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

June 16, 2004
GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY2001-11,
Change 3

SUBJECT: PY2003 Carryover Process

1.   **Purpose.**   This directive establishes the WIA statewide carryover procedures for PY03.

2.   **Discussion.**   Participant activity in WIA programs is reported on a program year basis beginning July 1, of the current year and ending on the following June 30. Due to required fund tracking, there may be project numbers with funding from PY02 and PY03 allocations. The first digit of a contract/project number reflects the fund allocation year, not the program year. Only active participants in old projects that have been assigned new contract/project numbers must be carried over to July 1. However, Incumbent Worker Training programs often cross program years, and participants remain in the initial assigned project numbers until each respective program ends and participants are exited.

3.   **Action.**   As of July 1, 2004, some contracts/projects for Program Year 2004 will be assigned new project numbers. Each Local Area should use the following instructions for processing each participant group.

Active participants may be moved from the old PY03 project by completing the Activity/Service Record. The date of June 30, should be shown on the Activity/Service Record as the end date. This date will be entered into AlaWorks as the actual end date.

The new service will be shown on the Activity/Service Record with the new carryover project number and the start date of July 1, 2004, and this date will be entered into the AlaWorks system as the actual start date.

Youth Patricipants: The youth skill attainment goals set prior to July 1, 2004, will remain the same until the goal is attained (up to 12 months). The new project numbers for youth skills attainment goals will be used for setting any new goals as of July 1, 2004.

Exiting participants prior to June 30, 2004, will be processed in the normal manner.

New Enrollments with an Actual Start Date of July 1, 2004, or later, will be processed in the normal manner using the Eligibility Form and Activity Services Record.

You should begin to complete your exits and carryovers as soon as you have the new PY04 project numbers and know the participant's status. Please complete carryover/closeout Activity/Service Record and Exit forms as soon as possible so that they may be processed in a timely manner**. The local areas must have all required carryover/closeout records completed and in AlaWorks by Friday, July 23, 2004.**

4.   **Contact.**   Any questions concerning this directive should be directed to your Information Management/Reporting contact person.

Steve Walkley, Division Director
Workforce Development Division

Attachments

ACTIVITY SERVICE RECORD

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

9	9	9	9	1	2	3	4	5	J	O	H	N		D	O	E								

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 PARTICIPANT

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. Veteran's 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 Department 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**

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.	CareerLink		3 - - - - - - - -	7/1/03	6/30/04
2.			4- - - - - - - - -	7/1/04	
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 for 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 #:_____

Social Security Number:									Name: (First, space, Middle, space, Last)															
9	9	9	9	1	2	3	4	5	J	O	H	N		D	O	E									

10. Training Services:
A. Adult, Dislocated Worker, or Older Youth (19-21)

Adult Education/Basic Skills/Literacy Skills	Workplace 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.	Individual Ref.		3 - - - - - - - -	7/1/03	6/30/04
2.			4- - - - - - - - - -	7/1/04	
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.	Leadership Development Opp.		3 - - - - - - - -	7/1/03	6/30/04
2.			4- - - - - - - - - -	7/1/04	
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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

Type of Goal #1 (enter one)   11a. Attainment of Goal #1 (enter one)   11b. Date Goal #1 was set:

___   **1- Basic Skills**   ___   **1-Attained**   ____/____/_____

     2- Occupational Skills   **2- Set, but not attained**

     3- Work Readiness Skills   **3- Set, but attainment pending**

                                    Project Number:_____

                                    Date Goal #1 Attained:_____

                                    Date Goal Ended/But Not Attained:_____

Type of Goal #2 (enter one)   **11a. Attainment of Goal #2 (**enter one)   **11b. Date Goal #2 was set:**
___   **1- Basic Skills**   **___**   **1-Attained**   **____/____/_____**
        2- Occupational Skills   **2- Set, but not attained**
        3- Work Readiness Skills   **3- Set, but attainment pending**

                                        Project Number:_____

                                        Date Goal #2 Attained:_____

                                        Date Goal Ended/But Not Attained:_____

Type of Goal #3 (enter one)   **11a. Attainment of Goal #3 (**enter one)   **11b. Date Goal #3 was set:**
___   **1- Basic Skills**   **___**   **1-Attained**   **____/____/_____**
        2- Occupational Skills   **2- Set, but not attained**
        3- Work Readiness Skills   **3- Set, but attainment pending**

                                        Project Number:_____

                                        Date Goal #3 Attained:_____

                                        Date Goal Ended/But Not Attained:_____

12. For Occupational Skills Training:		B. Occupational Title:											
C. Code:													

13. IT 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 #:_____**