ALABAMA WORKFORCE INVESTMENT SYSTEM

Alabama Department of Economic and Community Affairs
Workforce Development Division
401 Adams Avenue
Post Office Box 5690
Montgomery, Alabama 36103-5690

November 17, 2003

GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY00-10, Change 1

SUBJECT: *Workforce Investment Act Relocation Assistance Guidelines*

1. Purpose. This Directive transmits revised exhibits and instructions for the *Workforce Investment Act Relocation Assistance Guidelines.*

2. Discussion. Attached are revised copies of exhibits and instructions for the Eligibility Form (WDD-1A), the WIA Activity/Service Record (WDD-1B), and the WIA Exit Form (WDD-2) with which to update the *Workforce Investment Act Relocation Assistance Guidelines.*
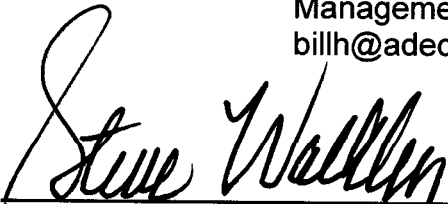
3. Action. Please replace existing pages as follows:

Exhibit A—Eligibility Form (WDD-1A), revised 08/2002, and instructions, revised 08/2003.

Exhibit B—WIA Activity/Service Record (WDD-1B) and instructions, revised 07/03.

Exhibit G—WIA Exit Form (WDD-2) and instructions, revised 08/03.

4. Contact. Questions concerning this Directive should be referred to Bill Hornsby, Supervisor, State Programs/Divisional Budget Management Section, at (334) 242-5847 or E-mail: billh@adeca.state.al.us.

Steve Walkley, Division Director
Workforce Development Division

Attachments

ELIGIBILITY FORM

Agency Name: _____

Expiration Date: | **Application 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 Code:	7a. County Name:	8. State Code:

9. Area Code:	9a. Phone Number:	10. Date of Birth: M M D D Y Y Y Y	11. Age:	12. Gender: 1=Male 2=Female

13. Citizenship: 1=US Citizen 2=Eligible Non-Citizen	14. Selective Service: 1=Yes 2=No 3=N/A	15. Disability: 1=Yes 2=Yes impediment to employment 3=No

16. 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

17. Ethnicity: 1=Yes 2=No
____ Hispanic or Latino

18. Limited English:
____ 1=Yes 2=No

19. # in family:
_____

20. Marital Status: ____ (If item 1-4 is marked complete item 20a.)
1-Single 2-Separated 3-Divorced 4-Widowed 5-Married

20a. Name:(Dependents under age 18)	Birth Date:	Gender:	Relationship:

20b. Family Income: (6 months prior to application date) ____/____/_____   *For income check only
             mm   dd   yyyy

Name	Relationship	Amount	x2	Total	Source
			x2		
			x2		
			x2		
		Total Annualized Income:			

21. 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

21a. LLSIL 200% Income
____ 1=Yes 2=No

22. Additional Youth Eligibility Criteria
1=Yes 2=No
____ A. Deficient in basic literacy skills
____ B. School drop out
____ C. Homeless, Runaway, and/or Foster Child
____ D. Pregnant or Parenting
____ E. Offender (1-Both 2-Felon 3-Misdemeanor)
____ F. Youth needing Additional Assistance

23. 5% Youth (Age 14-21)
1=Yes   2=No
____ A. School drop out
____ B. Basic skills deficient (Career Link Staff)
____ C. One or more grade level below appropriate grade
          age
____ D. Pregnant or Parenting

____ E. Possesses one or more disabilities, including learning disabilities
____ F. Homeless or Runaway
____ G. Offender (1-Both 2-Felon 3-Misdemeanor)
____ H. Barriers identified by the Local Board

24. Educational Status:_____
1-Student, high school or less
2-Student, attending post high school and not basic skills deficient
3-Student, attending post high school and basic skills deficient
4-Out of school, high school drop out
5-Out of school, high school graduate with employment difficulty
6-High school graduate with no employment difficulty

24a. Highest Grade Completed:_____

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25. Veteran Status:_____
1-Yes, 180 days or less
2-Yes, 180 days
3-No

26. Labor Force Status:_____
1-Employed
2-Not Employed

27. Unemployment Compensation
    Programs (U.I.):_____
1-Claimant
2-Exhaustee
3-Neither Claimant or Exhaustee

.If #25 = 1 or 2 complete:
a-Campaign-related veteran   _____
1-Yes 2-Yes, Vietnam-era Veteran 3-No

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

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

d-Date of Separation:

_____ /_____ /_____
M M D D Y Y Y Y

---

28. Eligible for : 1=Yes 2=No
____ Adult
____ Dislocated
____ Youth
____ Incumbent Worker

28a. Date of actual qualifying dislocation
_____ /_____ /_____
M M D D Y Y Y Y

28b. Dislocated Worker Category

___(A)___(B)___(C)___(D)
SEE TAG Page III- 2 and III-3

29. Dislocated Workers/Displaced
    Homemakers ONLY
29a. Displaced Homemaker

____ 1=Yes 2=No

30. Employment History:

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

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 #: _____

Revised 08/2002
WDD-1A

INSTRUCTIONS FOR WIA 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 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 Code:**	Enter the three-digit code from the county code list Appendix E-1 of the TAG.
7a.	**County Name:**	Enter the name of the county.
8.	**State Code:**	Enter the two-digit code from the FIPS code Appendix D-1 of the TAG.
9.	**Area Code:**	Enter the appropriate three-digit area code.
9a.	**Phone Number:**	Enter the seven digit phone number.
10.	**Date of Birth:**	Enter the date in MMDDYYYY order (i.e., July 17, 1970 as 07/17/1970).
11.	**Age:**	Enter the age.
12.	**Gender:**	Enter 1-Male or 2-Female.
13.	**Citizenship:**	Enter (1) US Citizen, (2) Eligible Non-Citizen.
14.	**Selective Service:**	Enter 1-Yes, 2 -No, 3 for N/A
15.	**Disability:****	Enter 1-Yes, 2-Yes Impediment to employment, 3-No. See TAG III-7 & 8. * (See WIASRD - page 4 item #104 for more information).

Revised 08/2003

Please use black or blue ink

16. **Race:**   Check all that apply Enter 1 - Yes or 2 - No.

   *NOTE: (TAG) Alabama Technical Assistance Guide

17. **Ethnicity:**   Enter 1= yes or 2 =no for Hispanic or Latino.

18. **Limited English Language Proficiency:**   Enter 1-Yes or 2-No.

19. **Number in Family:**   Enter total number of WIA family members in household. See TAG page III-5 & 6.

20. **Marital Status:**   Enter Marital Status (if items 1-4 is marked complete item 20a)

20a. **Name Dependents:**   Enter the name, birth date, gender, and relationship of Dependents under 18 years old.

20b. **Family Income:**   Enter total family income for six months prior to application multiplied by two to annualize. List family members that are not listed in item 20a.

   NOTE: See page III-6 and Appendix A-2 of the TAG for more detail information on income.

21. **Low Income:**   Enter 1=Yes or 2=No for all that apply items 21a-21f. Enter appropriate response in item 21b for Public Assistance. See page III-11 of the TAG.

   NOTE: When eligibility is not based on income show "00000" in 20b. Total Annualized Income. Enter 2-No for 21a.

21a. **LLSIL 200% Income**   Enter 1=Yes or 2=No.

22. **Additional Youth Eligibility Criteria:**   Enter 1=Yes or 2=No for all that apply 22a-22f. (If item 22e is Yes, circle 1-Both, 2-Felon or 3-Misdemeanor). Leave blank if the answer is no. See page III-4of the TAG.

   NOTE: Must have at least one of the criteria.

23. **5% Youth (Age 14-21):**   Enter 1=Yes or 2=No for all that apply 23a-23h. (If 22g is Yes, circle 1-Both, 2-Felon or 3-Misdemeanor). Leave blank if the answer is no.

   NOTE: Must have at least one of the A-H barriers for 5% youth. See page III-12 of the TAG.

24. **Educational Status:**   Select from 1-6 list.

24a. **Highest Grade Completed:****   Enter highest grade completed. *See WIASRD page 11 item #123.

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25.   **Veteran Status:****   Enter 1, 2, or 3. *See WIASRD - page 5 items # 111-114.

25a-d.   Complete if #25 is 1 or 2:   Enter 1, 2, or 3 for A. Enter 1, 2, or 3 for B.
Enter 1 or 2 for C. Enter date of separation for D.

26.   **Labor Force Status:**   Enter 1-Yes or 2- No. See page III-4 of the TAG.

27.   **Unemployment Compensation Programs:**   Enter 1, 2, or 3 as apply.

28.   **Eligible for:**   Enter 1-Yes or 2- No.
Incumbent Worker

28a.   Date of actual qualifying dislocation: Record MM DD YYYY.
(FOR DISLOCATED WORKER)

28b.   Dislocated Worker Category: Mark A,B,C, or D. See TAG page III-2 and III-3.

29.   **Dislocated Workers/Displaced**   Enter 1-Yes or 2- No.
Homemakers ONLY:

29a.   Displaced Homemaker: Enter 1-Yes or 2-No

30.   **Employment History:**   Enter Employment History and date for Job of dislocation

Applicant/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 1B Standardized Record Data (WIASRD), is attachment
1 in the Alabama Technical Assistance Guide.

** Asterisk denotes recent changes.

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1. Social Security Number:	2. Name: (First, space, Middle, space, Last)

3. Employment Plan:
Identify Employment Goal:_____

Justification:_____

Planned:

3a. Start date___ ___/___ ___/___ ___ ___ ___
    M M   D D   Y Y Y Y

3b. End date___ ___/___ ___/___ ___ ___ ___
    M M   D D   Y Y Y Y

Actual:

3c. Start date___ ___/___ ___/___ ___ ___ ___
    M M   D D   Y Y Y Y

3d. End date___ ___/___ ___/___ ___ ___ ___
    M M   D D   Y Y Y Y

4. Date of Registration:___ ___/___ ___/___ ___ ___ ___
    M M   D D Y Y Y Y

4a. WIA TITLE I AND PARTNER PROGRAM PARTICIPATION

A. Adult (local) 1=Yes 2=No	B. Dislocated Worker (local) 1=Yes 2=No	C. Youth (local) 1=Yes 2=No	D. Youth [Statewide(15%) Activities] 1=Yes 2=No	E. Displaced Homemaker [Statewide(15%) Activities] 1=Yes 2=No	F. Incumbent Worker [Statewide(15%) Activities] 1=Yes 2=No

G. Other [Statewide(15%) Activities] 1=Yes 2=No	H. Rapid Response 1=Yes 2=No	I. Additional Assistance 1=Yes 2=No	J. National Emergency Grant 0000-Grant number 9999-No grant number	K. Adult Education 1=Yes 2=No	L. Job Corps 1=Yes 2=No

M. Migrant & Seasonal Farmworker 1=Yes 2=No	N. Native American Programs 1=Yes 2=No	O. Veterans' Workforce Investment Programs 1=Yes 2=No	P. Trade Adjustment Act (TAA) 1=Yes 2=No	Q. NAFTA-TAA 1=Yes 2=No

R. Vocational Education 1=Yes 2=No	S. Vocational Rehabilitation 1=Yes 2=No	T. Wagner-Peyser Act 1=Yes 2=No	U. Welfare-to-Work Participant 1=Yes 2=No	V. Employment & Training programs carried out under The Community Service Block Grant 1=Yes 2=No

W. Employment & Training programs carried out by The Dept. of Housing and Urban Development 1=Yes 2=No	X. Other non-WIA Programs 1=Yes 2=No	Y. Title V activities 1=Yes 2=No	Z. Food Stamps 1=Yes 2=No

4b. Partner agency referred by (agency name)

_____

4c. Referred to Intensive services (enter one)

___   1-Yes
      2-No

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WDD-1B

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

	SERVICE	FUND	PROJECT NUMBER	START DATE M M D D YEAR	END DATE M M D D YEAR
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

6. English reading raw score or grade level

___ ___ ___ . ___

6a. Type of score
___ 1-Grade Level
   2-Raw Score

6b. Test Code for Raw Score

___ ___

7. Math reading raw score or grade level

___ ___ ___ . ___

7a. Type of score
___ 1-Grade Level
   2-Raw Score

7b. Test Code of Raw Score

___ ___

8. Basic Skill Deficiency
___   1-Yes
       2-No

9. Pell Grant Recipient (enter one)
___   1-Yes
       2-No

Enrolled By:

Signature: _____   Date:_____

Agency/Career Center: _____   Phone #: _____

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Social Security Number:	Name: (First. space. Middle. space. Last)

10. Training Services:

A. 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

	SERVICE	FUND	PROJECT NUMBER	START DATE M M D D YEAR	END DATE M M D D YEAR
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

B. Youth Services: (All youth 14-18 & 19-21 receiving YOUTH services)

Educational services	Leadership Development Opportunities
Employment services	Summer Employment Services
Additional support for youth services	

	SERVICE	FUND	PROJECT NUMBER	START DATE M M D D YEAR	END DATE M M D D YEAR
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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WDD-1B

11. Goals for Youth: (14-18 at registration)

Type of Goal #1(enter one)
____
    1=Basic Skills
    2=Occupational Skills
    3=Work Readiness Skills

11a. Attainment of Goal #1(enter one)
____
    1=Attained
    2=Set, but not attained
    3=Set, but attainment pending

11b. 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

11c. Attainment of Goal #2(enter one)
____
    1=Attained
    2=Set, but not attained
    3=Set, but attainment pending

11d. 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

11e. Attainment of Goal #3(enter one)
____
    1=Attained
    2=Set, but not attained
    3=Set, but attainment pending

11f. Date Goal #3 was set: ____/____/_____
                               mm   dd   yyyy

Project Number: _____

Date Goal #3 Attained: _____

Date Goal Ended/But Not Attained: _____

12. For Occupational Skills Training: 1-DOT 2-OES 3-O*NET	B. Occupational Title:													
▨														
C. Code:														

13. ITA Established: (enter one)
____
    1-Yes
    2-No

14. Supportive Services: 1-Yes 2-No

A. Transportation	B. Child Care	C. Dependent Care	D. Housing	E. Needs Related	F. Other
▨	▨	▨	▨	▨	▨

Enrolled By:

Name: _____   Date: _____

Agency/Career Center: _____   Phone #: _____

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WDD-1B

INSTRUCTIONS FOR WIA ACTIVITY/SERVICE RECORD
(WDD -1B)
(Please use Black or Blue Ink)

1. SSN: Enter 9-digit Social Security Number.

2. Name: Enter First(space), Middle Initial (space), and Last .

3. Employment plan: Enter the employment goal and justification based on Achievement Objectives planned to reach the overall employment goal.

3a-b. Enter Planned start and end date.
    These are the anticipated start and end dates for the objectives that were set in the employment plan.

3c-d. Enter Actual Start Date. Upon completion of services enter the End Date.
    These are the actual dates that the objectives were begun and completed.

4. Date of Registration Enter M M/ D D/ Y Y Y Y.
    NOTE: (The registration date is the date of the first WIA Title 1-B service other than informational or self-service activities for adults and dislocated workers). The date of Registration and the Employment Plan actual start date must be the same.

4a. WIA Title I and Partner Program Participant A-Z: Enter 1-Yes or 2-No, or other information as required.
    NOTE: Mark yes for all programs in which the Participant is actually enrolled.

4b. Partner agency referred by: Enter agency name.

4c. Referred to Intensive Services: Check 1-Yes or 2- No.

5. Intensive Services: Enter service received, fund, project number, and start date. Upon completion of Intensive Services enter the end date.

6. Enter grade level for English reading. Record actual score. Grade level scores below 9.0 (e.g., 8.9) are considered as at or below the 8th grade level.

6a. Enter 1-grade level.
    NOTE: At present grade level is being used for this item.

6b. Leave blank.

7. **Enter grade level for Math reading. Do not round up score (e.g., 7.6 would be recorded as 7.6).

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7a.   **Enter 1-grade level.

7b.   Leave blank.

8.   Enter 1=Yes or 2=No for basic skill deficiency.

9.   Enter 1=Yes or 2=No for pell grant recipient.

Enrolled By: Signature, date, Agency/Career Center and phone number.

Enter SSN and Name as in #1 and #2.

10.   **A. Training Services For: Adults, Dislocated Workers or Older Youth (19-21)**
        B. Youth Services (All Youth 14-18 & 19-21 receiving Youth Services).

        NOTE: Youth Services have been grouped into five categories.
        Enter Training or Youth Service, Fund, Project Number, and Start Date. Upon completion of
        Training Services enter the End Date.

11.   **Goals for Youth:(Skill attainment Goals for youth 14-18)**
        **Enter type of goal.
        **Enter date goal was set, project number, upon completion of the goal enter date goal was
        attained.
        **Enter date goal ended, but was not attained.
        **If goal was not attained, enter date goal ended.

        NOTE: Goals should be reported at time they are attained.

        NOTE: The date of the first goal set **must be** the same date as the registration date.
        One goal minimum per year is required for all in-school youth and any appropriately assessed
        out-of-school youth who need basic skills, work readiness skills, or occupational skills.

12.   **For Occupational Skills Training: Enter 1, 2, 3 for the type of occupation.
        B: Occupational Title: Enter Job Title
        C: Code: Enter the number for Occupational Skills Code entered above

13.   ITA Established :   Enter 1-Yes or 2-No.

14.   Supportive Services:
        For 14a - 14f: Enter 1-Yes or 2-No.

        Enrolled By: Signature, date, and name of Agency/Career Center.

** Asterisk denotes recent changes

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EXIT FORM

EXIT DATE: _____

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

Name																													

SSN									

1. Employment Information

1a. Hourly Wage: _____

1b. Hours worked per week: _____

1c. Employer Name: _____

1d. Employer Address: _____
   Street, City, State, & Zip Code

1e. Employer Phone Number: (___ ___ ___) ___ ___ ___-___ ___ ___

1f. Job Title: _____

1g. Occupational code (if available)

   __ __ __ __ . __ __ __

1h. Occupational code type (enter one)
__
   1 - 6 digit SOC code
   2 - 8 digit O*Net code
   3 - 9 digit DOT code
   5 - 5 digit OES code
   6 - 5 or 6 digit O*Net98 code

2. Entered training-related employment (enter one)
__
   1 - Yes
   2 - No
   3 - Training did not impart job - specific skills
   4 - Relationship of employment to training cannot be determined

3. Method used to determine training-related employment (enter one)
__
   1 - Comparison of 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. Entered non-traditional employment (enter one)
__
   1 - Yes
   2 - No

5. Attained recognized educational/occupational certificate/credential/diploma/degree (enter one)
__
   1 - Yes
   2 - No

6. Type of recognized educational/occupational certificate/credential/diploma/degree
__
   1 - High school diploma/Equivalency/GED
   2 - AA or AS diploma/degree
   3 - BA or BS diploma/degree
   4 - Occupational skills license
   5 - Occupational skills certificate or credential
   6 - Other _____
   8 - No Credential received, individual received training
   9 - N/A, individual did not receive training

7. Other reasons for exit
__ (enter one)
   1 - Called back-remained with Layoff Employer
   2 - Cannot locate
   3 - Deceased
   4 - Family Care
   5 - Health/Medical
   6 - Institutionalized
   7 - Lacks Transportation
   8 - Moved out of State
   9 - Other- Services Complete
   10-Other- Services not Complete
   11-Employed
   12-Other _____

Training/Post Secondary Education Q1 after exit (enter one)
___   1=In advanced training
          2=In post secondary education
          3=Not in further training/education

Training/Post Secondary Education Q3 after exit (enter one)
___   1=In advanced training
          2=In post secondary education
          3=Not in further training/education

Follow-up Services:(Youth ONLY) ALL YOUTH (14-21)
___   1-Yes, received 12 months of follow up services
          2-No, did not receive 12 months of follow up services

Name: _____

Date: _____

Agency/Career Center: _____

Phone #: _____

EXIT DATE: _____

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

Name																						
SSN																						

Other Youth Outcomes: (If yes, give the date)
1=Yes 2=No
___   4a. Attained a secondary high school diploma: ____/____/_____
                                                     mm   dd   yyyy

___   4b. Attained a GED or high school equivalency diploma: ____/____/_____
                                                             mm   dd   yyyy

___   4c. Attending secondary school at exit

___   4d. Did not attain diploma or equivalent

Youth Placement Information:(If yes, give the date)
   Yes 2=No
Record the placement activity the participant entered within Q1 after exit.
___   5a. Entered post secondary education:
       ____/____/_____
       mm   dd   yyyy

___   5b. Entered advance training education:
       ____/____/_____
       mm   dd   yyyy

___   5c. Entered military service:
       ____/____/_____
       mm   dd   yyyy

___   5d. Entered a qualified apprenticeship:
       ____/____/_____
       mm   dd   yyyy

___   5e. Entered unsubsidized employment:
       ____/____/_____
       mm   dd   yyyy

___   5f. Did not enter a - e above, enter 9

Youth Retention Information
1=Yes 2=No

6. Record the primary activity that the youth was in during the third quarter after exit.

___   6a. Post secondary education

___   6b. Advanced training

___   6c. Military service

___   6d. Qualified apprenticeship

___   6e. Unsubsidized employment

___   6f. Did not enter a-e above, enter 9

Follow-up Services: (Youth ONLY) ALL YOUTH (14-21)
___   1-Yes, received 12 months of follow up services
      2-No, did not receive 12 months of follow up services

Name: _____

Date: _____

Agency/Career Center: _____

Phone #: _____

Revised 7/2003
WDD-2

INSTRUCTIONS FOR WIA EXIT FORM
(WDD - 2)
EXIT DATE:_____

Enter MM/DD/YYYY. Date participant exits WIA.

I. **Outcomes for: Adults, Dislocated Workers, and Older Youth (19-21)**
Name: Enter First, Middle Initial, and Last.
SSN: Enter 9-digit Social Security Number.

1. Employment Information
    - 1a. Enter Hourly Wage:_____
    - **1b. Enter Hours Worked per Week:_____
    - 1c. Enter Employer Name
    - 1d. Enter Employer Address
    - 1e. Enter Employer Phone Number
    - 1f. Enter Job Title
    - 1g. Enter Occupational Code (if available)
    - 1h. Enter the Occupational Code Type

2. Entered training related employment: Enter 1, 2, 3,or 4

3. Method used to determine training-related employment: Enter 1, 2,or 3

4. Entered non-traditional employment: Enter 1 or 2

5. Attained recognized educational/occupational certificate/credential/diploma/degree:
Enter 1 or 2
NOTE: Credential must be obtained during participation or by the end of the third quarter after exit from services.

6. Type of recognized educational/occupational certificate/credential/diploma/degree: Enter 1, 2, 3, 4, 5, 6, 7, 8 or 9 as apply

    NOTE: #6-Other: Write in type of credential received.

7. Other reasons for exit: Enter 1-12 as apply

    NOTE: #12-Other: Write in reason for exit.

    Training/Post Secondary Education Q1 and Q3 after exit (enter 1, 2 or 3) as applicable

    NOTE: This is a required item for older youth (19-21)

    Follow-up Services: (Youth ONLY) All youth (14-21) Enter 1 or 2.
    Section 664.45 - All youth must receive follow up services for a minimum of 12 months after exit from WIA.

    NOTE: Leave this item 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.

    Signature, date, agency name, and phone number.

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EXIT DATE:_____

Enter MM/DD/YYYY. Date participant exits WIA.

II.   **Outcomes for Youth (14-18 at registration)**
Name: Enter First, Middle Initial, and Last
SSN: Enter 9-digit Social Security Number

4.   **Other Youth Outcomes (If yes give date):**
4a.   Attained a secondary high school diploma: Enter 1=Yes or 2=No, if yes enter date

4b.   Attained a GED or high school equivalency diploma: Enter 1=Yes or 2=No, if yes enter date

4c.   Attending secondary school at exit: Enter 1=Yes or 2=No.

4d.   Did not attain diploma or equivalent.

5.   **Youth Placement Information:**
Record the placement activity the participant entered within Q1 after exit.
For 5a - 5f enter 1=Yes or 2=No, if yes enter date. 5f did not enter a-e above enter 9

NOTE: When 5e is marked, complete section I Employment Information for reporting purposes. UI Wage Record will be used for performance

6.   **Youth Retention Information:(Q 3 after exit)**
**Record primary activity that the youth was in during the third quarter after exit.

For 6a - 6f enter 1=Yes or 2=No   6f did not enter a-e above enter 9

Item 6e data will be obtained from the UI Wage Record

Follow-up Services: (Youth ONLY) All Youth (14-21). Enter 1 or 2.
Section 664.45 - All youth must receive follow up services for a minimum of 12 months after exit from WIA.

**NOTE: Leave this item 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.

Signature, date, Agency/Career Center, and phone number:

**Asterisk denotes recent changes.

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