation:

Represents the first day, following a determination of eligibility, that the individual begins receiving a service funded by the program. (*WIASRD 302*)

Diploma:

The term diploma means any credential that the state education agency accepts as equivalent to a high school diploma.

Disability:

Means with respect to an individual: 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. (*Public Law 101-336 Americans with Disabilities Act of 1990*)

Dislocated Worker Category:

- A. has been terminated or laid off, or who has received a notice of termination or layoff, from employment; is eligible for or has exhausted entitlement to unemployment compensation; or has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in section 134(c), attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and is unlikely to return to a previous industry or occupation;
- B. has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or for purposes of eligibility to receive services other than training services described in section 134(d)(4), intensive services described in section 134(d)(3), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.
- C. was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters; or
- D. is a displaced homemaker.

Displaced Homemakers only:

An individual who has been providing unpaid services to family members in the home who has been dependent on the income of another family member but is no longer supported by that income; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. (*WIASRD 124*)

Note: Underemployment occurs when a worker is either overqualified for his/her job, or is not working full-time and is working fewer hours than desired. For example, a college graduate in microbiology can find no work in his/her field and ends up as a clerk in a department store.

Educational Gain:

At post-test, participant completes or advances one or more educational functioning levels from the starting level measured on entry into the program (pre-test).

Eligible Non-Citizen:

Participation in programs and activities financially assisted by WIA "shall be open to citizens and nationals of the United States, lawfully admitted permanent resident aliens, lawfully admitted refugees and parolees, and other individuals authorized by the Attorney General to work in the United States". "Citizens and nationals must prove citizenship with documentation of place of birth or citizenship status.

Permanent Resident and Temporary Resident Aliens must prove citizenship status with an alien registration receipt card issued by the Immigration and Naturalization Service. This card is a photo ID. ID's issued prior to July 1, 1979, will be a Form 1-151 (green card). Subsequent ID's will be Form 1-551 (white card). All permanent resident aliens are "authorized to work".

Lawfully admitted refugees, parolees, and other individuals must prove authorized employment status with an annual-departure record issued by the Immigration and Naturalization Service. If the individual is permitted to work in the U.S., that persons' card will be stamped "Employment Authorized". (*Sec. 188(A)(5)*)

Eligible Veteran Status:

The individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.

The individual served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or (g), 673 (a) of Title 10, U.S.C., 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. The individual is a person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C. 101.

The individual does not meet any one of the conditions described above.

Eligible Youth:

Means an individual whom:

- a. is not less than age 14 and not more than age 21
- b. is a low-income individual and
- c. is an individual who is one or more of the following:
 1. Deficient in basic literacy skills
 2. A school dropout
 3. Homeless, a runaway, or a foster child
 4. Pregnant or a parent
 5. An offender
 6. Individual who requires additional assistance to complete an educational program, or to secure and hold employment. (*Sec 101(13)*)

Employed in Any Quarter After the Exit Quarter:

The individual is considered employed in a quarter after the exit quarter if wage records for that quarter show earnings greater than zero. When supplemental data sources are used, individuals should be counted as employed if, in the calendar quarter of measurement after the exit quarter, they did any work at all as paid employees (i.e., received at least some earnings), worked in their own business, profession, or worked on their own farm.

Employment Status at Participation:

The participant is a person who either (a) did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.

The participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is currently on active military duty and has been provided with a firm date of separation from military service.

The individual does not meet any one of the conditions described above. (*WIASRD 115*)

Exit:

Is determined as follows:

1. a participant who has a date of case closure, completion or known exit from WIA-funded or non-WIA funded partner service within the quarter (hard exit) or
2. A participant who does not receive any WIA Title I funded or non-WIA funded partner service for 90 days and is not scheduled for future services except follow-up services (soft exit).

Exit Date:

The last date on which WIA Title I funded or partner services were received by the individual excluding follow-up services.

Exit Quarter:

Represents the calendar quarter in which the date of exit is recorded for the individual.

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:

- A. A husband, wife and dependent children
 - B. A parent or guardian and dependent children
 - C. A husband and wife.
- The term ‘welfare family’ is defined as those listed on the welfare grant receiving cash payments under TANF (PRWORA) Act of 1996, General Assistance (State or local government), the Refugee Assistance Act of 1980 (PL 96-212), or SSI.
 - The phrase “living in a single residence” with other family members includes temporary, voluntary residence elsewhere (e.g. attending school or college, or visiting relatives). It does not include involuntary residence elsewhere (e.g. incarceration, or placement as a result of a court order).
 - Dependent children for WIA purposes are those individuals under age 19 (or under age 24 and a full-time student) who are living in the single residence and are being claimed as dependents on the parent/guardian's income tax return at the time of application or living with the parent/guardian who has legal custody.

Family Income:

For the purpose of determining WIA income eligibility:

(A) Included as Income is:

- money wages and salaries before any deductions (includes payment for work performed under Title V or OAA);
- net receipts from non-farm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses);
- net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses);
- **regular payments from railroad retirement, strike benefits from union funds, worker's compensation, veterans' payments, and training stipends;
- alimony;
- military family allotments or other regular support from an absent family member or someone not living in the household;
- pensions whether private or government employee (including military retirement pay);
- regular insurance or annuity payments;
- college or university scholarships, grants, fellowships, and assistantships;
- dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts;
- net gambling or lottery winnings.

(B) Excluded from Income is:

- Unemployment compensation.
- Child support payments.
- Welfare payments (including AFDC, SSI, RCA, and GA or General Relief, Emergency Assistance money payments).
- Capital Gains.
- Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car.
- Tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury.
- Noncash benefits such as employer paid fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals, and housing assistance.
- Allowances or pay received by any person while serving on active duty in the Armed Services, providing that person is now a veteran (i.e., discharged from active duty). Allowances and pay received by any person while serving in Reserve or National Guard on six-month active duty for training, weekend drills, or Summer Camp are also excluded.
- Educational assistance and compensation payments to veterans and other eligible persons under Chapters 11 (Compensation for Service-Connected Disability or Death), 13 (Dependent Indemnity Compensation for Service-Connected Death), 31 (Vocational Rehabilitation), 34 (Veterans' Education Assistance), 35 (War Orphans' and Widows' Educational Assistance), and 36 (Administration of Education Benefits) of Title 38, United States Code.
- Pell Grants.
- Title IV of the Higher Education Act Federal Supplemental Education Opportunity Grants (FSEOG) and Federal Work Study (FWS).

- Needs-based scholarship assistance.
- Foster care child payments.
- Applicable to older individuals in Section 204(d) Older Worker Programs; 25% of social security benefit payments can be excluded from family income calculations.
- Social Security Disability Income (SSDI).

Food Stamps:

A member of a household that receives (or has been determined within the six month period prior to registration for the program involved to be eligible to receive).

Foster Child:

A child on behalf of whom state or local government payments are made and for whom a court order removing the child from the custody of the parent and specifying a managing conservator exists. (*WIASRD 119*)

General Assistance:

A participant who receives cash advances from one or more of these sources:

- General Assistance (GA) (State/local government)
- Refugee Cash Assistance (RCA)
- Supplemental Security Income (SSI-SSA Title XVI): (*WIASRD 121*)

Health/Medical or Family Care:

The participant is receiving medical treatment or providing care for a family member that precludes entry into unsubsidized employment or continued participation in the program. This does not include temporary conditions or situations expected to last for less than 90 days.

High School Diploma Equivalent:

A GED or high school equivalency diploma recognized by the State.

High School Dropout:

The individual has not received a secondary school diploma or its recognized equivalent and is no longer attending any school. (*WIASRD 130 (4)*)

Highest Grade Completed:

Record the highest school grade completed by the individual. This information may be updated at any time during participation in the program. (*WIASRD 123*)

Homeless:

An individual who lacks a fixed, regular and adequate nighttime residence. (see below/next page homeless/runaway). (*Sec. 101(25)(D)*)

Homeless/Runaway:

An individual who lacks a fixed, regular, adequate nighttime residence; and any adult or youth who has a primary nighttime residence that is a public or private operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. (*WIASRD 126*)

Individual:

A person not meeting the definition of family is considered to be an individual (often known as a family of one).

Individual with Disability:

Is an individual who has a physical (motion, vision, hearing) or mental (learning or developmental) impairment which substantially limits one or more of such person's major life activities and has a record of such an impairment, or is regarded as having such an impairment. (*WIASRD 104*) (as defined in section 3 of the American with Disabilities Act of 1990 (42 U.S.C. 12102)). (*Adult Ed*)[670.120](*Sec. 101(17)*)

Institutionalized:

The participant is residing in an institution or facility providing 24-hour support, such as a prison or hospital, and is expected to remain in that institution for at least 90 days. Individuals with disabilities (as defined in 29 CFR 37.4) residing in institutions, nursing homes, or other residential environments cannot be excluded under this reason. This reason does not apply to the Responsible Reintegration of Youthful Offenders program.

Job Readiness:

This consists of instruction in work maturity and pre-employment skills. This activity is provided through contracts and/or vouchers to public and/or private service providers. Also includes attitude adjustment, job seeking skills, job keeping skills, job search, extensive job development, close coordination with DSS/TANF case manager, encourage volunteer drug testing prior to job referral. Referral to needed rehabilitation and other supportive services, placement into a job paying at least minimum wage and expected to be permanent, short-term specialized occupational skills training (i.e., a certificate in MicroSoft Office, Windows 95, Lotus, etc.).

Limited English Language Proficiency:

An individual who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English or (b) who lives in a family or community environment where a language other than English is the dominant language. (*WIASRD 116*)

Low Income Individual:

Means an individual who:

- a. Receives, or is a member of a family that receives, cash payments under a Federal, State or local income-based public assistance program;
- b. Received an income, or is a member of a family that received a total family income, for the six-month period prior to application for the program involved (exclusive of unemployment compensation, child support payments, payments described in subparagraph (a) and old-age and survivors insurance benefits received under section 202 of the Social Security Act (42 U.S.C. 402)) that, in relation to family size, does not exceed the higher of..
 - (i) the poverty line, for an equivalent period; or
 - (ii) 70 percent of the lower living standard income level, for an equivalent period;
- c. Is a member of a household that receives (or has been determined within the six-month period prior to application for the program involved to be eligible to receive) food stamps pursuant to the Food Stamp Act of 1977 (7 U.S.C. 2011, et seq.);
- d. Qualifies as a homeless individual, as defined in subsections (a) and (c) of section 103 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11302);
- e. Is a foster child on behalf of whom State or local government payments are made; or
- f. In cases permitted by regulations promulgated by the Secretary of Labor, is an individual with a disability whose own income meets the requirements of a program described in subparagraph (a) or of subparagraph (b), but who is a member of a family whose income does not meet such requirements. (*WIASRD 119*)

Military Service:

Reporting for active duty. (*TEGL No. 7-99*)

Military Status at the Date of Participation:

An individual is considered to be in the military at the date of participation if: a) he/she currently is serving on active military duty and has not been provided with a date of separation from military service, or b) he/she is a member of the National Guard or one of the Military Reserves and is currently serving in a mobilized (i.e., active military duty) status.

Needs-Related Payments:

If the individual received needs related payments WIA title IB funded for the purpose of enabling the individual to participate in approved training funded under WIA Title IB. (*WIASRD 329*)

Not Employed:

An individual who does not meet the definition of employed or who, although employed, has received notice of termination of employment. (*WIASRD 115*)

Not Employed at Participation:

An individual who does not meet the definition of employed at registration or who, although employed, has received notice of termination of employment.

Number in 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. a husband, wife and dependent children;
- b. a parent or guardian and dependent children; or
- c. husband and wife
 - ➔ the term "**welfare family**" is defined as those listed on the welfare grant receiving cash payments under TANF (PRWORA) Act of 1996, General Assistance (State or local government), the Refugee Assistance Act of 1980 (PL96-212), or SSI

- ➔ The phrase **“living in a single residence”** with other family members includes temporary, voluntary residence elsewhere (e.g. attending school or college or visiting relatives). It does not include involuntary residence elsewhere (e.g. incarceration, or placement as a result of a court order).
- ➔ **“Dependent children”** for WIA purposes are those individuals under age 19 (or under age 24 and a full-time student) who are living in a single residence and are being claimed as dependents on the parent/guardian’s income tax return at the time of application or living with the parent/guardian who has legal custody. (*Sec 101)(15)*)

Occupational Skills:

Encompass the proficiency to perform actual tasks and technical functions required by certain occupational fields at entry, intermediate, or advanced levels. (*TEGL 7-99*)

Occupational Skills Goal:

Primary occupational skills encompass the proficiency to perform actual tasks and technical functions required by certain occupational fields at entry, intermediate, or advanced levels. Secondary occupational skills entail familiarity with and use of set-up procedures, safety measures, work-related terminology, record keeping and paperwork formats, tools, equipment and materials, and breakdown and clean-up routines.

Offender:

An individual who is, or has been, subject to any stage of criminal justice program for whom services under WIA may be beneficial; or who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction. (*WIASRD 127*)

On-the-Job Training:

Training by an employer that is provided to a paid participant while engaged in productive work in a job that:

- ➔ provides knowledge or skills essential to the full and adequate performance of the job;
- ➔ provides reimbursement to the employer of up to 50 percent of the wage rate of the participant for the extraordinary costs of providing the training and additional supervision related to the training; and
- ➔ is 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. (*WIASRD 336*)

Out-of-School Youth:

(Sec. 101 (33)) An eligible youth who is a school dropout, or who has received a secondary school diploma or its equivalent but is basic skills deficient, unemployed, or underemployed. For reporting purposes, this term includes all youth except those who are attending any school and have not received a secondary school diploma or its recognized equivalent, and except those who are attending post-secondary school and are not basic skills deficient.

Participant:

The term participant means an individual who is determined eligible to participate in the program and receives a service funded by the program in a physical location (e.g., a One-Stop career center). States and grantees are encouraged to consider as participants those individuals who receive services that are available electronically and are not accessed through a physical location. (*TEGL 28-04*)

Participation Quarter:

Represents the calendar quarter in which the date of participation is recorded for the individual. (*TEGL 28-04*)

Physical Location:

A physical location means a designated One-Stop career center, an affiliated One-Stop partner site, including a technologically linked access point, where services and activities funded by the program are available, or other specialized centers and sites designed to address special customer needs, such as company work sites for dislocated workers. (*TEGL 28-04*)

Planned Gap in Service:

No participant activity of greater than 90 days due to a delay before the beginning of training or a health/medical condition that prevents an individual from participating in services.

Post-Secondary Education:

A program at an accredited degree-granting institution that leads to an academic degree (e.g., A.A., A.S., B.A., B.S.). Programs offered by degree-granting institutions that do not lead to an academic degree (e.g., certificate programs) do not count as a placement in post-secondary education, but may count as a placement in “advanced training/occupational skills training.”

Post-test:

A test administered to a participant at regular intervals during the program. (*TEGL 28-04*)

Pre-test:

A test administered to a participant within 60 days following the date of participation. *(TEGL 28-04)*

Pregnant or Parenting:

An individual who is under 22 years of age and who is pregnant or a youth (male or female) who is providing custodial care for one or more dependents under age 18. *(WIASRD 128)*

Public Assistance:

If the individual is a person who is receiving or has received cash assistance or other support services from one of the following sources at any time during participation in the program: General Assistance (GA) (State/local government), Refugee Cash Assistance (RCA), and Supplemental Security Income (SSI-SSA Title XVI). Do not include foster child payments. While this information may be updated during participation, such updating is not required. *(WIASRD 121)*

Qualified Apprenticeship:

A program approved and recorded by the ETA/Bureau of Apprenticeship and Training (BAT) or by a recognized State Apprenticeship Agency (i.e., State Apprenticeship Council). Approval is by certified registration or other appropriate written credential.

Received Disaster Relief Assistance:

If the NEG participant received disaster relief assistance, which includes, but is not limited to, providing food, clothing, shelter and related humanitarian services; performing demolition, cleaning, repair, renovation and reconstruction of damaged and destroyed public structures, facilities and lands located within the designated disaster area, as defined in the grant award document. *(WIASRD 330)*

Received Pre-Vocational Activities:

If the individual received short-term prevocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct, to prepare individuals for unsubsidized employment or training (i.e., intensive services for adults and dislocated workers). *(WIASRD 338)*

Received Supportive Services:

If the individual received supportive services (WIA section 134(e)(2)) which include, but are not limited to, assistance with transportation, child care, dependent care, and housing that are necessary to enable the individual to participate in activities authorized under WIA title IB. For youth, support services (WIA section 101(46)) for youth include (a) linkages to community services; (b) assistance with transportation; (c) assistance with child care and dependent care; (d) assistance with housing; (e) referrals to medical services; and (f) assistance with uniforms or other appropriate work attire and work-related tools, including such items as eye glasses and protective eye gear. *(WIASRD 328)*

Received Workforce Information Services:

If the individual received workforce information services which includes, but is not limited to, information on state and local labor market conditions, industries, occupations and characteristics of the workforce, area business identified skills needs, employer wage and benefit trends, short and long term industry and occupational projections, worker supply and demand, and job vacancies survey results. In addition, workforce information may include local employment dynamics information such as the high growth and high demand industries, workforce availability, business turnover rates, job creation, job destruction, and new hire rates, and labor and commute shed information. *(WIASRD 333)*

Registration:

The process for collecting information to support determination of eligibility. This information may be collected through methods that include electronic data transfer, personal interview, or an individual's application. Adults and dislocated workers who receive services funded under Title I other than self-service or informational activities must be registered and determined eligible. EO data must be collected on every individual who is interested in being considered for WIA Title I financially assisted aid, benefits, services, or training by a recipient, and who has signified that interest by submitting personal information in response to a request from the recipient. *(Sec. 663.105 (Federal Register, vol. 65 no. 156))*

Registration Date:

Should be the date of the first WIA Title 1-B service (other than informational or self-service activities for adults and dislocated workers). *(WIASRD 302)*

Relocated to a Mandated Residential Program:

For youth participants only, the participant is in the foster care system or any other mandated residential program and has moved from the area as part of such a program.

Reservists Called to Active Duty:

The participant is a reservist who is called to active duty for at least 90 days.

School Dropout:

The individual has not received a secondary school diploma or its recognized equivalent and is no longer attending any school. *(WIASRD 130)*

Self Employed:

(Operational definition that can be used for eligibility determination and priority for service).

Self-Service/Informational Activities:

Core Services that do not require registration and tracking.

Self-Sufficiency (For Alabama):

Means employment that pays at least 200% of the lower living standard income level. (*GWDD 2005-05, Ch.5*)

Separation:

The action by which an individual ceases to be a student in the Job Corps program, either voluntarily or involuntarily. (*670.120*)

Service Area:

The geographical jurisdiction in which a WIA section 167 grantee is designated to operate. (*669.110*)

Significant Staff Involvement:

Registration into WIA is required for Adults and Adult Dislocated Workers at the point when significant staff involvement occurs. In the AWIA this occurs when WIA Title I staff begins to provide staff-intensive services such as provision of comprehensive and specialized assessments, development of an individual employment plan, group and/or individual counseling, or the provision of short-term prevocational services including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct, to prepare individuals for unsubsidized employment or training.

Single Parent:

A single, separated, divorced or widowed individual who has primary responsibility for one or more dependent children under age 18. (*WIASRD*)

Skills Upgrading/Retraining:

Is retraining and other development administered to an individual to close skill gaps resulting from obsolescence; and training and development designed to equip an individual with knowledge and skills leading to another occupation. Skills Upgrading (WtW) means improving the skills of welfare recipients and low-wage workers. (*OPM:DOL-ETA: Restructuring Handbook*)

Special Disabled Veteran:

If the veteran is entitled to compensation (or who, but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the DVA for a disability, (i) rated a 30 percent or more or, (ii) rated at 10 or 20 percent in the case of a veteran who has been determined by DVA to have a serious employment handicap. (*WIASRD 113*)

Special Populations:

Includes: (1) individuals with disabilities; (2) economically disadvantaged; (3) individuals preparing for non-traditional training and employment; (4) single parents, including single pregnant women; (5) displaced homemakers; and (6) individuals with other barriers to educational achievement including individuals with limited English proficiency. (*SIC*)

Spouse:

The husband or wife of the FA grantee in a two-parent FA unit. (*JOBS*)

SSI:

Supplemental Security Income (SSI-SSA Title XVI for the Aged, Blind, and Disabled) participant receives cash assistance under a State plan. (*WIASRD 121*)

Staff-Assisted Services:

Are designed to impart job seeking and/or occupational skills and should require registration. (*TEGL No. 7-99*)

Temporary Assistance to Needy Families:

The individual is a person who is listed on the welfare grant or has received cash assistance or other support services from the TANF agency at any time during participation in the program. While this information may be updated during participation, such updating is not required. (*WIASRD 120*)

Underemployed:

Is an individual who is working part-time but desires full time employment, or who is working in employment not commensurate with the individual's demonstrated level of educational attainment. (*668.150*)

Unemployment Compensation Programs:

Authorized under State unemployment compensation laws (in accordance with applicable Federal law), if the individual is an eligible U.C. claimant referred by the Worker Profiling and Reemployment Services (WPRS) system, and meet these three record qualifications:

- ➔ If the individual is an eligible U.C. claimant but was not referred by WPRS.
- ➔ If the individual exhausted his/her U.C. benefits
- ➔ If the individual was neither a U.C. claimant nor an exhaustee.

An eligible U.C. claimant is an individual who has been determined to be monetarily eligible for benefit payments under one or more State or Federal unemployment compensation programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights. (*WIASRD 118*)

Work Place Training/ Cooperative Education:

Is largely limited to managers, executives, and those already technically trained. Cooperative education coordinates educational programs with work in the private sector. (*DOL-ETA: Learning a Living: a Blueprint for High Performance*)

Work Readiness Skills Goal:

Work readiness skills include world or work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision making, and job search techniques (resumes, interviews, applications, and follow-up letters). They also encompass survival/daily living skills, such as using a phone, telling time, shopping, renting an apartment, opening a bank account, and using public transportation. They also include positive work habits, attitudes, and behaviors such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and co-workers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job. This category also entails developing motivation and adaptability, obtaining effective coping and problem-solving skills, and acquiring an improved self-image.

Youth Needing Additional Assistance:

A youth, aged 14-21, who requires additional assistance to complete an educational program or to secure and hold employment as defined by State or local policy. (*WIASRD 129*)

ELIGIBILITY DOCUMENTATION FORMS

Documents that Verify Multiple Items:

Several documents provided by customers to verify eligibility items may be utilized to verify multiple items required to complete the WIA eligibility process. The most commonly used documents and items they verify are as follows:

DRIVER'S LICENSE

Identification (photo/descriptive I.D.)

Date of Birth

Social Security Number (some states)

SELECTIVE SERVICE CARD

Date of Birth

Social Security Number

Selective Service Number

PUBLIC ASSISTANCE RECORDS

Economic Status

Family Size

Date of Birth

Social Security Number

Citizenship

PASSPORT

Citizenship

Photo Identification

Date of Birth

BIRTH CERTIFICATE

Date of Birth

Citizenship

Individual Status

DD-214 REPORT

Citizenship (if place of birth shown)

Date of Birth

Veteran Status

Social Security Number

PAY STUBS

Income

Social Security Number

TAX FORMS

Social Security Number

Family Size

WIA TELEPHONE VERIFICATION/DOCUMENT INSPECTION FORM

IDENTIFYING INFORMATIONApplicant's Name: _____
Last First MI

SSN: _____ - _____ - _____ Date: ____/____/____

WIA ELIGIBILITY VERIFICATION BY TELEPHONE

Name AND/OR Number of Document: _____

| |
|--|
| Eligibility Item(s) to be Verified: _____ |
| Information Verified: _____ |
| Agency Providing Verification: _____ |
| Agent Verifying Eligibility Item: _____ |
| Date and Time of Verification: _____ |
| Telephone Number of Agency Providing Verification: (_____) _____ - _____ |

WIA ELIGIBILITY VERIFICATION BY DOCUMENT INSPECTION

Name AND/OR Number of Document: _____

| |
|--|
| Eligibility Item(s) to be Verified: _____ |
| Information Verified: _____ |
| Document to be Inspected: _____ |
| Original Source of Document: _____ |
| Reason for Document Inspection: _____ Remote Site Eligibility, No Copier Available |
| _____ On Site Eligibility, No Copier Available |
| _____ Document Cannot be Copied |

I ATTEST THAT THE INFORMATION RECORDED BY ME ON THIS DOCUMENT WAS OBTAINED THROUGH TELEPHONE CONTACT OR DOCUMENT INSPECTION ON THE ABOVE DATE. AS INDICATED BY THE AGENT, ALL INFORMATION WAS OBTAINED FROM DATA PREVIOUSLY DETERMINED AND RECORDED IN THE APPLICANT'S RECORDS AT THE AGENCY PROVIDING THE ELIGIBILITY VERIFICATION.

OR

I ATTEST THAT THE DOCUMENT INSPECTION, VERIFIED THE PRIMARY/SECONDARY ITEMS REQUIRED TO DETERMINE ELIGIBILITY FOR THE WIA PROGRAM.

SIGNATURE, TITLE____/____/____
DATE

TELEPHONE/DOCUMENT INSPECTION VERIFICATION REQUIREMENTS

Introduction

WIA eligibility criteria may be verified by telephone contacts with cognizant governmental or social service agencies, or by document inspection. The information obtained must be documented by recording the information on a standardized form such as the example contained in this part. Information recorded must be adequate to enable a monitor or auditor to trace back to the cognizant agency or the document used. Telephone verification must include the name of the agency representative providing the verification information.

In some cases, the information provided by an agency through telephone contact may be sufficient to satisfy multiple WIA eligibility criteria. For example, verification that an applicant has been determined eligible to receive TANF can satisfy the requirements for Youth and Adult program eligibility.

Documentation of eligibility verification through document inspection is appropriate when documents cannot or may not be machine-copied.

Agencies that may assist in verifying via telephone are as follows:

- Local schools
- Social Security Administration
- Veterans Administration
- Medical and health facilities
- Vocational rehabilitation facilities
- Drug and alcohol rehabilitation facilities
- Housing authorities
- Homeless Shelters
- Judicial agencies and institutions
- Other State or local government agencies

When documentation of WIA eligibility verification is accomplished via telephone or document inspection, LWDBs are required to use a standardized form, such as the example contained in this part, for monitoring and audit purposes.

For cases where documentation cannot or may not be copied, or is not readily obtainable, a Telephone Verification/Document Inspection Form may be used. This form serves a dual purpose:

1. **Document Inspection** – used in cases when documents cannot or may not be copied, and/or if program recruitment is being conducted in the field; and
2. **Telephone Verification** – used to verify eligibility information through governmental, private and/or social service agencies. Information recorded on this form must include all the applicable information to enable a monitor and/or auditor to adequately verify eligibility; i.e., document name, contact name, telephone numbers, addresses, etc.

SELF-CERTIFICATION

(Cannot be used to certify social security no., citizenship, birthdate, or selective service)

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOLLOWING INFORMATION IS TRUE:

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.

APPLICANTS SIGNATURE and DATE

SIGNATURE OF PARENT OR GUARDIAN (as needed)

APPLICANTS ADDRESS

APPLICANTS PHONE #

The above Self-Certification is being utilized for documentation of the following eligibility criteria:

CERTIFICATION

I certify that the information recorded on this form was provided by the individual whose signature appears above.

Certifier's Signature/Date: _____

Self-Certification Requirements:

After review of the eligibility criteria along with possible ways to document the criteria, it was found that much of the documentation was readily available through a number of agencies or sources. In some cases definitive documentation is required, e.g. eligibility to work (I-9 requirements under IRCA) and Selective Service registration or exemption for males.

WIA allows for use of Self-Certification to document those items that in some cases are not verifiable or may cause undue hardship for individuals to obtain. A Self-Certification may be used after all practicable attempts to secure documentation have failed.

In order to utilize the Self-Certification as documentation, the following requirement must be adhered to:

1. The Self-Certification form, or facsimile, must be utilized.

EXAMPLE: Use of the Self-Certification form is as follows: If an applicant states the he/she cannot provide evidence that no income was received during the past six months, and that he/she was unemployed for that period, the blank spaces following the words "I certify, under penalty of perjury, that the following information is true" may be completed, for example as follows: "have received no income from any source during the past six months, I have been unemployed during that time, and have been supported by donations/contributions from relatives and friends."

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.

Applicants Signature and Date

Corroborating Witness Name

Signature of Parent or Guardian (as needed)

Corroborating Witness Phone #

Applicants Address

Corroborating Witness Signature and Date

Applicants Phone #

Witness' Relationship to Applicant

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

OFFICE USE ONLY

TELEPHONE VERIFICATION

The above named witness has been contacted by telephone to corroborate the information in the applicant statement.

Signature, Title

Date of Phone Contact

APPLICANT STATEMENT REQUIREMENTS

Introduction

After review of the eligibility criteria along with possible ways to document the criteria, it was found that much of the documentation was readily available through a number of agencies or sources. In some cases definitive documentation is required, e.g. eligibility to work (I-9 requirements under IRCA) and Selective Service registration or exemption for males.

WIA allows for limited use of Applicant statements to document those items that in some cases are not verifiable or may cause undue hardship for individuals to obtain. An Applicant statement may be used in the cases described below only after all practicable attempts to secure documentation have failed. Applicant statements must be supported by a documented corroborative contact or reliable witness attesting to the accuracy of the statement.

In order to utilize the Applicant statement as documentation, the following requirements must be adhered to:

1. The Applicant statement form, or facsimile, must be utilized.
2. A corroborative contact or witness must be indicated on the statement. The corroboration may be via witness signature or supporting telephone verification form. In those rare instances when an applicant cannot obtain a satisfactory witness or provide a telephone contact (homeless, ex-offender), the applicant needs to explain why such corroboration is not possible.
3. Use of the Applicant statement is limited to the following instances:
 - a. **Economic Eligibility**
 - (1) Family size-when birth certificates or 1040 and IRS Letter 1722 are not available.
 - (2) Individuals status-persons ordinarily included in the definition of family, but claiming to be no longer dependent, must complete an Applicant statement attesting to their individual status. Such statements should be corroborated by the head of household in which that person resides, if possible, individuals must also show source of his/her support.
 - (3) Proof of income for individuals who claim little or no income-statement should indicate means of support, e.g. unemployment compensation, for previous six month period. Statement should also indicate corroborative witness to verify indicated means of support.
 - (4) Individual with Disabilities-when observable or obvious condition.
 - b. **Youth Barriers**
 - (1) Drop-out Status-Applicant statement is to be used only for out-of-state and/or Applicants 16 years of age or older when documentation from the school district cannot be obtained.
 - (2) Offenders-when court records or other documentation are unobtainable.
 - (3) Pregnant or a parent.
 - (4) Homeless or runaway youth.

EXAMPLES: Use of the sample Applicant Statement form is as follows: If an Applicant states the he/she cannot provide evidence that no income was received during the past six months, and that he/she was unemployed for that period, the blank spaces following the words "I certify, under penalty of perjury, that I" may be completed, for example as follows: "have received no income from any source during the past six months, that I have been unemployed during that time, and have been supported by donations/contributions from relatives and friends." This should be corroborated by the person(s) providing the support.

**WORKFORCE INVESTMENT ACT
TELEPHONE VERIFICATION OF PUBLIC ANNOUNCEMENT**

Date of Telephone Verification: _____

Dislocated Worker Specialist
Contacted: _____

Job Title: _____

Division/Department: _____

Telephone Number: (_____) _____ - _____

Company's Name: _____ Date of Closure: ____/____/____

Media Form of Announcement: _____

Specific Site(s) to be Affected: _____

Documentation Information Specific to Closing: _____

NOTE: The following criteria are required for meeting eligibility policy under the Public Announcement Category:

- ___ 1. Must employ 50 or more workers.
- ___ 2. Been declared through media.
- ___ 3. Specific sites must be due to close by specific date.

CERTIFICATION

I certify that the information provided above meets the requirements for Dislocated Worker eligibility under a "Public Announcement."

Signature, Title

_____/_____/_____
Date

Signature, Title

_____/_____/_____
Date

**WORKFORCE INVESTMENT ACT
VERIFICATION OF TERMINATION OR LAYOFF
DISLOCATED WORKER PROGRAM**

Applicant's Name: _____

Application Date: ___/___/___

TO: THE EMPLOYER OF THE UNDERSIGNED

Please provide the information requested below as it will assist in establishing my eligibility for the Workforce Investment Act (WIA).

Thank you for your help.

Signature of Applicant

Social Security Number

| <u>TO BE COMPLETED BY EMPLOYER</u> | |
|---|-------------------------|
| Employer's Name: _____ | |
| Street Address: _____ | |
| City: _____ | State: _____ Zip: _____ |
| Phone Number: (____) _____ - _____ | |
| Position Held: _____ | |
| Employed From: ___/___/___ | TO: ___/___/___ |
| Has the Applicant been terminated or received a notice of termination (i.e. separated from Employment due to reasons other than discharge for cause, voluntary departure, or retirement)? | |
| ___ Yes ___ No | |
| Is the termination a result of the permanent closure of your plant/facility/enterprise? | |
| ___ Yes ___ No | |
| Is the termination a result of a substantial layoff* at your plant/facility/enterprise? | |
| ___ Yes ___ No | |
| Was the Applicant's position covered by unemployment insurance? | |
| ___ Yes ___ No | |
| _____ Signature, Title Date | |
| PLEASE RETURN TO: Agency's Name _____ | |
| Street Address _____ | |
| City _____ | State _____ Zip _____ |
| ATTENTION: _____ | |

CERTIFICATION

I certify that I have contacted the above named employer/representative and the information provided is true and correct to the best of my knowledge.

Signature, Title

_____/_____/_____
Date

Signature, Title

_____/_____/_____
Date

**ALABAMA WORKFORCE INVESTMENT ACT
EMPLOYMENT/INCOME VERIFICATION**

WIA Applicant's Name: _____ Application Date: ____/____/____
 Employee Name: _____ Relationship to Applicant: _____

TO WHOM IT MAY CONCERN:

This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for training and employment under the Workforce Investment Act, verification of income actually received for the period ____/____/____ to ____/____/____ is needed. Please complete this form as soon as possible as it is required before I or a member of my family can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated.

Thank you,

 Signature of Employee Social Security Number

TO BE COMPLETED BY THE EMPLOYER

Employers Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Position Held: _____

Employee From: _____ to _____

Income Determination Period for Program Eligibility: _____ to _____

Total Gross Wages/Salary: \$ _____ [Includes all pay received (before deductions) inclusive of income determination period listed above]

 Signature of Employer Representative, Title, Date

PLEASE RETURN TO: Agency's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Attention: _____

This information may be completed by the contractor if verified by telephone contact indication who supplied the information and the date the telephone contact was made.

 Signature, Title Date

**WORKFORCE INVESTMENT ACT
APPLICANT STATEMENT OF FAMILY STATUS**

| IDENTIFYING INFORMATION | | | |
|-------------------------|-----------------|-------------------|-----------------|
| Applicant's Name: | _____ | _____ | _____ |
| | Last | First | MI |
| SSN: | ____-____-_____ | Application Date: | ____/____/_____ |

To be completed by WIA Applicant with Staff Assistance:

For use in completing this form, the following definition applies:

FAMILY is defined as one of the following:

- (a) A husband, wife, and dependent children.
- (b) A parent or legal guardian and dependent children.
- (c) A husband and wife.

Please provide information regarding the applicant's FAMILY as requested below (see instructions):

Address: _____

| FAMILY MEMBERS NAME | RELATIONSHIP TO APPLICANT |
|---------------------|---------------------------|
| | |
| | |
| | |
| | |

Please complete the following information for FAMILY MEMBERS not currently residing in the applicant's residence (see instructions). [If applicable]

| NAME | LOCATION | REASON |
|------|----------|--------|
| | | |
| | | |

I attest to the best of my knowledge that the information above is true and correct.

Signature of Applicant

Date

CORROBORATING WITNESS – I attest to the best of my knowledge that the information above is true and correct.

| | |
|-----------------|----------------------------|
| Name: | Signature: |
| Street Address: | City, State, Zip: |
| Telephone #: | Relationship to Applicant: |

INSTRUCTIONS FOR COMPLETING APPLICANT STATEMENT OF FAMILY STATUS

In cases where the recommended sources of Family Status documentation are unavailable, or the attainment of such documentation would place an undue hardship on the applicant, then this form may be used.

The purpose of this form is to verify WIA Applicant's Family Status at time of application. This entails documenting the size and makeup of the Applicant's FAMILY. This form is only necessary when eligibility is based on FAMILY INCOME for the past 26 weeks.

The **Applicant Statement of Family Status** should be completed by the applicant with the assistance of WIA intake staff to ensure it is completed correctly. The Applicant will then take the form to have it signed by a witness who can corroborate the given information.

Staff must use the definition of **FAMILY** as described in the WIA Eligibility Policy and Procedures Forms Handbook to complete this form.

FAMILY MEMBERS NAME/RELATIONSHIP TO APPLICANT

- List the names of all FAMILY MEMBERS living in the applicant's residence.
- Indicate the relationship of each FAMILY MEMBER to the Applicant.

NAME/LOCATION/REASON

- List the names of any FAMILY MEMBERS not currently residing in the Applicant's residence.
- This should include any FAMILY MEMBER who, in accordance with the WIA definition of FAMILY is not currently living in the residence but would be considered a part of the Applicant's family. These absences may be due to temporary and voluntary residence elsewhere (e.g. attending school or college, or visiting relatives). It would not include involuntary temporary residence elsewhere (e.g. incarceration, or placement as a result of a court order).
- Indicate the location of the absent family member.
- Indicate the reason for the absence. Include whether the absence is voluntary or involuntary, and if it is temporary or permanent.

The Applicant must sign the form.

A corroborating witness must sign the form attesting to the accuracy of the given information. The corroborating witness may live in or out of the residence, and may or may not be related to the applicant. The witness must have verifiable knowledge of the applicant's FAMILY STATUS.

| DISLOCATED WORKER ELIGIBILITY CRITERIA | DISLOCATED WORKER ACCEPTABLE DOCUMENTATION |
|---|---|
| <p style="text-align: center;"><u>A</u></p> <p>1. Terminated/Laid off/Received Notice of Termination or Layoff</p> <p>2. Eligible for or has exhausted UC UI-Covered Dislocation Not UI-Covered Dislocation</p> <p>3. Unlikely to Return to Previous Industry/Occupation</p> | <p><input type="checkbox"/> Certification of Expected Separation</p> <p><input type="checkbox"/> LWDB Determination</p> <p><input type="checkbox"/> Letter from Employer</p> <p><input type="checkbox"/> Documentation from Prospective Employer</p> <p><input type="checkbox"/> Documentation from Employment Agency</p> <p><input type="checkbox"/> U.I. Screens</p> <p><input type="checkbox"/> Self-Certification Form</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other _____</p> |
| <p style="text-align: center;"><u>B</u></p> <p>Terminated/Received Notice of Layoff</p> <p>Plant/Facility/Enterprise OR Substantial Layoff</p> | <p><input type="checkbox"/> (A) Certification of Expected Separation</p> <p><input type="checkbox"/> (A,B,C) Letter from Employer</p> <p><input type="checkbox"/> (B) Media Announcement with Employment Verification</p> <p><input type="checkbox"/> (A,B,C) Self-Certification Form</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other _____</p> |
| <p style="text-align: center;"><u>C</u></p> <p>Formerly Self-Employed and Presently Unemployed because of:</p> <p>General Economic Conditions in Residing Community OR Permanently Dislocated because of Natural Disaster</p> <p>Family Member/Farm or Ranch Hand of a</p> <p>Formerly Self-Employed Individual who is now employed</p> <p><input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> (A) Business License/Permit</p> <p><input type="checkbox"/> (A) IRS Documentation</p> <p><input type="checkbox"/> (B) Unemployment Rate</p> <p><input type="checkbox"/> (B) Failure of Business Supplier</p> <p><input type="checkbox"/> (B) Failure of Business Customer</p> <p><input type="checkbox"/> (B) Depressed Prices or Market</p> <p><input type="checkbox"/> (C) Federal/State Declaration of Disaster</p> <p><input type="checkbox"/> (A,B,C) Self-Certification Form</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> (A) Statement from Formerly Self-Employed Individual verifying that Family Member/Farm or Ranch Hand Meets Each Requirement of Family Member/Farm or Ranch Hand Definition And</p> <p><input type="checkbox"/> (B) Required Documentation for <u>C</u> Verifying Dislocated Worker Eligibility of Formerly Self-Employed Individual</p> <p><input type="checkbox"/> (A,B) Self-Certification Form</p> <p><input type="checkbox"/> Other _____</p> |

| DISLOCATED WORKER ELIGIBILITY CRITERIA | DISLOCATED WORKER ACCEPTABLE DOCUMENTATION |
|---|---|
| <p style="text-align: center;">D</p> <p>Displaced Homemaker</p> <p>1. Providing Unpaid Services AND</p> <p>2. Has been Dependent on the Income from Family Member AND</p> <p>3. Unemployed or Underemployed with Difficulty in finding Employment or upgrading</p> <p><input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> (A) IRS Documentation (A) Applicant Statement AND</p> <p><input type="checkbox"/> (B) IRS Documentation (B) Court Records (B) Medical Records (B) Bank/Financial Records AND</p> <p><input type="checkbox"/> (C) Employer Verification (C) Job Search Verification</p> <p><input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other _____</p> |
| ADULT AND YOUTH ECONOMIC ELIGIBILITY | ADULT AND YOUTH ACCEPTABLE DOCUMENTATION |
| <p>INDIVIDUAL/FAMILY INCOME</p> <p>Note: Documentation should be provided for each applicable income source.</p> <p><input type="checkbox"/> N/A If using TANF, Food Stamps, SSI, Homeless, OR Foster Child, to determine Low Income Individual.</p> | <p><input type="checkbox"/> Alimony Agreement <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Award Letter from Veterans Administration <input type="checkbox"/> Bank Statement (Direct Deposit) <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Court Award Letter <input type="checkbox"/> Employer Statement/Contact <input type="checkbox"/> Farm or Business Financial Records <input type="checkbox"/> Housing Authority Verification <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Pension Statement <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Quarterly Estimated Tax for Self-Employed Persons (Schedule C) <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> UI Documents and/or Printout <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other: _____</p> |
| <p>INDIVIDUAL STATUS/FAMILY SIZE</p> <p><input type="checkbox"/> N/A If using TANF, Food Stamps, SSI, Homeless, or Foster Child, to determine Low Income Individual family size; does not need to be documented but the family for the individual needs to be established.</p> | <p><input type="checkbox"/> Applicant Statement <input type="checkbox"/> Applicant Statement of Family Status <input type="checkbox"/> Decree of Court <input type="checkbox"/> Disabled (See Individuals with Disability) <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Medical Card <input type="checkbox"/> Most Recent Tax Return supported by IRS Documents (e.g. Form Letter 1722 - See Appendix A) <input type="checkbox"/> Public Assistance/Social Service Agency Records <input type="checkbox"/> Public Housing Authority (if Resident of or on Waiting List) <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other: _____</p> |

| ADULT AND YOUTH | ADULT AND YOUTH |
|---|--|
| ECONOMIC ELIGIBILITY | ACCEPTABLE DOCUMENTATION |
| <p>CASH PUBLIC ASSISTANCE</p> <p><input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> Copy of Authorization to Receive Cash Public Assistance</p> <p><input type="checkbox"/> Copy of Public Assistance Check</p> <p><input type="checkbox"/> Medical Card Showing Cash Grant Status</p> <p><input type="checkbox"/> Public Assistance Identification Card Showing Cash Grant Status</p> <p><input type="checkbox"/> Public Assistance Records/Printouts</p> <p><input type="checkbox"/> Refugee Assistance Records</p> <p><input type="checkbox"/> Self-Certification Form</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other _____</p> |
| <p>FOOD STAMPS</p> <p><input type="checkbox"/> N/A</p> <p>Note: The listed items of documentation are acceptable for any individual listed on the grant</p> | <p><input type="checkbox"/> Current Authorization to Obtain Food Stamps</p> <p><input type="checkbox"/> Current Food Stamp Receipt</p> <p><input type="checkbox"/> Food Stamp Card with Current Date</p> <p><input type="checkbox"/> Letter from Food Stamp Disbursing Agency</p> <p><input type="checkbox"/> Postmarked Food Stamp Mailer with Applicable Name and Address</p> <p><input type="checkbox"/> Public Assistance Records/Printout</p> <p><input type="checkbox"/> Self-Certification Form</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other _____</p> |
| <p>HOMELESS</p> <p><input type="checkbox"/> N/A</p> | <p><input type="checkbox"/> Applicant Statement</p> <p><input type="checkbox"/> Written Statement from an Individual Providing Temporary Residence</p> <p><input type="checkbox"/> Written Statement from Shelter</p> <p><input type="checkbox"/> Written Statement from Social Service Agency</p> <p><input type="checkbox"/> Self-Certification Form</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other _____</p> |
| <p>SUPPORTED FOSTER CHILD</p> <p><input type="checkbox"/> N/A</p> <p>Note: In order to document both criteria, multiple documentation may be required</p> | <p><input type="checkbox"/> Court Contact</p> <p><input type="checkbox"/> Court Documentation</p> <p><input type="checkbox"/> Medical Card</p> <p><input type="checkbox"/> Verification of Payment made on Behalf of the Child</p> <p><input type="checkbox"/> Written Statement from State/Local Agency</p> <p><input type="checkbox"/> Self-Certification Form</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other _____</p> |
| <p>INDIVIDUALS WITH DISABILITIES</p> <p><input type="checkbox"/> N/A</p> <p>Note: If an individual declares a disability, any one of the listed items may be used</p> | <p><input type="checkbox"/> Letter from Drug or Alcohol Rehabilitation Agency</p> <p><input type="checkbox"/> Letter from Child Study Team Stating Specific Disability</p> <p><input type="checkbox"/> Medical Records</p> <p><input type="checkbox"/> Observable Condition (Applicant Statement Needed)</p> <p><input type="checkbox"/> Physician's Statement</p> <p><input type="checkbox"/> Psychiatrist's Diagnosis</p> <p><input type="checkbox"/> Psychologist's Diagnosis</p> <p><input type="checkbox"/> Rehabilitation Evaluation</p> <p><input type="checkbox"/> School Record</p> <p><input type="checkbox"/> Sheltered Workshop Certification</p> <p><input type="checkbox"/> Social Service Records/Referral</p> <p><input type="checkbox"/> Social Security Administration Disability Records</p> <p><input type="checkbox"/> Veterans Administration Letter/Records</p> <p><input type="checkbox"/> Vocational Rehabilitation Letter</p> <p><input type="checkbox"/> Workers Compensation Record</p> <p><input type="checkbox"/> Self-Certification Form</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other _____</p> |

| ADULT AND YOUTH | ADULT AND YOUTH |
|--|---|
| ECONOMIC ELIGIBILITY | ACCEPTABLE DOCUMENTATION |
| LWIB DEFINED BARRIER <input type="checkbox"/> N/A | Identify LWIB Barrier: _____ <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| YOUTH BARRIERS | ACCEPTABLE DOCUMENTATION |
| DEFICIENT IN BASIC LITERACY SKILLS <input type="checkbox"/> N/A | <input type="checkbox"/> Assessed by a Generally Accepted Standardized Test <input type="checkbox"/> School Records <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other _____ |
| PREGNANT OR PARENTING <input type="checkbox"/> N/A | <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Birth Certificate-(Child's) <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Medical Card <input type="checkbox"/> Physician's Note <input type="checkbox"/> Referrals from Official Agencies <input type="checkbox"/> School Program for Pregnant Teens <input type="checkbox"/> School Records <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other _____ |
| SCHOOL DROPOUT <input type="checkbox"/> N/A | <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Attendance Record <input type="checkbox"/> Dropout Letter <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other _____ |
| OFFENDER <input type="checkbox"/> N/A | <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Court Documents <input type="checkbox"/> Halfway House Resident <input type="checkbox"/> Letter of Parole <input type="checkbox"/> Letter from Probation Officer <input type="checkbox"/> Police Records <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Other _____ |
| HOMELESS RUN-AWAY YOUTH, OR FOSTER CHILD <input type="checkbox"/> N/A | <input type="checkbox"/> Applicant Statement <input type="checkbox"/> Written Statement from an Individual Providing Temporary Residence <input type="checkbox"/> Written Statement from Shelter <input type="checkbox"/> Written Statement from Social Service Agency <input type="checkbox"/> Telephone Verification <input type="checkbox"/> Self-Certification Form <input type="checkbox"/> Other _____ |
| Requires Additional Assistance (BARRIER NUMBER SIX) | State or Local Board Policy (DOCUMENTATION) |

| ELIGIBILITY CRITERIA | REQUIREMENTS |
|---|--|
| <p>SPECIAL RULE/EXEMPTION (5% Window)</p> <p><input type="checkbox"/> N/A</p> | <p>BASIC SKILLS DEFICIENT</p> <p><input type="checkbox"/> Assessed by a Generally Accepted Standardized Test</p> <p><input type="checkbox"/> School Records</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other: _____</p> <p>BEHIND GRADE LEVEL</p> <p><input type="checkbox"/> Report Card</p> <p><input type="checkbox"/> School Records</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other: _____</p> <p>SCHOOL DROPOUT</p> <p><input type="checkbox"/> Applicant Statement</p> <p><input type="checkbox"/> Attendance Record</p> <p><input type="checkbox"/> Dropout Letter</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other: _____</p> <p>OFFENDER</p> <p><input type="checkbox"/> Applicant Statement</p> <p><input type="checkbox"/> Court Documents</p> <p><input type="checkbox"/> Halfway House Resident</p> <p><input type="checkbox"/> Letter of Parole</p> <p><input type="checkbox"/> Letter from Probation Officer</p> <p><input type="checkbox"/> Police Records</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other: _____</p> <p>INDIVIDUALS WITH DISABILITIES</p> <p><input type="checkbox"/> Letter from Drug or Alcohol Rehabilitation Agency</p> <p><input type="checkbox"/> Letter from Child Study Team Stating Specific Disability</p> <p><input type="checkbox"/> Medical Records</p> <p><input type="checkbox"/> Observable Condition (Applicant Statement Needed)</p> <p><input type="checkbox"/> Physician's Statement</p> <p><input type="checkbox"/> Psychiatrist's Diagnosis</p> <p><input type="checkbox"/> Psychologist's Diagnosis</p> <p><input type="checkbox"/> Rehabilitation Evaluation</p> <p><input type="checkbox"/> School Record</p> <p><input type="checkbox"/> Sheltered Workshop Certification</p> <p><input type="checkbox"/> Social Service Records/Referral</p> <p><input type="checkbox"/> Social Security Administration Disability Records</p> <p><input type="checkbox"/> Veterans Administration Letter/Records</p> <p><input type="checkbox"/> Vocational Rehabilitation Letter</p> <p><input type="checkbox"/> Workers Compensation Record</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other: _____</p> |

