



NORTH CAROLINA DEPARTMENT OF COMMERCE
DIVISION OF WORKFORCE SOLUTIONS

DWS POLICY STATEMENT NUMBER: PS 04-2014

Date: April 4, 2014

**Subject: 2014 Lower Living Standard Income Level and
Rescission of Policy Statement PS 04-2013**

From:

William H. Collins, Jr.
Assistant Secretary for Workforce

Purpose: To transmit the income chart identifying the higher of the Federal Poverty Level Income Guidelines and the 70% Lower Living Standard Income Level guidelines. To rescind Policy Statement Number PS 04-2013 *2013 Lower Living Standard Income Level*.

Background: The U.S. Department of Labor published Lower Living Standard Income Level (LLSIL) in the Federal Register on March 27, 2014. The LLSIL is used for several purposes under the federal Workforce Investment Act (WIA). Specifically, WIA Section 101(25) defines the term “low income individual” for eligibility purposes, and Sections 127(b) (2)(C) and 132(b)(1)(B)(v)(IV) define the terms “disadvantaged youth” and “disadvantaged adult” in terms of the poverty line or LLSIL for State Formula Allotments. North Carolina and local Workforce Development Boards use the LLSIL for determining eligibility for Youth and eligibility for employed Adult workers for certain WIA services. WIA (Public Law 105-220) Section 101(24) defines the LLSIL as “that income level (adjusted for regional, metropolitan, urban and rural differences and family size) determined annually by the U.S. Secretary of Labor based on the most recent lower living family budget issued by the Secretary.”

Action: The attached 2014 Income Chart is to be used to determine low-income status of applicants for WIA services as defined in the WIA Legislation at Section 101(25).

Effective Date: March 27, 2014

Expiration: Indefinite

Contact: Division Planners

Attachment

Adjusted Income Chart Identifying the Higher of the Federal Poverty Level Income Guidelines and the 70% Lower Living Standard Income Level Guidelines, Including Metropolitan and Non-Metropolitan

**Adjustments for Family Size Differences
(Chart Reflects 6 Months Income)**

Revised: April 1, 2014

Effective: March 27, 2014

FAMILY SIZE	NON-METROPOLITAN		METROPOLITAN	
1	\$5,835		\$5,835	
2	\$7,865		\$7,909	
3	\$9,945		\$10,856	
4	\$12,277		\$13,402	
5	\$14,488		\$15,818	
6	\$16,943		\$18,500	
FOR EACH ADDITIONAL FAMILY MEMBER ADD	\$2,455		\$2,682	
METROPOLITAN STATISTICAL AREA COUNTIES				
Alamance County	Cumberland County	Haywood County	Nash County	Rockingham County
Alexander County	Davidson County	Henderson County	New Hanover County	Rowan County
Brunswick County	Davie County	Hoke County	Onslow County	Stokes County
Buncombe County	Durham County	Iredell County	Orange County	Union County
Burke County	Edgecombe County	Johnston County	Pamlico County	Wake County
Cabarrus County	Franklin County	Jones County	Pender County	Wayne County
Caldwell County	Forsyth County	Lincoln County	Person County	Yadkin County
Catawba County	Gaston County	Madison County	Pitt County	
Chatham County	Guilford County	Mecklenburg County	Randolph County	



High Country Local Area

WIA Approved Occupational Training Programs PY 2014

The following areas are authorized by the High Country Workforce Development Board as allowable training programs funded by WIA Title I Adult and Dislocated Worker Funds.

- Health Care
- Trade, Transportation, Utilities
- Accounting, Business Administration, and Office Systems
- Finance
- Computer Science and Information Systems Programs
- Industrial Engineering and Industrial Maintenance Programs
- Criminal Justice and Law Enforcement
- Retail/Hospitality
- Teacher Certification
- Auto Repair and Servicing
- Construction and Building Trades
- Advanced Manufacturing

Payment for such training with Workforce Investment Act funds will be authorized through the use of Individual Training Accounts (ITAs).

WIA Title I Service Providers may request approval for other occupations on a case by case basis. Case managers requesting to fund training for an occupation not included in the list above shall research the occupation and the local labor market demands. The research needs to determine:

1. The occupation is in demand locally; or
2. The occupation is in demand in another area to which the customer is willing to relocate; and,
3. The occupation has the potential to provide a wage that meets the self-sufficiency standard set by the High Country WDB.

The proposed training/occupation shall be in accordance with the needs of the prospective customer relative to interests, aptitudes and abilities.

We encourage, wherever possible, the pursuit of green and renewable energy jobs within any feasible training programs.

Note: Cosmetology is NOT an approved training program for Adult and Dislocated Workers.

CORE SERVICES RECEIVED
Adult/Dislocated Worker Eligibility Cover Sheet

Name _____ Date _____

*_____ Unemployed and unable to obtain employment through core services
AND needs intensive services in order to be successful*

OR

*_____ Is employed but needs intensive services to obtain or retain employment that will
allow them to be self-sufficient.*

✓	Core Service	Agency providing service
	Job Search & Placement Assistance	
	Orientation to the JobLink Center	
	Initial Assessment	
	Information regarding filing for Unemployment Insurance	
	Labor market information	
	Performance and cost information on training providers.	
	Assistance in establishing eligibility for Financial Aid Assistance	
	Information on how Local Area is performing	
	Referral to community agencies	
	Job referrals	
	Internet browsing/on-line referrals	
	Individual job development	
	Basic career information	
	Resume preparation	
	Resource room usage	
	Eligibility determination for services	
	Other	

Customers must receive **at least three** of the above services, one of which must be Job Search, and continue to be unable to find employment at which they are self-sufficient before they can be referred to Intensive Services.

WORKFORCE INVESTMENT ACT ELIGIBILITY

ADULT/DW PROGRAM

<i>Eligibility Items</i>	<i>Document/Method Used for Verification</i>
Social Security Number	
Date of Birth and Age	
Residence	
Eligibility to Work (Citizenship or Eligible Non-Citizen)	
Selective Service Registration (If male and over 18)	

See back for additional DW information.

DISLOCATED WORKER PROGRAMS

<i>Eligibility Category (Choose One)</i>	<i>Circle Verification Source Used From Approved List</i>
1. Individual has been Terminated or Laid Off From Employment OR Military Spouse Relocated due to service transfer	Termination letter/Layoff notice/Employer Statement ESC verification Military paperwork detailing transfer ** Self-Attestation – client statement attesting to dislocation
2. Individual has Received Notice of Termination or Layoff from employment	Termination letter/ Layoff notice/ Employer statement ** Self-Attestation- client statement attesting to dislocation
3. Notice of Termination due to Closure Terminated or laid off, or received notice of termination or layoff as a result of any permanent closure of plant or facility, etc.	Termination letter/ Employer statement ESC verification WARN notice ** Self-Attestation – client statement attesting to dislocation
4. Substantial Layoff at a Plant, Facility, or Enterprise Terminated or laid off, or received notice of termination or layoff as result of any substantial layoff at a plant or facility, etc.	Termination letter/ Employer statement ESC verification WARN notice ** Self-Attestation – client statement attesting to dislocation
5. General Announcement of Layoff or Closure Within 180 Days Employed at a facility at which the employer has made a general announcement that such facility will lay off or close.	Employer statement WARN notice ** Self-Attestation-client statement attesting to upcoming closure or layoff
6. Eligible for Services due to Closure For purposes of eligibility to receive services other than training, intensive, or supportive services, an individual who is employed at a facility at which the employer has made a general announcement facility will close.	Termination letter/ Layoff notice/ Employer Statement ESC verification WARN notice ** Self-Attestation – client statement attesting to dislocation
7. Was Self-employed but is Currently Unemployed as a Result of General Economic Conditions in Community,	Payment of employee and employer parts of FICA tax Wage records Copy of W-2 form Farm/Business financial records News media report General LMI information ** Self-Attestation – client statement attesting to self-employment and poor economic conditions
8. Was Self-employed but is currently Unemployed as a Result of a Natural Disaster	Payment of employee and employer parts of FICA tax Wage records Copy of W-2 form Farm/Business financial records News media report Official government declaration ** Self-Attestation – client statement attesting to self-employment and business impact due to natural disaster
9. Displaced Homemaker , an individual who has been providing unpaid services to family members AND Has been dependent upon the income of another family member AND Is no longer being supported by that income AND Is unemployed or underemployed and having difficulty in obtaining or upgrading employment.	Public Assistance records Court records Bank records Spouse’s layoff notice Spouse’s death record ** Self-Attestation-client statement attesting to displacement circumstance

High Country Workforce Development Board Discrimination Complaint Form

It is against the law for High Country Council of Governments or its subrecipients, as a recipient of financial assistance under Title I of the Workforce Investment Act (WIA) of 1998, to discriminate on the bases of race, color, religion, sex, national origin, age, disability, political affiliation or belief. It is also against the law for High Country Council of Governments or its sub-recipients to discriminate against any beneficiary of federally financially assisted programs on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I financially assisted program or activity.

If you think that you have, or someone else has, been subjected to discrimination by High Country Council of Governments or its sub-recipients on one of the bases listed above, you may file a complaint within 180 days from the date of the alleged violation with the sub-recipient organization, the High Country Council of Governments, the North Carolina Division of Workforce Solutions, or the US Department of Labor's Civil Rights Center (CRC). If you have missed this deadline and think you have good cause for filing late, you must explain the circumstances and request an extension from the Director of CRC at the address listed below. The Director will determine whether you have proven good cause for an extension and notify you of his/her determination.

To file a complaint, you may use this Complaint Information Form, or send the information listed on this form, in writing, to the sub-recipient's Equal Opportunity Officer, High Country Council of Governments, NC Division of Workforce Solutions, or CRC. To file the complaint with High Country Council of Governments, send it to Don Sherrill, High Country Council of Governments, 468 New Market Blvd., Boone, NC 28607. To file a complaint with the NC Division of Workforce Solutions, send it to Mose Dorsey, North Carolina Division of Workforce Solutions, 313 Chapanoke Road, Suite 120, 4316 Mail Service Center, Raleigh, NC 27699-4316, ATTENTION: Mose Dorsey. To file a complaint with CRC, send it to Naomi M. Barry-Perez, Director, Civil Rights Center, US Department of Labor, 200 Constitution Ave. NW, Room N-4123, Washington, DC. You may obtain a CRC complaint form electronically through CRC's website at:

<http://www.dol.gov/oasam/programs/crc/DL1-2014A-Rev-April-2011.pdf>

<http://www.dol.gov/oasam/programs/crc/DL-1-2014-Spanish.pdf>

Complainant Information:

Name: _____

Mailing Address: _____

Home Phone Number: _____

Work Phone Number: _____

E-mail Address: _____

Please provide the name and address of the person or organization that you believe discriminated against you or someone else. If you believe that someone else was discriminated against, identify that person or group of people to the best of your ability.

Name and/or Organization: _____

Mailing Address: _____

Explain as briefly and clearly as possible what happened and why you believe discrimination took place. Please give the name and contact information for any person who witnessed the events you described above. Also attach any written material that relates to the events you are describing.

Please check the box or boxes that you think best represents the reason why you believe you were, or someone else was, discriminated against. If you are filing a complaint because you believe someone else was discriminated against, and you do not have the exact information about that other person or group (such as their exact date of birth, race, national origin, or type of disability), then provide the best information that you can.

Race: Specify _____

Age: Specify Date of Birth _____

Color: Specify _____

Disability: Specify _____

Religion: Specify _____

Political Affiliation: Specify _____

National Origin: Specify _____

Reprisal/Retaliation: Specify _____

Sex: Specify _____ Male _____ Female

Other: Specify _____

Please explain the remedy that you are seeking:

Signature: _____

Date: _____

GRIEVANCE PROCEDURE

Purpose

To provide a just procedure for the presentation, adjustment and disposition of current employee grievances. To implement this policy and to assure all employees that their complaints and grievances will be answered and determined or decided fairly, quickly, equitably, and without refusal or threat.

This policy does not apply to those persons whose employment has been terminated.

Procedure

Whenever any current employee considers himself aggrieved, he shall have the right to discuss the matter with the appropriate official or officials. A grievance is any cause for dissatisfaction outside an employee's control which grows out of employment with High Country Council of Governments.

1. All grievances shall first come to the attention of the immediate Supervisor, who shall make every effort to solve the problem or correct any misunderstanding at this initial level.
2. If the Supervisor cannot solve the problem, the employee may ask to meet with the Executive Director.
3. If informal discussion with the Executive Director is unsuccessful in resolving the grievance, the employee may then appeal to the Board of Directors of High Country Council of Governments, upon written notice to the Chairman, with a copy to the Executive Director. When meeting with the Board, the employee has the right to be accompanied and assisted by any representative of the employee's own choice and expense.

The following grievance procedure applies to all WIA customers and is included on the Local Area's Participant Rights Form, which is available to all WIA customers. This process could potentially apply to all WIA funded staff.

Your Grievance Rights

If you feel it is necessary to file a complaint about the program, you should contact the agency Equal Opportunity (EO) Officer no more than 180 days after the incident occurred, and (1) Make every effort to resolve the problem informally. If this is not possible, you should then (2) File the complaint in writing, with full details, to the agency EO Officer. The agency must send you a written decision within thirty (30) days. If you are not satisfied with this decision you have five (5) days to (3) Appeal in writing to: Don Sherrill, High Country Council of Governments, 468 New Market Blvd., Boone, NC 28607. Include your full name and address, a copy of the agency's written response to your complaint, and a statement of areas of disagreement. Mr. Sherrill will send you and your agency a written response. Additional appeal rights should be addressed to NC Division of Workforce Solutions, 313 Chapanoke Road, 4316 Mail Service Center, Raleigh, NC 27699-4316, Attention: Mose Dorsey.

Note: The complaint processing procedures shall provide for alternative dispute resolution (ADR). The complainant shall have the choice of pursuing the customary investigation process or using the ADR process. If the parties do not reach an agreement under ADR at the sub-recipient or state level, a complaint may be filed with the Director of the Center for Civil Rights to US Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC, 20210.

Note: Complaints on the basis of handicap follow the procedure explained above, but have different time requirements. If you have a complaint on the basis of handicap, contact the agency's EO Officer, who will give you the information you need. Complaints on the basis of any other forms of discrimination are to be filed directly to: Naomi M. Barry-Perez, Director, Center for Civil Rights, US Department of Labor, 200 Constitution Ave., Room N-4123, Washington, DC 20210.

High Country Local Area expects its WIA service providers to update their organizational Equal Opportunity policies as changes occur within their organization that impacts their EO policy and procedures. Local Area staff monitors this information as part of our annual WIA monitoring process to insure that updates are made as necessary. High Country Council of Governments updates its EO policy and procedures as needed. In turn, the Local Area is dependent upon the Division of Workforce Solutions to keep the Local Area apprised of changes at the state and federal levels that impact our EO policy and procedures, so we can make the necessary changes to keep these documents up to date.

EO Language Included in WIA Title I Adult, Dislocated Worker, and Youth Service Provider Contracts:

- 3.8. Personnel: Equal Employment Opportunity.
- 3.8.1. The Contractor assures that its personnel policy will apply to all persons employed or funded in whole or in part under this Contract, and that merit-based personnel policies are followed.
- 3.8.2. The Contractor agrees not to discriminate on any basis prescribed in the Act or prohibited under state law. The Contractor shall designate a person other than its chief executive as its equal employment opportunity officer, who shall be responsible for the Contractor's nondiscrimination policy and for developing a procedure of investigation of and hearings on equal employment opportunity grievances.

EO Language Included in WIA Incumbent Worker Contracts:

- 5.9 Non-discrimination. (Company Name) will not discriminate against any employee employed in the performance of this Agreement, or against any applicant for employment because of race, color, religion, sex, marital status, national origin, age, disability, political affiliation, or belief.

EO Language Included in WIA On-the Job Training Contracts:

- 2.8. Equal Employment Opportunity and Affirmative Action.
Subcontractor shall take affirmative action and shall not discriminate against any employee, eligible applicant, or training participant, because of sex, race, color, religion, national origin, disability, or political affiliation. Affirmative action shall include, but not be limited to, upgrading employment, demotion and transfer, recruitment and advertisements, layoffs and termination, rates of pay, and selection for training.

Addendum to WIA Contracts: The following language has been added to all WIA service provider contracts, Incumbent Worker contracts, and On-the-Job Training Contracts as shown in Local Area Issuance No. 2008-11 Workforce Investment Act (WIA) Nondiscrimination/Equal Opportunity Standards and Complaint Procedures dated October 10, 2008.

As a condition to the award of financial assistance from the Department of Labor under Title I of WIA, the grant applicant/subcontractor assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I-financially assisted program or activity;

Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;

Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;

and Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

The grant applicant also assures that it will comply with 29 CFR Part 37 and all other regulations implementing the laws listed above.

HIGH COUNTRY LA - ADULT PARTICIPANT FILE CHECKLIST

Participant Name: _____

Social Security #: _____

SECTION 1	SECTION 2
<p>____ Case Notes/Activity Notes ____ Counseling/Post Employment Follow-up Notes</p> <p><u>Workforce Plus Forms:</u> ____ Case Profile at Exit ____ Signed & Dated WF+ Intake Form ____ First Intensive (Case Man.)Activity Screen ____ First Training Activity Screen ____ Job Referral Activity Screen ____ Leave Program Form ____ Outcomes Form ____ Exit WIA Screen ____ Employment Plan at Exit ____ 1st Quarter Supplemental Data Screen ____ 3rd Quarter Supplemental Data Screen</p>	<p><u>Eligibility Verification Items:</u> ____ Social Security Number (signed card) ____ Date of Birth ____ Citizenship/Eligibility to Work ____ Proof of Residence ____ Selective Service Compliance ____ Core Services Received /WIA Eligibility Sheet</p> <p><u>Most in Needs/Other Verification</u> ____ Most in Needs Form(when funding is limited) ____ Veteran Status ____ Public Assistance (TANF, or SSI) ____ Food Stamps ____ Low Income (for six-month period prior to application and does not exceed federal Poverty Level Income Guidelines) ____ Family Size Verification ____ Other Needs/Qualifications ____ Applicant Statement ____ Disability Verification ____ UI Records ____ Lay-off Notice/Letter/Announcement</p>
SECTION 3	SECTION 4
<p><u>WIA Orientation/Employment Plans</u> ____ Employment Plan Updates ____ Individual Employment Plan ____ WIA Orientation/Customer Rights Form ____ Applicant Responsibilities Form ____ Consent for Release of Information Form</p>	<p><u>Assessment/Core Services Documents:</u> ____ Interest Inventory ____ Basic Skills Test ____ CLW/Careerscope ____ TABE ____ Interview _____ ____ Other Assessments _____ ____ Assessment & Recommendations Summary</p>
SECTION 5	SECTION 6
<p><u>Participant Expenditures:</u> ____ Mileage/Travel Reimbursement Forms ____ Day Care Attendance/Reimbursement Forms ____ Unusual Expense Pre-Approval Form ____ Other Supportive Service ____ Cost Authorizations ____ Purchase Orders</p>	<p><u>Participant Training/ITA Services:</u> ____ Attendance Sheets ____ Grades/Transcripts ____ Training Schedules ____ ITAs/FAAs/Budgets/Purchase Orders (Staple each semester together with PO on top) ____ Voucher Control Log ____ Financial Award Analysis ____ Signed/Dated Scholarship Award Policy ____ Copy of Credential</p>
SECTION 7	SECTION 8
<p><u>Work Experience:</u> ____ Signed and Completed Time Sheets ____ Worker Evaluations ____ Job Description ____ Tax Forms (W-4 and I-9) ____ Work Experience Contract ____ Signed and Completed Worksite agreement</p>	<p><u>On-the Job Training</u> ____ Timesheets ____ Contract ____ Worker Evaluations ____ Pre-Awards Check List ____ OJT Invoices ____ Completed and Signed ____ Training Plan OJT Certificate ____ Job Description</p>

HIGH COUNTRY LA - DISLOCATED WORKER PARTICIPANT FILE CHECKLIST

Participant Name: _____

Social Security #: _____

SECTION 1	SECTION 2
<p>_____ Case Notes/Activity Notes _____ Counseling/Post Employment Follow-up Notes</p> <p><u>Workforce Plus Forms:</u> _____ Case Profile at Exit _____ Signed & Dated WF+ Intake Form _____ 1st Intensive (Case Man.) Activity Screen _____ First Training Activity Screen _____ Job Referral Activity Screen _____ Leave Program Form _____ Exit WIA Screen _____ Employment Plan at Exit _____ 1st Quarter Supplemental Data Screen _____ 3rd Quarter Supplemental Data Screen _____ LA approved Sources of Supplemental Data for 1st and 3rd Qtrs after exit</p>	<p><u>Eligibility Verification Items:</u> _____ Social Security Number (signed card) _____ Date of Birth _____ Citizenship/Eligibility to Work _____ Proof of Residence _____ Selective Service Compliance _____ Core Services Received /WIA Eligibility Sheet _____ UI Records _____ Lay-off Notice/Letter/Announcement</p> <p><u>Most in Needs/Other Verification</u> _____ Most in Needs Form (when funding is limited) _____ Veteran Status _____ Public Assistance (TANF, GA, RCA SSI) _____ Food Stamps _____ Low Income (for six-month period prior to application and does not exceed federal Poverty Level Income Guidelines) _____ Family Size Verification _____ Other Needs/Qualifications _____ Disability Verification</p>
SECTION 3	SECTION 4
<p><u>WIA Orientation/Employment Plans</u> _____ Employment Plan Updates _____ Individual Employment Plan _____ WIA Orientation/Customer Rights Form _____ Applicant Responsibilities Form _____ Consent for Release of Information Form</p>	<p><u>Assessment/Core Services Documents:</u> _____ Interest Inventory _____ Basic Skills Test _____ CLW/Careerscope _____ TABE _____ Interview _____ _____ Other Assessments _____ _____ Assessment & Recommendations Summary</p>
SECTION 5	SECTION 6
<p><u>Participant Expenditures:</u> _____ Mileage/Travel Reimbursement Forms _____ Day Care Attendance/Reimbursement Forms _____ Unusual Expense Pre-Approval Form _____ Other Supportive Service _____ Cost Authorizations _____ Purchase Orders</p>	<p><u>Participant Training/ITA Services:</u> _____ Attendance Sheets _____ Grades/Transcripts _____ Training Schedules _____ ITAs/FAAs/Budgets/Purchase Orders (Staple each semester together with PO on top) _____ Voucher Control Log _____ Financial Award Analysis _____ Signed/Dated Scholarship Award Policy _____ Copy of Credential</p>
SECTION 7	SECTION 8
<p><u>Work Experience:</u> _____ Signed and Completed Time Sheets _____ Worker Evaluations _____ Job Description _____ Tax Forms (W-4 and I-9) _____ Work Experience Contract _____ Signed and Completed Worksite agreement</p>	<p><u>On-the Job Training</u> _____ Timesheets _____ Contract _____ Worker Evaluations _____ Pre-Awards Check List _____ OJT Invoices _____ Completed and Signed _____ Training Plan _____ OJT Certificate _____ Job Description</p>

HIGH COUNTRY LA - OLDER YOUTH PARTICIPANT FILE CHECKLIST

Participant Name: _____ **Social Security Number:** _____

SECTION 1	SECTION 2
<p><u>Workforce Plus Forms:</u></p> <ul style="list-style-type: none"> _____ Case Profile at Exit _____ Signed & Dated Intake Form _____ 1st Activity (Comprehensive Guidance and Counseling) _____ Employment Plan after Exit _____ Activity Forms _____ Job Referral Form _____ Leave Program Form _____ Other Reason for Exit Documents _____ Outcomes Form _____ Exit WIA Form _____ Supplemental Data at exit _____ Supplemental Data 1st Quarter after exit _____ Supplemental Data 3rd Quarter after exit 	<p><u>Eligibility Verification Items:</u></p> <ul style="list-style-type: none"> _____ Birth Certificate (date of birth and citizenship) _____ Social Security Number (signed card) _____ Proof of Residence _____ Selective Service Compliance/Veteran Status _____ High School Diploma/GED <i>Low Income:</i> _____ Public Assistance (TANF, GA, RCA, or SSI) _____ Individual/Family Income (for 6-month period prior to application and does not exceed federal Poverty Level Income Guidelines) _____ Number in Family _____ Food Stamps _____ Foster Child (not a family member = family of one for income eligibility) _____ Disability (not a family member = family of one for income eligibility) <i>Barrier Category Documentation:</i> (must be in one or more of the following categories) _____ Deficient in Basic Literacy Skills (below 8.9 grade level) _____ School Drop Out _____ Homeless, Runaway, or Foster Child _____ Pregnant or Parenting Youth _____ Offender _____ Requires Additional Assistance
SECTION 3	SECTION 4
<p><u>Orientation/Assessment Documents:</u></p> <ul style="list-style-type: none"> _____ Get REAL Application _____ Orientation/Participant Rights Form _____ Consent For Release of Information Form _____ Liability Waiver/Photo Release _____ Youth Responsibilities Form _____ Referral Form (if applicable) _____ Interest Inventory _____ Basic Skills Assessment _____ My Personal Strengths, Skills & Interests Assessment _____ Other Assessments 	<p><u>Training and Career Goals:</u></p> <ul style="list-style-type: none"> _____ My Personal Goals and Service Plan _____ Youth Program Goal Setting and Outcomes _____ Other Toolkit forms
SECTION 5	SECTION 6
<p><u>Participant Records:</u></p> <ul style="list-style-type: none"> _____ Case Notes/Activity Notes/ Exit Follow-up Notes 	<p><u>Participant Expenditures:</u></p> <ul style="list-style-type: none"> _____ Mileage Reimbursement Forms _____ Day Care Attendance/Reimbursement Forms _____ Training Expenses _____ Incentives _____ Unusual Expenses Approval Form _____ Other
SECTION 7	SECTION 8
<p><u>Work Experience:</u> (To be filed in order by each Work Experience)</p> <ul style="list-style-type: none"> _____ Timesheets/Check Recipient Verification _____ Worker Evaluations _____ Job Description _____ Work Experience Contract _____ Worksite Agreement _____ Tax Forms (I9, W4, NC4) 	<p><u>Participant Correspondence:</u></p> <ul style="list-style-type: none"> _____ Attendance Records _____ Financial Aid Documentation _____ Training Schedules _____ Transcripts _____ Credentials Received _____ Verification of Employment at Exit _____ Post WIA Placement/Retention Verification _____ Miscellaneous Information

HIGH COUNTRY LA - YOUNGER YOUTH PARTICIPANT FILE CHECKLIST

Participant Name: _____ **Social Security Number:** _____

SECTION 1	SECTION 2
<p><u>Workforce Plus Forms:</u></p> <ul style="list-style-type: none"> _____ Client Profile after Exit _____ Signed and Dated Intake Form _____ 1st Activity Screen (Comprehensive Guidance and Counseling) _____ Employment Plan after Exit _____ Job Referral Form _____ Leave Program Form _____ Other Reason for Exit Documents _____ Outcomes Form _____ Exit WIA Form _____ Supplemental Data 1st Quarter after exit _____ Supplemental Data 3rd Quarter after exit 	<p><u>Eligibility Verification Items:</u></p> <ul style="list-style-type: none"> _____ Birth Certificate (date of birth and citizenship) _____ Social Security Number (signed card) _____ Proof of Residence _____ Selective Service Compliance _____ High School Diploma/GED <i>Low Income:</i> _____ Public Assistance (TANF, GA, RCA, or SSI) _____ Individual/Family Income (for 6-month period prior to application and does not exceed federal Poverty Level Income Guidelines) _____ Number in Family _____ Food Stamps _____ Foster Child (not a family member = family of one for income eligibility) _____ Disability (not a family member = family of one for income eligibility) <i>Barrier Category Documentation:</i> (must be in one or more of the following categories) _____ Deficient in Basic Literacy Skills (below 8.9 grade level - Score/Results Used) _____ School Drop Out _____ Homeless, Runaway, or Foster Child _____ Pregnant or Parenting Youth _____ Offender _____ Requires Additional Assistance
SECTION 3	SECTION 4
<p><u>Orientation/Assessment Documents:</u></p> <ul style="list-style-type: none"> _____ Get REAL Application _____ Orientation/Participant Rights Form _____ Consent For Release of Information Form _____ Liability Waiver/Photo Release _____ Youth Responsibilities Form _____ Referral Form (if applicable) _____ Basic Skills Assessment (if below 8.9 grade level) _____ My Personal Strengths, Skills & Interests Assessment _____ Other Assessments 	<p><u>Training and Career Goals:</u></p> <ul style="list-style-type: none"> _____ My Personal Goal and Service Plan _____ Youth Program Goal Setting and Outcomes _____ Youth Goal LA Approved Documentation _____ Other Toolkit forms
SECTION 5	SECTION 6
<p><u>Participant Records:</u></p> <ul style="list-style-type: none"> _____ Case Notes/Activity Notes/ Exit Follow-up Notes 	<p><u>Participant Expenditures:</u></p> <ul style="list-style-type: none"> _____ Mileage Reimbursement Forms _____ Day Care Attendance/Reimbursement Forms _____ Training Expenses _____ Incentives _____ Unusual Expenses Approval Form _____ Other Expenses
SECTION 7	SECTION 8
<p><u>Work Experience:</u> (To be filed in order by each Work Experience)</p> <ul style="list-style-type: none"> _____ Timesheets/Check Recipient Verification _____ Worker Evaluations _____ Job Description _____ Work Experience Contract _____ Worksite Agreement _____ Tax Forms (I9, W4, NC4) 	<p><u>Participant Correspondence:</u></p> <ul style="list-style-type: none"> _____ Attendance Records _____ Financial Aid Documentation _____ Training Schedules _____ Transcripts _____ Credentials Received _____ Verification of Employment at Exit _____ Post WIA Placement/Retention Verification _____ Miscellaneous Information

High Country Workforce Development Board

Individual Training Account (ITA) Policy

The High Country Workforce Development Board requires the use of ITAs for adults and dislocated workers who receive training services funded by WIA to include the costs of tuition, books, and/or training fees with the following limitations:

- The Workforce Development Board's primary intent is to pay for up to two years of training through the ITA process. The WDB acknowledges that some two year degree programs may take longer than two years to complete. Training to become a Registered Nurse is an example. Longer-term training programs (four year degree) are allowed on a case by case basis to be reviewed by the Service Provider to ensure the programs meet the criteria established in the Occupational Demand Areas for our Local Area and that funds are available outside of WIA to supplement the ITA maximum amount allowed to complete the training.
- The targeted curriculum program must be for an occupation that has been determined to be in demand and the successful completion of the training program results in a degree, diploma, certification and/or license. Service Providers are to assist customers in making informed consumer choices of eligible training providers by use of NCWORKS.
- The maximum amount to be spent on an ITA is \$4300 per customer per year. In addition, the maximum lifetime amount to be spent on an ITA is \$8600 per customer. The actual ITA expenditure will not exceed the cost of the training program (tuition, books, and fees). WIA is to be used to pay the cost of training only after other financial training resources are applied (such as Pell/TAA/scholarships/grants) or cannot be obtained.
- Other costs associated with training completion (such as supplies, testing fees, immunizations) are to be charged as other training costs and are non-ITA expenses. Continuing Education classes and non-curriculum classes are treated as non-ITA training expenses, as well.
- Training costs will not be paid until after the Pell Grant application has been completed each year and notification has been received regarding the award of the grant, unless approval is granted from the Local Area. If the Pell Grant awarded is less than the cost of the training, the ITA will only cover the difference between the cost of the training and the Pell Grant amount. If the customer is clearly not eligible for a Pell Grant, a voucher will be issued on a per semester basis. The Pell Grant application is to be completed electronically.
- ITA's are issued for training on a semester by semester basis. Customers are made aware that funding changes from year to year may affect WIA's ability to fund training for the entire training time.
- The WIA intensive service provider will be responsible for issuing the training voucher. Payment will be made directly to the training provider.
- The Financial Award Analysis form is to be completed by the financial aid office of the training provider and submitted to the service provider with information related to training costs and available funding sources for each year of training.
- In the event that the intensive service provider is the same agency as the training service provider, measures will be taken to ensure that the ITA is based on customer choice.
- The service provider is expected to maintain a tracking log of (1) all ITA expenses; (2) field of study and progress toward completing the training program; and (3) achievement of a credential, as defined by WIA. Both the High Country Local Area and the NC Division of Workforce Development monitor this tracking system.
- Individuals who are not eligible for Pell assistance due to default on other federal student loans are not eligible for WIA tuition assistance. Individuals who are placed on Pell probation due to grades may receive assistance as determined on a case by case basis by the service provider under consultation with WDB staff.

Insert WDB Name Here

Insert OJT Provider Name

On-the-Job Training (OJT) Contract: Pre-Award Analysis

Section 1: Employer Information

Complete the following Employer Information		
COMPANY NAME:		FEIN #:
CONTACT PERSON:		TITLE:
COMPANY ADDRESS:		
PHONE:	FAX:	EMAIL:
TYPE OF ORGANIZATION: PRIVATE FOR PROFIT <input checked="" type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> PUBLIC <input type="checkbox"/>		
COMPANY NAICS CODE:	# OF CURRENT EMPLOYEES IN THIS LOCATION:	YEARS IN EXISTENCE:

Section 2: Criteria for OJT Employers

YES	NO	Employer Requirements
<input type="checkbox"/>	<input type="checkbox"/>	1) Does the employer agree to ensure that the OJT will not result in the replacement of laid-off workers?
<input type="checkbox"/>	<input type="checkbox"/>	2) Does the employer ensure that the company has not exhibited a pattern of failing to provide OJT trainees with continued long-term employment?
<input type="checkbox"/>	<input type="checkbox"/>	3) Does the employer commit to providing long-term employment for successful OJT trainees, barring unforeseen economic conditions?
<input type="checkbox"/>	<input type="checkbox"/>	4) Does the employer agree to ensure that the OJT will not result in the full or partial displacement of currently employed workers nor will it infringe on promotional opportunities of current workers?
<input type="checkbox"/>	<input type="checkbox"/>	5) Does the employer agree to ensure that trainees will be provided the same benefits and working conditions at the same level and to the same extent as other trainees or employees working a similar length of time and doing the same type of work?
<input type="checkbox"/>	<input type="checkbox"/>	6) Does the employer agree to ensure that trainee wages to be paid are at least equal to both: a) the Federal, state or local minimum wage (Fair Labor Standards Act), and b) other employees in the same occupation with similar experience?
<input type="checkbox"/>	<input type="checkbox"/>	7) Does the employer agree to ensure that trainees are provided with the same workers' compensation coverage as regular, non-OJT employees? a) Worker's Compensation Company: b) Account #: c) Effective Dates: to
<input type="checkbox"/>	<input type="checkbox"/>	8) Does the employer agree to ensure that the OJT will not result in the impairment of existing contracts for services or collective bargaining agreements?
<input type="checkbox"/>	<input type="checkbox"/>	9) Does the employer agree to ensure that OJT funds will not be used to directly or indirectly assist, promote, or deter union organizing?
<input type="checkbox"/>	<input type="checkbox"/>	10) Does the employer agree to ensure that WIA funds will not be used to relocate operations in whole or in part?
<input type="checkbox"/>	<input type="checkbox"/>	11) Does the employer confirm that the company has operated at current location for at least 120 days (unless the new location did not result in the layoff of employees at another location)?
<input type="checkbox"/>	<input type="checkbox"/>	12) Does the employer agree to provide safe working conditions for OJT trainees?

Section 3: Authorized Signatures

I hereby certify that the above information is, to the best of my knowledge, true and correct.

EMPLOYER SIGNATURE:	TITLE:	DATE:
WIA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:

Section 4: Outcome of Pre-Award Interview

1. Does the employer meet all requirements (i.e. answer “yes” to all twelve questions above) of the OJT pre-award analysis? YES NO
2. Will an OJT Contract (Employer Agreement) be developed? YES NO
If not, please explain.

Insert WDB Name Here

Insert OJT Provider Name Here

On-the-Job Training (OJT) Contract: Employer Agreement

Section 1: Contact Information

Complete the following Employer Information		
WIA OJT AGENCY:	WIA OJT AGENCY REPRESENTATIVE:	PHONE NUMBER/ EMAIL ADDRESS:
COMPANY NAME:		<input type="checkbox"/> STATE ACTIVITIES FUNDS <input type="checkbox"/> FORMULA FUNDS <input type="checkbox"/> OTHER (SPECIFY)
ADDRESS:		PHONE NUMBER:
EMPLOYER REPRESENTATIVE:	TITLE:	EMAIL ADDRESS:
CONTRACT START DATE:	CONTRACT END DATE:	

Section 2: Contract Agreement

This contract is entered into between _____, hereinafter called the Workforce Investment Act (WIA) OJT Agency, and _____, hereinafter called the Employer.

The parties hereto agree that the Employer will employ worker(s) and provide On-the-Job Training services to individuals referred by the WIA OJT Agency and deemed acceptable by the Employer in accordance with the associated pre-award analysis and training plan(s) attached and made a part thereof. Reimbursement will be paid pursuant to the terms and conditions set forth under the General Assurances on the reverse side of this signatory sheet. In no case shall total reimbursement exceed _____% of the gross wages paid to the trainee(s) during the training period. In addition, the Employer agrees that it will perform under this contract in accordance with the Workforce Investment Act and the regulations, procedures and standards promulgated there under. The Employer shall comply with all applicable Federal, State and local laws, rules and regulations which relate to the employment of persons who perform work and are trained under this contract.

Individuals employed under this contract must be certified as being eligible by the WIA OJT Agency. The Employer agrees to submit an invoice for reimbursement to the WIA OJT Agency _____. In addition, the Employer agrees to complete and submit the attached evaluation for each trainee at the midpoint and end of the training period.

Section 3: Authorized Signatures

I agree to all terms, conditions, and general assurances set forth in this contract. I hereby certify that the information is, to the best of my knowledge, true and correct.

EMPLOYER REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
WIA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:

Section 4: Contract Agreement Modification, if applicable

Contract Agreement terms modified: _____

Reason for modification or cancellation: _____

I hereby certify that I agree to the contract agreement modification(s) as stated above.

EMPLOYER REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
WIA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:

On-the-Job Training General Assurances

1. Employer Criteria

- a. The employer must provide information such as an IRS Employer Identification number to demonstrate that they are a legitimate employer, having full-time employees, and conducting their trade or business at an appropriate worksite.
- b. The employer must not be involved in a current labor dispute and must not have a history of frequent layoffs.
- c. OJT training may not be subcontracted and must be conducted at the employer's place of business, which meets prevailing standards with respect to wage, hours and conditions of employment.
- d. Employer referrals to WIA Career Centers are permitted. Eligibility and suitability for OJT must be determined and verified prior to hiring and/or the beginning of training.
- e. OJT contracts are permitted with firms in which current and/or past Workforce Development Board members are employed or otherwise have a financial or personal interest.
- f. The employer must be in compliance with all applicable business licensing, taxation and insurance requirements. The employer must not be in violation of any local, State or Federal labor laws.

2. OJT Training Occupation

- a. The OJT training occupation must not be seasonal, intermittent, or temporary.
- b. The occupation must not involve payment in the form of a commission as the primary source of payment to the OJT employee.
- c. The occupation must be one in which specific occupational training is a prerequisite for employment.
- d. The occupation must provide full-time employment. (Full-time is defined as a 40-hour work week, except where fewer or greater hours are normal to the occupation, but in no case less than 30 hours per week.) Contracts may also be negotiated for part-time employment if such negotiation is undertaken for a specific participant, but only in those instances where full-time employment is not feasible due to limitations (*i.e.*, individuals with an impairment or disability).
- e. Training may not be provided for occupations where adequate supervision and/or monitoring are not available. These may include traveling salespersons, out-stationed job positions, truck or van drivers and other positions requiring more than an occasional trip from the employer worksite.
- f. NEG/ARRA funded occupations are prohibited at casinos or other gambling establishments, swimming pools, aquariums, zoos, and golf courses.

3. Payments

- a. The employer shall be reimbursed for training costs upon timely submission of the invoice appropriately certified by the employer's signatory official. Payment shall be based on the hours actually worked for which wages are paid under each training slot, times the negotiated fixed hourly rate. Payment of overtime shall be restricted to work consistently with the training plan. Payment shall include reimbursement of costs associated with employment and training services which have been integrated into the training plan and for which wages have been paid.
- b. No reimbursement shall be made for a period of work stoppage at the employer's worksite.
- c. Each trainee's wages shall be paid in full for the period for which reimbursement is being requested prior to the transmittal of an invoice to the WDB for payment.

4. Availability of Funds

Payment for contract activity extending into the next program year is conditional on the availability of WIA funds in that program year. No obligations will be incurred by the employer if such funds are not available. The employer will be notified in advance when funds are limited.

5. Records Retention and Review

- a. The employer shall maintain records (business receipts, payroll records), sufficient to reflect all costs incurred in the performance of this contract until the appropriate Workforce Development Board audit has been fulfilled, or until the expiration of three years from the date of final payment under this contract.
- b. The employer's establishment and records related to the participant, as may be engaged in the performance of this contract, shall be subject at a reasonable time to inspection, audit, review and evaluation by the U.S. Department of Labor, State of North Carolina, and the Workforce Development Board.
- c. The employer agrees to reimburse to the Workforce Development Board any and all funds received under this contract which are determined by audit to have been spent in activities not in compliance with the provisions of this contract.

6. Contract Modifications

This contract may be modified, terminated, or cancelled whenever it is determined that such action is in the best interest of the WIA program or employer. Terminations, cancellations, and modifications shall be effective on the date of execution.

7. Sectarian/Religious Activities

No participant enrolled under the contract shall be employed on the construction, operation, or maintenance of any facility as is used, or to be used, for sectarian instruction or as a place for religious worship. Participants may not be trained or employed in sectarian and/or political activities.

8. Disclosure of Confidential Information

Confidential information about any trainee shall be divulged by the employer only as necessary for purposes related to evaluation of the employee's performance.

9. Nepotism

No persons shall be hired under this contract if a member of his or her immediate family is employed in an administrative capacity by the employer. The term "administrative capacity" includes those who have selection, hiring, placement, or supervisory responsibility for OJT participants and "immediate family" shall include Wife/Husband, Son/Daughter, Mother/Father, Brother/Sister, Son/Daughter-In-Law, Mother/Father-In-Law, Stepparent, Stepchild, Grandparent, and Grandchild.

10. Debarment and Suspension

The employer certifies that neither he/she nor the company's principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

11. Equal Opportunity and Non-Discrimination

The employer shall not discriminate against any employee or applicant because of race, color, religion, sex, age, disability, political affiliation, beliefs, citizenship or national origin and agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this Equal Opportunity clause. This contract is subject to the Civil Rights Act of 1964 and ensuing Regulations in 29 CFR Part 31.

12. Grievances

The employer will ensure that the OJT trainee is informed of established grievance procedures for resolving employee complaints.

13. Maintenance of Effort

Employer sponsored training in existence prior to initiation of this project shall be continued and may not be reduced in any way as a result of this contract (except for reduction unrelated to the provisions and purposes of this contract).

14. Conditions of employment

Conditions of employment and training will be in full accordance with all applicable Federal, State, and local laws and ordinances (including but not limited to labor and employment laws, environmental laws or health and safety laws).

Insert WDB Name Here

Insert OJT Provider Name

On-the-Job Training (OJT) Contract: Training Plan

Section 1: General Information

Please complete the following:				
TRAINEE NAME:			JOB TITLE:	
O*NET CODE:		SVP CODE:		MAXIMUM TRAINING HOURS:
REIMBURSEMENT RATE: \$	REIMBURSEMENT PERCENTAGE: %	MAXIMUM REIMBURSABLE AMOUNT: \$	HOURLY STARTING WAGE: \$	HOURLY ENDING WAGE: \$
COMPANY NAME:		COMPANY ADDRESS:		
TRAINEE SUPERVISOR:		TITLE:	PHONE/EMAIL:	
EMPLOYER REPRESENTATIVE NAME:		WIA OJT AGENCY REPRESENTATIVE:	WIA OJT AGENCY REPRESENTATIVE CONTACT INFO:	
PAY SCHEDULE: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other <input type="checkbox"/>		PAY DAY: PERIOD COVERED:	RATIO OF TRAINEES TO SUPERVISOR:	
BENEFITS AVAILABLE:				

Section 2: Training Outline

List in the chart below the skills and learning objectives needed to become proficient in the position. *Note: the standard training hours are determined through the use of SVP codes while the actual anticipated training hours are determined after careful analysis of the trainee's current skills and work history.* Please list the standard and anticipated hours required for each skill, as well as the estimated start and end dates. The midpoint and final evaluations will address all listed skills and learning objectives. Attach an official job description to the completed contract.

<u>JOB SKILLS NEEDED</u>	STANDARD TRAINING HOURS	ANTICIPATED TRAINING HOURS	ESTIMATED START DATE	ESTIMATED END DATE

Section 3: Authorized Signatures

<i>By signing below, I agree to adhere to the Training Outline and my responsibilities thereof.</i>		
EMPLOYER REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
SUPERVISOR SIGNATURE:	TITLE:	DATE:
WIA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
TRAINEE SIGNATURE:		DATE:

Section 4: Training Plan Modification, if applicable

On-the-Job Training Plans may require changes for which a modification is necessary. Reasons for a modification include but are not limited to:

- *To extend the end date of training due to illness or equipment failures at the place of business.*
- *To correct errors in the original training budget or the description of the job duties.*
- *Cancellation.*
- *To extend the end date in order to ensure satisfactory skill attainment.*

The Employer and the OJT Agency agree that this Training Plan shall be modified as stated:

Except as hereby modified, all other terms and conditions of this training plan remain unchanged and in full force and effect. The effective date of this modification is _____.

The employer and the OJT Agency mutually agree to abide by the terms and conditions stated and do hereby execute this modification in keeping with our respective authority.

By signing below, I agree to adhere to the modifications set forth in Section 4

EMPLOYER SIGNATURE:	TITLE:	DATE:
SUPERVISOR SIGNATURE:	TITLE:	DATE:
WIA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
TRAINEE SIGNATURE:		DATE:

Insert WDB Name Here

Insert OJT Provider Name Here

On-the-Job Training (OJT) Contract: Trainee Evaluation

Trainee Name:

Supervisor Name:

Company Name:

Section 1: Evaluation

Table with 5 columns: JOB SKILLS OBJECTIVES, MIDPOINT EVALUATION OF SKILLS, MIDPOINT EVALUATION DATE, FINAL EVALUATION OF SKILLS, FINAL EVALUATION DATE. Each row contains checkboxes for Mastered objective, Satisfactory progress, and Unsatisfactory progress.

Section 2: Authorized Signatures

Midpoint Evaluation

Signature box for Midpoint Evaluation with fields for EMPLOYER SIGNATURE, SUPERVISOR SIGNATURE, and TRAINEE SIGNATURE, each with a DATE field.

Final Evaluation

Signature box for Final Evaluation with fields for EMPLOYER SIGNATURE, SUPERVISOR SIGNATURE, and TRAINEE SIGNATURE, each with a DATE field.

Having satisfied the requirements of the training plan, employment continues on an unsubsidized basis.

Section 3: Comments, please explain any unsatisfactory evaluation

Three horizontal lines for writing comments.

My Personal Goal and Service Plan

EDUCATIONAL ATTAINMENT



Name: _____

Date: _____

My goal is to complete:

GED/ High School Diploma
 Short Term Training (Continuing Education) for _____
 Diploma/Degree (1-4 year training programs) for _____

Actions I will take to achieve my goal:

GED/AHSD	Responsible Party	Projected Start Date	Projected Completion Date	Actual Completion Date
At:				
Orientation				
Attend Class/Lab				
Take Tests				
Monthly Contact w/ Career Coach				
Career Assessments				
Plan Next Steps in Education				

Short Term Training	Responsible Party	Projected Start Date	Projected Completion Date	Actual Completion Date
At:				
Labor Market Info./Assessments				
Register				
Attend Class				
Take Tests/Certifications				
Monthly Contact w/ Career Coach				
Create/Update Resume				

Diploma/Degree Programs	Responsible Party	Projected Start Date	Projected Completion Date	Actual Completion Date
At:				
Labor Market Info./Assessments				
FAFSA Completion: Year 1 2 3 4				
Register each Semester				
Attend Class				
Maintain Grades (provide copies)				
Monthly Contact w/ Career Coach				
Create Update/Resume				

Possible barriers to my goal:**Solutions to those barriers:**

1)

1)

2)

2)

3)

3)

4)

4)

Strengths and Accomplishments:

1)

4)

2)

5)

3)

6)

Notes:

DATE	NOTES/UPDATES

This Service Plan was developed between me and my Career Coach. I understand that my ultimate goal is to **complete my education and enter employment**. I agree that I will maintain **at least monthly contact** with my Career Coach and **attend scheduled activities** that will assist in my completion. Together, we will review my plan and update it as needed along the way.

Participant Signature/Date

Staff Signature/Date

NOTE: Staff are to record results from assessments in case notes and on the Personal Strengths and Skills Growth Inventory and are to use results to assist you in guiding youth to successful goal completion.



My Personal Goal and Service Plan

EMPLOYMENT/WORK EXPERIENCE

Name: _____

Date: _____

My goal is to:

_____ Enter Employment

_____ Complete a Work Experience at _____

_____ Job Shadow at _____

Actions I will take to achieve my goal:

Enter Employment	Responsible Party	Projected Start Date	Projected Completion Date	Actual Completion Date
Labor Market Info./Assessment				
Review of Work Readiness Skills				
Create Update/Resume				
Job Search				
Monthly Contact w/ Career Coach				
Career Ladders/Retention				

Work Experience <small>*Key: Y-Paid/Unpaid Work Exp in WF+</small>	Responsible Party	Projected Start Date	Projected Completion Date	Actual Completion Date
Review of Work Readiness Skills				
Research/discuss work sites				
Work as Scheduled				
Monthly Contact w/ Career Coach				

Job Shadow <small>*Key: Y-Paid/Unpaid Work Exp in WF+</small>	Responsible Party	Projected Start Date	Projected Completion Date	Actual Completion Date
Review Career Interests				
Research/discuss work sites				
Attend as Scheduled				

Possible barriers to my goal:

Solutions to those barriers:

- | | |
|----|----|
| 1) | 1) |
| 2) | 2) |
| 3) | 3) |
| 4) | 4) |

Strengths and Accomplishments:

- | | |
|----|----|
| 1) | 4) |
| 2) | 5) |
| 3) | 6) |

Notes:

DATE	NOTES/UPDATES

This Service Plan was developed between me and my Career Coach. I understand that my ultimate goal is to **complete my education and enter employment**. I agree that I will maintain **at least monthly contact** with my Career Coach and **attend scheduled activities** that will assist in my completion. Together, we will review my plan and update it as needed along the way.

Participant Signature/Date

Staff Signature/Date

NOTE: Staff are to record results from assessments in case notes and on the Personal Strengths and Skills Growth Inventory and are to use results to assist you in guiding youth to successful goal completion.



My Personal Goal and Service Plan Staff Guidance

“My Personal Goal and Service Plan” is used to document the goal and plan of a participant while enrolled in WIA. Every enrolled participant is to have an active Service Plan in either education and/or employment to maintain enrollment. It is expected that staff review and update service plans as necessary at least **every six months or when the goal/plan changes** which is to be documented under the notes section of the plan.

Assessments of the participant are to be used to assist staff in completing the Service Plan. Results are to be recorded in WF+ and on the “My Personal Strengths and Skills Growth Inventory”.

Additional spaces have been provided to allow room for additional action steps under the goal and under the notes section. Examples of other action steps you may want to record include: obtaining Career Readiness Certification; attend tutoring; increase reading/math score for literacy/numeracy; attend special scheduled activity specific to youth’s goal; HRD classes; etc.

Multiple Service Plans may be necessary if for example a youth attends multiple short-term training programs. A single Service Plan may be used if for example a youth is enrolled and works towards their GED and moves into additional training.

The Employment and Education Service Plan can be used in conjunction when appropriate.

The Generic/Personal Improvement Plan is optional and can be used when of benefit to the participant to assist them in completing a personal goal or overcoming a personal barrier.

Completing the Service Plan:

Once a goal is identified, it is to be checked on the Service Plan.

Area of training is to be added along with the training provider.

The Responsible Party should be identified as who will be responsible for completing the action steps. This could be an individual’s responsibility to multiple parties to include the Career Coach and/or a partner agency.

The projected start and end dates provide youth with a timeframe of when to complete the action steps. If a projected end date has expired without the action being completed; the plan needs to be updated.

Barriers identified that are addressed through WIA supportive services (as funding allows) should be included on the Service Plan. An example barrier may be tuition expense with a solution as PELL/WIA; childcare fees with a solution as DSS and/or WIA; etc.

The Notes section provides space to add additional actions and to document each review (at least every six months).

The Service Plan can be completed electronically and printed for the file or hand written.

Possible barriers to my goal:

Solutions to those barriers:

- 1)
- 2)
- 3)
- 4)

- 1)
- 2)
- 3)
- 4)

Strengths and Accomplishments:

- 1)
- 2)
- 3)

- 4)
- 5)
- 6)

Notes:

DATE	NOTES/UPDATES

This Personal Plan was developed between me and my Career Coach. I understand that my ultimate goal is to **complete my education and enter employment**. I agree that I will maintain **at least monthly contact** with my Career Coach and **attend scheduled activities** that will assist in my completion. Together, we will review my plan and update it as needed along the way.

Participant Signature/Date

Staff Signature/Date

My Personal Strengths, Skills, and Interests Inventory

Name

- In school Out of school
 Younger Older

Career Coach

Date Compiled

This *Personal Strengths, Skills, and Interests Inventory* will be compiled specifically for you, based on information collected during the next hour. It is an initial plan to assist you in taking the next steps in your journey toward developing the skills you need and finding the job you want. Working from this, you now:

- *Have ideas about what types of jobs you want and at which you would be good.*
- *Know what skills you already have that will get you to your goals.*
- *Can identify what else you need to reach your goals.*
- *Can figure out which services, out of a giant pool of resources, are the absolute best for you.*
- *Can provide others with information to get to know you so they can best help you.*
- *Have a way to track your successes and stay on course for reaching your goals.*

**Congratulations on the work you've done so far and best of luck
in reaching your goals.
We want to be a partner with you each step of the way.**

Basic Skills Assessment Outcomes

Standardized Testing:

Entry Assessment

Reading Level: _____

Test: _____

Date: _____

Math Level: _____

Test: _____

Date: _____

Final Assessment

Reading Level: _____

Test: _____

Date: _____

Math Level: _____

Test: _____

Date: _____

Skill Attainment Goal:

Functional Application:

Entry Assessment

___ IEP Reading Goals

___ IEP Math Goals

Final Assessment

Achieved IEP Reading Goals

_____ Yes _____ No

Achieved IEP Math Goals

_____ Yes _____ No

Skill Attainment Goal:

Interests and Activities Inventory

Skills I am good at:

Hobbies and interests:

Career Goals Inventory

The types of work I have done:

Career Assessment

Name of assessment used:

Results:

My career goal is:

Employment History

Work Experience: List all jobs you have had for the past 10 years, beginning with your most recent employer. If needed, attach an additional sheet of paper. Describe your duties. List tasks performed, tools used, and machines operated. Be as specific as possible.

The youth has never had a job

1. Name of Employer: _____
Employer Address: _____
Dates Employed: ___/___/___ to ___/___/___
Job Title: _____
Ending Wage: _____ per hour Number of hours worked per week _____
Benefits: _____
Job Duties: _____

Reason for Leaving: _____

2. Name of Employer: _____
Employer Address: _____
Dates Employed: ___/___/___ to ___/___/___
Job Title: _____
Ending Wage: _____ per hour Number of hours worked per week _____
Benefits: _____
Job Duties: _____

Reason for Leaving: _____

3. Name of Employer: _____
Employer Address: _____
Dates Employed: ___/___/___ to ___/___/___
Job Title: _____
Ending Wage: _____ per hour Number of hours worked per week _____
Benefits: _____
Job Duties: _____

Reason for Leaving: _____

4. Name of Employer: _____
Employer Address: _____
Dates Employed: ___/___/___ to ___/___/___
Job Title: _____
Ending Wage: _____ per hour Number of hours worked per week _____
Benefits: _____
Job Duties: _____

Reason for Leaving: _____

Work Readiness Inventory

I understand that the following skills are needed to successfully find and hold a job and advance in the labor market. My goal is to obtain all of them and be able to share with employers how I am able to use them.

Transition Skills

- | | |
|--|--|
| <p>1. I understand my learning style
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>2. I schedule my time wisely
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>3a. I understand the need for additional skills to reach my career goals
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>3b. I know how to access educational services to build my skills
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>4. I have transportation options available to get to activities on time
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>5a. I can manage crisis situations
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>5b. I can identify alternative solutions when my plans fail
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> | <p>6a. I have all my personal documents available and organized
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>6b. I know how to obtain personal documents if lost or stolen
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>7. I understand the implication of entering into contractual agreements
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>8a. I have a bank account
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>8b. I have a budget and manage my money well
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>9. I know how to access community resources when needed
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>10. I can manage living on my own
<input type="checkbox"/> yes <input type="checkbox"/> need to work on <input type="checkbox"/> N/A</p> |
|--|--|

Job Getting Skills

- | | |
|--|--|
| <p>1a. I have made a career choice
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>1b. I have explored my career decision
<input type="checkbox"/> N/A <input type="checkbox"/> need to work on</p> <p>2. I know how to use labor market information
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>3. I know how to search for a job
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> | <p>4. I know how to use the computer to apply for jobs
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>5. I can complete applications correctly
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>6. I know how to write a business letter
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> <p>7. I have a current resume
<input type="checkbox"/> yes <input type="checkbox"/> need to work on</p> |
|--|--|

Job Getting Skills

- 8. I effectively use the telephone in my job search**

yes need to work on

10. I know how to follow up after an interview

yes need to work on

9. I have good interview skills

yes need to work on

11. I understand employment-related laws

yes need to work on

Job Keeping Skills

This section only applies to youth who have worked 20 hours per week for at least 12 weeks.

Youth with work experience, complete all questions

Youth with insufficient work experience, all questions will be set to: need to work on

Resources

1. I follow work schedules

yes need to work on

3. I complete workplace tasks in a timely manner

yes need to work on

2. I show up for work on time, every time

yes need to work on

4. I can manage multiple tasks at the same time

yes need to work on

Interpersonal

5. I am polite and friendly at work

yes need to work on

10. I interact appropriately with authority

yes need to work on

6. I assert myself when presenting my ideas

yes need to work on

11. I interact well with co-workers

yes need to work on

7. I speak, listen, write, and interact well at work

yes need to work on

12. I respond appropriately to customer requests

yes need to work on

8. I communicate thoughts and ideas clearly

yes need to work on

13. I can resolve workplace conflicts

yes need to work on

9. I ask for feedback on my performance

yes need to work on

14. I understand how my work impacts others

yes need to work on

Information

15. I select the appropriate information to complete my tasks

yes need to work on

16. I use appropriate language at work

yes need to work on

17. I can research issues and situations
 yes need to work on

19. I respond appropriately to instructions
 yes need to work on

18. I ask appropriate questions when I don't understand work assignments
 yes need to work on

20. I complete documents accurately
 yes need to work on

Systems

21. I follow established procedures when using work equipment
 yes need to work on

23. I know where and to whom to go when a problem arises
 yes need to work on

22. I follow safety procedures
 yes need to work on

Technology

24. I select appropriate tools and equipment to compete my work
 yes need to work on

26. I use equipment the way intended
 yes need to work on

25. I can maintain equipment and technology
 yes need to work on

Thinking

27. I can recognize and solve problems
 yes need to work on

29. I specify goals to achieve
 yes need to work on

28. I recognize and apply new knowledge
 yes need to work on

Personal Qualities

30. I exert a high level of effort
 yes need to work on

32. I believe in my self-worth
 yes need to work on

31. I seek out information
 yes need to work on

33. I am a self-starter and initiate work activities

yes need to work on

34. I demonstrate self control

yes need to work on

35. I demonstrate trustworthiness

yes need to work on

36. I understand the impact of violating organizational values

yes

need to work on

37. I demonstrate honesty

yes

need to work on

38. I wear appropriate and clean clothing on the job

yes

need to work on

39. I stick to the task even when it is undesirable

yes

need to work on

Educational Inventory

I have graduated from high school or obtained my GED

yes

not yet

I am currently attending school or training at:

The highest grade that I have completed is:

My reading level is:

My math level is:

I have earned the following certificates or diplomas:

Occupational Skills Training

Criteria

-
1. I am ready and able to attend training. true false
 2. I have chosen an occupational field. true false

My occupational field is: _____

If you have chosen an occupational field, please answer the following:

3. I have never worked in, or have less than three consecutive months, full-time experience in my chosen occupational field. true false
4. I have researched institutions and programs that offer training in my chosen occupational field. true false
5. I have never successfully completed training in my chosen occupational field. true false
6. I have researched the working environment and daily responsibilities for local employees in my chosen occupational field. true false

A **TRUE** response for questions 1 and 2, **AND** two additional **TRUE** responses indicates the customer is ready for occupational skills training.

A **FALSE** response for questions 1 or 2, **OR** less than four total **TRUE** responses indicates the customer is not quite ready for occupational skills training and more career exploration is needed.

-
- The youth is ready for occupational skills training
 - The youth is not ready for occupational skills training at this time

Life and Family Structure Inventory

Supportive Service**Notes**

My family support structure <input type="checkbox"/> is in place <input type="checkbox"/> needs work	
I have adequate living arrangements <input type="checkbox"/> yes <input type="checkbox"/> no	
My living expenses are <input type="checkbox"/> covered <input type="checkbox"/> not covered	
I have transportation <input type="checkbox"/> yes <input type="checkbox"/> no	
I have health related issues <input type="checkbox"/> no <input type="checkbox"/> yes	
I need mental health treatment <input type="checkbox"/> no <input type="checkbox"/> yes	
I need substance abuse treatment <input type="checkbox"/> no <input type="checkbox"/> yes	
I have appropriate work clothing <input type="checkbox"/> yes <input type="checkbox"/> no	
I have legal issues that need to be addressed <input type="checkbox"/> no <input type="checkbox"/> yes	
I need child care assistance <input type="checkbox"/> no <input type="checkbox"/> yes	

Work Readiness Skills

Based on pre-assessment outcomes, the young person has been determined in need in the following skills:

	Code Number	Learning Objective	Date and Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Transition Skills Learning Objectives

- T-1. Understand individual learning style and how to adapt to other learning styles to make the most of learning situations.
- T-2. Organize daily activities and create a schedule to meet personal and work-related obligations.
- T-3. Understand how to continue to build personal skills and access education to advance on the job or transition to a new career.
- T-4. Get to work and personal appointments by utilizing a variety of transportation methods, identifying the best possible route, and selecting the appropriate strategy to arrive on time.
- T-5. Anticipate and manage crisis situations and identify alternative solutions when established plans of action fail.
- T-6. Obtain and maintain personal documents including working papers, social security card, driver's license, birth certificate and pay stubs.
- T-7. Understand how to analyze the requirements and responsibilities of, and enter into, contractual agreements (such as apartment lease, health club membership, credit card application, etc.).
- T-8. Open a bank account to manage income and pay bills.
- T-9. Access community resources to assist in overcoming potential barriers and avoid potential setbacks in progress toward success.
- T-10. Establish independent living situation including arranging housing, turning on public utilities, and setting up living quarters.

Job Getting Skills Learning Objectives

- G-1. Explore career options that support personal values, skills, abilities and interests.

- G-2. Use labor market information to decide upon career opportunities which align with personal values, skills, abilities, interests, and income needs.
- G-3. Use variety of job search techniques to identify potential job openings.
- G-4. Use computer technology to conduct job search activities and apply for job openings.
- G-5. Complete applications to highlight skills, experience, and personal information pertaining to the job opening.
- G-6. Write a business letter (i.e., cover or follow-up letter) which highlights the most important qualifications for the job opening, shows interest in obtaining the job, and calls for action.
- G-7. Prepare a resume that summarizes skills and experience related to the targeted job or career.
- G-8. Develop appropriate telephone skills for contacting employers to arrange interviews, conduct interviews, and follow up on job leads.
- G-9. Develop interviewing skills that promote personal skills, previous experiences, and transferable skills relevant to job opening.
- G-10. Follow up after the interview to express appreciation, recap ability to do the job, and express interest in the job.
- G-11. Understand employment-related laws and rights governing employment situations.

Job Keeping Skills Learning Objectives

Resources

- K-1. Understand employer's expectations for attendance and adhere to work schedules (at work when scheduled, notifies when absent, arranges time off in advance, and completes appropriate vacation/day off forms).
- K-2. Understand employer's expectations for punctuality and adhere to them (arrives on time for work, takes and returns from breaks as scheduled, and calls prior to being late to notify appropriate person).
- K-3. Understand employer's expectations of timeliness for task completion or product delivery and manage time accordingly.
- K-4. Manage multiple tasks or responsibilities, prioritize work activities and schedule work accordingly.

Interpersonal

- K-5. Demonstrate understanding, friendliness, adaptability, empathy, and politeness in new and on-going group settings.
- K-6. Assert self and present ideas in familiar and unfamiliar work settings.
- K-7. Demonstrate speaking, listening, writing, and social skills to participate as an effective team member.
- K-8. Communicate thoughts, feelings, and ideas to justify decisions or support position on workplace issues.
- K-9. Ask for feedback on performance or input for task completion.
- K-10. Interact appropriately with persons of authority and respond appropriately to workplace requests.
- K-11. Interact with co-workers in a professional manner.
- K-12. Respond appropriately to customer requests.
- K-13. Resolve conflicts with persons of authority, co-workers, and customers in the appropriate manner.
- K-14. Understand the impact of one's work on others and the final outcome.

Information

- K-15. Select the appropriate information sources, analyze the information for meaning, and communicate the results accordingly in order to accomplish work tasks.
- K-16. Choose appropriate language/manners of expression and engage in appropriate conversations in the workplace.
- K-17. Research issues and situations at the workplace to form own opinion, action plans, and make recommendations for completing work tasks.
- K-18. Ask appropriate questions to clarify intent, understand outcomes, or solve problems.
- K-19. Respond appropriately to written and oral instructions in the workplace.
- K-20. Complete necessary forms, reports, and documents accurately.

Systems

- K-21. Follow workplace procedures for use of machinery and equipment.
- K-22. Follow workplace safety procedures and develop safe working behaviors.
- K-23. Know where and to whom to go within the workplace when a problem or specific situation arises.

Technology

- K-24. Select appropriate tools, equipment, and parts to accomplish task most efficiently.
- K-25. Maintain equipment and technology in proper working order.
- K-26. Use workplace equipment, tools, and technology in the ways for which they were intended.

Thinking

- K-27. Recognize problems that exist (discrepancy between what is and what should be or could be), identify possible causes of the problem and create plans to solve the problems.
- K-28. Recognize and apply new knowledge and skills in both familiar and unfamiliar situations.
- K-29. Specify goals to achieve, generate alternatives to accomplish the goals, consider risks, evaluate possible solutions, and choose the best plan of action.

Personal Qualities

- K-30. Exert a high level of effort and perseverance toward goal completion, work hard to learn new tasks.
- K-31. Seek out information to improve skills and performance.
- K-32. Believe in own self-worth and maintain positive view of self in order to contribute to workplace.
- K-33. Be a self-starter/initiate work activities and complete tasks without being told.
- K-34. Demonstrate self-control by responding unemotionally and non-defensively to workplace requests and situations (even when they may be unpleasant).
- K-35. Demonstrate trustworthiness by adhering to workplace policies, expectations, and values.
- K-36. Understand the impact of violating organizational values and choose an ethical course of action.
- K-37. Demonstrate honesty when faced with critical decisions at the workplace.
- K-38. Select appropriate and clean clothing or uniform and maintain personal hygiene (washed and styled hair, clean hands, absence of offensive body odors and fragrances) in accordance with industry/company standards.
- K-39. Stick to the task and complete projects fully even when undesirable or unpleasant.

High Country Workforce Development Board
ON-THE-JOB TRAINING POLICY
Effective August 2014 (Revised August 2014)

What is On-the-Job Training?

On-the-Job Training (OJT) is a work-based training opportunity for adults, dislocated workers, and youth customers who are eighteen years of age or older that leads to full-time employment. OJT is only offered if a WIA participant is eligible for *training services* provided through the Workforce Investment Act. OJT contracts encourage employers to provide occupational training that results in hiring unemployed, underemployed or dislocated persons. OJT contracts:

- Provide training for the WIA participant in exchange for a reimbursement of up to 50 percent of the wage rate to compensate for the employer's extraordinary costs for training a worker who has an identified skills gap.

NOTE: North Carolina was granted an additional waiver from the US Department of Labor (now in effect through June 30, 2017) to allow the reimbursement of OJT employers on a sliding scale based upon the number of employees at an employer's single location. Up to 90% of the participant's wage rate may be reimbursed to employers with 50 or fewer employees and up to 75% of the participant's wage rate may be reimbursed to employers with 51-250 employees. Employers with more than 250 employees are limited to the standard WIA cap of 50% wage reimbursement. The OJT sliding scale waiver applies to all WIA Funds, Statewide OJT Initiative Funds and the WIA Job Driven National Emergency Grant.

- Are contracted for a limited period of time for a participant to become proficient in the occupation for which the training is being provided.
- Are developed with employers in the public, private or non-profit sector. **NOTE: WIA Job Driven National Emergency Grant (NEG) does not allow public sector OJT. Also note that with this NEG, OJTs may not be developed with the following types of employers: gambling establishments, swimming pools, aquariums, zoos, and golf courses.**
- Require that participants uphold the standards of the Hatch Act. A participant cannot participate in any activity that is considered a political activity during working hours. This includes the following: soliciting, transporting voters, distributing campaign materials, working on or developing campaign materials, etc.
- Will not employ participants to carry out the construction, operation or maintenance of any part of a facility that is used or will be used for sectarian instruction or as a place for religious worship, nor will be participant be required to participate in religious activities.
- Must be conducted at the employer's place of business or a related location. An employer may not subcontract the OJT to another organization.

No individual (neither new hire nor incumbent) may enter an OJT position if a member of his/her family is engaged in an administrative capacity with the OJT employer, including a person with selection, hiring, placement or supervision responsibilities for the OJT trainee.

The OJT employer will maintain and make available for review all time and attendance, payroll, and other records to support amounts reimbursed under OJT contracts. Records must be maintained and available for review for a period of five years from the completion date of the contract.

WIA Service Provider OJT Coordination

In the High Country workforce development region, WIA service providers employ both Business Services Representatives (BSR) and career counselors (also identified as career development facilitators or case managers.) Both have a role to play in OJT services.

Generally, the BSR conducts employer outreach/marketing and recruitment of OJT participants, negotiates the OJT contract (including development of training plan in conjunction with employer), and maintains employer contact for the duration of the OJT contract (including collection of invoices, time sheets, and monthly employee performance evaluations), and ensures that an employer file is maintained at the work site and is available for review.

The career counselor determines participant eligibility, maintains a relationship with the participant throughout and beyond the contract period, and maintains participant records. As appropriate, the career counselor may assist the participant with supportive services (refer to Supportive Service Policy) during the OJT until the first paycheck is received.

The BSR and career counselor collaborate on the selection of a suitable candidate for a specific OJT, coordinate contact with employer and participant throughout the contract period; and confer with one another to determine appropriate course of action when either identifies a potential problem. In addition the WIA supervisor conducts at least one formal on-site OJT monitoring review.

Each WIA service provider is to maintain a written plan, for the specific delineation of duties to ensure proper coordination and non-duplication of services. Service providers are responsible for appropriate outreach and recruitment of OJT participants as well as employer marketing strategies that best meets the needs of their service area.

What makes an individual suitable for OJT?

OJT is primarily intended to serve unemployed individuals as a way to obtain full-time, skilled employment.

However, an OJT contract can be an extraordinary tool for employed adults who meet WIA eligibility criteria for intensive services and for dislocated workers who are currently underemployed based on the information in this section.

To receive training services and participate in an OJT contract, **all individuals must:**

- a) Have met the eligibility requirements for intensive services and must have received an assessment. In addition, an Individual Employment Plan must have been developed.

- b) Have been determined to be in need of training services with consideration 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. The results of objective assessment, as documented on the individual's Individual Employment Plan, must capture the past work history of the applicant; assess the test results; capture additional information from the applicant about past work experience, hobbies, and volunteer experience; and identify skill strengths and weaknesses of the applicant. The objective assessment must include documentation as to the new skills to be acquired during training and how skill gap deficiencies will be overcome with the training.
- c) Select a field of training that is directly linked to employment in the local labor market area where the individual is willing to locate.
- d) Be unable to receive/obtain grant assistance from other sources to pay training cost.
- e) Be a WIA-enrolled individual after having been determined eligible for WIA services with priority given to low income individuals, recipients of public assistance, veterans and eligible spouses, and dislocated workers. (663.310)
- f) In addition, in cases where an individual is referred as a potential candidate for OJT by an employer (reverse referral), that individual may be considered for OJT with that employer only after the individual has met eligibility requirements for intensive services, and has received an assessment, and for whom an Individual Employment Plan has been developed which indicates OJT is appropriate.

Employed Adults: If adult participant is already employed, eligibility for OJT is limited to

- a) those customers whose current employment does not meet the self-sufficiency standard adopted by the High Country Workforce Development Board. (The Board's Self-Sufficiency Policy for Adults defines self-sufficiency as a wage that equals at least 200% of the lower living standard income level and where access to family health insurance benefits is available through the employer); **and**
- b) requirements in Section 663.700, WIA Regulations, are met (basic on-the job training); **and**
- c) The OJT relates to the introduction of new technologies, new production or service procedures, upgrading to new jobs that require additional skills, workplace literacy, or other appropriate purposes identified by the Workforce Development Board.

Dislocated Workers who are underemployed: Dislocated workers who have obtained employment but are below self-sufficiency are eligible for OJT. The High Country Workforce Development Board's defines self-sufficiency for Dislocated Workers as 90% of the participant's compensation level at the time of dislocation and the availability of family health insurance. Dislocated workers who have accepted employment which does not meet these standards is eligible for an OJT contract when b) and c) above are also met.

Choosing the Right Employer

An OJT contract has certain criteria that an employer must meet in order to be eligible to receive WIA funds to reimburse extraordinary training costs. If an employer has “exhibited a pattern of failing to provide prior OJT participants with continued long-term employment, wages, benefits, and working conditions, a contract cannot be developed.” (663.700) The High Country Workforce Development Board has established the following policy for complying with this provision:

- 1) A pre-award checklist will be used which requires the review of retention patterns of employers who have had two or more previous OJT contracts under WIA. Where a pattern of failure to hire without just cause is apparent, an OJT contract cannot be developed.
- 2) OJT contracts will specify that successful OJT participants will be offered long-term employment with wages, benefits and working conditions equal to those provided to regular employees with similar experience and responsibility. The pre-award checklist also requires review of past compliance with this requirement. No OJT contract will be developed with an employer who has previously exhibited a pattern of failing to meet this requirement.

The Workforce Development Board also provides guidance regarding OJT pre-award review of relocating new and expanding industries:

- WIA service providers will not solicit a company or use funds to entice a company to relocate to or expand in the service area.
- For a business that is relocating to the area, the employer must certify that no person was displaced as a result of the relocation of the current business within the 120 days immediately preceding contract agreement date.

OJT Employer Performance Expectations

The goal of on-the-job training is that the employer retains the OJT trainee as a regular employee following the successful completion of training. If an employer has had previous OJT contracts, the service provider staff are expected to access the employer’s past performance in training employees under OJT. The WIA service provider will not develop an OJT contract with an employer who has repeatedly failed to meet performance standards. The employer must exhibit a history of long-term employment of trainees as regular employees with wages and similar working conditioned at the same level. Completion and retention rates of at least 75% are expected. Retention is defined as continued employment of at least three months following the completion of the OJT contract.

Conditions governing OJT payments to employers

Conditions governing the OJT payments to employers:

- a) OJT payment is deemed to be compensation for the extraordinary training costs and lower productivity of the OJT participant.

- b) Typically employers may be reimbursed *up to* 50% of the wage rate of an OJT participant for these extraordinary training costs and their associated additional supervision requirements. However, due to the waiver granted to NC by USDOL, the reimbursement rate may be up to 90% depending on the number employees. (**See Note for sliding scale waiver on page one for specific reimbursement rates.**)
- c) Employers are not required to document such extraordinary costs. (663.710)

Determining the length of the Contract: Employer Agreement

The *Specific Vocational Preparation* or *SVP* data found in the O*NET Online database for that particular occupation will be used and will be adjusted to determine the length of training necessary to acquire the needed skills for each OJT participant. The SVP, published by the U.S. Department of Labor, provides guidance in calculating training time based on the type of occupation. The higher the SVP code, the higher skilled or more complex the occupation; therefore, a longer training time would be expected. Under WIA legislation, OJT contracts can be developed for occupations with SVP levels from 3 to 8. Other occupations are excluded because the training is considered to be either too simple or too complex.

The following chart reflects the OJT time allowed for each Specific Vocational Preparation (SVP) Level:

<u>SVP Level</u>	<u>Hours of Training Permitted</u>
3	Over 1 month up to and including 3 months. (Three months equal 520 work hours)
4	Over 3 months up to and including 6 months. (Six months equal 1,040 work hours)
5	Over 6 months up to and including 1 year (One year equals 2,080 work hours)
	NOTE: WIA OJT training period cannot exceed 6 months/1040 hours

OJT contracts may not be written for a job below a SVP Level 3, a job above SVP 8, for fewer than 240 hours nor for more than 1040 hours. For the WIA Statewide OJT Initiative and the WIA Job Driven NEG, the training period may not exceed six (6) calendar months.

In every case, training hours are defined as time worked. Work time is to be recorded in terms of hours.

The following example illustrates the computation of **maximum** OJT costs:

Credit Clerk: DOT Code 205.367.022, SVP level - 4 has negotiated training time of 800 hours.

Starting wage rate - \$8.00

One-half starting wage rate per training. $\$8.00 \times 800 \text{ hours} = \6400.00

Divided by 2 = \$3200.00

The SVP Chart shows that an SVP level of four has a maximum training time of 1040 hours. In this example, the employment representative accrued a savings of \$960.00 by negotiating the OJT contract for fewer than the maximum hours permitted. The employer got

reasonable training time by negotiation, and the accrued savings can be used to help fund an OJT slot for another participant.

When determining the period of time needed for a WIA OJT participant to acquire the necessary skills for the identified job tasks, consideration is to be given to recognized reference data including, but not limited to, the O*NET Online database “Dictionary of Occupational Titles.” In addition, a participant’s Individual Employment Plan, education, skills, prior work experience, and relevant hobbies are all to be taken into consideration.

NOTE: Employer negotiations must include a reasonable amount of time for orientation, coaching, and counseling activities by WIA staff since these activities are frequently critical to the success achieved by many participants. These sessions may be most reasonably conducted at the participant’s worksite, but are to be managed in such a way that maximizes confidentiality, that does not call undue attention to the participant’s WIA status, and does not distract from productivity. Conducting these sessions during a scheduled break or immediately preceding or following scheduled work hours are viable options.

Providing upgrading and retraining through OJT

Training a participant in the same occupation for virtually or nearly the same work from which the participant had been laid off or separated from is not allowable when the participant already has the skills required for the job. In order to conduct skill upgrading and retraining, conditions for eligibility and participation must be met and there must be a demonstrable difference between the job and skill requirements of the upgraded job for which the participant is being trained and those of current or prior employment. The WIA service provider will refer to the SVP and assessment results to determine prior skills of the participant.

What occupations are eligible for OJT contracts?

OJT may only be offered in those occupations which provide opportunities not otherwise available, lead to economic self-sufficiency and provide stable employment. Occupations that are eligible for WIA funding include:

- a) Occupations which offer a reasonable expectation of continued employment in the occupation for which training is offered.
- b) Occupations which are sufficiently skilled to require a training period of at least two hundred and forty (240) hours duration.
- c) Occupations that meet prevailing standards with respect to wage, hours and conditions of employment.
- d) Occupations on a promotional line that do not infringe in any way upon the promotional opportunities of currently employed individuals.

For all customers, training must be in an occupation which provides new skills distinct from those already possessed by the customer. The Board encourages placement of OJT’s in areas that have been identified as “high growth” employment sectors.

Occupations that are not eligible for OJT contracts

Occupations for which training **will not be approved** include, but are not limited to:

- a) Occupations that have not traditionally required specific occupational training as a requirement for employment.
- b) Occupations dependent on commission as the primary source of income. (This does not exclude those jobs which have a guaranteed base wage of at least the federal minimum wage in addition to commission pay and such guaranteed wage will continue after the training period.)
- c) Intermittent seasonal occupations.
- d) Occupations requiring less than 240 training hours or more than 1,040 reimbursable training hours.
- e) Part-time occupations. (For definition purposes, full-time employment is the 40-hour week, except where fewer hours are normal to the occupation, but in NO case less than thirty-two (32) hours per week).
- f) Occupations that are currently, or will be, included under an employee-leasing contract whereby job openings for a particular occupation at a business facility are filled by staff of the leasing contractor.
- g) Occupations where adequate supervision and/or monitoring are not available.

Length of Training

Refer to page 5, Determining the Length of the OJT Contract

Participant Wages

In no event will wages paid to WIA OJT participants be less than the highest of the following:

- the federal minimum wage
- the State or local minimum wage
- prevailing wage rates provided to individuals in similar positions
- minimum entrance wage rate for inexperienced workers in the same occupation
- the wage rate required by applicable collective bargaining agreements
- prevailing rate established by the Davis-Bacon Act.

When an OJT participant works overtime, reimbursements are made to the employer at the regular hourly rate. The additional half-time rate cannot be reimbursed. The amount of the reimbursement is the total number of hours worked times the reimbursement rate. For example, if a participant works 40 hours per week at \$8.00 per hour, the reimbursement is \$160.00 (40 x \$8.00 divided by 2). If that participant works 60 hours in one week, the total reimbursement payment is still based on \$8.00/hr for 60 hours rather than \$8.00/hr for 40 hours plus \$12.00/hr for the additional 20 hours. The additional 20 hours of overtime work is calculated into the total number of training hours to be reimbursed.

OJT Contract/Employer Agreement Modifications

A change or modification can be made to the OJT contract/employer agreement during the training period if necessary. A modification is necessary to increase the OJT contract amount, to change the contract closing date, or to increase the number of training slots. The WIA service provider and the OJT employer must mutually agree upon the modification. Authorized signatures of both parties must be on the modification.

Skills Gap Analysis/Training Plan Development

An individualized OJT Training Plan must be developed for the acquisition of skills that the trainee does not already possess. This plan will contain occupationally specific skills that the employer requires for competency in the OJT occupation. An analysis of the trainee's prior work history and the job skills already possessed must be compared to the job skills/job description the employer requires in the OJT occupation. The resulting gap in skills will be the basis for the development of the Training Plan. The Specific Vocational Preparation(SVP) data found in the O*NET Online database for that particular occupation will be used and adjusted to determine the length of training necessary to acquire the needed skills. Each skill description needs to be concise, yet comprehensive, and the individual tasks must be measurable and observable. The specific types and sources of information used to identify the scope of the skills gap must be included in the participant's case file.

In the High Country Workforce Development Board service area, WIA service providers have a choice of three assessment tools to conduct a skills gap analysis and provide adequate documentation of the process used to develop the Training Plan. These include:

- (1) "Prove It!" an internet-based assessment tool used to determine an individual's level of skills in a particular occupation and to document skill deficiencies;
- (2) www.myskillsmyfuture.org which has been developed by the US Department of Labor, and
- (3) O'Net.

The training plan is used to assign an estimated length of time it will take to acquire the skill for each task. The total number of hours for each individual skill will total the negotiated length of the contract/employer agreement. The standard training hours and actual training hours per task may vary depending on the current skill level of the participant. The training plan will also identify the individual who will provide the training. The training plan is normally completed with the assistance of a representative of the company and is always reviewed with both the employer and participant before the contract is signed. The participant is to be given a copy of the training plan. The WIA service provider is responsible for maintaining close contact with the trainee, the employer, and the person(s) assigned to train the participant to ensure that proper skills are being obtained as outlined in the training plan. Such contact is to occur at least monthly and must be documented in participant case notes. It is the mutual responsibility of the WIA service provider's business services representative and the participant's career counselor to maintain close coordination to identify any potential areas of concern regarding progress toward skill development and/or individual counseling/coaching services needed.

The OJT contract (also known as the Employer Agreement) is completed following negotiation of contract terms. The agreements must contain the name, address, IRS number and phone number of the employer and must also include reimbursement amount, start date and termination date of the contract. The job description and training plan for each individual participant are to be attached to the contract/employer agreement (copies in both the employer and customer file).

It is incumbent upon the WIA service provider to be aware of any problems that arise during the training period and to assume primary responsibility for working with both the employer and the participant to resolve these issues. Problem-solving dialogue needs to include the WIA Business Services Representative and/or career counselor and may include the WIA supervisor. It is the WIA service provider's responsibility to cultivate and maintain positive working relationships with both employer and participant and to ensure that both are following through on their responsibilities and doing their best to carry out the objectives of the plan.

The trainee's progress under an OJT contract/employer agreement will be officially monitored at least once during the training period by the service provider's WIA supervisor or designee who has not been involved in the development or implementation of the OJT.

How to Complete OJT Invoices

OJT invoices are used to document the number of hours and rate of reimbursement to the employer. OJT employers are expected to complete the timesheet and trainee evaluations on a monthly basis. The participant's immediate supervisor is expected to complete and sign the timesheet and the evaluation. Copies of OJT invoices, timesheets and evaluations are to be maintained in both the employer file and the OJT participant's customer file.

The calendar on the timesheet is completed based on the dates the participant trained during the month. For example, if the participant trained 8 hours on Friday, March 5, a 5 is placed in the corner of the block on the first row of the calendar under that date. A large 8 is also placed in the square. These numbers show that the participant trained 8 hours on March 5. This procedure is followed for the entire month. WIA funds are not to be used to pay employers for benefits such as sick leave, annual leave or holiday pay since no training is taking place at this time.

The immediate supervisor completes the evaluation based on the participant's work performance during the month. Any rating of a 4 or 5 must include a written explanation. Each monthly evaluation is to be discussed with the participant in order to communicate concerns and receive feedback. Only after the timesheet has been reviewed and the evaluation discussed, do the supervisor and employee sign the evaluation document.

The participant's career counselor is also expected to review each monthly employee evaluation and to discuss inadequate progress toward goals with the participant. Similar discussions are expected to be conducted with the participant's supervisor by designated service provider staff.

The WIA service provider completes invoices following receipt of all required employer documentation, as designated in the employer agreement.

Each WIA service provider will have a system for ensuring the receipt of OJT invoices from employers in a timely manner for processing by the service provider's finance office.

Reasonableness of Cost: The Act provides that each contract "specify the types and duration of on-the-job training and other services to be provided in sufficient detail to allow for a fair analysis of the reasonableness of proposed costs..." WIA regulations prohibit the imposition of a requirement on employers to document extraordinary costs. Such a record-keeping burden would unnecessarily make OJT a less desirable training option. WIA regulations require no more record keeping of an employer that is already required of the employer for other purposes, (e.g., an employer would have to maintain payroll records to demonstrate that a participant worked the number of hours that were billed, but payroll records are already required to be kept for a variety of other federal and state purposes).

Official Monitoring Reviews

The monitoring system for OJT will at a minimum include the following: compliance with the training plan, participant's eligibility checklist, comparison of time and attendance with invoices, comparison of contracted wage rate vs. wages paid, and actual start date of compared to contract/employer agreement start date. Other areas of monitoring may include EO issues, safety procedures, participant interview, and/or supervision.

A monitoring review is to be conducted whenever there are indications of problem areas, i.e., layoffs or rumors of layoffs, decrease in hours of reported training time, complaints from participant (either formal or verbal complaints), complaints from the employer (either formal or verbal), rumors of an employer filing bankruptcy, etc.

All monitoring reviews must be documented. Written monitoring documentation will become a part of the contract/employer agreement file. The report is to include: all areas of non-compliance with the contractual agreement, review of the eligibility of participant(s) enrolled under the contract, any corrective actions necessary, and the findings of any ineligible participants.

Insert WDB Name Here

Insert OJT Provider Name

On-the-Job Training (OJT) Contract: Pre-Award Analysis

Section 1: Employer Information

Complete the following Employer Information		
COMPANY NAME:		FEIN #:
CONTACT PERSON:		TITLE:
COMPANY ADDRESS:		
PHONE:	FAX:	EMAIL:
TYPE OF ORGANIZATION: PRIVATE FOR PROFIT <input checked="" type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> PUBLIC <input type="checkbox"/>		
COMPANY NAICS CODE:	# OF CURRENT EMPLOYEES IN THIS LOCATION:	YEARS IN EXISTENCE:

Section 2: Criteria for OJT Employers

YES	NO	Employer Requirements
<input type="checkbox"/>	<input type="checkbox"/>	1) Does the employer agree to ensure that the OJT will not result in the replacement of laid-off workers?
<input type="checkbox"/>	<input type="checkbox"/>	2) Does the employer ensure that the company has not exhibited a pattern of failing to provide OJT trainees with continued long-term employment?
<input type="checkbox"/>	<input type="checkbox"/>	3) Does the employer commit to providing long-term employment for successful OJT trainees, barring unforeseen economic conditions?
<input type="checkbox"/>	<input type="checkbox"/>	4) Does the employer agree to ensure that the OJT will not result in the full or partial displacement of currently employed workers nor will it infringe on promotional opportunities of current workers?
<input type="checkbox"/>	<input type="checkbox"/>	5) Does the employer agree to ensure that trainees will be provided the same benefits and working conditions at the same level and to the same extent as other trainees or employees working a similar length of time and doing the same type of work?
<input type="checkbox"/>	<input type="checkbox"/>	6) Does the employer agree to ensure that trainee wages to be paid are at least equal to both: a) the Federal, state or local minimum wage (Fair Labor Standards Act), and b) other employees in the same occupation with similar experience?
<input type="checkbox"/>	<input type="checkbox"/>	7) Does the employer agree to ensure that trainees are provided with the same workers' compensation coverage as regular, non-OJT employees? a) Worker's Compensation Company: b) Account #: c) Effective Dates: to
<input type="checkbox"/>	<input type="checkbox"/>	8) Does the employer agree to ensure that the OJT will not result in the impairment of existing contracts for services or collective bargaining agreements?
<input type="checkbox"/>	<input type="checkbox"/>	9) Does the employer agree to ensure that OJT funds will not be used to directly or indirectly assist, promote, or deter union organizing?
<input type="checkbox"/>	<input type="checkbox"/>	10) Does the employer agree to ensure that WIA funds will not be used to relocate operations in whole or in part?
<input type="checkbox"/>	<input type="checkbox"/>	11) Does the employer confirm that the company has operated at current location for at least 120 days (unless the new location did not result in the layoff of employees at another location)?
<input type="checkbox"/>	<input type="checkbox"/>	12) Does the employer agree to provide safe working conditions for OJT trainees?

Section 3: Authorized Signatures

I hereby certify that the above information is, to the best of my knowledge, true and correct.

EMPLOYER SIGNATURE:	TITLE:	DATE:
WIA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:

Section 4: Outcome of Pre-Award Interview

1. Does the employer meet all requirements (i.e. answer “yes” to all twelve questions above) of the OJT pre-award analysis? YES NO
2. Will an OJT Contract (Employer Agreement) be developed? YES NO
If not, please explain.

Insert WDB Name Here

Insert OJT Provider Name Here

On-the-Job Training (OJT) Contract: Employer Agreement

Section 1: Contact Information

Complete the following Employer Information		
WIA OJT AGENCY:	WIA OJT AGENCY REPRESENTATIVE:	PHONE NUMBER/ EMAIL ADDRESS:
COMPANY NAME:		<input type="checkbox"/> STATE ACTIVITIES FUNDS <input type="checkbox"/> FORMULA FUNDS <input type="checkbox"/> OTHER (SPECIFY)
ADDRESS:		PHONE NUMBER:
EMPLOYER REPRESENTATIVE:	TITLE:	EMAIL ADDRESS:
CONTRACT START DATE:	CONTRACT END DATE:	

Section 2: Contract Agreement

This contract is entered into between _____, hereinafter called the Workforce Investment Act (WIA) OJT Agency, and _____, hereinafter called the Employer.

The parties hereto agree that the Employer will employ worker(s) and provide On-the-Job Training services to individuals referred by the WIA OJT Agency and deemed acceptable by the Employer in accordance with the associated pre-award analysis and training plan(s) attached and made a part thereof. Reimbursement will be paid pursuant to the terms and conditions set forth under the General Assurances on the reverse side of this signatory sheet. In no case shall total reimbursement exceed _____% of the gross wages paid to the trainee(s) during the training period. In addition, the Employer agrees that it will perform under this contract in accordance with the Workforce Investment Act and the regulations, procedures and standards promulgated there under. The Employer shall comply with all applicable Federal, State and local laws, rules and regulations which relate to the employment of persons who perform work and are trained under this contract.

Individuals employed under this contract must be certified as being eligible by the WIA OJT Agency. The Employer agrees to submit an invoice for reimbursement to the WIA OJT Agency _____. In addition, the Employer agrees to complete and submit the attached evaluation for each trainee at the midpoint and end of the training period.

Section 3: Authorized Signatures

I agree to all terms, conditions, and general assurances set forth in this contract. I hereby certify that the information is, to the best of my knowledge, true and correct.

EMPLOYER REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
WIA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:

Section 4: Contract Agreement Modification, if applicable

Contract Agreement terms modified: _____

Reason for modification or cancellation: _____

I hereby certify that I agree to the contract agreement modification(s) as stated above.

EMPLOYER REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
WIA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:

On-the-Job Training General Assurances

1. Employer Criteria

- a. The employer must provide information such as an IRS Employer Identification number to demonstrate that they are a legitimate employer, having full-time employees, and conducting their trade or business at an appropriate worksite.
- b. The employer must not be involved in a current labor dispute and must not have a history of frequent layoffs.
- c. OJT training may not be subcontracted and must be conducted at the employer's place of business, which meets prevailing standards with respect to wage, hours and conditions of employment.
- d. Employer referrals to WIA Career Centers are permitted. Eligibility and suitability for OJT must be determined and verified prior to hiring and/or the beginning of training.
- e. OJT contracts are permitted with firms in which current and/or past Workforce Development Board members are employed or otherwise have a financial or personal interest.
- f. The employer must be in compliance with all applicable business licensing, taxation and insurance requirements. The employer must not be in violation of any local, State or Federal labor laws.

2. OJT Training Occupation

- a. The OJT training occupation must not be seasonal, intermittent, or temporary.
- b. The occupation must not involve payment in the form of a commission as the primary source of payment to the OJT employee.
- c. The occupation must be one in which specific occupational training is a prerequisite for employment.
- d. The occupation must provide full-time employment. (Full-time is defined as a 40-hour work week, except where fewer or greater hours are normal to the occupation, but in no case less than 30 hours per week.) Contracts may also be negotiated for part-time employment if such negotiation is undertaken for a specific participant, but only in those instances where full-time employment is not feasible due to limitations (*i.e.*, individuals with an impairment or disability).
- e. Training may not be provided for occupations where adequate supervision and/or monitoring are not available. These may include traveling salespersons, out-stationed job positions, truck or van drivers and other positions requiring more than an occasional trip from the employer worksite.
- f. NEG/ARRA funded occupations are prohibited at casinos or other gambling establishments, swimming pools, aquariums, zoos, and golf courses.

3. Payments

- a. The employer shall be reimbursed for training costs upon timely submission of the invoice appropriately certified by the employer's signatory official. Payment shall be based on the hours actually worked for which wages are paid under each training slot, times the negotiated fixed hourly rate. Payment of overtime shall be restricted to work consistently with the training plan. Payment shall include reimbursement of costs associated with employment and training services which have been integrated into the training plan and for which wages have been paid.
- b. No reimbursement shall be made for a period of work stoppage at the employer's worksite.
- c. Each trainee's wages shall be paid in full for the period for which reimbursement is being requested prior to the transmittal of an invoice to the WDB for payment.

4. Availability of Funds

Payment for contract activity extending into the next program year is conditional on the availability of WIA funds in that program year. No obligations will be incurred by the employer if such funds are not available. The employer will be notified in advance when funds are limited.

5. Records Retention and Review

- a. The employer shall maintain records (business receipts, payroll records), sufficient to reflect all costs incurred in the performance of this contract until the appropriate Workforce Development Board audit has been fulfilled, or until the expiration of three years from the date of final payment under this contract.
- b. The employer's establishment and records related to the participant, as may be engaged in the performance of this contract, shall be subject at a reasonable time to inspection, audit, review and evaluation by the U.S. Department of Labor, State of North Carolina, and the Workforce Development Board.
- c. The employer agrees to reimburse to the Workforce Development Board any and all funds received under this contract which are determined by audit to have been spent in activities not in compliance with the provisions of this contract.

6. Contract Modifications

This contract may be modified, terminated, or cancelled whenever it is determined that such action is in the best interest of the WIA program or employer. Terminations, cancellations, and modifications shall be effective on the date of execution.

7. Sectarian/Religious Activities

No participant enrolled under the contract shall be employed on the construction, operation, or maintenance of any facility as is used, or to be used, for sectarian instruction or as a place for religious worship. Participants may not be trained or employed in sectarian and/or political activities.

8. Disclosure of Confidential Information

Confidential information about any trainee shall be divulged by the employer only as necessary for purposes related to evaluation of the employee's performance.

9. Nepotism

No persons shall be hired under this contract if a member of his or her immediate family is employed in an administrative capacity by the employer. The term "administrative capacity" includes those who have selection, hiring, placement, or supervisory responsibility for OJT participants and "immediate family" shall include Wife/Husband, Son/Daughter, Mother/Father, Brother/Sister, Son/Daughter-In-Law, Mother/Father-In-Law, Stepparent, Stepchild, Grandparent, and Grandchild.

10. Debarment and Suspension

The employer certifies that neither he/she nor the company's principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

11. Equal Opportunity and Non-Discrimination

The employer shall not discriminate against any employee or applicant because of race, color, religion, sex, age, disability, political affiliation, beliefs, citizenship or national origin and agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this Equal Opportunity clause. This contract is subject to the Civil Rights Act of 1964 and ensuing Regulations in 29 CFR Part 31.

12. Grievances

The employer will ensure that the OJT trainee is informed of established grievance procedures for resolving employee complaints.

13. Maintenance of Effort

Employer sponsored training in existence prior to initiation of this project shall be continued and may not be reduced in any way as a result of this contract (except for reduction unrelated to the provisions and purposes of this contract).

14. Conditions of employment

Conditions of employment and training will be in full accordance with all applicable Federal, State, and local laws and ordinances (including but not limited to labor and employment laws, environmental laws or health and safety laws).

Insert WDB Name Here

Insert OJT Provider Name

On-the-Job Training (OJT) Contract: Training Plan

Section 1: General Information

Please complete the following:				
TRAINEE NAME:			JOB TITLE:	
O*NET CODE:		SVP CODE:		MAXIMUM TRAINING HOURS:
REIMBURSEMENT RATE: \$	REIMBURSEMENT PERCENTAGE: %	MAXIMUM REIMBURSABLE AMOUNT: \$	HOURLY STARTING WAGE: \$	HOURLY ENDING WAGE: \$
COMPANY NAME:		COMPANY ADDRESS:		
TRAINEE SUPERVISOR:		TITLE:	PHONE/EMAIL:	
EMPLOYER REPRESENTATIVE NAME:		WIA OJT AGENCY REPRESENTATIVE:	WIA OJT AGENCY REPRESENTATIVE CONTACT INFO:	
PAY SCHEDULE: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other <input type="checkbox"/>		PAY DAY: PERIOD COVERED:	RATIO OF TRAINEES TO SUPERVISOR:	
BENEFITS AVAILABLE:				

Section 2: Training Outline

List in the chart below the skills and learning objectives needed to become proficient in the position. *Note: the standard training hours are determined through the use of SVP codes while the actual anticipated training hours are determined after careful analysis of the trainee's current skills and work history.* Please list the standard and anticipated hours required for each skill, as well as the estimated start and end dates. The midpoint and final evaluations will address all listed skills and learning objectives. Attach an official job description to the completed contract.

<u>JOB SKILLS NEEDED</u>	STANDARD TRAINING HOURS	ANTICIPATED TRAINING HOURS	ESTIMATED START DATE	ESTIMATED END DATE

Section 3: Authorized Signatures

<i>By signing below, I agree to adhere to the Training Outline and my responsibilities thereof.</i>		
EMPLOYER REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
SUPERVISOR SIGNATURE:	TITLE:	DATE:
WIA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
TRAINEE SIGNATURE:		DATE:

Section 4: Training Plan Modification, if applicable

On-the-Job Training Plans may require changes for which a modification is necessary. Reasons for a modification include but are not limited to:

- *To extend the end date of training due to illness or equipment failures at the place of business.*
- *To correct errors in the original training budget or the description of the job duties.*
- *Cancellation.*
- *To extend the end date in order to ensure satisfactory skill attainment.*

The Employer and the OJT Agency agree that this Training Plan shall be modified as stated:

Except as hereby modified, all other terms and conditions of this training plan remain unchanged and in full force and effect. The effective date of this modification is _____.

The employer and the OJT Agency mutually agree to abide by the terms and conditions stated and do hereby execute this modification in keeping with our respective authority.

By signing below, I agree to adhere to the modifications set forth in Section 4

EMPLOYER SIGNATURE:	TITLE:	DATE:
SUPERVISOR SIGNATURE:	TITLE:	DATE:
WIA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:
TRAINEE SIGNATURE:		DATE:

Insert WDB Name Here

Insert OJT Provider Name Here

On-the-Job Training (OJT) Contract: Trainee Evaluation

Trainee Name:

Supervisor Name:

Company Name:

Section 1: Evaluation

Table with 5 columns: JOB SKILLS OBJECTIVES, MIDPOINT EVALUATION OF SKILLS, MIDPOINT EVALUATION DATE, FINAL EVALUATION OF SKILLS, FINAL EVALUATION DATE. Each row contains checkboxes for Mastered objective, Satisfactory progress, and Unsatisfactory progress.

Section 2: Authorized Signatures

Midpoint Evaluation

Signature box for Midpoint Evaluation with header 'I hereby certify that the above information is accurate.' and fields for EMPLOYER SIGNATURE, SUPERVISOR SIGNATURE, and TRAINEE SIGNATURE, each with a DATE field.

Final Evaluation

Signature box for Final Evaluation with header 'I hereby certify that the above information is accurate.' and fields for EMPLOYER SIGNATURE, SUPERVISOR SIGNATURE, and TRAINEE SIGNATURE, each with a DATE field.

Having satisfied the requirements of the training plan, employment continues on an unsubsidized basis.

Section 3: Comments, please explain any unsatisfactory evaluation

Three horizontal lines for providing comments.

Workforce Investment Act

Adult/Dislocated Worker/Youth

ADMINISTRATIVE/PROGRAMMATIC/FISCAL MONITORING GUIDE

HIGH COUNTRY LOCAL AREA (REGION D)

High Country Council of Governments
High Country (Region D) Local Area
468 New Market Blvd.
Boone, North Carolina 28607

Revised
May 2014

Monitoring Guide Instructions

- ❖ **Workforce Investment Act Providers** need to **be prepared to answer** the administrative and program sections of the Monitoring Guide during the on-site visit by Local Area Staff. These sections have changed very little from last year.
- ❖ The administrative section is intended to cover the personnel and equal opportunity responsibilities associated with the Title I Workforce Investment Act services that your agency provides.
- ❖ The program document includes three sections: Adult and Dislocated Worker Services and Youth Services. Please review the section(s) that are applicable to the program(s) that the High Country Local Area contracts with your agency to provide. The information contained in the programmatic sections will address information and processes related to program service delivery. Our goal is to monitor your agency's systems in providing the best possible program services and to insure that the program(s) you provide are in compliance with state, local, and federal legislation, regulations and policies.
- ❖ Customer file monitoring checklists are being provided for the WIA program services that your agency provides. Local Area staff will review a predetermined sample of cases using the file checklists. The review will focus on eligibility documentation, data validation, the individual employment plan and documentation of the case in the case and/or activity notes recorded in NCWORKS, the state's WIA customer management system. You may use the document(s) for internal monitoring of customer files or you may use the guide(s) as reference(s) in developing your own document(s). Prior to and during the on-site review, local area staff will look at your internal monitoring reviews, the findings, any corrective action needed, and the completion of corrective action. Staff will pick a sample of files to review and compare to your internal monitoring results.
- ❖ The Financial Monitoring will be scheduled with your organization's finance staff responsible for reporting expenses to the Local Area. A copy of the financial monitoring document is being provided for your information prior to our visit. LA staff will review overall financial systems. During that review staff will perform an in-depth review of expenses and backup documentation for a predetermined month during the current program year. The month to be reviewed will be communicated to the appropriate finance staff prior to the financial monitoring visit. A copy of the invoice(s), printouts from your organization's accounting system will need to include a copy of the chart of accounts, appropriate and relevant reports from the General Ledger, timesheets and time effort forms for all WIA funded positions, cost allocation plans for the month being reviewed, and backup documentation supporting the reported monthly expenses will need to be available during the onsite review. Any additional documents will be requested prior to or during the on-site review.

- ❖ Monitoring activities may also include work site visits, class site visits, and customer interviews.
- ❖ Following the review, the LA staff will review any findings that have been noted, review additional documents if necessary, and resolve as many issues as possible. **If appropriate, operators are expected to respond to any issues in dispute at this time.** A summary of this meeting will be recorded and maintained at the LA office.
- ❖ A desk review will be conducted at the LA office prior to and/or following the on-site review. A written summary of both the on-site and desk review, with any required corrective action, will be mailed to the operator following the review. The summary will include deadlines for corrective action and responses. Failure to comply with corrective action requirements in a timely manner may be referred to the High Country Workforce Development Board for further action.
- ❖ The LA Monitor(s) will maintain complete monitoring records and will be responsible for tracking corrective action responses and any additional needed correspondence. Operators should contact the LA Monitor(s) directly with questions or comments. If necessary, Monitor(s) will direct inquiries to other appropriate staff.

HIGH COUNTRY (REGION D) LOCAL AREA
Workforce Development
CONTRACTOR MONITORING GUIDE

Contractor: _____

Address: _____

Contact Person(s)/Title(s): _____

Telephone Number(s): _____

Date(s) Monitored: _____

Site(s) Monitored: _____

High Country staff conducting review: _____

Contracts

Contract Amounts

CORRECTIVE ACTION REQUIRED AS A RESULT OF THIS REVIEW? __YES __NO

REGION D STAFF FOLLOW-UP REQUIRED? ____YES ____NO

Staff Signature(s): _____

SECTION I. Administrative Systems			
Personnel Procedures (please have a copy of your agency's personnel policy available for review at the time of our on-site visit)	YES	NO	N/A
1. Are personnel policies established in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are personnel policies readily available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are personnel policies readily available to individual staff member(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the personnel policy cover the following?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Hiring Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Employee Classifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Grievance Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Employee Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Work Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- EO Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Travel/Per Diem Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Nepotism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Non-Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Political Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sectarian Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have these policies been presented to and discussed with staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the contractor have a current organizational chart or diagram showing the relationship and lines of responsibilities among the various units/staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If the organizational chart has been modified or revised after contracting, has a copy of the revised chart been submitted to the LA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there job descriptions available for review for each WIA funded position in the agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do staff job descriptions contain the following elements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Descriptions of each staff position's specific duties and responsibilities, including the percentage of time allocated to each funding source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Reflect actual job duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does each staff member have a copy of his/her job description?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there procedures to ensure that all contractor staff are knowledgeable about WIA rules and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do WIA staff have in their possession all of the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Applicable High Country Policy Manuals and Issuances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Applicable Federal legislation and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- The Contractor's current, applicable Proposal/Modification ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all staff aware of individual expectations for outreach, enrollment goals, performance goals, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all staff aware of program spending limits/ fund availability/procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel Procedures Comments:			
Notification of Fraud and Abuse			
1. Does the Contractor have procedures for immediately notifying the LA in writing of any charges or allegations of criminal misconduct, fraud, or negligence in connection with the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification of Fraud and Abuse Comments:			

Contracting		YES	NO	N/A
1.	Does the Contractor have procedures to prevent the subcontracting of any or all interests, work, or services under the Contract without prior written approval of the LA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the Contractor acknowledge the LA or its assignee's rights to documents, materials, and data identified and produced under the Contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contracting Comments:				
Worker's Compensation Policy or Medical Accident Insurance		YES	NO	N/A
1.	Does the Contractor have clear documentation of Worker's Compensation or medical/accident/disease insurance policies covering all WIA customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are customers provided with adequate on-site medical and accident insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Where customers are engaged in activities not covered under the Occupational Safety and Health Act of 1970, are there assurances that customers will not be exposed to training or working conditions which are unsanitary, hazardous, and/or dangerous to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation Policy/Medical Accident Insurance Policy Comments:				

Equal Opportunity Compliance				
Equal Opportunity Officer (29 CFR 37.54 (d) (1) (ii))				
Please name your agency's Equal Opportunity Officer and give their non EO Position Title:				
By what means has your agency made public the name, position title and telephone number (including free Relay Number 711 in NC) of the EO Officer:				
		YES	NO	N/A
1.	Does your organization chart show the EO Officer's position in the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does your organization have a documented position description for the Equal Opportunity Officer that includes all EO related responsibilities? If so, please have available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has the Equal Opportunity Officer had training to ensure competency in the area of Equal Opportunity responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide a list of EO training sessions and dates attended by the EO Officer and list any future training sessions scheduled with dates.				

Equal Opportunity Officer Comments:			
Notice and Communication			
1. Are the Office of Civil Rights and Equal Opportunity notices displayed in areas accessible to staff, applicants, and customers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Is a signed copy of the EO Notice placed in each customer's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please identify locations where the notices are available:			
Identify and provide documentation to substantiate the methods and frequency of dissemination of the Equal Opportunity Notice:			
Describe how the EO Notice is made available to individuals with disabilities:			
Notice and Communication Comments:			
Assurances			
1. Does the organization have written Equal Opportunity policies? If yes,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do they cover staff and customers funded by WIA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the EO policies provide adequate systems to guarantee equal opportunity and nondiscrimination in programs funded under WIA including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- The designation of an EO Officer and the public notification of this designation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Contract development that includes equal opportunity and nondiscrimination assurances and grievance procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures to ensure that all contractor staff are knowledgeable about Equal Opportunity rules and regulations and your EO Policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do all WIA funded staff have in their possession a copy of the organization's Equal Opportunity Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are policy issuances developed in manner that promotes non-discrimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe how your organization ensures that all staff are adequately trained regarding non-discrimination and equal opportunity responsibilities:			
Assurances Comments:			
Universal Access	YES	NO	N/A
1. Has the contractor made efforts (including outreach) to broaden the composition of the pool of those considered for participation and employment in their programs and activities in an effort to include members of both sexes, of the various racial and ethnic groups and of various age groups, as well as individuals with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, please include a summary of those efforts and/or copies of the following: targeting, outreach and recruitment plans, criteria for determining priority of service, plans for the JobLinks to expand the pool of those considered for participation or employment in their programs by race/ethnicity, sex, disability status, and age.			
	YES	NO	N/A
2. Are samples of brochures, posters, public service announcements, computer screens displaying related information and other publicity materials available for review? If so, please include copies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization provide persons with limited English speaking abilities equal opportunities to participate in programs and activities as those who are proficient in English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you provide customer information to persons with limited English speaking abilities in languages other than English? If yes, please provide a sample of those documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universal Access Comments:			
Accessibility (Section 504 of the Rehabilitation Act of 1973, as amended and 29 CFR 37.54 (d) (2) (v))	YES	NO	N/A
1. Has the agency completed an accessibility analysis with the assistance of persons with disabilities or other specially qualified individuals within the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Is analysis available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have adequate steps been taken to address areas identified as problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
3. Does the contractor assure that all areas of accessibility for persons with disabilities are within the guidelines of Section 504 of the Rehabilitation Act of 1974 and the Americans With Disabilities Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have all problem areas been resolved? If no, please specify problems areas that continue to exist along with plans and timelines for resolution of the deficiencies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does agency have telecommunications devices for individuals with hearing impairments (TDDs) or equivalent as required by 29 CFR Part 34?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there evidence that there are equal opportunities for participation for persons with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has guidance been sought from Services for the Blind to determine if additional reasonable accommodations need to be made for current or potential customers with visual impairments? If yes, please include documentation of the guidance provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does literature and broadcast materials made available to the public include the following: <ul style="list-style-type: none"> - "Equal Opportunity Employer/Program(s)"? - "Auxiliary aids and services are available upon request to individuals with disabilities"? - Indication of free relay number in North Carolina 711 or provision for equally effective means of communication with individuals with hearing impairments? Please have copies of these materials available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments on Accessibility:			
Data Collection and Analysis (29 CFR 37.54(d) (1) (iv) and (vi))			
1. Does the Title I WIA Service Provider collect the following demographic information for each registrant, applicant, eligible applicant, customer, employee and applicant for employment: <ul style="list-style-type: none"> - Race/ethnicity? - Sex? - Age? - Disability status? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there evidence that programs contribute to the elimination of sex stereotyping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Title I WIA service provider established a data collection and maintenance system for its Title I financially assisted programs to demonstrate equal opportunity performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide a copy of the data collected:			
If no, please provide a plan with timelines to have the data collection and maintenance system in place regarding equal opportunity performance:			

Please provide an analysis of data collected by race/ethnicity and sex, of program and employment activity, including but not limited to rates of application, registration into WIA funded programs, job placement and outcomes:

Data Collection and Analysis Comments:

Monitoring	YES	NO	N/A
1. Does your agency have documented, policies and procedures for monitoring subcontractors (such as OJT) to insure Equal Opportunity compliance with those subcontracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there policies that address the handling of problems/issues that result from monitoring EO compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have any EO violations been identified with any subcontractors during the current program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have those problems been resolved? If no, please comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are WIA Service providers aware of the Local Area's responsibility to monitor each service provider for Equal Opportunity Compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Monitoring:

Discrimination Complaint Processing Procedures	YES	NO	N/A
1. Are there written procedures for addressing complaints of non-criminal and program discriminations, including discrimination on the basis of handicap/disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are procedures for grievances and complaints shared with staff and customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the written procedures contain provisions for the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Initial, written notice to the complainant that contains an acknowledgement that the contractor has received the complaint, and a notice that the complainant has a right to be represented in the complaint process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A written statement, provided to the complainant, that contains a list of the issues raised in the complaint and for each issue, a statement whether the contractor will accept the issue for investigation or reject the issue, and the reasons for the rejection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A period for fact-finding or investigation of the circumstances underlying the complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A period during which the contractor attempts to resolve the complaint which includes alternative dispute resolution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Description of procedures to be followed if the complaint is filed more than 180 days after the date of the alleged violation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program Management Comments:			
WIA Recruitment/Referral			
1.	Has the Contractor established procedures in conjunction with JobLink Partners to ensure appropriate and efficient referral of customers to intensive services?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are the JobLink partners making referrals to the Intensive Services Case Managers when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Describe the WIA customer outreach services:			
What other type of recruitment is being performed?			
Recruitment and Referral Comments:			
WIA Intake/Eligibility Determination (Review a sample of the Contractor's customer records to verify eligibility determination and verification documentation.)			
		YES	NO
1.	Based on a sample file review, has the Contractor met the eligibility documentation requirements as specified by Part 663 of the WIA Regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the Contractor correctly verify and document those items of information pertinent to the determination of eligibility under the regulations?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the appropriate supporting documentation for eligibility in the files?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has documentation of core services received been maintained on file for each customer?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the WIA Service Provider have a documented referral procedure for individuals who are not served by WIA?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the Contractor maintain individual files for eligible applicants or customers who choose not to participate in WIA services?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are files maintained on all ineligible referrals, which indicates the reason the individual was not eligible for WIA services?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the Contractor provide customer information on the full array of services available and the eligibility requirements?	<input type="checkbox"/>	<input type="checkbox"/>
What systems are in place for determining priority of services for veterans, low-income individuals and those receiving public assistance where funds are limited? (Please attach a copy of form, if applicable.)			
What procedures are in place for determining suitability?			

WIA Intake/Eligibility Determination Comments:				
Orientation				
1.	Does the Contractor provide WIA orientation to all customers prior to enrollment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the Orientation and Participant Rights form been completed with each customer, including the customer's signature and the date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the signed copy of the Orientation and Participant Rights form maintained in each customer's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has the Consent for Release of Confidential Information been completed and a copy retained in the customer file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation Comments:				
NC Works Transition				
1.	Does the contractor have cases that have exited from NCWORKS since the system went live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Does the contractor have a system in place to track "exits".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the Contractor keying customer information within 10 working days from date of involvement including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Appropriate Intake/Assessment Information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Certification of eligibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Registration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Service in new activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Activity completion information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Training/Support Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Enrollments/Outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Job Referral and Placement Information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Employment Referrals and Outcomes Information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Employment Follow-up Information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Adult/DW/ Older Youth Outcomes Information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are individual case/meeting notes documented and maintained in the NCWORKS System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting Requirements Comments:				
WIA Assessment				
1.	Does the Contractor's assessment include an evaluation of the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Review of basic skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Review of educational attainment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Review of occupational skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Prior work experience/work history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Willingness to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Employability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Interests and aptitudes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Supportive services needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WIA Assessment Comments:				
Employability Plan				
	YES	NO	N/A	
1.	Has the Employability Plan been completed with a signature by each customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the Contractor incorporate all assessment information into the Employability Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the Contractor prepare a list of supportive services needs and incorporate those needs into the Employability Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the Employability Plan identify both long-term and current./short-term employment goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the Contractor list specific action steps, dates for achievement, the responsible party, and referral contacts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are goals and objectives clearly stated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are the Employability Plans individually tailored for each customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is it evident the Contractor reviews and updates the Employability Plan as needs change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the Contractor review and update the Employability Plan when a customer enters into or receives another service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the Contractor initial each update on the Employability Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does the WIA customer receive a copy of his/her Employability Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Is there evidence that the Employability Plan is developed in a timely manner based upon the needs, interests, and aptitudes of the customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has the contractor begun using Employment Plans in NCWORKS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employability Plan Comments:				
Employment Counseling				
	YES	NO	N/A	
1.	Does the Contractor document all employment counseling, and customer contacts in NCWORKS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the employment counseling documentation contain enough information to, at a minimum give an objective picture of each customer's situation as it relates to employment, ?,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there evidence that the frequency and content of employment counseling is individualized to meet each customer's needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling Comments:				
Supportive Services				
	YES	NO	N/A	
1.	Does the contractor utilize supportive service funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the need for payment supported by Employability Plan and the case notes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there a full accounting of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- the basis for the support payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- the name, address, and phone number of the individual to whom the supportive services payment was made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- A receipt for the supportive services rendered or purchased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are supportive services documented in the customer's Employability Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Services Comments:				
Individual Training Accounts				
	YES	NO	N/A	
1.	Are ITAs explained and offered to the WIA customers who were unsuccessful under intensive services and are suitable for such services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Is there a system for tracking ITAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.	Does the service provider use NCWORKS to assist the customer in selecting training programs approved by the WDB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are Pell Grants and other financial assistance utilized prior to use of WIA funds for training services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the training plan based on the individual's interests, aptitudes and abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the Contractor only providing ITAs for the occupations in demand identified by the Region D WDB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Describe the system for tracking ITAs			
7.	Does this tracking system ensure that the maximum annual/lifetime limits established by the WDB are not exceeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Training Account Comments:				
Work Experience		YES	NO	N/A
1.	Is placement into a Work Experience consistent with the customer's Employability Plan or WIA customer's prior performance in earlier activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the Work Experience training length determination appropriately documented in the Employability Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are Work Experience placements made based upon results of the assessments and the individual needs of the customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the Contractor explain all the details of the contract including the necessity of work site visits, on-site counseling, subsidization, etc. to the employer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do Policies and Agreements address employer's responsibilities; service provider's responsibilities; and the participant's responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do Work Experience Agreements comply with Section 181 of the WIA Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are appropriate Work Experience contracts being developed consistently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the Contractor monitor the employer to ensure that customers are receiving the training specified in the Employability Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do the customer files contain work site evaluations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the customer's time and attendance correspond to Work Experience invoices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does the contracted wage rate correspond to actual wages paid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are the following items maintained in the file:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Work Experience contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Customer performance evaluation report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Invoices/time sheets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Experience Comments				
On-The-Job Training		YES	NO	N/A
1.	Is placement into OJT activity consistent with Employability Plan or WIA customer's prior performance in earlier activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are OJT placements appropriate and based on the results of the assessments and employment goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is an OJT Pre-award checklist being used consistently and appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the Contractor ensure that employers understand the intended outcome of the OJT activity (unsubsidized employment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is a detailed occupationally specific Job Training Plan developed for each customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	What assessments are being used to determine skill gaps for Training Plan"			
7.	Does the OJT customer's time and attendance correspond to OJT invoices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are customers being compensated at the same rates as similarly situated employees or at a minimum wage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the contracted wage rate correspond to actual wages paid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.	Does the Contractor monitor the employer to ensure that customers are receiving the training specified in the OJT subcontract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Is employment counseling being provided at the work site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are the following items maintained in the OJT files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- OJT contract (including training plan and skills gap assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Customer performance evaluation report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Invoices/time sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-the-Job Training Comments:				
Follow-up/Post-employment Services		YES	NO	N/A
1.	Is the WIA Contractor making follow-up services available to all WIA customers after exit from WIA services? (Check the post-employment services the Contractor is providing for WIA customers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- maintaining regular contact including scheduled visits or appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- providing employment counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- obtaining paycheck stubs in the 1 st and 3 rd quarters after exit (if not in UI wage system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-up/Post-employment Services Comments:				

SECTION III Program Systems – Youth Services				
Internal Monitoring		YES	NO	N/A
1.	Has the Contractor established a procedure to monitor the WIA program files, progress, and performance on a continuous basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have these procedures been documented and are they available for review? (Please have available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has the Contractor designated a staff person to be responsible for program monitoring? staff name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are Supervisors reviewing youth files in NCWORKS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Is there documentation to support such reviews? (Please have available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are formal monitoring reviews being completed regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Is there documentation to support such reviews? (Please have available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is there a procedure established to resolve any problem areas discovered during any of these internal monitoring reviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does documentation exist to support that corrective action has been taken when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Management		YES	NO	referral
1.	Are each of the ten program elements available or are being provided by the WIA service provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- tutoring, study skills training, and instruction leading to completion of secondary school, including drop-out prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- alternative secondary school services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- summer employment opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- paid or unpaid work experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- occupational skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- leadership development opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- supportive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- adult mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- comprehensive guidance and counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- follow-up services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the WIA service provider demonstrate that through the use of the ten program elements each youth customer is better prepared for employment or post-secondary education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	For each youth enrolled in summer employment opportunities, was each youth enrolled and receiving services prior to participating in this component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the WIA service provider operate a comprehensive, year-round youth services program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Has the WIA service provider enrolled out-of-school youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has the WIA service provider spent at least 30% of their funds on out-of-school youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does each WIA case manager exhaust all other available resources prior to committing WIA funds and services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Management Comments:				

WIA Recruitment/Referral		YES	NO	N/A
1.	Please describe the customer outreach/marketing services that have been used for your youth program:			
2.	Is there a strong linkage with the school systems? If not, why?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the youth case manager or supervisor provided information to teachers/administrators in written and printed materials (for example at staff meetings)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	What types of recruitment has been most successful and why?			
WIA Intake/Eligibility Determination (Review a sample of the Contractor's customer records to verify eligibility determination and verification documentation.)				
		YES	NO	N/A
1.	Are all enrolled youth between 16 and 21?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are all enrolled youth income eligible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are all enrolled youth within one or more of the following: - deficient in basic literacy skills; - school dropout; - homeless, runaway, or foster child; - pregnant or parenting; - offender; or - an individual who requires additional assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did the Contractor correctly verify and document those items of information pertinent to the determination of eligibility under the regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the appropriate support documentation for eligibility in the files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the WIA Service Provider have a documented referral procedure for youth not served by WIA? Please list agencies and programs to which your agency made direct referrals for youth customers not served. How is it documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the Contractor maintain individual files for eligible applicants or customers who choose not to participate in WIA services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are files maintained on all ineligible referrals, which indicates the reason the individual was not eligible for WIA services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WIA Intake/Eligibility Determination Comments:				
Orientation				
1.	Does the Contractor provide WIA orientation to all customers prior to enrollment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the Orientation and Customer Rights form been completed with each customer, including the customer's signature and the date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the signed copy of the Orientation and Customer Rights form maintained in each customer's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has the Consent for Release of Confidential Information been completed and a copy retained in the customer file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation Comments:				
NCWORKS Transition				
1.	Does the contractor have cases that have exited services in NCWORKS since the system went live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Does the contractor have a system in place to track "exits".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the Contractor keying forms within 10 working days from date of involvement including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Appropriate Intake/Assessment Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Certification of eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Service in new activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Activity completion information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Skill Attainment Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Job Referral and Placement Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Employment Referrals and Outcomes Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- Employment Follow-up Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are individual case/meeting notes documented and maintained in the NCWORKS System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are the case notes up to date (within the last 10 working days?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are the case notes meaningful, relevant to the individual's goals and needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting Requirements Comments:				
Objective Assessment				
1.	Has an objective assessment been completed for each enrolled youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the Contractor's assessment include an evaluation of the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- a review of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- a review of educational attainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- a review of occupational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- prior work experience/work history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- willingness to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- employability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- interests and aptitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- supportive services needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are basic skill goals being set for all in-school younger youth that test basic skills deficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are literacy/numeracy activities set and updated for those who test basic skills deficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Service Strategy (ISS)/Service Plan	YES	NO	N/A
1. Has an ISS been completed and signed by each youth customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Contractor incorporate all assessment information into the ISS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the Contractor prepare a list of supportive services needs and incorporate those needs into the ISS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the ISS identify both long-term and current/short-term employment goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the Contractor list specific actions steps, dates for achievement, the responsible party, and referral contacts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are goals and objectives clearly stated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is each ISS individually tailored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the Contractor review and update the ISS with the youth customer at least quarterly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the Contractor review and update the ISS when the youth customer enters into or receives another service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the Contractor and youth customer initial each update on the ISS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the youth customer receive a copy of his/her ISS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there evidence that the ISS is begun prior to enrollment into activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISS Comments:			
Employment Counseling	YES	NO	N/A
1. Does the Contractor document all customer contacts and individual meetings notes sessions in NCWORKS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the recorded documentation contain enough information to, at a minimum, paint a picture of the needs of each youth, services provided regularly scheduled contact with each youth, progress toward achieving individual skill goals and expected program outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does it appear that the frequency of case manager contact with customers is adequate to meet each customer's needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling Comments:			
Supportive Services	YES	NO	N/A
1. Does the contractor utilize supportive service funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the need for payment supported in the ISS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a full accounting of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the basis for the support payment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- the name, address, and phone number of the individual to whom the supportive services payment was made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A receipt for the supportive services rendered or purchased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all supportive services documented in NCWORKS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Services Comments:			

Work Experience	YES	NO	N/A
1. Is placement into a Work Experience consistent with the customer's ISS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all Work Experience training length determination appropriately documented in the ISS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are Work Experience placements made based upon results of the assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the Contractor explain all the details of the contract including the necessity of work site visits, on-site counseling, subsidization, etc. to the employer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Work Experiences offer the following components:			
- instruction in employability skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- exposure to various aspects of industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- progressively more complex tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- internships and job shadowing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- entrepreneurship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- integration of basic academic skills into work activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are appropriate Work Experience contracts being developed consistently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the Contractor monitor the employer to ensure that customers are receiving the training specified in the Employability Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do the customer files contain work site evaluations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the customer's time and attendance correspond to Work Experience invoices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the contracted wage rate correspond to actual wages paid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are the following items maintained in the file:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Work Experience contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Participant performance evaluation report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Invoices/time sheets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Experience Comments			
Follow-up/Post-employment Services			
1. Is the WIA Contractor currently providing all follow-up services? (Check the post-employment services the Contractor is providing for WIA customers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- maintaining regular and meaningful contacts and meetings with the youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- providing employment counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- assistance in securing better paying job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- work-related peer support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- adult mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- leadership development activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- supportive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- tracking progress and outcomes related to performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WIA FINANCIAL MANAGEMENT

Contractor: _____

Monitoring Date: _____ Monitor's Name: _____

Although the Local Area does not prescribe a uniform accounting system, each recipient of WIA/ARRA funds must comply with the terms of the contract or subcontract under which the WIA/ARRA funds are paid.

Each recipient shall establish and maintain a financial management system, which provides for adequate control of grant or agreement funds and other assets; ensures the accuracy of financial data; and provides for operational efficiency and for internal controls to avoid conflict-of-interest situations and to prevent irregular transactions or activities. The recipient shall ensure that its financial management system meets the following standards:

(a) Reporting. The recipient's reporting procedures shall provide accurate, current, and complete disclosure of the financial results of each grant or agreement. The recipient shall report on an accrual basis. A recipient whose records are not maintained on an accrual basis may develop accrual data for reports on the basis of an analysis of the documentation on hand. In such cases, the recipient's accounting process must provide sufficient information to compile data to satisfy the accrued expenditure reporting requirements and to demonstrate the link between the accrual data reports and the non-accrual fiscal accounts; and the recipient shall retain all such documentation for audit and monitoring purposes.

(b) Records. The recipient shall maintain records which identify adequately the source and application of funds for grant or agreement supported activities. The recipient shall ensure that the records systematically assemble information concerning federal awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays, and income into balance sheet format for internal control purposes.

(c) Control of Assets. The recipient shall maintain effective control over and accountability for all project funds, property, and other assets. The recipient shall safeguard assets and shall assure that they are used solely for authorized purposes.

(d) Comparison of Outlays with Budget. The recipient shall compare outlays with budgeted amounts for each grant or agreement and, when required by performance reporting requirements of the grant or agreement, show the relation of financial information to performance data, including the production of unit cost data if appropriate.

Who is contractor's designated staff person responsible for fiscal duties, and is this the same person named in the contract application?

Yes No N/A

Name Title

Verify that the contractor has a copy of the following:

1) A copy of the Office of Management and Budget (OMB) circular appropriate to the organization.

Check one of the following:

(a) OMB Circular A-21, revised December 2, 1986, is applicable to Educational Institutions, defined a public and private institutions of higher education.

- (b) OMB Circular A-87, revised January 28, 1991, is applicable to State and Local Governments, and federally-recognized Indian Tribal Governments.
- (c) OMB Circular A-122, revised May 19, 1987, is applicable to non-Profit Organizations, including non-reservation Indian organizations.

<i>CURRENT CONTRACT(S):</i>	<i>CONTRACT AMOUNT(S)</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2) A copy of the Uniform Administrative Requirements (UAR) or "common rule" 29 CFR 97 adopted by DET.
 Yes **No** **N/A**

3) Provide a Brief Summary of the Internal Accounting and Administrative Controls from the most recent audit or audit history:

Date the last Audit was completed: _____ Period Covered: _____

Date next audit is expected to be completed: _____

4) Does the contractor have any fiscal and/or fiscal related problems cited in the latest audit that continue to exist?

Yes **No** **N/A**

If yes, describe:

5) Where are fiscal records kept?

6) Is contractor in compliance with the requirements for reporting and submitting Monthly Invoices?

Yes No N/A

7) What books of account are maintained? (List by title or in the case of a computer system list the printouts that are equivalent to books of account in a manual system).

NOTE: A minimum should be the following:
- Cash Receipts Journal, or Cash Receipts/Disbursement Journal combination, and General Ledger.

8) Are the books of account posted on a current basis? Yes No N/A

9) Does contractor run a trial balance on the General Ledger at least monthly? Yes No N/A

10) Are Project Monthly Invoices prepared from the General Ledger? Yes No N/A

Perform a test sample for a month.

<u>Month/Yr</u>	<u>Total Per General Ledger</u>	<u>Total Per Monthly Invoice</u>	<u>Difference</u>
_____	_____	_____	_____

Explanation for any differences:

11) Is the contractor reporting accruals? Yes No N/A

12) If yes, is there documentation and/or data to support accruals?

13) Is the bank statement(s) reconciled each month? Yes No N/A

14) Is the drawing of checks payable to cash prohibited? (Exception can be for petty cash Account). Yes No N/A

15) Is signing of checks in advance prohibited? Yes No N/A

16) Is more than one signature required on checks? Yes No N/A

Bonding and Insurance

1) Are all persons bonded who are authorized by the Contractor to receive or disburse WIA/ARRA funds, issue financial documents, or checks for payment of program costs? Yes No N/A

2) Bond Coverage is \$ _____

3) Does the Contractor maintain general public liability insurance? Yes No N/A

4)

If yes, the amount of the general liability coverage is: \$_____

Indirect Cost

- 1) Does contractor have indirect costs budgeted in any of the programs under contracts? Yes No N/A
- 2) If yes, do they have an indirect cost agreement on file? Yes No N/A
(please attach a copy)

Direct Cost Allocation Plan

Any WIA/ARRA Contractor or Subcontractor who operated WIA/ARRA and non-WIA/ARRA programs, or who operates more than one WIA/ARRA project must prepare and maintain on file a detailed plan for allocating any shared costs to the projects that benefit from these costs. This plan must set forth the rationale for all allocations of shared costs and must be used to allocate all costs except for separate disbursements that benefit only one project. Project budgets will, of necessity, be based on estimated costs, but allocations of costs must be based on actual costs incurred.

- 1) Does contractor have joint cost but not using the indirect cost method? Yes No N/A
- 2) If yes, does contractor have a written cost allocation plan? Yes No N/A
(If yes, attach a copy to this document)
- 3) Does contractor allow making loans from WIA/ARRA funds to non-WIA/ARRA funding sources? Yes No N/A
- 4) Does contractor allow loans to participants? Yes No N/A
- 5) Does contractor allow loans to staff? (NOTE: Any advance to a staff member for work that has not been earned would be a loan.) Yes No N/A

Participant Time Sheets

Participants receiving wages for work must have time sheets to support payrolls.

- 1) Does contractor require time sheets for participants receiving wages? Yes No N/A
If yes, do the time sheets have at least the following:

	YES	NO	N/A
(a) Dates covering payroll period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Time worked recorded each day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Total Hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Signature of participant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Signature of supervisor and/or counselor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 2) Is preparation of participant payroll separate from and independent of the delivery of paychecks? Yes No N/A
- 3) Are payees required to sign register/receipt in order to receive a paycheck? Yes No N/A
- 4) Does contractor allow the pre-signing of time sheets? Yes No N/A
- 5) Does contractor allow participants to have control of their time sheets? Yes No N/A

Staff Time Sheets

- 1) Does contractor have time sheets for staff? Yes No N/A

- 2) If yes, are time sheets signed by employee and supervisor? Yes No N/A
- 3) Are time/effort forms being utilized to reflect accurate charges on timesheets? Yes No N/A
- 4) Where applicable, do time sheets reflect actual time worked for different WIA/ARRA funds(30%/70%), cost categories and non-WIA/ARRA work? Yes No N/A
- 5) Who verifies time sheets for accuracy? Name: _____
- 6) Are changes in pay rates made effective through formal authorization? Yes No N/A
- 7) Does contractor have on file W-4 and NC-4 Tax Forms and I-9's on all staff and participants as appropriate?
Yes No N/A
- 8) Are quarterly tax reports submitted in a timely manner to avoid penalty and interest charges? Yes No N/A

Staff Travel

- 1) Does contractor require travel vouchers to support all travel? Yes No N/A
- 2) Do vouchers provide for traveler's signature and a signature of approval? Yes No N/A
- 3) Do vouchers need to be accompanied by receipts for lodging and meals when reimbursing for actual costs?
Yes No N/A
- 4) Does contractor allow travel advances? Yes No N/A

If yes, how does the contractor control outstanding advances?

- 5) Is car mileage reimbursed based on actual miles traveled? Yes No N/A
- 6) If yes, what is the rate per mile _____/mile

Other Staff related expenses

- 1) Does contractor have a retirement/pension plan for staff? Yes No N/A

If yes, are all staff required to participate? Yes No N/A

- 2) Is contractor on the contributing or the reimbursement method for unemployment insurance?

Contributory_____ Reimbursement_____

- 3) Is contractor billing WIA/ARRA and setting aside funds in an escrow account for this purpose?
Yes No N/A

Supportive Services:

Do case managers assist customers in researching and obtaining other available resources before using WIA/ARRA funds to provide supportive services?

Yes No N/A

Child Care

1) Is child care for participants paid directly to the provider? Yes No N/A

2) Is payment based on itemized invoice? Yes No N/A

3) Are WIA/ARRA funds used to reserve a block of child care slots? Yes No N/A

Participant Travel -

1) Is contractor paying participant travel? Yes No N/A

If yes, list type(s): _____

2) Is there proper documentation to support costs incurred? Yes No N/A

3) Is contractor paying participant travel according to Region D policy? Yes No N/A

4) Does contractor's fiscal system provide a procedure for comparing time sheets with travel reimbursements to ensure travel reimbursements are being made only for days attended? Yes No N/A

Perform at least a one week test, comparing time sheets/class schedule with travel reimbursements (please attach the results).

Other Supportive Services Costs -

1) Are other supportive services offered to clients? Yes No N/A

Please list: _____

2) Are these supportive service costs allowable? Yes No N/A

Is adequate documentation maintained including at a minimum:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
(a) Name of participant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Actual services rendered, and date provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Itemized cost of services rendered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Signature of provider stating that services were provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Signature of participant stating that services were received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f)			

Do a test on participants to reconcile travel reimbursements, child care costs, or supportive services costs to Employability Plan and other documentation for need and attendance sheets/timesheets. (Please attach the results)

Participant Benefits

1) Are all participants provided workmen's compensation insurance and/or coverage under a medical and accident insurance policy? Yes No N/A

- 2) Has contractor ensured that participants that are concurrently involved in a work and class training have been adequately covered in both situations? Yes No N/A

Property Management

- 1) Does contractor maintain a record of all WIA/ARRA property? Yes No N/A
(All items purchased with WIA/ARRA funds that are defined as non-consumable goods)
- 2) Does contractor take periodic inventories? Yes No N/A
- 3) Date of most recent inventory _____
- 4) Has contractor designated a person to manage property, to maintain a property listing, and to check physical inventory?
Yes No N/A

If yes, name of person: _____

Please attach a copy of the Local Area/WIA/ARRA inventory and the contractor's WIA/ARRA inventory of equipment purchased with WIA/ARRA/NCETP Funds.

- 5) Does contractor know what to do in case of vandalism or theft of WIA/ARRA property? Yes No N/A
- 6) Does contractor own any property for which WIA/ARRA is charged on a shared costs basis? Yes No N/A

If yes, list the property, amount charged, and describe the basis for the charge below.

- 7) Does contractor use a competitive process when purchasing property? Yes No N/A
- 8) Does contractor get prior approval before obtaining professional services? Yes No N/A
- 9) Does contractor have a written maintenance policy on file? Yes No N/A

If yes, attach.

- 10) Does contractor lease or rent a building or office space which is charged in whole or part to WIA/ARRA? Yes No N/A

If yes, is there a lease or rental agreement. Yes No N/A **If yes, please attach copies.**

If yes, do the lease/rental agreement and the totals being charged agree? Yes No N/A

- 11) Does contractor own the building for which rent is charged to WIA/ARRA? Yes No N/A
If yes, what amount is charged and what is the basis for the charges to WIA/ARRA:

Subcontractor and/or OJT Contractor

- 1) Does contractor have subcontractors or OJT contracts? Yes No N/A
If yes, what staff personnel is responsible for monitoring?

Name

Title

- 2) Who is responsible for comparing timesheets to invoices submitted by employers:_____

- 3) Is documentation of monitoring available for review? Yes No N/A
If yes, describe monitoring or attach a sample.

High Country Local Area Priority of Service Due to Limited Funding

The State has established priority of services in Section III.B.1.h. of the Five-Year Strategic Plan. The Policy states that North Carolina will initially provide priority consideration for intensive and training services to low income individuals and public assistance recipients. Priority for service does not preclude service to individuals who are not low income or not receiving public assistance, but rather establishes the order of precedence for service as provided at 663.600(d).

In 1997, the North Carolina General Assembly enacted legislation that mandates the provision of priority service for veterans in State and federally funded employment and job training programs. Generally, priority issues only become a concern in the job training community when training opportunities are limited or when funds are in short supply.

1. Funds allocated to the Local Area adult employment and training activities are determined to be limited when 80% of service provider funds which are budgeted for customer services have been spent or committed to meet customer needs.

In the case of dislocated worker funds, the 80% expenditure/commitment level will also be used. However, when the expenditure/commitment level is lower than 80% and major layoffs or business closures have occurred which result in a challenge to the service provider's financial resources, funds will also be considered to be limited. If multiple workers need WIA services when funding has been determined to be limited, WIA service providers will have a short waiting period to ensure that those most in need get priority for services. At the end of the waiting period, all applications deemed appropriate will be reviewed, prioritized, and immediately enrolled and served based on priority and available funds. All others will be provided core services and will remain on the waiting list for intensive and training services, which will be reviewed as funds become available.

2. As long as there is a waiting list, any additional applicants must go through the most in needs process. The waiting list/priority of service process remains in effect as long as 80% or more of your funds are obligated (per definition above) **OR** as long as the number of people requesting service outweighs available resources, whichever comes first. When the available funding reduces the obligation percentage to below 80% **and** exceed the demand on the waiting list, everyone on the waiting list can be served and the waiting list is dissolved.
 - a. Service providers may set the waiting period to be anytime between 7 and 14 calendar days.
 - b. In the event that a shorter waiting period is needed (class registration

deadline) permission must be granted by the Local Area (contact Misty Bishop-Price).

1. A “Most In Need” Form will be used to determine priority for service. It is to be used only after funds have been determined to be limited according to one of the criteria above.
2. Twenty points will be given for each of the following categories: veterans and eligible spouses (see explanation below) low income and public assistance recipient.

According to Jobs for Veterans Act, priority of service must be given to veterans that are recently separated from service; veterans who have sustained injuries or illnesses as a result of their military service and may require additional support in developing skills to secure employment; and veterans for whom military service concluded some time ago (These veterans are likely to have significant civilian labor market experience. However, they may experience dislocation or find that they are underemployed relative to their skills and experience).

Priority of service must also be given to spouses of veterans in any of the above categories, as well as the following:

- a. Any veteran who died of a service-connected disability;
 - b. Any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
 - (i) Missing in action;
 - (ii) Captured in line of duty by a hostile force; or
 - (iii) Forcibly detained or interned in line of duty by a foreign government or power;
 - c. Any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs;
 - d. Any veteran who died while a disability, as referenced above, was in existence.
3. In addition, each service provider may add other criteria based on local needs. These additional criteria will also be assigned a specified number of points, which must be less than the 20-point value of the three regional criteria.
3. The Most In Need Form will include a range of points which qualifies individuals as Most in Need, In Need, Less in Need, which will be served in that order.

PRIORITY OF SERVICE DETERMINATION

Please review Policy for Priority of Service dated May 2, 2014.

Customer Name: _____ Date: _____

Suitable for Services _____ YES _____ NO

If No Referred to _____

Veteran or Eligible Spouse (20pts)	
Low Income Individual (20pts)	
Recipient of Public Assistance (20pts)	
Exhausted Unemployment Benefits (10pts)	
Completed Job Search Requirement/Unable to Obtain Employment (10pts)	
Requires Assistance Beyond Any Other Available Aid (10pts)	
Employed but Not Self-sufficient (5pts)	
Has Skills/Qualifications Needed to Successfully Complete (5pts)	

POINTS _____

0-30 Lower Priority
35-65 High Priority
70-100 Highest Priority

Suitability Ranking: Ranges between 1 – 4 Points _____

Points based on following criteria:

_____ Responsible and dependable on keeping appointments, providing necessary documentation, and following through with assignments

_____ Has High School Diploma or Equivalent

_____ Good Work History

_____ Appropriate Dress

_____ Problem Solving/Critical Thinking Skills

_____ Employability Considerations

Adequate housing _____

Transportation _____

Childcare _____

Family support _____

Other _____

TOTAL POINTS _____

This form must be used for all possible applicants/ enrollments in adult/dislocated worker programs when funds are deemed to be limited.

May 2, 2014

High Country Workforce Development Board

Self-Sufficiency Policy

The following describes the Workforce Development Board's criteria for determining if employment leads to self-sufficiency:

Adult Self-Sufficiency Definition:

Two hundred percent (200%) of low-income guidelines provided by Division of Workforce Solutions and availability of family health insurance benefits, and not receiving public assistance, to include housing, transportation, child care, food stamps.

Dislocated Worker Self-Sufficiency Definition:

Eighty percent (80%) of previous compensation level and availability of family health insurance or Adult Self-Sufficiency definition, whichever is higher.

High County Local Area WIA Supportive Services Policy

Supportive services for adults, dislocated workers, and youth are defined at WIA sections 101(46) and 134(e)(2) and (3). They include services such as assistance for transportation, childcare, dependent care, and housing that are necessary to enable an individual to participate in activities authorized under WIA Title I. The key here is that the WIA case manager substantiates and documents the need for the supportive services to participate in WIA Title I services.

Supportive service payments must be paid directly to the vendor with WIA case managers having all the necessary documentation to support the costs. Payment directly to the vendor avoids a host of potential problems that may occur if payment is made directly to customers for expenses. An exception to this is the reimbursement of mileage for transportation costs. These costs are typically paid to the customer or to someone that has transported the customer to school, work activities, etc., to participate in WIA Title I activities. Payment is made based upon the High Country Local Area Transportation Policy. For this type of supportive service, it is totally appropriate to pay the person based upon documentation supporting that they drove a certain distance for the purpose of attending school or going to a worksite. An invoice/attendance form is to be used to support these costs that are signed by the participant and school instructor or worksite supervisor that verifies the person was in attendance on the days reported for reimbursement of travel costs.

Supportive Services allowed by High Country Local Area:

- Transportation – See Transportation Policy below
- Childcare and dependent care
- Housing
- Car Repairs
- Emergency Aid (one time or very rare expenses paid to allow a person to continue participating in Title I activities). Examples include payment of utility bills (electric, water, heating, etc.), a car insurance payment that cannot be paid by the participant without WIA assistance and is needed to continue going to school or participating in an activity such as a work experience, OJT, etc. If someone is having extreme financial difficulty, case managers should be assisting participant with needed financial management information (development of a budget, credit counseling, debt management, etc.).

Supportive services not allowed by High County Local Area:

- Supportive service payments that are not documented appropriately through supportive service invoices.

Who may receive supportive services? According to the regulations:

- (a) “Supportive services may only be provided to individuals who are:
 1. Participating in core, intensive or training services; and

2. Unable to obtain supportive services through other programs providing such services.
- (b) Supportive services may only be provided when they are necessary to enable individuals to participate in Title I activities.”

Supportive services payments may be made available on behalf of Adults and Dislocated Workers who are in follow-up services (follow up begins on the 1st day of employment). After exit, no supportive services may be paid from WIA funds, with the following exception: Supportive services may be offered to youth after exit per Section 664.450 of the WIA Regulations.

Effective July 1, 2004, participants who indicate a need for supportive services assistance are notified that there is a lifetime supportive services benefit. It is up to the participant to weigh needs against resources and consider current versus potential future circumstances prior to determining whether to request assistance now or later. It is the responsibility of the Career Development Counselor to ensure that customers understand the concept of the lifetime limit and to help customers think through the consequences of their choices.

Lifetime Supportive Services Benefit: Participants may receive transportation and childcare assistance when they are participating in an approved WIA activity and have demonstrated the need for such assistance and meet other Local Area transportation and childcare assistance policies.

In addition, if they indicate a need, participants are eligible for additional supportive services in an amount up to \$250 a year with a lifetime limit of \$750 during the course their enrollment in WIA. These funds may be used for needs previously designated by the Local Area as allowable supportive service costs.

In extreme circumstances, where the participant has used the lifetime limit or has an emergency need that exceeds that limit, the service provider organization can apply in writing to the Local Area Administrative/ Programmatic Systems Manager for approval for one-time emergency assistance, using the “Unusual Expense Pre-Approval Form”. (See “WIA Forms” Section of Manual for Unusual Expense Pre-Approval Form and example of completed form). Approval must be requested and received in writing prior to making the expenditure, and it is incumbent upon the service provider to ensure that the customer understands that, if approved, this is a one-time expenditure.

Supportive services are not to be the primary activity for any WIA customers. It is a means to assist customers find or provide the financial assistance needed to allow them to successfully complete their intensive and training services in their goal of obtaining self-sufficient employment. WIA is a workforce development program centered on training, education and work-based learning.

Documentation: Service providers are to maintain a stringent attitude towards documentation of all supportive services provided. Transportation and childcare are to be documented in the WorkforcePlus System once each semester; other supportive services are documented in WF+ each time a supportive service is provided. Each supportive service is documented in case notes when it occurs with an explanation of the need, effort to locate other resources and description of service provided.

Transportation and childcare are updated in case notes on a monthly basis to determine whether the need continues and at what level.

High County Local Area WIA Transportation Policy

Transportation, as with other supportive services, may be provided to WIA customers. The primary question that needs to be answered prior to provision of transportation assistance is as follows: "Is the transportation service/assistance necessary to continue WIA services? The answer must be "yes" for WIA to pay for these services.

Transportation assistance paid with WIA funds will be provided in the following ways:

- (1) as available, tokens will be provided for public transportation;
- (2) arrangements will be made with transportation providers for payment upon receipt of signed documentation of participation and/or receipt of services;
- (3) reimbursement will be made to participants who provide their own transportation for WIA activities, using the following method for daily travel:

0-10 miles/day	\$ 2.50
11-25 miles/day	\$ 5.00
26-40 miles/day	\$ 7.50
41-75 miles/day	\$10.00
76+miles/day	\$12.50

Provisions for Exception:

- Payment scale will be adjusted at the Board's discretion based on economic conditions;
 - Payments to customers are made on a case-by-case determination of need.
- (4) reimbursement may be made to private individuals who provide transportation to WIA participants for allowable activities at the same rate as in No. 3 above, following receipt of signed and documented Participant Transportation Documentation Log. Individual does not receive duplicated reimbursement if transportation is provided to multiple participants.

Service providers must ensure verification/documentation of participant attendance in activity for which transportation is being reimbursed. Documentation of mileage and participant signature alone is not sufficient for Local Area reimbursement to service provider.

HIGH COUNTRY LOCAL AREA
UNUSUAL EXPENSE PRE-APPROVAL FORM

Customer Name: _____

Date: _____

Adult:

Dislocated Worker:

Youth:

Expected Cost: _____

Has customer exhausted his/her supportive service limit of \$250 yearly or \$750 lifetime?

Provide a short narrative explaining the purpose of this assistance and how it is necessary for the customer in order to continue participation in WIA.

Case Manager Signature: _____

WIA Supervisor Signature: _____

Approval for the above expense has been authorized.

Approval for the above expense has been denied.

Local Area Manager Signature: _____

Date: _____

WIA Orientation and Customer Rights

ORIENTATION COMPLETED INCLUDING THE FOLLOWING TOPICS:

- Explanation of WIA and One-Stop Services
- Hatch Act
- Follow-Up
- Rights and Grievance Procedures
- EO Officer Designation
- Informed Consent for Release of Information
- Applicant Responsibilities

YOUR CIVIL RIGHTS High Country Council of Governments and _____ may not discriminate against you on basis of race, sex, color, disability, age, national origin, religious or political affiliation or beliefs when making participant selection, job assignment, termination or any other aspect of training or employment. Participation is contingent upon your eligibility to work in the United States of America and eligibility requirements of WIA.

YOUR EMPLOYMENT RIGHTS If placed on a worksite, you have the right to a safe and healthy work or training site. You are covered by Worker's Compensation Insurance or its equivalent. You will be paid for your work at a rate not less than the state or local minimum wage or the Fair Labor Standards Act, whichever is highest.

INFORMED CONSENT In general, the law protects the confidentiality of all communications between a customer and his/her career advisor and information can only be released with your written permission. However, there are circumstances when a career advisor is required to breach confidentiality without a customer's permission. This occurs if the advisor suspects a child or older person is being abused in which case, the advisor must file a report with the appropriate agency. If, in the career advisor's professional judgement, a customer is threatening serious harm to another, he/she is required to take protective action which may include notifying the police, warning the intended victim, or seeking the customer's hospitalization. If a customer threatens to harm him or herself, the career advisor may be required to seek hospitalization for the customer.

It is agency policy to keep a file for each customer that contains, in addition to general notes, assessment results, progress reports, releases and other pertinent documents. All customers have the right to access any of this information at any time and will receive a copy of the developed Individual Employment Plan/Service Strategy. However, in order to maximize services to the customer, a file may be discussed with the career advisor's supervisor or other agency staff. These consultants are legally bound to maintain confidentiality. If you are under eighteen years of age, be aware that while specific content of your communication with your career advisor is confidential, your parents have the right to receive general information regarding your progress.

While this summary should prove helpful in informing you about potential exceptions to confidentiality, we encourage active discussion of these issues. However, since the laws governing confidentiality are complex, if you need more specific advice, formal legal consultation may be desirable.

YOUR GRIEVANCE RIGHTS If you feel it is necessary to file a complaint about the program, you should contact the agency Equal Opportunity (EO) Officer no more than 180 days after the incident occurred and (1) Make every effort to resolve the problem informally. If this is not possible, you should then (2) File the complaint in writing, with full details, to the agency EO Officer (listed below). The agency must send you a written decision within thirty (30) days. If you are not satisfied with this decision you have five (5) days to (3) Appeal in writing to: Don Sherrill, High Country Council of Governments, 468 New Market Blvd., Boone, NC 28607 Include your full name and address, a copy of the agency's written response to your complaint, and a statement of areas of disagreement. Mr. Sherrill will send you and the agency a written response. Additional appeal rights should be addressed to Mose Dorsey, NC Division of Workforce Solutions, 313 Chapanoke Road, Raleigh, NC 27699.

NOTE: The complaint processing procedures shall provide for alternative dispute resolution (ADR). The complainant shall have the choice of pursuing the customary investigation process or using the ADR process. If the parties do not reach an agreement under ADR at the sub-recipient or state level, a complaint may be filed to the attention of: Naomi M. Barry-Perez, Director, Civil Rights Center (CRC), US Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC, 20210.

NOTE: Complaints on the basis of handicap follow the procedure explained above, but have different time requirements. If you have a complaint on the basis of handicap, contact the agency's EO Officer who will give you the information you need. Complaints on the basis of other forms of discrimination are to be filed directly to: Naomi M. Barry-Perez, Director, Civil Rights Center, US Department of Labor, 200 Constitution Ave., Washington, DC 20210.

The above information has been explained to me and I have received a copy.

Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Equal Opportunity Officer: _____

Phone: () _____ - _____ Ext. _____



Workforce Investment Act (WIA)
Work Experience Activity Policy
Updated July 2014

What is a Work Experience?

Work experiences are planned, structured learning experiences that take place in a workplace for a limited period of time. Work experience workplaces may be in the private, for-profit sector; the non-profit sector; or the public sector. Work experiences may be paid or unpaid learning activities.

Work experiences are designed to enable WIA participants to gain exposure to the working world and its requirements and should help participants acquire the personal attributes, knowledge, and skills needed to obtain a job and advance in employment. The purpose is to provide the participant with the opportunities for career exploration and skill development and is not to benefit the employer, although the employer may, in fact, benefit from the activities performed by the participant. Instruction in employability skills or generic workplace skills should be addressed by staff and worksites during a work experience. Work experiences may also provide exposure to various aspects of an industry and include progressively more complex tasks.

Who can participate in a Work Experience?

Adults, dislocated workers, and youth who meet eligibility requirements of the Workforce Investment Act and enrolled in WIA may participate in a work experience pending available funding and determination that this activity meets the individual's plan of service. Often a work experience can be correlated to other program components such as completing training or may be performed in conjunction with education or other program expectations. A work experience should not be the first WIA activity for a participant. Participants must have demonstrated that they can be counted on to fulfill expectations and commitments in order to be placed in a work experience.

Length of Work Experience

The general length of a work experience should be part-time for a period of two to six months. As appropriate and approved by the Program Supervisor, a work experience may be extended (however, not past six months). In general, participants should not work more than 20-30 hours per week. Length and hours per week should be determined as most appropriate for the worksite while also taking into consideration other commitments such as the participant's school schedule. Consideration of WIA funding is essential. A work experience can be terminated by the worksite or WIA staff if expectations are not being met.

Timesheets/Wage and Hour (www.wagehour.dol.gov)

When work experiences wages are paid, by the WIA service provider, the participant becomes an employee of the WIA Service Provider Agency and wages are paid from WIA funding. Providers may also use the services of a staffing agency to serve as the employee of record to process payment.

Wages shall be paid at no less than the minimum wage (If the federal and state minimum wage rates are different, the minimum rate of pay would be the higher of the two). In general, participants should not work more than 30 hours per week. Overtime is not allowed. Staff must ensure proper tax forms and I-9's are also completed.

WIA work experience wages are not eligible for unemployment insurance benefits as the activity is considered a component of a workforce development training program. Participants receiving public assistance should inquire with the appropriate agency regarding the possible impact on their benefits due to earnings received from the work experience. WIA staff are expected to assist customers with this process.

Timesheets must be completed to reflect the number of hours working at the worksite and if applicable, the hours spent on scheduled work readiness training (generally for youth programs). WIA staff must assist participants and worksites in keeping timesheets completed accurately; ensuring they are reviewed and signed by the participant and worksite Supervisors; and by WIA staff prior to submitting them for payment. State and federal wage and hour laws require that employees are paid for all hours worked – *even without a signed time sheet*.

By law, employees ages 14-15 must get a 30 minute break from all work duties after five consecutive hours of work. Those employees 16 and older are not required by law to have designated breaks, however, it is encouraged that participants who work six or more hours receive a designated minimum 30 minute unpaid lunch break.

By law, if an authorized break is less than 30 minutes, it is paid work time.

Workplace Safety and Child Labor Laws/Work Permits (www.nclabor.com)

General workplace safety is to be monitored by WIA staff and worksite Supervisors. Any identified issues must be addressed immediately by the WIA staff. Worksites must ensure that, if applicable, they will adhere to Child Labor Laws established by the NC Department of Labor and ensure safe and sanitary working conditions. Drug tests may be performed at random or in the event of a workplace accident if deemed necessary for participants or if required by workers compensation insurance or the worksite.

WIA Providers must have appropriate Workers Compensation Insurance in order to offer work experiences or ensure that participants are covered through a staffing agency if used for this activity.

Any workplace accident must be reported immediately by the participant to their worksite Supervisor and to WIA staff. By law, the accident must be reported ***immediately*** to the NC Industrial Commission (by the worksite or the WIA Service Provider). WIA Service Providers are responsible to ensure that all reporting is done in a timely accurate manner.

Work Permits must be obtained by the worksite (even though they are not the employer of record, they are benefiting from the worker) for youth 14-17 years old except for those placed at a government or agriculture worksite. Work permits must be maintained at the worksite and in the WIA participant file.

Choosing the Right Employer/Worksite Expectations

Matching the participant with the right employer is essential to making a work experience successful for the participant and employer. Employers need to have a clear understanding and expectation of the attitudes and habits that a participant may exhibit. They also need to be prepared to spend adequate, quality time with the participant and provide appropriate supervision.

If applicable, worksites must also understand that a portion of the participant's time will be in a work readiness training component and must allow flexibility of scheduling if needed. Effort should be made to place participants at a worksite that matches their interests and abilities. Keeping in mind that a work experience is designed to provide career exploration and hands on learning, if needed, a participant may be moved from one worksite to another when the worksite is not an appropriate "fit."

It is also expected that worksite Supervisors will perform evaluations every two weeks; notify the WIA staff of potential issues and/or exceptional performance; and review and approve the participant timesheet to be submitted for payment to WIA staff. The WIA staff and worksite must develop a job description individualized to the particular position being filled and complete a worksite contract.

The worksite will provide general liability insurance coverage. WIA Providers will ensure that workers compensation insurance is provided on each participant.

It is required that:

- Worksites must ensure that WIA placements will not displace current workers or be filling the exact position of a vacancy due to layoff status;
- Participants may not be involved in religious sectarian instruction or activities while on the job.

Participants are expected to receive training in basic work skills. Worksites that provide training in academic and occupational skills that may help them in their career choices and preparation are encouraged.

Worksites that provide the opportunity for exposure to "green" jobs and knowledge are encouraged. Examples include solar, geothermal, wind power design, and the use of environmentally-friendly building materials or practices as well as conservation and sustainability efforts representing green work such as energy-efficient efforts, solar panel installation, reclaiming of public park areas, or various recycling efforts, etc.

In summary it is expected that worksite Supervisors will:

- Provide on-going supervision
- Serve in a mentoring and learning environment
- Ensure that there is meaningful adequate work and provide needed tools/equipment to perform the job
- Complete performance evaluations at least every two weeks and review with participant
- Notify WIA staff of potential issues and/or exceptional performance
- Review and approve the participant timesheet to be submitted for payment
- Develop a job description individualized to the particular position being filled
- Complete a worksite contract identifying beginning and ending dates
- Communicate with WIA program staff
- Maintain a participant file at the worksite
- Provide general liability insurance coverage
- Participate in a worksite orientation with program staff
- Adhere to Child Labor Laws and OSHA compliance
- Contact the WIA staff immediately in the case of an accident

WIA Program Staff Expectations

WIA staff will determine eligibility of participants; provide placement of participants; will be available to address worksite concerns or issues; monitor worksites; provide career counseling and training for participants, and maintain detailed participant files. WIA staff will submit participant timesheet for payroll processing.

Staff are to also provide and document an orientation to participants and worksites regarding program expectations and guidance for successful placement and complete worksite/participant agreement forms.

Worksite visits and/or contact should be made at least once per pay period. More frequent contact may be deemed necessary and appropriate.

WIA staff must ensure that all workplace accidents are reported immediately to the NC Industrial Commission.

Keying NCWorks

Staff are to record the work experience activity in NCWorks with appropriate documentation in case notes that documents location, timeframe, pay, progress, issues, site visits, etc.

For youth, enter the 425 Work Experience - Paid or 426 Work Experience - Unpaid Activity with the start/end dates.

For A/DW, enter the 219 Work Experience Activity with the start/end dates.

Monitoring

It is the responsibility of WIA staff to monitor work experiences. Worksite visits should occur at a minimum once per pay period. Monitoring visits should include observation of the participant at work and contact with the Supervisor to identify any issues that may need to be addressed. If it is determined that a participant does not have adequate, supervised work; WIA staff will discuss this with the worksite Supervisor to correct the situation. If the situation cannot be resolved, a new worksite should be pursued. If the participant displays disciplinary problems, WIA staff and worksite Supervisors will address this with the participant in an attempt to correct the behavior. If issues and/or behavior cannot be corrected, the work experience will be terminated.

For youth participants, WIA youth staff should follow the Work Experience Disciplinary Policy.

All program and worksite files may be monitored and worksite visits may be made at any time by Local Area staff, the NC Division of Workforce Development, or the United States Department of Labor, etc.

Supportive Services

Supportive Services may be provided to participants who are placed in a work experience if an emergency need is identified that prohibits successful completion.

In general, transportation reimbursement can be provided upon initial placement until the participant receives their first paycheck. Emergency assistance for daycare fees may also be provided if the need is determined. Other emergency assistance will be determined on a case by case basis. Funding may also be used to assist participants with appropriate or required workplace clothing if needed.

Funding/Restrictions

All activities related to the WIA work experience are contingent upon funding availability. If at any point funding is determined limited, activities may be shortened, suspended or ended.

In the event that special funding is received, additional rules/guidance may be required to meet the expectations of the additional funding source.

High Country WORK EXPERIENCE DISCIPLINARY POLICY

The youth Work Experience component is designed to be a learning experience for youth participants as well as a beneficial arrangement for the worksites and supervisors. To ensure a successful learning work experience, youth are expected to demonstrate the development of work readiness skills. Youth that repeatedly demonstrate inappropriate behaviors may be suspended or terminated from their work experience.

Examples of behaviors that can result in probation, suspension, or termination include:

- Tardiness or absences without documentation
- Swearing and fighting
- No call-no show for work experience or other program expectations
- Unsafe actions
- Failure to follow worksite rules or instructions
- Having a bad attitude
- Insubordination
- Possessing anything illegal or any illegal activities or intoxication
- Stealing
- Sharing of confidential information
- Inappropriate visitors on the worksite or inappropriate use of phone or internet
- Lying to your supervisor, Career Coach, or on your time sheet

The worksite supervisor, Career Coach, or any other WIA staff member can suspend or terminate youth employment immediately as a result of illegal and/or unsafe behavior on the job. Random drug testing may be performed during the work experience.

When worksite and/or work experience program rules and expectations are not met, the following steps will be taken as a means to improve performance. However, if determined necessary, the worksite supervisor and the Career Coach can terminate the work experience immediately.

Step One: Verbal Warning

The worksite supervisor and Career Coach will give participant a verbal warning regarding work performance which will be documented on the participant evaluation. The Career Coach will discuss the issue with the participant. If the situation improves, the process stops here. If it does not improve further action will be taken. See Step Two.

Step Two: Written Documentation

Youth participant will have a meeting with worksite supervisor and Career Coach to complete written documentation of performance and expectations as to what improvements can be made on the job by a defined period of time. The corrective action plan will be signed by the worksite supervisor, the Career Coach and the participant. Youth will be placed on employment probation for a period of time set at this meeting. If the situation improves, the process stops here. If it does not improve further action will be taken. See Step Three.

Step Three: Termination

The worksite supervisor and Career Coach will discuss worksite behavior and determine the need for termination of employment. The Career Coach will contact the Program Director regarding termination. Career Coach will inform participant of last date of work at the worksite and will have a termination meeting with participant. Final time sheet will be submitted for payment.



Resources, Employment,
Advancement and Learning

Get REAL Youth Services
Applicant Statement Regarding School Dropout

Date: _____

Name: _____

I hereby affirm that I attended _____ High
School and completed _____ grade before withdrawing from school on
_____.

Applicant Signature

Get REAL Career Coach Signature



Resources, Employment,
Advancement and Learning

Get REAL Youth Services
Applicant Statement Regarding No Income

Date: _____

Name: _____

I hereby affirm that I have had no income and earned \$0 in the past six month period of
_____ to _____.

Applicant Signature

Get REAL Career Coach Signature



Resources, Employment,
Advancement and Learning

Get REAL Youth Services
Applicant Statement Regarding Offender Status

Date: _____

Name: _____

I hereby affirm I am an offender and have been subject to the criminal justice process.

My charges include: _____,

which occurred on the following dates: _____.

I am currently on probation parole and my probation/parole officer is

_____ and may be contacted at _____.

My sentence is complete.

I am no longer required to report to a probation/parole officer.

Applicant Signature

Get REAL Career Coach Signature



Resources, Employment,
Advancement and Learning

Get REAL Youth Services
Applicant Statement for Pregnant Youth

Date: _____

Name: _____

I hereby affirm that I am pregnant and my expected due date is _____.

Applicant Signature

Get REAL Career Coach Signature

Note: This does not apply to expectant fathers.



Applicant Statement

Youth Who “Requires Additional Assistance”

Per Local Area Issuance 2009-18 dated 10/26/09

I, _____ am seeking Workforce Investment Act assistance, because I require additional assistance to complete an educational program, or to secure and hold employment. I attest that I meet the checked conditions below.

1. Is currently attending an education program **AND**

- A. Has previously dropped out of an education program **OR**
- B. Has poor attendance patterns in a educational program during the last 12 calendar months **OR**
- C. Has below average grades **OR**
- D. Has aged out of the foster care system (ages 18-21) **OR**
- E. Has a currently incarcerated parent(s)

OR

2. Is not attending an educational program **AND**

- A. Has a poor work history, to include no work history, or has been fired from a job in the last 6 calendar months **OR**
- B. Has aged out of the foster care system (ages 18-21) **OR**
- C. Has a currently incarcerated parent(s)

Youth Signature

Date

Career Coach Signature

Date

***Staff must document details of items checked above in participant case notes.**



Resources, Employment,
Advancement and Learning

Get REAL Youth Services
Applicant Statement Regarding Family Size

Date: _____

Name: _____

I hereby affirm that my family size includes myself and the following individuals:

	<u>Name</u>	<u>Relationship</u>
1.	_____	Applicant
2.	_____	
3.	_____	
4.	_____	
5.	_____	
6.	_____	

Applicant Signature

Get REAL Career Coach Signature

High Country Local Area Youth Incentive Policy **Effective July 1st, 2003 (Revised 2-20-09)**

Incentives provide a means to recognize and reward an **active*** youth's success while participating in the Workforce Investment Act *Get REAL* youth services. *Get REAL* youth funds may be used to provide incentives for recognition and achievement to eligible youth (129.a.5) provided it is made a part of the participant's individualized assessment and service strategy. In general, non-cash incentives should be used. However, incentives can be in the form of cash payments to youth when it is deemed appropriate. Documentation for each youth must include what achievement or recognition is being awarded, the type of incentive awarded, along with supplemental data to support the achievement (copy of grades, work-site evaluation, attendance record, etc.).

Incentives may be provided to those in follow-up provided they successfully complete the program and meet the definition of active participants to include regular meaningful contact as described in Service Providers proposals (such as weekly, monthly, and bi-monthly visits to provide needed intervention, support for the youth, skills building, etc.).

The following examples merit the award of incentives:

- Academic achievement
- Participation in specific WIA activities, including activities leading to attainment of leadership and citizenship skills such as workshops, trainings, volunteer work, etc.
- Frequent contact and attendance with case manager (at least on a monthly basis and as defined as active)
- Attainment of Skill Goal or Educational Functioning Level
- Attainment of secondary school diploma or equivalent
- Attainment of honor roll or dean's list
- Successful completion of work experience
- Successful consecutive months of job retention (at 3, 6, and 9 months)
- Successful completion of approved HRD workshop
- Obtaining a Certificate/Credential or License
- Serving as a Youth Council member
- Completing "Passport to Success" guidelines

The following are examples of incentives:

- Gift certificates (restaurants, video/music stores, retail stores, book store)
- Movie passes
- Clothing for interview, work-site, or special event
- Banquets for participants
- Plaques/Certificates
- Class pictures
- Class rings
- School supplies
- Summer work experience for year round participation
- Field Trips
- Cash (in the form of a check made out to the participant)

Although the above lists are not inclusive, Service Providers must contact the Local Area for additions. Service Providers must develop an incentive policy (to be used for the "Passport to Success") specific to their service design to include time-frames, dates, required numbers, etc. using the provided required elements. All elements of the Local Area policy must be included and approved by the Local Area prior to implementation.

Region Wide Incentives

All active youth are to receive the following as appropriate and as funding allows:

It is the High Country policy that youth will receive an incentive award upon attainment of a skill goal (basic skills, work readiness or occupational skills goal). Goals must be attained during the time frame of 6-12 months and follows the Skill Attainment Tool-kit policy. Upon attainment of each skill goal, each **active** youth will be awarded a \$25.00 incentive. Up to three goals may be achieved per year (maximum of \$75 value per year for goal attainment). The type of goal and incentive along with dates must be documented in NCWORKS. Basic Skills equals a defined increase in Reading and/or Math scores. Work Readiness equals successful evaluation on at least eight of ten work readiness skills objectives. Occupational Skills equals to completion of the semester at a “C” average or better.

Youth that increase their Literacy and/or Numeracy scores one Educational Functional Level (EFL) within the designated year are eligible for a \$25 incentive.

NOTE: Youth do not receive incentives for basic skills goals attainment and EFL increases—it is one or the other.

Youth may receive an incentive award of \$50 when he/she fully completes the Computer Learning Works (CLW) Employability Skills software.

As a youth participant obtains his/her High School Diploma or GED, an incentive award of \$100 will be awarded if the youth is an active participant. If a youth has been inactive, without person to person contact, and has not received *Get REAL* services, case managers can not award an incentive for obtaining a High School Diploma or GED.

Youth that complete training and are awarded a credential/degree/diploma, etc; are eligible to receive an incentive of \$100. Youth that complete training such as CNA and Pharmacy Tech that require state exams, must take and pass the exam prior to receiving the incentive.

Due to the importance of job getting and keeping skills, a \$25 incentive will be awarded to active youth customers when he/she obtains unsubsidized employment working at least 20 hours per week. If the participant retains the same job for three months, a \$50 incentive will be awarded. Retention in the labor market for six months (with no break in employment) earns a \$75 incentive and retention in the labor market for one year (with no break in employment) earns an incentive of \$100. Please note that this type of incentive will only be awarded one time per customer and employment must be constant throughout the year. Obtaining employment, quitting/getting fired, and obtaining additional employment does not constitute another \$25 incentive.

As the state and nation are recognizing the importance of work readiness skills, youth that complete their Key Train pre-assessments (for Reading, Math, and Locating Information) while enrolled are eligible to receive a \$25 incentive. As youth progress and take the Career Readiness Certification test and receive their certification (while enrolled or in follow-up), youth are eligible to receive \$100.

*An **active** participant is one who is actively receiving services in accordance with their individualized service strategy/plan AND with whom the service provider is in frequent and meaningful contact as documented in WF+.

Skills Goals: \$25
EFL Increase: \$25
CLW: \$50
Credential: \$100
Diploma/GED: \$100
Employment: \$25-\$50-\$75-\$100
Key Train Pre-assessments: \$25
Career Readiness Certification: \$100

High County Local Area WIA Supportive Services Policy

Supportive services for adults, dislocated workers, and youth are defined at WIA sections 101(46) and 134(e)(2) and (3). They include services such as assistance for transportation, childcare, dependent care, and housing that are necessary to enable an individual to participate in activities authorized under WIA Title I. The key here is that the WIA case manager substantiates and documents the need for the supportive services to participate in WIA Title I services.

Supportive service payments must be paid directly to the vendor with WIA case managers having all the necessary documentation to support the costs. Payment directly to the vendor avoids a host of potential problems that may occur if payment is made directly to customers for expenses. An exception to this is the reimbursement of mileage for transportation costs. These costs are typically paid to the customer or to someone that has transported the customer to school, work activities, etc., to participate in WIA Title I activities. Payment is made based upon the High Country Local Area Transportation Policy. For this type of supportive service, it is totally appropriate to pay the person based upon documentation supporting that they drove a certain distance for the purpose of attending school or going to a worksite. An invoice/attendance form is to be used to support these costs that are signed by the participant and school instructor or worksite supervisor that verifies the person was in attendance on the days reported for reimbursement of travel costs.

Supportive Services allowed by High Country Local Area:

- Transportation – See Transportation Policy below
- Childcare and dependent care
- Housing
- Car Repairs
- Emergency Aid (one time or very rare expenses paid to allow a person to continue participating in Title I activities). Examples include payment of utility bills (electric, water, heating, etc.), a car insurance payment that cannot be paid by the participant without WIA assistance and is needed to continue going to school or participating in an activity such as a work experience, OJT, etc. If someone is having extreme financial difficulty, case managers should be assisting participant with needed financial management information (development of a budget, credit counseling, debt management, etc.).

Supportive services not allowed by High County Local Area:

- Supportive service payments that are not documented appropriately through supportive service invoices.

Who may receive supportive services? According to the regulations:

- (a) “Supportive services may only be provided to individuals who are:
 1. Participating in core, intensive or training services; and

2. Unable to obtain supportive services through other programs providing such services.
- (b) Supportive services may only be provided when they are necessary to enable individuals to participate in Title I activities.”

Supportive services payments may be made available on behalf of Adults and Dislocated Workers who are in follow-up services (follow up begins on the 1st day of employment). After exit, no supportive services may be paid from WIA funds, with the following exception: Supportive services may be offered to youth after exit per Section 664.450 of the WIA Regulations.

Effective July 1, 2004, participants who indicate a need for supportive services assistance are notified that there is a lifetime supportive services benefit. It is up to the participant to weigh needs against resources and consider current versus potential future circumstances prior to determining whether to request assistance now or later. It is the responsibility of the Career Development Counselor to ensure that customers understand the concept of the lifetime limit and to help customers think through the consequences of their choices.

Lifetime Supportive Services Benefit: Participants may receive transportation and childcare assistance when they are participating in an approved WIA activity and have demonstrated the need for such assistance and meet other Local Area transportation and childcare assistance policies.

In addition, if they indicate a need, participants are eligible for additional supportive services in an amount up to \$250 a year with a lifetime limit of \$750 during the course their enrollment in WIA. These funds may be used for needs previously designated by the Local Area as allowable supportive service costs.

In extreme circumstances, where the participant has used the lifetime limit or has an emergency need that exceeds that limit, the service provider organization can apply in writing to the Local Area Administrative/ Programmatic Systems Manager for approval for one-time emergency assistance, using the “Unusual Expense Pre-Approval Form”. (See “WIA Forms” Section of Manual for Unusual Expense Pre-Approval Form and example of completed form). Approval must be requested and received in writing prior to making the expenditure, and it is incumbent upon the service provider to ensure that the customer understands that, if approved, this is a one-time expenditure.

Supportive services are not to be the primary activity for any WIA customers. It is a means to assist customers find or provide the financial assistance needed to allow them to successfully complete their intensive and training services in their goal of obtaining self-sufficient employment. WIA is a workforce development program centered on training, education and work-based learning.

Documentation: Service providers are to maintain a stringent attitude towards documentation of all supportive services provided. Transportation and childcare are to be documented in the WorkforcePlus System once each semester; other supportive services are documented in WF+ each time a supportive service is provided. Each supportive service is documented in case notes when it occurs with an explanation of the need, effort to locate other resources and description of service provided.

Transportation and childcare are updated in case notes on a monthly basis to determine whether the need continues and at what level.

High County Local Area WIA Transportation Policy

Transportation, as with other supportive services, may be provided to WIA customers. The primary question that needs to be answered prior to provision of transportation assistance is as follows: "Is the transportation service/assistance necessary to continue WIA services? The answer must be "yes" for WIA to pay for these services.

Transportation assistance paid with WIA funds will be provided in the following ways:

- (1) as available, tokens will be provided for public transportation;
- (2) arrangements will be made with transportation providers for payment upon receipt of signed documentation of participation and/or receipt of services;
- (3) reimbursement will be made to participants who provide their own transportation for WIA activities, using the following method for daily travel:

0-10 miles/day	\$ 2.50
11-25 miles/day	\$ 5.00
26-40 miles/day	\$ 7.50
41-75 miles/day	\$10.00
76+miles/day	\$12.50

Provisions for Exception:

- Payment scale will be adjusted at the Board's discretion based on economic conditions;
 - Payments to customers are made on a case-by-case determination of need.
- (4) reimbursement may be made to private individuals who provide transportation to WIA participants for allowable activities at the same rate as in No. 3 above, following receipt of signed and documented Participant Transportation Documentation Log. Individual does not receive duplicated reimbursement if transportation is provided to multiple participants.

Service providers must ensure verification/documentation of participant attendance in activity for which transportation is being reimbursed. Documentation of mileage and participant signature alone is not sufficient for Local Area reimbursement to service provider.

Insert WDB Name Here

Insert OJT Provider Name

On-the-Job Training (OJT) Contract: Pre-Award Analysis

Section 1: Employer Information

Complete the following Employer Information		
COMPANY NAME:		FEIN #:
CONTACT PERSON:	TITLE:	
COMPANY ADDRESS:		
PHONE:	FAX:	EMAIL:
TYPE OF ORGANIZATION: PRIVATE FOR PROFIT <input checked="" type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> PUBLIC <input type="checkbox"/>		
COMPANY NAICS CODE:	# OF CURRENT EMPLOYEES IN THIS LOCATION:	YEARS IN EXISTENCE:

Section 2: Criteria for OJT Employers

YES	NO	Employer Requirements
<input type="checkbox"/>	<input type="checkbox"/>	1) Does the employer agree to ensure that the OJT will not result in the replacement of laid-off workers?
<input type="checkbox"/>	<input type="checkbox"/>	2) Does the employer ensure that the company has not exhibited a pattern of failing to provide OJT trainees with continued long-term employment?
<input type="checkbox"/>	<input type="checkbox"/>	3) Does the employer commit to providing long-term employment for successful OJT trainees, barring unforeseen economic conditions?
<input type="checkbox"/>	<input type="checkbox"/>	4) Does the employer agree to ensure that the OJT will not result in the full or partial displacement of currently employed workers nor will it infringe on promotional opportunities of current workers?
<input type="checkbox"/>	<input type="checkbox"/>	5) Does the employer agree to ensure that trainees will be provided the same benefits and working conditions at the same level and to the same extent as other trainees or employees working a similar length of time and doing the same type of work?
<input type="checkbox"/>	<input type="checkbox"/>	6) Does the employer agree to ensure that trainee wages to be paid are at least equal to both: a) the Federal, state or local minimum wage (Fair Labor Standards Act), and b) other employees in the same occupation with similar experience?
<input type="checkbox"/>	<input type="checkbox"/>	7) Does the employer agree to ensure that trainees are provided with the same workers' compensation coverage as regular, non-OJT employees? a) Worker's Compensation Company: b) Account #: c) Effective Dates: to
<input type="checkbox"/>	<input type="checkbox"/>	8) Does the employer agree to ensure that the OJT will not result in the impairment of existing contracts for services or collective bargaining agreements?
<input type="checkbox"/>	<input type="checkbox"/>	9) Does the employer agree to ensure that OJT funds will not be used to directly or indirectly assist, promote, or deter union organizing?
<input type="checkbox"/>	<input type="checkbox"/>	10) Does the employer agree to ensure that WIA funds will not be used to relocate operations in whole or in part?
<input type="checkbox"/>	<input type="checkbox"/>	11) Does the employer confirm that the company has operated at current location for at least 120 days (unless the new location did not result in the layoff of employees at another location)?
<input type="checkbox"/>	<input type="checkbox"/>	12) Does the employer agree to provide safe working conditions for OJT trainees?

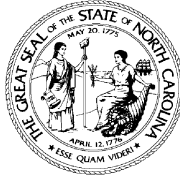
Section 3: Authorized Signatures

I hereby certify that the above information is, to the best of my knowledge, true and correct.

EMPLOYER SIGNATURE:	TITLE:	DATE:
WIA OJT AGENCY REPRESENTATIVE SIGNATURE:	TITLE:	DATE:

Section 4: Outcome of Pre-Award Interview

1. Does the employer meet all requirements (i.e. answer “yes” to all twelve questions above) of the OJT pre-award analysis? YES NO
2. Will an OJT Contract (Employer Agreement) be developed? YES NO
If not, please explain.



North Carolina
Department of Commerce
Division of Workforce Development

Beverly Eaves Perdue, Governor
J. Keith Crisco, Secretary

Roger Shackelford, Executive Director

February 4, 2011

LOCAL AREA ISSUANCE NO. 2010-01, Change 1

SUBJECT: Participant Eligibility and Data Validation Documentation Sources Reference Guide

PURPOSE: To revise the side-by-side comparison of Workforce Investment Act (WIA) Participant Eligibility and Data Validation Documentation Sources.

BACKGROUND: Local Workforce Development Areas may use various allowable sources to determine eligibility and data validation. While the attached document does not represent all Data Validation requirements (refer to Local Area Issuance No. 2007-11 for complete Data Validation documentation requirements), it places current participant eligibility sources alongside current data validation documentation sources in one easy to reference document.

ACTION: Local Workforce Development Areas may use the attached document for training and reference purposes and distribute to other interested parties as appropriate.

EFFECTIVE DATE: Immediately

EXPIRATION: Indefinite

CONTACT: Grants Management Program Monitors


Roger Shackelford

Attachment

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An Equal Opportunity/Affirmative Action Employer/Program

Auxiliary aids and services available upon request to individuals with disabilities.

WIA PARTICIPANT ELIGIBILITY AND DATA VALIDATION DOCUMENTATION SOURCES

NOTE: This document does not represent all Data Validation requirements. For complete Data Validation documentation requirements, please refer to Local Area Issuance No. 2007-11.

No.	Data Element	Required Eligibility Documentation <i>Copies of:</i>	Required Data Validation Documentation
1.	Social Security Number	Social Security card Report of Transfer or Discharge paper (DD-214)	Same documentation as eligibility verification
2.	Date of Birth	Birth certificate Driver's license Public Assistance/Social Service records School records/Identification card (copy from school) Baptismal record Printout of birth certificate from Register of Deeds Office DD-214, Report of Transfer or Discharge paper Federal, State, or Local Government Identification card Hospital record of Birth Passport Work permit Cross match with Department of Vital Statistics Tribal records Department of Motor Vehicles ID card Prison records verification	Same documentation as eligibility verification
3.	Citizenship	US Birth certificate US Passport Immigration and Naturalization Service (INS) documentation indicating right to work Social Security Administration records (SSI) Foreign Passport stamped eligible to work Hospital record of live birth Naturalization certification DD-214, Report of Transfer or Discharge paper (if citizenship is indicated)	Not Validated

Note: Yellow Highlighting indicates changes from the previous version of the guide.

- Passport has been removed from acceptable source documents for Social Security Number.
- Name has been removed as an eligibility item.

No.	Data Element	Required Eligibility Documentation <i>Copies of:</i>	Required Data Validation Documentation
4.	<p>Family Size</p> <p><i>The size of the family is determined by counting and identifying the number of persons living in a single residence at time of application who are related by blood, marriage, or decree of court, and who are included in one or more of the following categories:</i></p> <ul style="list-style-type: none"> • A husband, wife, and dependent children • A parent and dependent children • A guardian and dependent children • A husband and wife • Not a family member (Family size is "one"). <p>Dependent child is defined as a youth under age 19, or under 24 if a full-time student, living in a single residence, and who is being claimed as a dependent on a parent's or guardian's income tax return.</p> <p><i>If FAMILY SIZE is used to determine low-income, it must be verified before a determination of eligibility is made.</i></p>	<p>Social Services/Public Assistance agency records Public Housing Authority records Court records/Legal documents Guardian Decree of Court ** Family Size Verification Form - client statement attesting to size of family to include names and relationship ***E-mail Verification from Social Service agency</p>	<p>Not Validated but is reviewed if <i>Low Income</i> is marked "yes."</p>
5.	<p>Selective Service Compliance</p>	<p>Internet verification from www.sss.gov Selective Service Registration card Acknowledgment letter from Selective Service AND agency determination that participant did not knowingly and willfully fail to register.</p>	<p>Not Validated</p>

No.	Data Element	Required Eligibility Documentation <i>Copies of:</i>	Required Data Validation Documentation
6.	Veteran Status	Report of Transfer or Discharge paper, DD-214 Cross-Match with Veterans Data (Veterans' Administration) Veterans' Service Officer statement/printout	Same documentation as eligibility verification
7.	Person with Disability <ul style="list-style-type: none"> • <i>In the determination of WIA eligibility for Youth, disability IS NOT an allowable barrier.</i> • <i>The presence of an Individualized Education Plan (IEP) does not automatically mean the applicant is basic skills deficient, unless basic skills test results from the last 6 months are included in the IEP.</i> • <i>For the purpose of calculating family income, a Youth with a documented Disability may be considered a Family of One.</i> 	Individualized Education Plan (I.E.P) title page Social Security Administration letter/records Vocational Rehabilitation statement Cross-Match from Veterans Data (Veterans' Administration) Veterans' Service Officer statement/Printout Verification from Drug or Alcohol Rehabilitation agency Physician's statement Psychologist's statement Rehabilitation agency statement Social Service records/statement ***E-mail Verification from Social Service agency ***E-mail Verification from IEP Team or other authorized school personnel	Not Validated
8.	Source of Dislocation	Please see addendum B. for eligibility information	Not Validated
9.	UC eligible status at participation	ESC verification Unemployment insurance wage transcript Employer contact by Intake Officer	Not Validated
10.	Local determination of attachment to workforce	Intake Officer's certification that the applicant is not attached to the workforce. (WF+ intake signed by Intake Officer)	Not Validated
11.	Likely to return to a previous industry or occupation	Intake Officer's certification that the applicant is unlikely to return to previous industry or occupation. (WF+ intake signed by Intake Officer)	Not Validated
12.	Worked for employer not covered under state unemployment compensation law	Employer statement ESC verification	Not Validated

No.	Data Element	Required Eligibility Documentation <i>Copies of:</i>	Required Data Validation Documentation
13.	School Status at Registration	Applicable records from educational institution (GED, certificate, diploma, post-secondary enrollment, attendance record, transcripts, dropout letter, school documentation) ** Self-Attestation - client statement attesting to school status	Same documentation as eligibility verification OR WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable)
14.	<p>Requires Additional Assistance (to complete an educational program / secure employment)</p> <p><i>Defined as one who:</i></p> <p>Is currently attending an education program</p> <p>AND</p> <ul style="list-style-type: none"> • Has previously dropped out of an educational program OR • Has poor attendance patterns in an educational program during the last 12 months OR • Has below average grades OR • Has aged out of the foster care system (ages 18-21) OR • Has a currently incarcerated parent(s) <p>OR</p> <p>Is not currently attending an education program</p> <p>AND</p> <ul style="list-style-type: none"> • Has a poor work history, to include no work history, or has been fired from a job in the last 6 calendar months OR • Has aged out of the foster care system (ages 18-21) OR • Has a currently incarcerated parent(s). 	<p>School Status at Registration Applicable records from educational institution (GED, certificate, diploma, post-secondary enrollment, attendance record, transcripts, dropout letter, school documentation) ** Self-Attestation - client statement attesting to school status</p> <p>AND</p> <p>School Drop Out Applicable records from educational program (i.e. GED, certificate, diploma, post-secondary enrollment, attendance record, transcripts, dropout letter, school documentation) Copy of transcripts Letter from the school system ** Self-Attestation - client statement attesting to last school attended and date of withdrawal</p> <p>Poor Attendance (Local Area determination) Report card Letter from school/program representative ** Self-Attestation - client statement attesting to poor attendance within the last 12 months</p> <p>Below Average Grades Written certification from school official Written certification from parent or guardian ** Self-Attestation - client statement attesting to below average grades</p> <p>Poor Work History (Local Area determination) ** Self-Attestation - client statement attesting to work history (poor, non-existent, terminated)</p>	<p>Same documentation as eligibility verification OR WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable) OR Case/activity notes</p>

No.	Data Element	Required Eligibility Documentation <i>Copies of:</i>	Required Data Validation Documentation
14. Cont.	<p>- continued</p> <p>Requires Additional Assistance</p>	<p>- continued</p> <p>Aged Out of Foster Care Written statement from state/local agency Written confirmation from Social Services agency ** Self-Attestation - client statement attesting to aging out of Foster Care</p> <p>Incarcerated Parent(s) Documentation from Criminal Justice system Printout from Criminal Justice Website (Department of Correction) Written statement from state/local agency Written confirmation from Social Services agency ** Self-Attestation - client statement attesting to incarcerated parent(s)</p>	<p>- continued</p> <p>Same documentation as eligibility verification OR WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable) OR Case/activity notes</p>
15.	<p>Pregnant/Parenting Youth</p> <p><i>If the applicant is under 22 years of age AND is pregnant. Also if the applicant is under 22 years of age (male or female) AND is providing custodial care for one or more dependent children under the age of 18.</i></p> <p>Custodial care implies a custodial arrangement in which the child resides with the parent for some percentage of time; it can be full or partial custody and does not necessarily require a legal arrangement. Financial support alone does not meet the definition of custodial care.</p>	<p>Birth certificate (for child listing participant's name as a parent) Statement from Social Services agency or Health Department Baptismal record Doctor's note confirming Pregnancy Statement from program for Pregnant or Parenting Youth Hospital record of Live Birth (for child listing Participant's name as a parent) Most recent tax return supported by IRS documents ** Self-Attestation - client statement attesting to pregnancy status</p>	<p>Same documentation as eligibility verification OR WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable)</p>

No.	Data Element	Required Eligibility Documentation <i>Copies of:</i>	Required Data Validation Documentation
16.	<p>Runaway Youth</p> <p><i>If, at the time of application, the applicant is an individual under the age of 18, who has left home or place of legal residence without the permission of parents or legal guardian, and who is unlikely to voluntarily return. Runaway does not necessarily denote a homeless individual (Runaway Youth can still live with extended family, i.e. aunt, uncle).</i></p> <p>A Runaway is automatically considered a family of one.</p>	<p>Written statement from a shelter Written statement from Social Service agency, Mental Health agency, Health Department or Substance Abuse agency Written statement from an Individual providing residence Written Law Enforcement verification *Signed Local Area Telephone Verification Form – from Social Service, Mental Health, Health Department or Substance Abuse agencies only ** Self-Attestation - client statement attesting to runaway status</p>	<p>Same documentation as eligibility verification OR WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable)</p>
17.	<p>Basic Skills/ Literacy Skills Deficient</p> <p><i>If the applicant is a person who computes or solves problems, reads, writes, or speaks English at or below the 9th grade level.</i></p> <p><i>Assessments must be dated within the last 6 months from time of application.</i></p>	<p>Standardized assessment test results Testing records School records with standardized test results</p>	<p>Same documentation as eligibility verification OR Case/activity notes (test name <u>with scores</u> in school year-month format)</p>
18.	<p>School Dropout</p> <p><i>If the individual has not received, and is no longer attending any school in pursuit of, a secondary school diploma, certificate of achievement, graduation certificate or GED. A youth attending an alternative school is not a dropout.</i></p>	<p>Letter from the school system Applicable records from educational institution (i.e., attendance record, dropout letter, school documentation) Copy of transcripts ** Self-Attestation - client statement attesting to last school attended and date of withdrawal</p>	<p>Same documentation as eligibility verification if School Status at Participation is “not attending school or H.S. dropout” OR WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable)</p>

No.	Data Element	Required Eligibility Documentation <i>Copies of:</i>	Required Data Validation Documentation
19.	<p>Public Assistance</p> <p><i>If the applicant is listed on the grant and/or is receiving cash assistance as indicated under TANF (Temporary Assistance for Needy Families) GA (General Assistance), RCA (Refugee Cash Assistance), or SSI (Social Security Income).</i></p> <p><i>An applicant receiving food stamps SNAP (Supplemental Nutrition Assistance Program) is not, by federal definition, receiving cash public assistance.</i></p>	<p>Public Assistance records/printout Written verification from DSS SSI Award letter Public Assistance check Medical card showing cash grant status Public Assistance Refugee Assistance Records Cross-Match from Public Assistance database Copy of authorization to receive cash assistance (must have applicant's name verified as being on the grant) Public assistance identification card showing cash grant status Written verification from awarding agency Letter from Social Security Administration Written documentation from Social Security Administration *Signed Telephone Verification – from Public Assistance agency only</p>	Same documentation as eligibility verification
20.	<p>TANF <i>(Temporary Assistance for Needy Families)</i></p>	<p>Public Assistance records Written verification from DSS Cross-Match from TANF Database DSS TANF printout (showing appropriate TANF coding) DSS Electronic Interface Printout *Signed WDB Telephone Verification Form from Public Assistance agency</p>	Same documentation as eligibility verification
21.	<p>Member in Household Receiving Food Stamps (SNAP)</p>	<p>Food Stamp (SNAP) records/printout Letter from Food Stamp (SNAP) disbursing agency DSS verification of receipt of food stamps (SNAP) ***E-mail Verification from Social Service agency</p>	Not Validated

No.	Data Element	Required Eligibility Documentation <i>Copies of:</i>	Required Data Validation Documentation
22.	<p>Homeless <i>An individual who lacks a fixed, regular, an adequate nighttime residence</i></p> <p>AND</p> <p><i>Who has a primary nighttime residence that is:</i></p> <p>a. sharing the housing of other persons due to loss of housing, economic hardship</p> <p>OR</p> <p>b. a publicly or privately operated supervised shelter designed to provide temporary living accommodation</p> <p>OR</p> <p>c. an institution that provides a temporary residence for individuals intended to be institutionalized</p> <p>OR</p> <p>d. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.</p> <p>Homeless determination qualifies as automatic low-income.</p>	<p>Written statement from a Shelter</p> <p>Written statement from Social Service agency, Mental Health agency, Health Department or Substance Abuse agency</p> <p>Written statement from an individual providing a residence</p> <p>Written Law Enforcement verification</p> <p>*Signed WDB Telephone Verification Form – from Social Service, Mental Health, Health Department or Substance Abuse agencies only</p> <p>** Self-Attestation – client statement attesting to homeless status with beginning date and a summary of circumstances</p>	<p>Same documentation as eligibility verification</p> <p>OR</p> <p>WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable)</p>
23.	<p>Offender</p> <p><i>An individual who is or has been subject to any stage of the criminal justice process, and for whom services under this Act may be beneficial</i></p> <p>OR</p> <p><i>Is an individual who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.</i></p>	<p>NC Dept. of Correction printout: www.doc.state.nc.us</p> <p>Documentation from Juvenile Justice/Criminal Justice</p> <p>Court documents</p> <p>Letter of Parole</p> <p>Prison records</p> <p>Letter from Probation Officer</p> <p>Police records</p> <p>*Signed WDB Telephone Verification Form from Court, Public Safety, Criminal Justice, or Prison agencies only</p> <p>** Self-Attestation – client statement attesting to offender status including dates and a summary of charges.</p>	<p>Same documentation as eligibility verification</p> <p>OR</p> <p>WF+: Printout of Intake/Application Form, signed and dated by applicant (and Parent/Guardian, if applicable)</p>

No.	Data Element	Required Eligibility Documentation <i>Copies of:</i>	Required Data Validation Documentation
24.	<p>Current Foster Child</p> <p>Current Foster Child determination qualifies as automatic low-income.</p> <p>Former Foster Care status is gathered for information only and is not a WIA recognized barrier or a determinate of low income status.</p>	<p>Court documentation of Foster Care status Written confirmation from Social Services agency Verification of payments made on behalf of the child Written statement from state/local agency</p>	<p>Same documentation as eligibility verification</p>
25.	<p>Displaced Homemaker</p> <p><i>The applicant is an individual who has been providing unpaid services to family members in the home and who:</i></p> <ul style="list-style-type: none"> - has been dependent on the income of another family member but is no longer supported by that income; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> - is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. 	<p>Divorce papers Spouse's death record Public Assistance records Court records Bank records Spouse's layoff notice ** Self-Attestation – client statement attesting to displacement circumstances</p>	<p>Same documentation as eligibility verification</p>

No.	Data Element	Required Eligibility Documentation <i>Copies of:</i>	Required Data Validation Documentation
26.	Personal Income <i>Six months total income</i>	Pay stubs Social Security benefits statements U.I. documents and/or printout, including U.I. pay stub Public Assistance records Alimony agreement Award letter from Veterans Administration Bank statements Compensation award letter Court award letter Pension statement Employer statement/contact Farm, Family, or Business financial records Housing Authority verification Quarterly estimated tax for self-employed persons FICA records Employer notice of direct deposit Scholarship/Financial aid records (indicating any cash paid directly to the applicant is counted as income) *Written Employer Statement/Contact – WDB Telephone Verification Form **Written statement by the applicant of odd jobs and/or self employment and income **Self-Attestation: -Written statement by the applicant of no income -Written statement by the applicant of cash gifts	Same documentation as eligibility verification

No.	Data Element	Required Eligibility Documentation <i>Copies of:</i>	Required Data Validation Documentation
27.	<p>Family Income</p> <p><i>Six months total income</i></p> <p><i>If the applicant is NOT a Family of One, the family's income must be computed based upon the documentation of family size.</i></p>	<p>Pay stubs of applicant and adult family members of the household</p> <p>Public Assistance records</p> <p>Alimony agreement</p> <p>Award letter from Veterans Administration</p> <p>Bank statements</p> <p>Compensation award letter</p> <p>Court award letter</p> <p>Pension statement</p> <p>Employer statement/contact</p> <p>Farm, Family, or Business financial records</p> <p>Housing Authority verification</p> <p>Quarterly estimated tax for self-employed persons</p> <p>Social Security benefits statements</p> <p>U.I. documents and/or printout, including U.I. pay stub</p> <p>FICA records</p> <p>Employer notice of direct deposit</p> <p>Scholarship/Financial aid records (indicating any cash paid directly to the applicant is counted as income)</p> <p>*Written Employer Statement/Contact – WDB Telephone Verification Form</p> <p>**Self-Attestation:</p> <p>-Written statement by the applicant and adult members of household of no income</p> <p>-Written statement by the applicant and adult members of cash gifts, odd jobs and/or self employment and income</p>	<p>Same documentation as eligibility verification</p>

No.	Data Element	Required Eligibility Documentation <i>Copies of:</i>	Required Data Validation Documentation
28.	Low income	Same items as Data Validation but also including: Food Stamp (SNAP) verification Proof of Homeless status Proof of current Foster Care status	Public Assistance records Pay stubs Social Security benefits statements Alimony agreement Award letter from Veterans Administration Bank statements Compensation award letter Court award letter Pension statement Employer statement/contact Farm, Family or Business financial records Housing Authority verification Quarterly estimated tax for self-employed persons U.I. documents and/or printout, including U.I. pay stub FICA records Employer notice of direct deposit *Written employer statement/contact – WDB Telephone Verification Form Scholarship/Financial Aid records (indicating any cash paid directly to the applicant is counted as income) **Self-Attestation: -Written statement by the applicant of no income -Written statement by the applicant of cash gifts -Written statement by the applicant of odd jobs and /or self employment income
29.	Date of dislocation	Not used for eligibility determination purposes	Written verification from employer Notice of layoff from employer Rapid Response list Public announcement with follow-up cross match with UI system **Self-Attestation – client statement attesting to the dislocating event

ADDENDUM A.
5% ELIGIBILITY DETERMINATION –

If a youth is not low-income but possesses one or more of the following barriers, the applicant may be eligible for WIA services ONLY if the WDB has approved the use of the *5% Income Rule*

5% Income Rule-

Youth participants must be low-income individuals, except that not more than five percent (5%) who do not meet the minimum income criteria, may be considered eligible youth if they meet one or more of the following categories:

No.	Data Element	Required Eligibility Documentation	Required Data Validation Documentation
1.	School Dropout	No change	No change
2.	Basic Skills Deficient	No change	No change
3.	Homeless or Runaway	No change	No change
4.	Offender	No change	No change
5.	Pregnant or Parenting	No change	No change
6.	Disability – <i>Possess one or more Disabilities, including learning disabilities.</i>	No change	Not Validated
7.	Below Grade Level – <i>One or more grade levels below the grade level appropriate to the individual’s age. Below Grade Level can only apply to in-school youth.</i>	Written certification from school official Written certification from parent or guardian TABE, ABLE, CASAS, or other assessment that provides grade level scores	Not Validated
8.	Face serious barriers to employment as identified by the Local WDB. (WIA sec. 129(c)(5)) – <i>Before verifying a barrier under SERIOUS BARRIERS TO EMPLOYMENT, be sure the local Workforce Development Board has an established policy in this area.</i>	If the applicant has one or more serious barriers to employment approved by the local Workforce Development Board.	Not Validated

ADDENDUM B. - SOURCE OF DISLOCATION FOR DISLOCATED WORKER APPLICANTS *Not Validated*

No.	Source of Dislocation	Required Eligibility Documentation
1.	Individual has been terminated or laid off from employment <i>OR</i> Military spouse relocated due to service transfer	Termination letter / Layoff notice / Employer statement ESC verification Military paperwork detailing transfer **Self-Attestation-client statement attesting to dislocation
2.	Individual has received notice of termination or layoff from employment	Termination letter / Layoff notice / Employer statement **Self-Attestation-client statement attesting to dislocation
3.	Notice of Termination due to Closure	Termination letter / Employer statement ESC verification WARN notice **Self-Attestation-client statement attesting to dislocation
4.	Substantial layoff at a plant, facility or enterprise	Termination letter / Layoff notice / Employer statement ESC verification WARN notice **Self-Attestation-client statement attesting to dislocation
5.	General announcement of layoff or closure within 180 days	Employer statement WARN notice **Self-Attestation-client statement attesting to upcoming closure or layoff
6.	Eligible for Services due to Closure	Termination letter / Layoff notice / Employer statement ESC verification WARN notice **Self-Attestation-client statement attesting to dislocation
7.	Was self-employed but is currently unemployed as a result of general economic conditions in community	Payment of employee and employer parts of FICA tax Wage records Copy of W-2 form Farm/Business financial records News media report General LMI information **Self-Attestation-client statement attesting to self-employment and poor economic conditions
8.	Was self-employed but is currently unemployed as a result of a natural disaster	Payment of employee and employer parts of FICA tax Wage records Copy of W-2 form Farm/Business financial records News media report Official government declaration **Self-Attestation-client statement attesting to self-employment and business impact due to natural disaster
9.	Displaced Homemaker	Public Assistance records Court records Bank records Spouse's layoff notice Spouse's death record ** Self-Attestation-client statement attesting to displacement circumstance

NOTES

* **Telephone Verification Forms** used for any data element source, including eligibility and data validation, **must** have all of the following minimum elements per US DOL, effective October 1, 2007:

LEGEND	
	Youth Related Elements
	Dislocated Worker Related Elements

1. The name of the applicant;
2. The name of the source, employer or agency contacted;
3. Address and telephone number (e-mail address if applicable) for the source (see #2 above);
4. The name of the person providing verification;
5. The period of time for which the verification applies (“to” and “from” dates);
6. Total amount of income from employment, if applicable;
7. The type of public assistance received and the amount, if applicable;
8. The date of telephone/e-mail contact;
9. The name of the Case Manager obtaining the information;

** **Self-Attestation** is used to verify those eligibility items that, in some cases, are not verifiable or may cause undue hardship for individuals to obtain. At minimum, a self-attestation form must include:

1. The applicant’s full name;
2. Clear statements of the issue being documented (i.e. drop-out status, pregnancy);
3. The applicant’s signature, if applicable;
4. Date signed;
5. Case manager’s signature will serve as witness to all self-attestation documents.

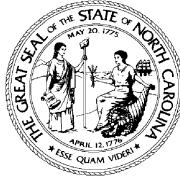
*****E-mail Verification** is used for eligibility purposes **only** and **must** have all of the following elements:

1. The name of the applicant;
2. The name of the source, employer or agency contacted;
3. E-mail address for the source (see #2 above);
4. The name and title of the person providing verification;
5. The period of time for which the verification applies (“to” and “from” dates);
6. The type of assistance received and the amount, if applicable;

A WorkforcePlus signed Intake is NO LONGER an eligibility document. All WDB’s may utilize self-attestation forms to prove the following:

- | | | |
|------------------|----------------------------------|-----------------------|
| - Low-income | - Family size | - Runaway |
| - Pregnant | - Requires additional assistance | - Homeless |
| - Parenting | - Date of dislocation | - Offender |
| - School dropout | - School status at registration | - Displaced homemaker |

All verification documents must be typed or in ink. The use of white-out is prohibited. Errors should be lined through, initialed and correct information added.



North Carolina
Department of Commerce
Division of Workforce Development

Beverly Eaves Perdue, Governor
J. Keith Crisco, Secretary

Roger Shackelford, Executive Director

September 15, 2011

LOCAL AREA ISSUANCE NO. 2011-06

SUBJECT: Workforce Investment Act (WIA) Data Element Validation and Participant File Structure

PURPOSE: To Release Revised WIA Participants' File Structure Policy for Data Element Validation and Rescind Local Area Issuance No. 2007-11.

BACKGROUND: Local Area Issuance No. 2004-17, released in December 2004, established file contents and structure requirements to enable Local Areas to improve compliance with the Federal data validation mandates. This Issuance replaces LA Issuance No. 2007-11.

DISCUSSION: Appendix D to the U.S. Department of Labor's Data Validation Handbook contains the data element validation instructions and documentation requirements. Each WIA data element that is subject to the validation requirements is listed in this appendix, along with the format used in the annual report, definition of the data element, Federal sources allowed to validate each element and whether the source must provide information that matches or supports the data element being validated. To match, the data on the worksheet must be the same as the data in the source documentation; i.e., exact match on dates or numerical values. For example, if the worksheet says a participant's date of birth is July 1, 1975, then the source documentation must also have July 1, 1975 as the birth date. To support, the data on the worksheet must be similar to the data in the source documentation; i.e., when information must be interpreted or processed before it can be applied to the participant's records. For example, source documentation can support Employment Status at enrollment in different ways, by a code, or narrative (case/activity note), or other information.

Attachment 1 of this Issuance contains the State approved data element validation source documents for use in North Carolina. Local Areas must

use at least one of the listed documents for data element validation. For simplicity's sake, Local Areas are encouraged to use WorkforcePlus™ screens that contain source information to support the data elements, where allowed. In some instances, case/activity notes will be required to validate data elements. Each data element listed must have at least one copy of a data source from the allowable list in the participant's file.

Each Local Area must maintain a formal file structure for all WIA participant files, with a file checklist in the front of each file indicating where each supporting document is to be found within the file. Supporting documentation within the files must be labeled with the appropriate field code and Federal reference number. The labeled document will be used to validate the element and determine whether the element passes or fails. For example, source documents for the date completed or withdrew from training could include an attendance sheet, case/activity notes, or other training vendor documents. If case notes are labeled as the source document for this element, only case notes will be referenced to validate the element.

Division of Workforce Development field codes are assigned to each data element according to program cohorts and data categories for all data validation elements:

Cohorts:

- A A **Adult**
- DW D **islocated** W **orkers**
- OY O **lder** Y **outh**
- YY Y **ounger** Y **outh**

Categories:

- E E **ligibility/Intake/Application**
- A E **mployment** A **ctivities**
- XP E **xit and** P **ost-Program Activities**

Each data element also has a DOL reference number that corresponds to the Federal reporting requirements.

Thus, an adult's date of birth would be coded AE3 (where A = adult, E = eligibility/intake/application, and 3 = the U.S. Department of Labor's reference number for date of birth). All data element validation field codes must be placed by each data element in the file checklist(s), and the field codes added to the source documents in the files. If the Local Area places a copy of a birth certificate in the file as the source document to support date of birth, the birth certificate should be labeled AE3.

Recognizing that the intake is a key document from a Data Validation perspective, the Division of Workforce Development expects that it be completed accurately at the time of enrollment. (Herein lies the value of a strong certification process.) All changes to application data must be made in the "participation field" screen. However, if a keying error related to eligibility is discovered after enrollment for an active participant, an authorized WDB representative should correct the intake in *WorkforcePlus*TM, and print, sign, and place it in the participant file.

The following *WorkforcePlus*TM screens must be in all WIA exiters' files:

- Completed original electronic intake/application form printed out after all application data has been entered into *WorkforcePlus*TM and the applicant certified as WIA eligible, signed and dated by the applicant, intake staff, and parent/guardian if applicable (see note).
- All applicable Participation Field Information updates.
- 1st Employment Activity Enrollment screen ("I-Case Management" for Adults, Dislocated Workers, and NEG participants; "Y-Comprehensive Guidance and Counseling" for Youth).
- Academic Assessments for Youth (to include raw score, date of assessment, name of individual being assessed, test type, test level, and test form, etc.).
- All Case/Activity Notes.
- Case Profile screen after the individual has exited WIA.
- Employment Plan screen after the individual has exited WIA.
- Outcome Screens.
- 1st, 2nd, and 3rd Quarter Supplemental Data screens (if the Local Area is using supplemental data for performance calculations and has allowable source documentation in the files to support the supplemental data).

NOTE: There are two types of signed application/intake forms that are not acceptable sources of documentation for data element validation:

- Printing out a blank intake/application form and allowing the applicant to complete and sign it in pencil or ink, for the official application.
- Printing last page of the intake/application form only (the signature lines) and, after having signatures affixed, placing only the signature page in the file.

ACTION: Local Workforce Development Areas must maintain a formal file structure policy to include a data element validation file checklist placed in the front of each WIA participant file for all participants. Division

field codes must be included in the file checklists. For all participants exited during or after Program Year 2011, all source documents used to match/support data element validation must have the appropriate Division field code written or placed on them. Local Areas are required to ensure that all data validation elements and supporting documentation are included in all participants' files.

EFFECTIVE DATE: Immediately

EXPIRATION: Indefinite

CONTACT: Field Services Program Unit



Roger Shackleford

Attachment

ADULT

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
AE	2	101	Individual Identifier	Social Security Card DD-214, Report of Transfer or Discharge Paper Passport	Match
AE	3	102	Date Of Birth	Baptismal Record Birth Certificate Printout of Birth Certificate From County Register of Deeds Office DD-214, Report of Transfer or Discharge Paper Driver's License Federal, State, Or Local Government Identification Card Hospital Record Of Birth Passport Public Assistance/Social Service Records School Records/Identification Card (Copy From School) Work Permit Cross-Match With Department Of Vital Statistics Tribal Records Department Of Motor Vehicles ID Card Prison Records Verification	Match
AE	12	111	Eligible Veteran Status 1 = Yes ≤ 180 Days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 4 = No	DD-214, Report of Transfer or Discharge Paper Cross-Match With Veterans Data Veterans' Service Officer Statement/Printout	Support
AE	16	115	Employment Status At Participation 1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation 3 = Not Employed	Case/Activity File Notes Showing Information Collected From Registrant At Registration/Enrollment Pay Stub Self Attestation (Client Statement, if Local Area policy allows) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable) AND WF+: Participation Fields Information Screen, Signed And Dated By Applicant (And Parent/Guardian If Applicable) if employment status changed between application and enrollment (if applicable)	Support

ADULT

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
AE	20	119	Low Income 1 = Yes 2 = No	Alimony Agreement Award Letter From Veterans Administration Bank Statements Compensation Award Letter Court Award Letter Pension Statement Employer Statement/Contact Farm, Family, or Business Financial Records Housing Authority Verification Pay Stubs Public Assistance Records Quarterly Estimated Tax For Self-Employed Persons Social Security Benefits Statements U.I. Documents and/or printout, Including U.I. Pay Stub FICA Records Employer Notice Of Direct Deposit Written Employer Statement/Contact – Local Area Telephone Verification Form* (see note) Scholarship/Financial Aid Records (Indicating Any Cash Paid Directly To The Applicant Is Counted As Income) Self Attestation (Client Statement, With Local Area Approval: Written Statement By The Applicant Of No Income Written Statement By The Applicant Of Cash Gifts Written Statement By The Applicant Of Odd Jobs And/Or Self Employment And Income)	Support
AE	21	120	Temporary Assistance To Needy Families (TANF) 1 = Yes 2 = No	Cross-Match With TANF Database Public Assistance Records Signed Local Area Telephone Verification Form – From Public Assistance Agency Only* (see note) DSS TANF Printout (showing appropriate TANF coding) DSS Electronic Interface Printout Written Verification From DSS	Support
AE	22	121	Other Public Assistance Recipient – Not TANF Or Member of the household receiving Food Stamps 1 = Yes 2 = No	Copy Of Authorization To Receive Cash Public Assistance Copy Of Public Assistance Check Medical Card Showing Cash Grant Status Public Assistance Records/Printout (including Food Stamp/SNAP records) Public Assistance Refugee Assistance Records Cross-Match With Public Assistance Database Written Verification From DSS Signed Telephone Verification – From Public Assistance Agency Only* (see note) Copy Of Authorization To Receive Cash Assistance (Must Have Applicant's Name Verified As Being On The Grant) Public Assistance Identification Card Showing Cash Grant Status Written Verification From Awarding Agency Letter From Social Security Administration SSI Award Letter Written Documentation From Social Security Administration	Support

ADULT

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
AA	34	302	Date Of Program Participation	WF+: Printout Of 1st Activity Enrollment Screen Showing Start Date or Printout Of WF+ Employment Plan Screen Showing All Employment Activities NOTE: I-Case Management NOTE: If The Case Manager Changes The Registration/Participation Date In WF+ For Any Reason, An Explanatory Note Must Be Placed In The Case File.	Match
AXP	35	303	Date Of Exit	WF+: After Exit Is Keyed Into WF+, Printouts Of WF+ Case Profile Screen and Case/Activity Notes documenting date of receipt of last service NOTE: Refer to Service and Exit Issuances for guidance on valid services	Match
AXP	61	327	Other Reasons For Exit (at time of exit or during 3-quarter measurement period following the quarter of exit) 1 = Institutionalized 2 = Health/Medical 3 = Deceased 4 = Family Care 5 = Reservists Called to Active Duty 6 = Relocated to Mandated Residential Program 99 = Invalid SSN.	Case/Activity Notes Doctor's Records Hospital Records (Written) Contact With The Penal System WF+: After Exit Is Keyed Into WF+, Printout Of Leave Program Screen (exits prior to 7-1-06) or Outcomes Screen (exits 7-1-06 forward)	Support
AA	66	332	Date of First Staff Assisted Core Service	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of WF+ Employment Plan Screen	Match
AA	68	334	Date Of First Intensive Service	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of WF+ Employment Plan Screen	Match
AA	69	335	Date Entered Training	Case/Activity Notes Documenting Date Training Actually Started (Note: Case/Activity Notes Should Support Date Training Actually Starts) Vendor Training Documents Showing Training Start Date WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen	Match
AA	70	336	Date Completed or Withdrew From Training	Case/Activity Notes Documenting Date Training Was Actually Completed Or Ended (Note: Case/Activity Notes Should Support Date Training Actually Ended) Cross Match Between Dates Of Service And Vendor Training Information Vendor Training Documentation WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen in combination with Case/Activity Notes NOTE: If back-up documentation is used in addition to case notes, the date on the back-up documentation needs to match case notes <u>AND</u> the date the activity was closed in WF+.	Match
AA	74	340	Type of Training Service #1 1 = On-the-Job Training 2 = Skill Upgrading & Retraining 3 = Entrepreneurial Training 4 = Adult Education & Literacy Activities in Combination with Training 5 = Customized Training 6 = Other Occupational Skills Training	Vendor Training Documentation Identifying Training Received Certificates Case/Activity Notes WF+: After Exit, Printout Of WF+ Employment Plan Screen Showing All Employment Activities	Support

ADULT

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
AXP	84	601	Employed In 1 st Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information not yet available	U.I. Wage Records WRIS (Wage Record Interchange System) Supplemental Data Sources As Defined TEGL 17-05 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WF+: Printout of 1st Quarter Supplemental Data Screen	Support NOTE: If not using supplemental data, DWD will validate at state level
AXP	85	602	Type of Employment Match 1 st Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WRIS WF+: Printout of 1st Quarter Supplemental Data Screen plus employer statement and/or check stub/copy	Support NOTE: If not using supplemental data, DWD will validate at state level
AXP	89	606	Employed In 2 nd Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information not yet available	U.I. Wage Records WRIS Supplemental Data Sources As Defined TEGL 17-05 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WF+: Printout of 2nd Quarter Supplemental Data Screen	Support NOTE: If not using supplemental data, DWD will validate at state level
AXP	90	607	Type of Employment Match 2 nd Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Notes Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WRIS WF+: Printout of 2nd Quarter Supplemental Data Screen plus employer statement and/or check stub/copy	Support NOTE: If not using supplemental data, DWD will validate at state level
AXP	91	608	Employed in 3 rd Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information Not Yet Available	U.I. Wage Records WRIS Supplemental Data Sources As Defined In TEGL 7-99 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WF+: Printout of 3rd Quarter Supplemental Data Screen	Support NOTE: If not using supplemental data, DWD will validate at state level

ADULT

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
AXP	92	609	Type of Employment Match 3 rd Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WRIS WF+: Printout of 3rd Quarter Supplemental Data Screen plus employer statement and/or check stub/copy	Support NOTE: If not using supplemental data, DWD will validate at state level
AXP	95	612	Wages 3 rd Quarter Prior To Participation Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
AXP	96	613	Wages 2 nd Quarter Prior To Participation Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
AXP	98	615	Wages 1 st Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
AXP	99	616	Wages 2 nd Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
AXP	100	617	Wages 3 rd Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation

ADULT

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
AXP	102	619	Type Of Recognized Credential 1 = High School Diploma/ Equivalency/GED 2 = AA Or AS Diploma/Degree 3 = BA Or BS Diploma/Degree 4 = Occupational Skills Licensure 5 = Occupational Skills Certificate Or Credential 6 = Other Recognized Educational or Occupational Skills Credential/Certificate 0 = Individual received training, but no recognized credential received	Copy of School Transcript Indicating Requirements For Credential/Certificate Completed Copy of Credential/Certificate Copy of Diploma/License/Degree School Record/Statement NOTE: Master's degree or higher, use code 6	Support

* Local Area Telephone Verification Form used for any data element validation source **must** have all of the following minimum elements per US DOL, effective October 1, 2007:

1. The name of the participant
2. The name of the source, employer or agency contacted
3. Address and telephone number for the source (see #2 above)
4. The name of the person providing verification
5. The period of time for which the verification applies (“to” and “from” dates)
6. Total amount of income from employment, if applicable
7. The type of public assistance received and the amount, if applicable
8. The date of telephone contact
9. The name of the case worker obtaining the information

*NOTE: Source documents for data validation elements may be in the participant file in either electronic or hard copy format, depending on the filing system of the Local Area.

DISLOCATED WORKER

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
DWE	2	101	Individual Identifier	Social Security Card DD-214, Report of Transfer or Discharge Paper Passport	Match
DWE	3	102	Date Of Birth	Baptismal Record Birth Certificate Printout of Birth Certificate From County Register of Deeds Office DD-214, Report of Transfer or Discharge Paper Driver's License Federal, State, Or Local Government Identification Card Hospital Record Of Birth Passport Public Assistance/Social Service Records School Records/Identification Card (Copy From School) Work Permit Cross-Match With Department Of Vital Statistics Tribal Records Department Of Motor Vehicles ID Card Prison Records Verification	Match
DWE	12	111	Eligible Veteran Status 1 = Yes ≤ 180 Days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 4 = No	DD-214, Report of Transfer or Discharge Paper Cross-Match With Veterans Data Veterans' Service Officer Statement/Printout	Support
DWE	16	115	Employment Status at Participation 1 = Employed 2 = Not Employed, but Received Notice of Termination of Employment or Military Separation 3 = Not Employed	Case/Activity File Notes Showing Information Collected From Registrant <u>At Registration/Enrollment</u> Pay Stub Self Attestation (Client Statement, if Local Area policy allows) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable) AND WF+: Participation Fields Information Screen, Signed And Dated By Applicant (And Parent/Guardian If Applicable) if employment status changed between application and enrollment (if applicable)	Support
DWE	21	120	Temporary Assistance To Needy Families (TANF) 1 = Yes 2 = No	Cross-Match With TANF database Public Assistance Records Signed Local Area Telephone Verification Form – From Public Assistance Agency Only* (see note) DSS TANF Printout (showing appropriate TANF coding) DSS Electronic Interface Printout Written Verification From DSS	Support

DISLOCATED WORKER

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
DWE	22	121	Other Public Assistance Recipient – Not TANF Or Member of the household receiving Food Stamps 1 = Yes 2 = No	Copy Of Authorization To Receive Cash Public Assistance Copy Of Public Assistance Check Medical Card Showing Cash Grant Status Public Assistance Records/Printout (including Food Stamp/SNAP records) Public Assistance Refugee Assistance Records Cross-Match With Public Assistance Database Written Verification From DSS Signed Telephone Verification – From Public Assistance Agency Only* (see note) Copy Of Authorization To Receive Cash Assistance (Must Have Applicant's Name Verified As Being On The Grant) Public Assistance Identification Card Showing Cash Grant Status Written Verification From Awarding Agency Letter From Social Security Administration SSI Award Letter Written Documentation From Social Security Administration	Support
DWE	24	123	Displaced Homemaker 1 = Yes 2 = No Displaced Homemaker Is An Individual Who Has Been Providing Unpaid Services To Family Members In The Home <u>And</u> Who: A. Has Been Dependent On The Income Of Another Family Member But Is No Longer Supported By That Income; <u>AND</u> B. Is Unemployed Or Underemployed And Is Experiencing Difficulty In Obtaining Or Upgrading Employment.	Public Assistance Records Court Records Divorce Paper Bank Records Spouse's Layoff Notice Spouse's Death Record Self Attestation (Client Statement) (Applicant Signing/Dating Application Is Sufficient)	Support
DWE	25	124	Date Of Actual Qualifying Dislocation	Written Verification From Employer Rapid Response List Notice Of Layoff From Employer Public Announcement With Follow-Up Cross Match With U.I. System Self Attestation (Client Statement) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable) AND WF+: Participation Fields Information Screen, Signed And Dated By Applicant (And Parent/Guardian If Applicable) if Date Of Actual Qualifying Dislocation Changed Between Application and Enrollment (If Applicable)	Match
DWA	34	302	Date Of Program Participation	WF+: Printout Of 1st Activity Enrollment Screen Showing Start Date or Printout Of WF+ Employment Plan Screen Showing All Employment Activities NOTE: I-Case Management NOTE: If The Case Manager Changes The Registration/Participation Date In WF+ For Any Reason, An Explanatory Note Must Be Placed In The Case File.	Match
DWXP	35	303	Date Of Exit	WF+: After Exit Is Keyed Into WF+, Printouts Of Case Profile Screen <u>and</u> Case/Activity Notes documenting date of receipt of last service NOTE: Refer to Service and Exit Issuances for guidance on valid services	Match

DISLOCATED WORKER

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
DWXP	61	327	Other Reasons For Exit (at time of exit or during 3-quarter measurement period following the quarter of exit) 1 = Institutionalized 2 = Health/Medical 3 = Deceased 4 = Family Care 5 = Reservists Called to Active Duty 6 = Relocated to Mandated Residential Program 99 = Invalid SSN.	Case/Activity Notes Doctor's Records Hospital Records (Written) Contact With The Penal System WF+: After Exit Is Keyed Into WF+, Printout Of Leave Program Screen (exits prior to 7-1-06) or Outcomes Screen (exits 7-1-06 forward)	Support
DWA	66	332	Date of First Staff Assisted Core Service	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of WF+ Employment Plan Screen	Match
DWA	68	334	Date Of First Intensive Service	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen	Match
DWA	69	335	Date Entered Training	Case/Activity Notes Documenting Date Training Actually Started Note: Case/Activity Notes Should Support Date Training Actually Starts Vendor Training Documents Showing Training Start Date WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen	Match
DWA	70	336	Date Completed or Withdrew From Training	Case/Activity Notes Documenting Date Training Was Actually Completed Or Ended (Note: Case/Activity Notes Should Support Date Training Actually Ended) Cross Match Between Dates Of Service And Vendor Training Information Vendor Training Documentation WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen in combination with Case/Activity Notes NOTE: If back-up documentation is used in addition to case notes, the date on the back-up documentation needs to match case notes <u>AND</u> the date the activity was closed in WF+.	Match
DWA	74	340	Type of Training Service #1 1 = On-the-Job Training 2 = Skill Upgrading & Retraining 3 = Entrepreneurial Training 4 = Adult Education & Literacy Activities in Combination with Training 5 = Customized Training 6 = Other Occupational Skills Training	Case/Activity Notes Vendor Training Documentation Identifying Training Received Certificates WF+: Printout Of WF+ Employment Plan Screen Showing All Employment Activities	Support
DWXP	84	601	Employed In 1 st Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information not yet available	U.I. Wage Records WRIS Supplemental Data Sources As Defined TEGL 7-99 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WF+: Printout of 1st Quarter Supplemental Data Screen	Support NOTE: If not using supplemental data, DWD will validate at state level

DISLOCATED WORKER

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
DWXP	85	602	Type of Employment Match 1 st Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WRIS WF+: Printout of 1st Quarter Supplemental Data Screen plus employer statement and/or check stub/copy	Support NOTE: If not using supplemental data, DWD will validate at state level
DWXP	89	606	Employed in 2 nd Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information not yet available	U.I. Wage Records WRIS Supplemental Data Sources As Defined TEGL 7-99 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WF+: Printout of 2nd Quarter Supplemental Data Screen	Support NOTE: If not using supplemental data, DWD will validate at state level
DWXP	90	607	Type of Employment Match 2 nd Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WRIS WF+: Printout of 2nd Quarter Supplemental Data Screen plus employer statement and/or check stub/copy	Support NOTE: If not using supplemental data, DWD will validate at state level
DWXP	91	608	Employed in 3 rd Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information Not Yet Available	U.I. Wage Records WRIS Supplemental Data Sources As Defined In TEGL 7-99 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WF+: Printout of 3rd Quarter Supplemental Data Screen	Support NOTE: If not using supplemental data, DWD will validate at state level

DISLOCATED WORKER

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
DWXP	92	609	Type of Employment Match 3 rd Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WRIS WF+: Printout of 3 rd Quarter Supplemental Data Screen plus employer statement and/or check stub/copy	Support
DWXP	95	612	Wages 3 rd Quarter Prior To Participation Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
DWXP	96	613	Wages 2 nd Quarter Prior To Participation Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
DWXP	98	615	Wages 1 st Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
DWXP	99	616	Wages 2 nd Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
DWXP	100	617	Wages 3 rd Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation

DISLOCATED WORKER

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
DWXP	102	619	Type Of Recognized Credential 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 Recognized Educational or Occupational Skills Credential/Certificate 0 = Individual received training, but no recognized credential received	Copy of School Transcript Indicating Requirements For Credential/Certificate Completed Copy of Credential/Certificate Copy Of Diploma/License/Degree School Record/Statement NOTE: Master's degree or higher, use code 6	Support

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1. The name of the participant
2. The name of the source, employer or agency contacted
3. Address and telephone number for the source (see #2 above)
4. The name of the person providing verification
5. The period of time for which the verification applies ("to" and "from" dates)
6. Total amount of income from employment, if applicable
7. The type of public assistance received and the amount, if applicable
8. The date of telephone contact
9. The name of the case worker obtaining the information

*NOTE: Source documents for data validation elements may be in the participant file in either electronic or hard copy format, depending on the filing system of the Local Area.

NATIONAL EMERGENCY GRANT (NEG)

<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
NEGE	2	101	Individual Identifier	Social Security Card DD-214, Report of Transfer or Discharge Paper Passport	Match
NEGE	12	111	Eligible Veteran Status 1 = Yes ≤ 180 Days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 4 = No	DD-214, Report of Transfer or Discharge Paper Cross-Match With Veterans Data Veterans' Service Officer Statement/Printout	Support
NEGE	16	115	Employment Status at Participation 1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation 3 = Not Employed	Case/Activity File Notes Showing Information Collected From Registrant At Registration/Enrollment Pay Stub Self Attestation (Client Statement, if Local Area policy allows) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable) AND WF+: Participation Fields Information Screen, Signed And Dated By Applicant (And Parent/Guardian If Applicable) if employment status changed between application and enrollment (if applicable)	Support
NEGE	24	123	Displaced Homemaker 1 = Yes 2 = No Displaced Homemaker Is An Individual Who Has Been Providing Unpaid Services To Family Members In The Home <u>And</u> Who: A. Has Been Dependent On The Income Of Another Family Member But Is No Longer Supported By That Income; <u>AND</u> B. Is Unemployed Or Underemployed And Is Experiencing Difficulty In Obtaining Or Upgrading Employment.	Public Assistance Records Court Records Divorce Paper Bank Records Spouse's Layoff Notice Spouse's Death Record Self Attestation (Client Statement) (Signing Application Is Sufficient)	Support
NEGE	25	124	Date Of Actual Qualifying Dislocation	Written Verification From Employer Rapid Response List Notice Of Layoff From Employer Public Announcement With Follow-Up Cross Match With U.I. System Self Attestation (Client Statement) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable) AND WF+: Participation Fields Information Screen, Signed And Dated By Applicant (And Parent/Guardian If Applicable) if Date Of Actual Qualifying Dislocation Changed Between Application and Enrollment (If Applicable)	Match

NATIONAL EMERGENCY GRANT (NEG)

<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
NEGA	34	302	Date Of Program Participation	WF+: Printout Of 1st Activity Enrollment Screen Showing Start Date or Printout Of WF+ Employment Plan Screen Showing All Employment Activities NOTE: I-Case Management NOTE: If The Case Manager Changes The Registration Date In WF+ For Any Reason, An Explanatory Note Must Be Placed In The Case File.	Match
NEGXP	35	303	Date Of Exit	WF+: After Exit Is Keyed Into WF+, Printouts Of Case Profile Screen <u>and</u> Case/Activity Notes documenting date of receipt of last service NOTE: Refer to Service and Exit Issuances for guidance on valid services	Match
NEGA	45	313a	National Emergency Grant Project Number 1	Case Notes or other file data specifying the particular layoff or emergency that precipitated enrollment – must include project number The project number for the grant(s) must be entered into WF+ AND found in/on the case file	Match
NEGA	45	313b	National Emergency Grant Project Number 2	Case Notes or other file data specifying the particular layoff or emergency that precipitated enrollment – must include project number The project number for the grant(s) must be entered into WF+ AND found in/on the case file	Match
NEGA	47	313c	National Emergency Grant Project Number 3	Case Notes or other file data specifying the particular layoff or emergency that precipitated enrollment – must include project number The project number for the grant(s) must be entered into WF+ AND found in/on the case file	Match
NEGXP	61	327	Other Reasons For Exit (at time of exit or during 3-quarter measurement period following the quarter of exit) 1 = Institutionalized 2 = Health/Medical 3 = Deceased 4 Family Care 5 Reservists Called to Active Duty 6 Relocated to Mandated Residential Program 99 = Invalid SSN.	Case/Activity Notes Doctor's Records Hospital Records (Written) Contact With The Penal System WF+: After Exit Is Keyed Into WF+, Printout Of Leave Program Screen (exits prior to 7-1-06) or Outcomes Screen (exits 7-1-06 forward)	Support
NEGA	66	332	Date of First Staff Assisted Core Service	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen	Match
NEGA	68	334	Date Of First Intensive Service	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen	Match
NEGA	69	335	Date Entered Training	Case/Activity Notes Documenting Date Training Actually Started Note: Case/Activity Notes Should Support Date Training Actually Starts Vendor Training Documents Showing Training Start Date WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen	Match

NATIONAL EMERGENCY GRANT (NEG)

<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
NEGA	70	336	Date Completed or Withdrew From Training	Case/Activity Notes Documenting Date Training Was Actually Completed Or Ended (Note: Case/Activity Notes Should Support Date Training Actually Ended) Cross Match Between Dates Of Service And Vendor Training Information Vendor Training Documentation WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen in combination with Case/Activity Notes NOTE: If back-up documentation is used in addition to case notes, the date on the back-up documentation needs to match case notes <u>AND</u> the date the activity was closed in WF+.	Match
NEGA	74	340	Type of Training Service #1 1 = On-the-Job Training 2 = Skill Upgrading & Retraining 3 = Entrepreneurial Training 4 = Adult Education & Literacy Activities in Combination with Training 5 = Customized Training 6 = Other Occupational Skills Training	Case/Activity Notes Vendor Training Documentation Identifying Training Received Certificates WF+: Printout Of WF+ Employment Plan Screen Showing All Employment Activities	Support
NEGXP	84	601	Employed In 1 st Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information Not Yet Available	U.I. Wage Records WRIS Supplemental Data Sources As Defined TEGL 7-99 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WF+: Printout of 1st Quarter Supplemental Data Screen	Support NOTE: If not using supplemental data, DWD will validate at state level
NEGXP	85	602	Type of Employment Match 1 st Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WRIS WF+: Printout of 1st Quarter Supplemental Data Screen plus employer statement and/or check stub/copy	Support NOTE: If not using supplemental data, DWD will validate at state level
NEGXP	89	606	Employed in 2 nd Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information not yet available	U.I. Wage Records WRIS Supplemental Data Sources As Defined TEGL 17-05 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WF+: Printout of 1st Quarter Supplemental Data Screen	Support NOTE: If not using supplemental data, DWD will validate at state level

NATIONAL EMERGENCY GRANT (NEG)

<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
NEGXP	90	607	Type of Employment Match 2 nd Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WRIS WF+: Printout of 2 nd Quarter Supplemental Data Screen plus employer statement and/or check stub/copy	Support NOTE: If not using supplemental data, DWD will validate at state level
NEGXP	91	608	Employed in 3 rd Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information Not Yet Available	U.I. Wage Records WRIS Supplemental Data Sources As Defined In TEGL 7-99 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WF+: Printout of 3 rd Quarter Supplemental Data Screen	Support NOTE: If not using supplemental data, DWD will validate at state level
NEGXP	92	609	Type of Employment Match 3 rd Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WRIS WF+: Printout of 3 rd Quarter Supplemental Data Screen plus employer statement and/or check stub/copy	Support NOTE: If not using supplemental data, DWD will validate at state level
NEGXP	95	612	Wages 3 rd Quarter Prior To Participation Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
NEGXP	96	613	Wages 2 nd Quarter Prior To Participation Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation

NATIONAL EMERGENCY GRANT (NEG)

<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
NEGXP	98	615	Wages 1 st Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
NEGXP	99	616	Wages 2 nd Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
NEGXP	100	617	Wages 3 rd Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation

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1. The name of the participant
2. The name of the source, employer or agency contacted
3. Address and telephone number for the source (see #2 above)
4. The name of the person providing verification
5. The period of time for which the verification applies (“to” and “from” dates)
6. Total amount of income from employment, if applicable
7. The type of public assistance received and the amount, if applicable
8. The date of telephone contact
9. The name of the case worker obtaining the information

*NOTE: Source documents for data validation elements may be in the participant file in either electronic or hard copy format, depending on the filing system of the Local Area.

OLDER YOUTH

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
OYE	2	101	Individual Identifier	Social Security Card DD-214, Report of Transfer or Discharge Paper Passport	Match
OYE	3	102	Date Of Birth	Baptismal Record Birth Certificate Printout of Birth Certificate From County Register of Deeds Office DD-214, Report of Transfer or Discharge Paper Driver's License Federal, State, Or Local Government Identification Card Hospital Record Of Birth Passport Public Assistance/Social Service Records School Records/Identification Card (Copy From School) Work Permit Cross-Match With Department Of Vital Statistics Tribal Records Department Of Motor Vehicles	Match
OYE	12	111	Eligible Veteran Status 1 = Yes ≤ 180 Days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 4 = No	DD-214, Report of Transfer or Discharge Paper Cross-Match With Veterans Data Veterans' Service Officer Statement/Printout	Support
OYE	16	115	Employment Status At Participation 1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation 3 = Not Employed	Case/Activity File Notes Showing Information Collected From Registrant <u>At Registration/Enrollment</u> Pay Stub Self Attestation (Client Statement, if Local Area policy allows) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable) AND WF+: Participation Fields Information Screen, Signed And Dated By Applicant (And Parent/Guardian If Applicable) if employment status changed between application and enrollment (if applicable)	Support

OLDER YOUTH

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
OYE	20	119	Low Income 1 = Yes 2 = No	Alimony Agreement Award Letter From Veterans Administration Bank Statements Compensation Award Letter Court Award Letter Pension Statement Employer Statement/Contact Farm, Family, or Business Financial Records Housing Authority Verification Pay Stubs Public Assistance Records Quarterly Estimated Tax For Self-Employed Persons Social Security Benefits Statements U.I. Documents and/or printout, Including U.I. Pay Stub FICA Records Employer Notice Of Direct Deposit Written Employer Statement/Contact – Local Area Telephone Verification Form* (see note) Scholarship/Financial Aid Records (Indicating Any Cash Paid Directly To The Applicant Is Counted As Income) Self Attestation (Client Statement, With Local Area Approval: Written Statement By The Applicant Of No Income Written Statement By The Applicant Of Cash Gifts Written Statement By The Applicant Of Odd Jobs And/Or Self Employment And Income)	Support
OYE	21	120	Temporary Assistance To Needy Families (TANF) 1 = Yes 2 = No	Cross-Match With TANF Database Public Assistance Records Signed Local Area Telephone Verification Form – From Public Assistance Agency Only* (see note) DSS TANF Printout (showing appropriate TANF coding) DSS Electronic Interface Printout Written Verification From DSS	Support
OYE	22	121	Other Public Assistance Recipient – Not TANF Or Member of the household receiving Food Stamps 1 = Yes 2 = No	Copy Of Authorization To Receive Cash Public Assistance Copy Of Public Assistance Check Medical Card Showing Cash Grant Status Public Assistance Records/Printout (including Food Stamp/SNAP records) Public Assistance Refugee Assistance Records Cross-Match With Public Assistance Database Written Verification From DSS Signed Telephone Verification – From Public Assistance Agency Only* (see note) Copy Of Authorization To Receive Cash Assistance (Must Have Applicant's Name Verified As Being On The Grant) Public Assistance Identification Card Showing Cash Grant Status Written Verification From Awarding Agency Letter From Social Security Administration SSI Award Letter Written Documentation From Social Security Administration	Support

OLDER YOUTH

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
OYE	26	125	Homeless Individual And/Or Runaway Youth 1 = Yes 2 = No	Written Statement From An Individual Providing Residence Written Statement From A Shelter Written Statement From Social Service Agency, Mental Health Agency, Health Department Or Substance Abuse Agency Written Law Enforcement Verification Signed Local Area Telephone Verification Form – From Social Service, Mental Health, Health Department Or Substance Abuse Agencies Only* (see note) Self Attestation (Client Statement) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable)	Support
OYE	27	126	Offender 1 = Yes 2 = No	Documentation From Juvenile Justice/Criminal Justice System Documentation Phone Call With Justice/Criminal Justice System Representative* (see note) Copies Of Court Documents Letter Of Parole Copies Of Prison Records Letter From Probation Officer Copy of Police Records NC Dept. Of Corrections Printout: www.doc.state.nc.us Signed Local Area Telephone Verification Form – From Court, Public Safety Or Prison Agencies Only * (see note) Self-Attestation (Client Statement) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable)	Support
OYE	28	127	Pregnant Or Parenting Youth 1 = Yes 2 = No	Birth Certificate (For Child Listing Applicant's/Participant's Name As A Parent) Baptismal Record Doctor's Note Confirming Pregnancy Statement From Program For Pregnant Or Parenting Youth Statement From Social Services Agency Or Health Department Hospital Record Of Live Birth (For Child Listing Applicant's/Participant's Name As A Parent) Most Recent Tax Return Supported By IRS Documents Self Attestation (Client Statement) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable)	Support

OLDER YOUTH

DWD Field	Ref#	Number	Data Element	Federal And State Sources	Instructions
OYE	29	128	<p>Youth Who Needs Additional Assistance</p> <p>1 = Yes 2 = No</p> <p>An Applicant Who Requires Additional Assistance Is One Who:</p> <p>A. Is Currently Attending An Education Program <u>AND</u></p> <p>1) Has Previously Dropped Out Of An Educational Program <u>OR</u> 2) Has Poor Attendance Patterns In An Educational Program During The Last 12 Months <u>OR</u> 3) Has Below Average Grades <u>OR</u> 4) Has Aged Out Of The Foster Care System (Ages 18-21) <u>OR</u> 5) Has A Currently Incarcerated Parent(s).</p> <p>OR</p> <p>B. Is Not Attending An Education Program <u>AND</u></p> <p>1) Has A Poor Work History, To Include No Work History, Or Has Been Fired From A Job In The Last 6 Calendar Months <u>OR</u> 2) Has Aged Out Of The Foster Care System (Ages 18-21) <u>OR</u> 3) Has A Currently Incarcerated Parent(s).</p>	<p>Individual Service Strategy Case/Activity Notes Self-Attestation WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable)</p> <p>NOTE: Case Managers MUST follow state policy to determine if the youth "needs additional assistance." The youth must meet all conditions outlined in either A or B. This is not up to the Case Manager's discretion.</p> <p>Case/Activity notes must include documentation that either (A) AND one of the items listed (1 – 5) apply OR that (B) AND one of the items listed (1 – 3) apply. To prove (A), the case/activity notes must include the applicant's/participant's education status, and the applicant's/participant's prior dropout status or poor school attendance history, or an indication of how grades are below average, or proof the participant has aged out of the foster care system, or documentation that the participant has a currently incarcerated parent(s). To prove (B), the case/activity notes must include the applicant's/participant's education status, and specifics of the poor/no work history or firing from employment in the prior six calendar months, or proof the participant has aged out of the foster care system, or documentation that the participant has a currently incarcerated parent(s).</p>	Support
OYE	30	129	<p>School Status At Participation</p> <p>1 = In-school, H.S. or less 2 = In-school, Alternative School 3 = In-school, Post-H.S. 4 = Not attending school or H.S. Dropout 5 = Not attending school; H.S. graduate</p>	<p>Applicable Records From Educational Institution (I.E. GED, Certificate, Diploma, Post-Secondary Enrollment, Attendance Record, Transcripts, Dropout Letter, School Documentation) Self Attestation (Client Statement) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable)</p> <p style="text-align: center;">AND</p> <p>WF+: Participation Fields Information Screen, Signed And Dated By Applicant (And Parent/Guardian If Applicable) if school status changed between application and enrollment (if applicable)</p>	Support
OYE	31	130	<p>Basic Literacy Skills Deficiency (As Defined In §664.205)</p> <p>1 = Yes 2 = No</p>	<p>Standardized Assessment Test Test Records School Records Case/Activity Notes (Test Name <u>With Scores</u> In School Year-Month Format) Front line staff must make sure a <u>copy of the participant's tests and scores</u> are kept in the case file</p>	Support
OYXP	35	303	<p>Date Of Exit</p>	<p>WF+: After Exit Is Keyed Into WF+, Printouts Of WF+ Case Profile Screen <u>and</u> Case/Activity Notes documenting date of receipt of last service</p> <p>NOTE: Refer to Service and Exit Issuances for guidance on valid services</p>	Match

OLDER YOUTH

DWD Field	Ref#	Number	Data Element	Federal And State Sources	Instructions
OYA	38	306	Date of First Youth Service	Case/Activity Notes NOTE: Y-Comprehensive Guidance and Counseling WF+: After Exit Is Keyed Into WF+, Printout Of WF+ Employment Plan Screen	Match
OYXP	61	327	Other Reasons For Exit (at time of exit or during 3-quarter measurement period following the quarter of exit) 1 = Institutionalized 2 = Health/Medical 3 = Deceased 4 = Family Care 5 = Reservists Called to Active Duty 6 = Relocated to Mandated Residential Program 99 = Invalid SSN.	Case/Activity Notes Doctor's Records Hospital Records (Written) Contact With The Penal System WF+: After Exit Is Keyed Into WF+, Printout Of Leave Program Screen (exits prior to 7-1-06) or Outcomes Screen (exits 7-1-06 forward)	Support
OYA	77	343	Enrolled in Education 1 = Yes 2 = No	Copy of Records From Education Institution or Training Provider Certifying Enrollment Case/Activity Notes with verification from educational institution or training provider that they are enrolled in education NOTE: Case Notes alone are not sufficient documentation. NOTE: Educational status on participation date, OR enrolled in education during program participation, OR in secondary/post-secondary school at program exit.	Support
OYA	78	344	Received Educational Achievement Services 1 = Yes 2 = No Y – Alternative Secondary School Offerings Y – Tutoring Study Skills Training & Instruction Y – Academic Learning Services (prior to March 2001)	Case/Activity Notes Activity Sheets Sign-In Sheets Attendance Record Vendor Contract WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen showing one of the indicated “Y” activities	Support
OYA	79	345	Received Employment Services 1 = Yes 2 = No Y – Paid & Unpaid Work Experience Y – Occupational Skills Training Y – Youth Employment Y – Work Related Services	Case/Activity Notes Activity Sheets Vendor Contract Attendance Rosters WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen showing one of the indicated “Y” activities	Support
OYA	80	346	Received Summer Employment Opportunities 1 = Yes 2 = No Y – Summer Employment Opportunities Y – Summer Related Services	Case/Activity Notes Activity Sheets Work Agreement Sign-In Sheets Attendance Roster WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen showing one of the indicated “Y” activities	Support

OLDER YOUTH

<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
OYA	81	347	Received Additional Support For Youth Services 1 = Yes 2 = No Y – Adult Mentoring Y – Comprehensive Guidance & Counseling	Case/Activity Notes Activity Sheets Pay Stub Sign-In Sheets Attendance Rosters Vendor Contract WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen showing one of the indicated “Y” activities	Support
OYA	82	348	Received Leadership Development Opportunities 1 = Yes 2 = No Y - Leadership Development Opportunities	Case/Activity Notes Activity Sheets Vendor Contract Attendance Rosters WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen showing the indicated “Y” activity	Support
OYXP	83	349	Received Follow-Up Services 1 = Yes 2 = No Y – Follow-up Services	Case/Activity Notes Activity Sheets Attendance Rosters Receipt For Follow-Up Support Services WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen showing the indicated “Y” activity	Support
OYXP	84	601	Employed In 1 st Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information Not Yet Available	U.I. Wage Records WRIS Supplemental Data Sources As Defined TEGL 17-05 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant’s Business/Tax-Related Records WF+: Printout of 1st Quarter Supplemental Data Screen	Support NOTE: If not using supplemental data, DWD will validate at state level
OYXP	85	602	Type of Employment Match 1 st Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant’s Business/Tax-Related Records WRIS WF+: Printout of 1st Quarter Supplemental Data Screen <u>plus</u> employer statement and/or check stub/copy	Support NOTE: If not using supplemental data, DWD will validate at state level
OYXP	91	608	Employed In 3 rd Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information Not Yet Available	U.I. Wage Records WRIS Supplemental Data Sources As Defined In TEGL 7-99 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant’s Business/Tax-Related Records WF+: Printout of 3rd Quarter Supplemental Data Screen	Support NOTE: If not using supplemental data, DWD will validate at state level

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<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
OYXP	92	609	Type of Employment Match 3 rd Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WRIS WF+: Printout of 3rd Quarter Supplemental Data Screen <u>plus</u> employer statement and/or check stub/copy	Support NOTE: If not using supplemental data, DWD will validate at state level
OYXP	95	612	Wages 3 rd Quarter Prior To Participation Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
OYXP	96	613	Wages 2 nd Quarter Prior To Participation Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
OYXP	98	615	Wages 1 st Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
OYXP	99	616	Wages 2 nd Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
OYXP	100	617	Wages 3 rd Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation

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<i>DWD Field</i>	<i>Ref#</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
OYXP	102	619	Type Of Recognized Credential 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 Recognized Educational or Occupational Skills Credential/Certificate 0 = Individual received training, but no recognized credential received.	Copy of School Transcript Indicating Requirements For Credential/Certificate Completed Copy of Credential/Certificates Copy of Diploma/License/Degree School Record/Statement NOTE: Master's degree or higher, use code 6	Support
OYXP	151	668	Attained Diploma, GED, or Certificate 1 = Individual Attained a Secondary School (high school) Diploma 2 = Individual Attained a GED or High School Equivalency Diploma 3 = Individual Attained a Certificate in Recognition of Attainment of Technical or Occupational Skills 4 = Individual Did Not Attain a Diploma, GED, or Certificate	Copy of School Transcript Indicating Requirements For Diploma, GED, or Credential/Certificate Completed Copy of Credential/Certificate Copy of Diploma//GED/License/Degree School Record/Statement	Support
OYXP	152	669	Date Attained Diploma, GED, or Certificate	Copy of School Transcript Indicating Date For Diploma, GED, or Credential/Certificate Completion Copy of Credential/Certificate Copy of Diploma//GED/License/Degree Tests Results Indicating Date Requirements For Diploma/GED Completed School Record/Statement NOTE: Date on source document used for #668 should match the date entered in WF+.	Match
OYXP	153	670	School Status at Exit 1 = In-school, H.S. or less 2 = In-school, Alternative School 3 = In-school, Post-H.S. 4 = Not attending school or H.S. Dropout 5 = Not attending school; H.S. Graduate	Case/Activity Notes Letter From School System (secondary or post-secondary) Applicable Records From Educational Institution (I.E. GED, Post-Secondary Enrollment, Attendance Record, Dropout Letter, School Documentation) Copy of Transcripts Copy of Credential/Certificates Copy of Diploma/GED/Degree)	Support

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DWD Field	Ref#	Number	Data Element	Federal And State Sources	Instructions
OYXP	154	671	Youth Placement Information 1 = Entered Post-secondary Education 2 = Entered Advanced Training 3 = Entered Military Service 4 = Entered a Qualified Apprenticeship 5 = Entered Unsubsidized Employment 6 = Did Not Enter 1-5 Above	Case/Activity Notes Cross-Match With Appropriate Agencies - Apprenticeship Verification - Military Service Records - Advanced Training Institutions - Post-Secondary Education Institutions Transcripts Registration Forms Community College and/or University Records U.I. Wage Records WRIS Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records Signed Statements From Appropriate Agencies (Apprenticeship, Advanced Training Institutions, Post-Secondary Institutions) Federal and Department of Defense Wage Records	Support
OYXP	155	672	Youth Retention Information 1 = In Post-secondary Education 2 = In Advanced Training 3 = In Military Service 4 = In a Qualified Apprenticeship 5 = In Unsubsidized Employment 6 = Was Not In 1-5 Above	Case/Activity Notes Cross-Match With Appropriate Agencies - Apprenticeship Verification - Military Service Records - Advanced Training Institutions - Post-Secondary Education Institutions Transcripts Registration Forms Community College and/or University Records U.I. Wage Records WRIS Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records Signed Statements From Appropriate Agencies (Apprenticeship, Advanced Training Institutions, Post-Secondary Institutions) Federal and Department of Defense Wage Records	Support
OYA	156	701	Category of Assessment 1 = ABE 2 = ESL	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support

OLDER YOUTH

DWD Field	Ref#	Number	Data Element	Federal And State Sources	Instructions
OYA	157	702	Type of Assessment Test 1 = TABE 2 = CASAS (Life Skills) 3 = ABLE 4 = Workkeys 5 = SPL 6 = BEST 7 = BEST Plus	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	158	703	Functional Area 1 = Reading 2 = Writing 3 = Language 4 = Mathematics 5 = Speaking 6 = Oral 7 = Listening	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	159	704	Date Administered Test	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
OYA	160	705	Pre-Test Score #1	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	161	706	Pre-test Educational Functioning Level 1 = Beginning ABE/ESL Literacy 2 = Beginning ABE/ESL Basic Education 3 = Low Intermediate ABE/ESL Education 4 = High Intermediate ABE/ESL Education 5 = Low Adult Secondary Education/Advanced ESL 6 = High Adult Secondary Education/Advanced ESL	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	162	707	Date Administered Post-Test #1 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match

OLDER YOUTH

DWD Field	Ref#	Number	Data Element	Federal And State Sources	Instructions
OYA	163	708	Post-Test Score #1 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	164	709	Post-Test Educational Functioning Level #1 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	165	710	Date Administered Post-Test #1 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
OYA	166	711	Post-Test Score #1 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	167	712	Post-Test Educational Functioning Level #1 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	168	713	Date Administered Post-Test #1 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
OYA	169	714	Post-Test Score #1 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	170	715	Post-Test Educational Functioning Level #1 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support

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DWD Field	Ref#	Number	Data Element	Federal And State Sources	Instructions
OYA	171	716	Type of Assessment Test #2 1 = TABE 9-10 2 = CASAS (Life Skills) 3 = ABLE 4 = WorkKeys 5 = SPL 6 = BEST 7 = BEST Plus	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	172	717	Functional Area #2 1 = Reading 2 = Writing 3 = Language 4 = Mathematics 5 = Speaking 6 = Oral 7 = Listening	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	173	718	Date Administered Pre-Test #2	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
OYA	174	719	Pre-Test Score #2	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	175	720	Pre-Test Educational Functioning Level #2 1 = Beginning ABE/ESL Literacy 2 = Beginning ABE/ESL Basic Education 3 = Low Intermediate ABE/ESL Education 4 = High Intermediate ABE/ESL Education 5 = Low Adult Secondary Education/Advanced ESL 6 = High Adult Secondary Education/Advanced ESL	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	176	721	Date Administered Post-Test #2 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match

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DWD Field	Ref#	Number	Data Element	Federal And State Sources	Instructions
OYA	177	722	Post-Test Score #2 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	178	723	Post-Test Educational Functioning Level #2 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	179	724	Date Administered Post-Test #2 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
OYA	180	725	Post-Test Score #2 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	181	726	Post-Test Educational Functioning Level #2 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	182	727	Date Administered Post-Test #2 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
OYA	183	728	Post-Test Score #2 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	184	729	Post-Test Educational Functioning Level #2 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support

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DWD Field	Ref#	Number	Data Element	Federal And State Sources	Instructions
OYA	185	730	Type of Assessment Test #3 1 = TABE 9-10 2 = CASAS (Life Skills) 3 = ABLE 4 = WorkKeys 5 = SPL 6 = BEST 7 = BEST Plus	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	186	731	Functional Area #3 1 = Reading 2 = Writing 3 = Language 4 = Mathematics 5 = Speaking 6 = Oral 7 = Listening	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	187	732	Date Administered Pre-Test #3	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
OYA	188	733	Pre-Test Score #3	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	189	734	Pre-Test Educational Functioning Level #3 1 = Beginning ABE/ESL Literacy 2 = Beginning ABE/ESL Basic Education 3 = Low Intermediate ABE/ESL Education 4 = High Intermediate ABE/ESL Education 5 = Low Adult Secondary Education/Advanced ESL 6 = High Adult Secondary Education/Advanced ESL	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	190	735	Date Administered Post-Test #3 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match

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DWD Field	Ref#	Number	Data Element	Federal And State Sources	Instructions
OYA	191	736	Post-Test Score #3 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	192	737	Post-Test Educational Functioning Level #3 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	193	738	Date Administered Post-Test #3 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
OYA	194	739	Post-Test Score #3 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	195	740	Post-Test Educational Functioning Level #3 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	196	741	Date Administered Post-Test #3 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
OYA	197	742	Post-Test Score #3 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
OYA	198	743	Post-Test Educational Functioning Level #3 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support

OLDER YOUTH

* Local Area Telephone Verification Form used for any data element validation source **must** have all of the following minimum elements per US DOL, effective October 1, 2007:

1. The name of the participant
2. The name of the source, employer or agency contacted
3. Address and telephone number for the source (see #2 above)
4. The name of the person providing verification
5. The period of time for which the verification applies (“to” and “from” dates)
6. Total amount of income from employment, if applicable
7. The type of public assistance received and the amount, if applicable
8. The date of telephone contact
9. The name of the case worker obtaining the information

*NOTE: Source documents for data validation elements may be in the participant file in either electronic or hard copy format, depending on the filing system of the Local Area.

YOUNGER YOUTH

<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
YYE	2	101	Individual Identifier	Social Security Card DD-214, Report of Transfer or Discharge Paper Passport	Match
YYE	3	102	Date Of Birth	Baptismal Record Birth Certificate Printout of Birth Certificate From County Register of Deeds Office DD-214, Report of Transfer or Discharge Paper Driver's License Federal, State, Or Local Government Identification Card Hospital Record Of Birth Passport Public Assistance/Social Service Records School Records/Identification Card (Copy From School) Work Permit Cross-Match With Department Of Vital Statistics Tribal Records Department Of Motor Vehicles	Match
YYE	16	115	Employment Status At Participation 1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation 3 = Not Employed	Case/Activity File Notes Showing Information Collected From Registrant At Registration/Enrollment Pay Stub Self Attestation (Client Statement, if Local Area policy allows) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable) AND WF+: Participation Fields Information Screen, Signed And Dated By Applicant (And Parent/Guardian If Applicable) if employment status changed between application and enrollment (if applicable)	Support

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<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
YYE	20	119	Low Income 1 = Yes 2 = No	Alimony Agreement Award Letter From Veterans Administration Bank Statements Compensation Award Letter Court Award Letter Pension Statement Employer Statement/Contact Farm, Family, or Business Financial Records Housing Authority Verification Pay Stubs Public Assistance Records Quarterly Estimated Tax For Self-Employed Persons Social Security Benefits Statements U.I. Documents and/or printout, Including U.I. Pay Stub FICA Records Employer Notice Of Direct Deposit Written Employer Statement/Contact – Local Area Telephone Verification Form* (see note) Scholarship/Financial Aid Records (Indicating Any Cash Paid Directly To The Applicant Is Counted As Income) Self Attestation (Client Statement, With Local Area Approval: Written Statement By The Applicant Of No Income Written Statement By The Applicant Of Cash Gifts Written Statement By The Applicant Of Odd Jobs And/Or Self Employment And Income)	Support
YYE	21	120	Temporary Assistance To Needy Families (TANF) 1 = Yes 2 = No	Cross-Match With TANF Database Public Assistance Records Signed Local Area Telephone Verification Form – From Public Assistance Agency Only* (see note) DSS TANF Printout (showing appropriate TANF coding) DSS Electronic Interface Printout Written Verification From DSS	Support
YYE	22	121	Other Public Assistance Recipient – Not TANF Or Member of the household receiving Food Stamps 1 = Yes 2 = No	Copy Of Authorization To Receive Cash Public Assistance Copy Of Public Assistance Check Medical Card Showing Cash Grant Status Public Assistance Records/Printout (including Food Stamp/SNAP records) Public Assistance Refugee Assistance Records Cross-Match With Public Assistance Database Written Verification From DSS Signed Telephone Verification – From Public Assistance Agency Only* (see note) Copy Of Authorization To Receive Cash Assistance (Must Have Applicant's Name Verified As Being On The Grant) Public Assistance Identification Card Showing Cash Grant Status Written Verification From Awarding Agency Letter From Social Security Administration SSI Award Letter Written Documentation From Social Security Administration	Support

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<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
YYE	26	125	Homeless Individual And/Or A Runaway Youth 1 = Yes 2 = No	Written Statement From An Individual Providing Residence Written Statement From A Shelter Written Statement From Social Service Agency, Mental Health Agency, Health Department Or Substance Abuse Agency Written Law Enforcement Verification Signed Local Area Telephone Verification Form – From Social Service, Mental Health, Health Department Or Substance Abuse Agencies Only* (see note) Self Attestation (Client Statement) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable)	Support
YYE	27	126	Offender 1 = Yes 2 = No	Documentation From Juvenile Justice/Criminal Justice System Documentation Phone Call With Justice/Criminal Justice System Representative* (see note) Copies Of Court Documents Letter Of Parole Copies Of Prison Records Letter From Probation Officer Copy of Police Records NC Dept. Of Corrections Printout: www.doc.state.nc.us Signed Local Area Telephone Verification Form – From Court, Public Safety Or Prison Agencies Only * (see note) Self-Attestation (Client Statement) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable)	Support
YYE	28	127	Pregnant Or Parenting Youth 1 = Yes 2 = No	Birth Certificate (For Child Listing Applicant's/Participant's Name As A Parent) Baptismal Record Doctor's Note Confirming Pregnancy Statement From Program For Pregnant Or Parenting Youth Statement From Social Services Agency Or Health Department Hospital Record Of Live Birth (For Child Listing Applicant's/Participant's Name As A Parent) Most Recent Tax Return Supported By IRS Documents Self Attestation (Client Statement) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable)	Support

YOUNGER YOUTH

<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
YYE	29	128	<p>Youth Who Needs Additional Assistance</p> <p>1 = Yes 2 = No</p> <p>An Applicant Who Requires Additional Assistance Is One Who:</p> <p>A. Is Currently Attending An Education Program <u>AND</u></p> <p>1) Has Previously Dropped Out Of An Educational Program <u>OR</u> 2) Has Poor Attendance Patterns In An Educational Program During The Last 12 Months <u>OR</u> 3) Has Below Average Grades <u>OR</u> 4) Has Aged Out Of The Foster Care System (Ages 18-21) <u>OR</u> 5) Has A Currently Incarcerated Parent(s).</p> <p>OR</p> <p>B. Is Not Attending An Education Program <u>AND</u></p> <p>1) Has A Poor Work History, To Include No Work History, Or Has Been Fired From A Job In The Last 6 Calendar Months <u>OR</u> 2) Has Aged Out Of The Foster Care System (Ages 18-21) <u>OR</u> 3) Has A Currently Incarcerated Parent(s).</p>	<p>Individual Service Strategy Case/Activity Notes Self-Attestation WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable)</p> <p>NOTE: Case Managers MUST follow state policy to determine if the youth “needs additional assistance.” The youth must meet all conditions outlined in either A or B. This is not up to the Case Manager’s discretion.</p> <p>Case/Activity notes must include documentation that either (A) AND one of the items listed (1 – 5) apply OR that (B) AND one of the items listed (1 – 3) apply. To prove (A), the case/activity notes must include the applicant’s/participant’s education status, and the applicant’s/participant’s prior dropout status or poor school attendance history, or an indication of how grades are below average, or proof the participant has aged out of the foster care system, or documentation that the participant has a currently incarcerated parent(s). To prove (B), the case/activity notes must include the applicant’s/participant’s education status, and specifics of the poor/no work history or firing from employment in the prior six calendar months, or proof the participant has aged out of the foster care system, or documentation that the participant has a currently incarcerated parent(s).</p>	Support
YYE	30	129	<p>School Status At Participation</p> <p>1 = In-school, H.S. or less 2 = In-school, Alternative School 3 = In-school, Post-H.S. 4 = Not attending school or H.S. Dropout 5 = Not attending school; H.S. graduate</p>	<p>Applicable Records From Educational Institution (I.E. GED, Certificate, Diploma, Post-Secondary Enrollment, Attendance Record, Transcripts, Dropout Letter, School Documentation) Self Attestation (Client Statement) WF+: Printout Of Intake/Application Form, Signed And Dated By Applicant (And Parent/Guardian If Applicable)</p> <p style="text-align: center;">AND</p> <p>WF+: Participation Fields Information Screen, Signed And Dated By Applicant (And Parent/Guardian If Applicable) if school status changed between application and enrollment (if applicable)</p>	Support
YYE	31	130	<p>Basic Literacy Skills Deficiency (As Defined In §664.205)</p> <p>1 = Yes 2 = No</p>	<p>Standardized Assessment Test Test Records School Records Case/Activity Notes (Test Name <u>With Scores</u> In School Year-Month Format) Front line staff must make sure a <u>copy of the participant’s tests and scores</u> are kept in the case file</p>	Support

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DWD Field	Ref #	Number	Data Element	Federal And State Sources	Instructions
YYE	32	131	Foster Care Youth 1 = Yes 2 = No NOTE: Record 1 if the participant is a person who is currently in foster care or has been in the foster care system at any point during his/her lifetime. Record 2 if the participant does not meet the condition described above.	Written Confirmation From Social Services Agency Case/Activity notes	Support
YYXP	35	303	Date Of Exit	WF+: After Exit Is Keyed Into WF+, Printouts Of WF+ Case Profile Screen and Case/Activity Notes documenting date of receipt of last service NOTE: Refer to Service and Exit Issuances for guidance on valid services	Match
YYA	38	306	Date of First Youth Service	Case/Activity Notes NOTE: Y-Comprehensive Guidance and Counseling WF+: After Exit Is Keyed Into WF+, Printout Of WF+ Employment Plan Screen	Match
YYXP	61	327	Other Reasons For Exit (at time of exit or during 3-quarter measurement period following the quarter of exit) 1 = Institutionalized 2 = Health/Medical 3 = Deceased 4 = Family Care 5 = Reservists Called to Active Duty 6 = Relocated to Mandated Residential Program 99 = Invalid SSN.	Case/Activity Notes Doctor's Records Hospital Records (Written) Contact With The Penal System WF+: After Exit Is Keyed Into WF+, Printout Of Leave Program Screen (exits prior to 7-1-06) or Outcomes Screen (exits 7-1-06 forward)	Support
YYA	77	343	Enrolled in Education 1 = Yes 2 = No	Copy of Records From Education Institution or Training Provider Certifying Enrollment Case/Activity Notes with verification from educational institution or training provider that they are enrolled in education NOTE: Case Notes alone are not sufficient documentation. NOTE: Educational status on participation date, OR enrolled in education during program participation, OR in secondary/post-secondary school at program exit.	Support
YYA	78	344	Received Educational Achievement Services 1 = Yes 2 = No Y – Alternative Secondary School Offerings Y – Tutoring Study Skills Training & Instruction Y – Academic Learning Services (prior to March 2001)	Case/Activity Notes Activity Sheets Sign-In Sheets Attendance Record Vendor Contract WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen showing one of the indicated “Y” activities	Support

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DWD Field	Ref #	Number	Data Element	Federal And State Sources	Instructions
YYA	79	345	Received Employment Services 1 = Yes 2 = No Y – Paid & Unpaid Work Experience Y – Occupational Skills Training Y – Youth Employment Y – Work Related Services	Case/Activity Notes Activity Sheets Vendor Contract Attendance Rosters WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen showing one of the indicated “Y” activities	Support
YYA	80	346	Received Summer Employment Opportunities 1 = Yes 2 = No Y – Summer Employment Opportunities Y – Summer Related Services	Case/Activity Notes Activity Sheets Work Agreement Sign-In Sheets Attendance Roster WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen showing one of the indicated “Y” activities	Support
YYA	81	347	Received Additional Support For Youth Services 1 = Yes 2 = No Y – Adult Mentoring Y – Comprehensive Guidance & Counseling	Case/Activity Notes Activity Sheets Pay Stub Sign-In Sheets Attendance Rosters Vendor Contract WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen showing one of the indicated “Y” activities	Support
YYA	82	348	Received Leadership Development Opportunities 1 = Yes 2 = No Y - Leadership Development Opportunities	Case/Activity Notes Activity Sheets Vendor Contract Attendance Rosters WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen showing the indicated “Y” activity	Support
YYXP	83	349	Received Follow-Up Services 1 = Yes 2 = No Y – Follow-up Services	Case/Activity Notes Activity Sheets Attendance Rosters Receipt For Follow-Up Support Services WF+: After Exit Is Keyed Into WF+, Printout Of Employment Plan Screen showing the indicated “Y” activity	Support
YYXP	84	601	Employed In 1st Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information Not Yet Available	U.I. Wage Records WRIS Supplemental Data Sources As Defined TEGL 17-05 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant’s Business/Tax-Related Records WF+: Printout of 1st Quarter Supplemental Data Screen	Support

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DWD Field	Ref #	Number	Data Element	Federal And State Sources	Instructions
YYXP	85	602	Type of Employment Match 1 st Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WRIS WF+: Printout of 1 st Quarter Supplemental Data Screen plus employer statement and/or check stub/copy	Support NOTE: If not using supplemental data, DWD will validate at state level
YYXP	91	608	Employed In 3 rd Quarter After Exit Quarter 1 = Yes 2 = No 3 = Information Not Yet Available	U.I. Wage Records WRIS Supplemental Data Sources As Defined In TEGL 7-99 Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WF+: Printout of 3 rd Quarter Supplemental Data Screen	Support NOTE: If not using supplemental data, DWD will validate at state level
YYXP	92	609	Type of Employment Match 3 rd Quarter After Exit Quarter 1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available	Case/Activity Notes Follow-Up Services Record Sharing And/Or Automated Record Matching With Other Employment And Administrative Databases Other Out Of State Wage Records Systems Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records WRIS WF+: Printout of 3 rd Quarter Supplemental Data Screen plus employer statement and/or check stub/copy	Support NOTE: If not using supplemental data, DWD will validate at state level
YYXP	98	615	Wages 1 st Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation
YYXP	100	617	Wages 3 rd Quarter After Exit Quarter	U.I. Wage Records WRIS Other State Wage Records Federal Wage Databases	Match DWD will validate. LAs will not need to have any documentation

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<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
YYA	103	620	Goal #1 Type 1 = Basic Skills 2 = Occupational Skills 3 = Work Readiness Skills	Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	104	621	Date Goal #1 Was Set	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	105	622	Attainment Of Goal #1 1 = Attained 2 = Set, But Not Attained 3 = Set, But Attainment Pending	Case/Activity Notes Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Transcripts School/Employer Notification WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	106	623	Date Attained Goal #1	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	107	624	Goal #2 Type 1 = Basic Skills 2 = Occupational Skills 3 = Work Readiness Skills	Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	108	625	Date Goal #2 Was Set	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	109	626	Attainment Of Goal #2 1 = Attained 2 = Set, But Not Attained 3 = Set, But Attainment Pending	Case/Activity Notes Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Transcripts School/Employer Notification WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	110	627	Date Attained Goal #2	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	111	628	Goal #3 Type 1 = Basic Skills 2 = Occupational Skills 3 = Work Readiness Skills	Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	112	629	Date Goal #3 Was Set	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	113	630	Attainment Of Goal #3 1 = Attained 2 = Set, But Not Attained 3 = Set, But Attainment Pending	Case/Activity Notes Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Transcripts School/Employer Notification WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	114	631	Date Attained Goal #3	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match

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<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
YYA	115	632	Goal #4 Type	Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	116	633	Date Goal #4 Was Set	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	117	634	Attainment Of Goal #4	Case/Activity Notes Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Transcripts School/Employer Notification WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	118	635	Date Attained Goal #4	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	119	636	Goal #5 Type	Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	120	637	Date Goal #5 Was Set	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	121	638	Attainment Of Goal #5	Case/Activity Notes Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Transcripts School/Employer Notification WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	122	639	Date Attained Goal #5	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	123	640	Goal #6 Type	Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	124	641	Date Goal #6 Was Set	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	125	642	Attainment Of Goal #6	Case/Activity Notes Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Transcripts School/Employer Notification WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	126	643	Date Attained Goal #6	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	127	644	Goal #7 Type	Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support

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<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
YYA	128	645	Date Goal #7 Was Set	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	129	646	Attainment Of Goal #7	Case/Activity Notes Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Transcripts School/Employer Notification WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	130	647	Date Attained Goal #7	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	131	648	Goal #8 Type	Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	132	649	Date Goal #8 Was Set	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	133	650	Attainment Of Goal #8	Case/Activity Notes Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Transcripts School/Employer Notification WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	134	651	Date Attained Goal #8	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	135	652	Goal #9 Type	Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	136	653	Date Goal #9 Was Set	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	137	654	Attainment Of Goal #9	Case/Activity Notes Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Transcripts School/Employer Notification WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	138	655	Date Attained Goal #9	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	139	656	Goal #10 Type	Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	140	657	Date Goal #10 Was Set	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match

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<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
YYA	141	658	Attainment Of Goal #10	Case/Activity Notes Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Transcripts School/Employer Notification WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	142	659	Date Attained Goal #10	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	143	660	Goal #11 Type	Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	144	661	Date Goal #11 Was Set	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	145	662	Attainment Of Goal #11	Case/Activity Notes Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Transcripts School/Employer Notification WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	146	663	Date Attained Goal #11	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	147	664	Goal #12 Type	Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	148	665	Date Goal #12 Was Set	Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match
YYA	149	666	Attainment Of Goal #12	Case/Activity Notes Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Transcripts School/Employer Notification WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Support
YYA	150	667	Date Attained Goal #12	Test Records Transcripts School/Employer Notification Case/Activity Notes WF+: After Exit Is Keyed Into WF+, Printout Of Case Profile Screen	Match

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DWD Field	Ref #	Number	Data Element	Federal And State Sources	Instructions
YYXP	151	668	<p>Attained Diploma, GED, or Certificate</p> <p>1 = Individual Attained A Secondary School (High School) Diploma 2 = Individual Attained A GED Or High School Equivalency Diploma 3 = Individual attained a certificate in recognition of attainment of technical or occupational skills. 4 = Individual did not attain a diploma, GED, or certificate</p>	<p>Copy of School Transcript Indicating Requirements For Diploma, GED, or Credential/Certificate Completed Copy of Credential/Certificate Copy Of Diploma//GED/License/Degree School Record/Statement</p>	Support
YYXP	152	669	<p>Date Attained Diploma, GED, or Certificate</p>	<p>Copy of School Transcript Indicating Date For Diploma, GED, or Credential/Certificate Completion Copy of Credential/Certificate Copy of Diploma//GED/License/Degree Tests Results Indicating Date Requirements For Diploma/GED Completed School Record/Statement</p> <p>NOTE: Date on source document used for #668 should match the date entered in WF+.</p>	Match
YYXP	153	670	<p>School Status at Exit</p> <p>1 = In-school, H.S. or less 2 = In-school, Alternative School 3 = In-school, Post-H.S. 4 = Not attending school or H.S. Dropout 5 = Not attending school; H.S. graduate</p>	<p>Case/Activity Notes Letter From School System (secondary or post-secondary) Applicable Records From Educational Institution (I.E. GED, Post-Secondary Enrollment, Attendance Record, Dropout Letter, School Documentation) Copy of Transcripts Copy of Credential/Certificates Copy of Diploma/GED/Degree)</p>	Support
YYXP	154	671	<p>Youth Placement Information</p> <p>1 = Entered Postsecondary Education 2 = Entered Advanced Training 3 = Entered Military Service 4 = Entered A Qualified Apprenticeship</p>	<p>Case/Activity Notes Cross-Match With Appropriate Agencies - Apprenticeship Verification - Military Service Records - Advanced Training Institutions - Post-Secondary Education Institutions Transcripts Registration Forms Community College and/or University Records U.I. Wage Records WRIS Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records Signed Statements From Appropriate Agencies (Apprenticeship, Advanced Training Institutions, Post-Secondary Institutions) Federal and Department of Defense Wage Records</p>	Support

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DWD Field	Ref #	Number	Data Element	Federal And State Sources	Instructions
YYXP	155	672	Youth Retention Information 1 = In Postsecondary Education 2 = In Advanced Training 3 = In Military Service 4 = In A Qualified Apprenticeship	Case/Activity Notes Cross-Match With Appropriate Agencies - Apprenticeship Verification - Military Service Records - Advanced Training Institutions - Post-Secondary Education Institutions Transcripts Registration Forms Community College and/or University Records U.I. Wage Records WRIS Employer Statement Check Stub Copy Of Notice Of Direct Deposit Participant's Business/Tax-Related Records Signed Statements From Appropriate Agencies (Apprenticeship, Advanced Training Institutions, Post-Secondary Institutions) Federal and Department of Defense Wage Records	Support
YYA	156	701	Category of Assessment 1 = ABE 2 = ESL	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	157	702	Type of Assessment Test #1 1 = TABE 9-10 2 = CASAS (Life Skills) 3 = ABE 4 = WorkKeys 5 = SPL 6 = BEST 7 = BEST Plus	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	158	703	Functional Area #1 1 = Reading 2 = Writing 3 = Language 4 = Mathematics 5 = Speaking 6 = Oral 7 = Listening	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	159	704	Date Administered Pre-Test #1	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match

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DWD Field	Ref #	Number	Data Element	Federal And State Sources	Instructions
YYA	160	705	Pre-Test Score #1	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYXP	161	706	Educational Functioning Level #1 1 = Beginning ABE/ESL Literacy 2 = Beginning ABE/ESL Basic Education 3 = Low Intermediate ABE/ESL Education 4 = High Intermediate ABE/ESL Education 5 = Low Adult Secondary Education/Advanced ESL 6 = High Adult Secondary Education/Advanced ESL	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	162	707	Date Administered Post-Test #1 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
YYA	163	708	Post-Test Score #1 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	164	709	Post-Test Educational Functioning Level #1 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	165	710	Date Administered Post-Test #1 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
YYA	166	711	Post-Test Score #1 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support

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DWD Field	Ref #	Number	Data Element	Federal And State Sources	Instructions
YYA	167	712	Post-Test Educational Functioning Level #1 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	168	713	Date Administered Post-Test #1 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
YYA	169	714	Post-Test Score #1 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	170	715	Post-Test Educational Functioning Level #1 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	171	716	Type of Assessment Test #2 1 = TABE 9-10 2 = CASAS (Life Skills) 3 = ABLE 4 = WorkKeys 5 = SPL 6 = BEST 7 = BEST Plus	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	172	717	Functional Area #2 1 = Reading 2 = Writing 3 = Language 4 = Mathematics 5 = Speaking 6 = Oral 7 = Listening	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	173	718	Date Administered Pre-Test #2	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match

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DWD Field	Ref #	Number	Data Element	Federal And State Sources	Instructions
YYA	174	719	Pre-Test Score #2	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	175	720	Pre-Test Educational Functioning Level #2 1 = Beginning ABE/ESL Literacy 2 = Beginning ABE/ESL Basic Education 3 = Low Intermediate ABE/ESL Education 4 = High Intermediate ABE/ESL Education 5 = Low Adult Secondary Education/Advanced ESL 6 = High Adult Secondary Education/Advanced ESL	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	176	721	Date Administered Post-Test #2 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
YYA	177	722	Post-Test Score #2 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	178	723	Post-Test Educational Functioning Level #2 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	179	724	Date Administered Post-Test #2 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
YYA	180	725	Post-Test Score #2 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support

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DWD Field	Ref #	Number	Data Element	Federal And State Sources	Instructions
YYA	181	726	Post-Test Educational Functioning Level #2 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	182	727	Date Administered Post-Test #2 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
YYA	183	728	Post-Test Score #2 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	184	729	Post-Test Educational Functioning Level #2 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	185	730	Type of Assessment Test #3 1 = TABE 9-10 2 = CASAS (Life Skills) 3 = ABLE 4 = WorkKeys 5 = SPL 6 = BEST 7 = BEST Plus	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	186	731	Functional Area #3 1 = Reading 2 = Writing 3 = Language 4 = Mathematics 5 = Speaking 6 = Oral 7 = Listening	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	187	732	Date Administered Pre-Test #3	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match

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DWD Field	Ref #	Number	Data Element	Federal And State Sources	Instructions
YYA	188	733	Pre-Test Score #3	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	189	734	Pre-Test Educational Functioning Level #3 1 = Beginning ABE/ESL Literacy 2 = Beginning ABE/ESL Basic Education 3 = Low Intermediate ABE/ESL Education 4 = High Intermediate ABE/ESL Education 5 = Low Adult Secondary Education/Advanced ESL 6 = High Adult Secondary Education/Advanced ESL	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	190	735	Date Administered Post-Test #3 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
YYA	191	736	Post-Test Score #3 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	192	737	Post-Test Educational Functioning Level #3 (Year 1)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	193	738	Date Administered Post-Test #3 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
YYA	194	739	Post-Test Score #3 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support

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<i>DWD Field</i>	<i>Ref #</i>	<i>Number</i>	<i>Data Element</i>	<i>Federal And State Sources</i>	<i>Instructions</i>
YYA	195	740	Post-Test Educational Functioning Level #3 (Year 2)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	196	741	Date Administered Post-Test #3 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Match
YYA	197	742	Post-Test Score #3 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support
YYA	198	743	Post-Test Educational Functioning Level #3 (Year 3)	Test Records Case/Activity notes documenting the necessary details for each element of testing Front line staff should make sure a copy of the participant's test and scores are kept in the case file Case notes must detail the participant's progress Copies of the test results and case notes must be included in the file	Support

* Local Area Telephone Verification Form used for any data element validation source **must** have all of the following minimum elements per US DOL, effective October 1, 2007:

1. The name of the participant
2. The name of the source, employer or agency contacted
3. Address and telephone number for the source (see #2 above)
4. The name of the person providing verification
5. The period of time for which the verification applies ("to" and "from" dates)
6. Total amount of income from employment, if applicable
7. The type of public assistance received and the amount, if applicable
8. The date of telephone contact
9. The name of the case worker obtaining the information

*NOTE: Source documents for data validation elements may be in the participant file in either electronic or hard copy format, depending on the filing system of the Local Area.