



# WORKFORCE INVESTMENT ACT

## FORMS MANUAL

REVISED 2008

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

**General Overview:** The Registration Form has been designed to collect all data necessary to meet Federal and state reporting requirements. If the individual becomes a participant, this information becomes part of the participant record and is subject to retention requirements. The registration form should be maintained for three (3) years following the intake date for the individual who is ineligible for the program or, for other reasons, is not enrolled in the program.

The individual is required to sign and date the registration form certifying the accuracy of the information and the understanding that falsification may result on exiting the program. In the case of a minor (except minors who are heads of households), the signature of parent or guardian or other responsible adult is also required.

The registration form must be filled out in ink. Forms filled out in pencil are not acceptable. White out for corrections is also unacceptable. When corrections must be made, simply cross out the wrong information, enter correct information, and initial.

The following pages contain the registration form with the Data Elements numbered then pages describing the data elements.

**NOTE: Accuracy and timelines are very important. Please follow individual WDC policy timelines**

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X REF SAMPLE	DATA ELEMENTS	DESCRIPTION
1	<b>Social Security Number</b>	<p>Record the nine-digit identification number assigned to the individual by the Social Security Administration under the Social Security Act.</p> <p>In accordance with the Privacy Act of 1974, the Department of a recipient/subrecipient may not deny to any individual any right benefit or privilege provided the law because of the individual's refusal to disclose his/her Social Security Number. The recipient/subrecipient can properly require disclosure of an individual's Social Security Number when wages or stipends are paid. The individual should be advised of the uses made of the Social Security Number at intake.</p> <p>The individual should also be advised that the Social Security Number is used for the payment of wages and needs-based/related payments even though it may not be possible at intake to determine which form of payment the applicant may receive.</p> <p>If the individual cannot produce a valid Social Security Number within 24 hours, it will be necessary to construct a pseudo Social Security number in SKIES.</p>
2	<b>Name</b>	Enter the individual's legal first name, last name, and middle initial.
3	<b>Birth Date/Age</b>	Enter the individual's date of birth. (mm/dd/yy)
4	<b>Gender</b>	Mark "1" if the individual is male or "2" if the applicant is female.
5	<b>Address</b>	<p>Enter the home address (number, street and apartment number, if any). For those individuals without a dwelling, residence includes both physical presence and a declaration of intent to remain in the area served by the WDC.</p> <p>Note: The purpose of the declaration of intent is to allow the provision of services to those most in need who do not have a dwelling.</p> <p>Enter the City and County code. The County code two-digit alpha is found in Appendix A. If you update the</p>



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**Native Hawaiian/Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Other:** All others.

- 11            Citizenship**            Mark one designation for the individual's citizenship.
- Citizenship. A citizen or naturalized citizen of the United States.
- Eligible Non-Citizen. Lawfully admitted permanent resident aliens, lawfully admitted refugees and parolees, and other individuals authorized by the Attorney General to work in the United States. Enter the expiration date of the temporary alien card. If date expires during participation, I&N must extend the card or the participant must be terminated as of that date.
- Non-citizen. Neither a citizen nor an eligible non-citizen.
- 
- 12            Labor Status**            Mark "1" if individual is employed.
- Employed. An employed individual is one who, during the 7 consecutive days prior to registration, did any work at all as a paid employee, in his or her own business, profession or farm, worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family, or is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation labor-management dispute, or personal reasons, whether or not paid by the employer for time off, and whether or not seeking another job.
- Mark "2" if the individual is not employed.
- Not employed. An individual who does not meet the definition of employed.
- NOTE:** This item is used to calculate some of core indicators of performance for adults and older youth.
- If employed. Indicate hours per week.
- 
- 13            Limited English Proficiency**            Mark "yes" if the individual who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English or (b) who lives in a family or

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community environment where a language other than English is the dominant language. Otherwise record "no".

- 14**      **Need Translation Assistance**      Mark yes if the individual needs an interpreter. Otherwise, mark no.
- 15**      **Emergency Contact**      Enter name and phone number of person who can be contacted if there is an emergency or if the individual cannot otherwise be contacted.
- 16**      **Unemployment Comp.**      Record 1) Claiming unemployment, 2) Exhausted or 3) Neither.
- Record 1 if the individual has filed a claim and has been determined monetarily eligible for benefits payments under one or more state or Federal unemployment compensation program, and who has not exhausted benefits rights or whose benefit period has not ended.
- Record 2 if the individual has exhausted all U.E. benefits rights for which the individual has been determined monetarily eligible, including extended supplemental benefits rights.
- Otherwise record 3, neither.
- 17**      **Individual w/Disability**      Record 1 for any individual who has a physical (motion, vision, hearing) or mental (learning or developmental) impairment which substantially limits one or more of such person's major life activities and has a record of such as impairment, or is regarded as having such an impairment.
- Record 2 if the individual's physical or mental impairment constitutes or results in a substantial impediment to employment.
- Record 3 if the individual is not disabled.
- Record 4 if the individual chooses not to disclose this information.
- 18**      **Education**      Record the code for the highest school grade completed by the individual from the following list:

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- 00 No school grades completed
- 01-11 Number of elementary/secondary grades completed

**NOTE:** Individuals who completed 12<sup>th</sup> grade but did not receive a diploma or equivalent are to coded "11". Also individuals with a disability who successfully completed and Individual Education Program (IEP) for youth with disabilities are to be coded at "12".

- 12 High school graduate
- 88 Attained certificate of equivalency for a high school degree
- 13-15 If a high school graduate or equivalent, the number of school years completed including college or full-time technical or vocational school.
- 16 Bachelor's degree or equivalent
- 17 Education beyond the Bachelor's degree
- 18 Sixth year or more of college, Master's degree (2-year program), Ph.D. or equivalent

Mark yes if individual dropped out of H.S.

**19 Migrant Seasonal Farm Worker**

Mark "yes" if the individual is a Migrant Farm Family Member of a Seasonal/migrant farm family. Otherwise mark "no".

Seasonal/Migrant Farmworker.

Seasonal Farmer – means a person who, during the 12 months preceding application was employed at least 25 days in farmwork or earned at least \$400 in farmwork; and who has been primarily employed in farmwork on a seasonal basis, without a constant year-round salary from an employer.

Migrant Farmworker – means a seasonal farmworker who performs or has performed farmwork during the preceding 12 months which requires travel such that the worker is unable to return to his/her domicile or permanent place of residence within the same day.

Farmwork – means work performed for wages in agricultural production or agricultural services as defined in the most recent edition of the Standard Industries 01-Agricultural Production-Corps; 02-Agricultural Production-Livestock excluding 027-Animal

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Specialties; 07-Agricultural Services excluding 074-Veterinary Services, 0752-Animal Specialty Services, and 078-Landscape and Horticultural Services

### MILITARY SERVICE

- 20 Veteran** Record 1 if the individual is a person who served in the active U.S. military, naval, or air service for a period less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.
- Record 2 if the individual met the conditions described above for more than 180 days.
- Record 3 if the individual is not a veteran.
- 21 From** Record the beginning date.
- 22 To** Record the end date.
- 23 Campaign Veteran** Record 1 if the individual is a veteran who served on active duty in the U.S. armed forces during a war or in a campaign or expedition for which a campaign badge or expeditionary medal has been authorized as identified and listed by the Office of Personnel Management (OPM). For campaigns occurring after this date, updated information may be obtained on the OPM website: <http://www.opm.gov/veterans/html/vgedal2.htm>.
- Record 2 if the individual served in the active US military, naval, or air service, and who was discharged or released from such service under conditions other than dishonorable during the Vietnam-era (the period beginning on February 28, 1961 and ending on May 7, 1975, in the case of a veteran who served in the Republic of Vietnam during that period, and the period beginning on August 5, 1964 and ending on May 7, 1975, in all other cases).
- NOTE:** If both 1 and 2 apply, record 2 for Vietnam Era Veteran.
- 24 Disabled Veteran** Record 1 if the individual is a veteran who is entitled to compensation regardless of rate (include those rated at 0%) for a disability under laws administered by the Department of Veterans' Affairs (DVA), or who was discharged or released from active duty because of a service-connected disability.
- Record 2 if the individual is rated at 30% or more by the

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DVA, or at 10 or 20 percent for a serious employment disability.

Otherwise record 3.

**25**            **Recently Separated Veterans**      Record 1 if the veteran who applied for participation under Title I-B of WIA within 48 months after discharge or release from active U.S. military, naval, or air service.

Otherwise record 2.

**26**            **Transition Services**      Record 1 if the individual will be retiring from the Military within 24 months.  
Record 2 if the individual will be retiring from the Military within 12 months.  
Otherwise mark 3.

**27**            **From**                      Enter start date of military service.

**28**            **To**                         Enter anticipated end date of military services.

**29**            **Selective Service**      Mark one designation for the individual's selective service.

1. Registered. Registered as required by Section 3 of the Military Selective Service Act.

Males 18 to 26. Federal law requires that men born after December 31, 1959, must register with Selective Service within 30 days of their 18<sup>th</sup> birthday. A male may register up to 120 days prior to his 18<sup>th</sup> birthday. When a participant has his 18<sup>th</sup> birthday while enrolled in WIA, registration for selective service must occur. The only men not required to register are nonimmigrant aliens, persons not eligible for WIA, men on activity duty in the Armed Forces, including students at the military service academies, and individuals who are unable to register because they are hospitalized, incarcerated, or otherwise institutionalized at the time required to register. Men unable to register must register within 30 days of their discharge or release. Members of the National Guard, Reserve, Civil Air Patrol, ROTC students, armed forces enlistees, and delayed entry program individuals, handicapped or disabled men must register. All aliens, permanent resident status individuals, refugees and parolees, and documented aliens

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(illegal, dual nationals) must also register.

Alien males born after December 31, 1959, who entered the United States before attaining their 26<sup>th</sup> birthday, are subject to the registration requirements. Those who entered after attaining their 26<sup>th</sup> birthday are exempt from the registration requirements. INS Form 1-94 (Arrival-Departure Record) and the INS Form 1-551 (Alien Registration Receipt Card) commonly called the "Green Card" held by aliens, will show the birth date of the alien.

Males 26 years and older. For males born after December 31, 1959, and 26 years of age and older a three-step process should be followed.

- a. A determination shall be made as to whether the male has complied with Section 3 of the Military Selective Service Act. The same procedures as are used for making such a determination with respect to males 18 to 25 may be used.

If the male has complied with the above-cited sections, no further action is necessary and an otherwise eligible male may participate in WIA programs.

- b. A determination shall be made as to whether the male has received an honorable discharge from the military, no further action is necessary and an otherwise eligible male may participate in WIA programs. Appropriate documentation would include making a copy of the individual's military discharge (form DD-214) for the intake record.

If the male does not have an honorable discharge, the following determination must be made.

- c. A determination shall be made to whether the male has a visible or obvious disability that would permanently disqualify him from military service. If the male has such a disability, no further action is necessary and an otherwise eligible male may participate in the WIA program. Appropriate documentation would include a notation of the type of disability observed by the WIA representative in the individual's intake record.

If the male does not have a visible or obvious disability that would permanently disqualify him from military service, nor an honorable discharge, and

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has not complied with Selective Service's Registration requirements; the above determinations may be made in any order deemed appropriate by the WIA representative.

Determination of Whether an Applicant Knowingly and Willfully Failed to Register. The determination of whether a male knowingly and willfully failed to register as required by the Military Selective Service Act shall be made by the Selective Service System. Where a WIA representative determines that a male applicant 26 years of age or older who was born after December 31, 1959, does not meet any of the qualifications contained above, the male should be advised that an advisory option is required from the Selective Service before he may be determined eligible to participate in WIA programs.

Males wishing to participate in WIA programs that do not meet any of the above qualifications are to be instructed to send information necessary for a determination to:

The Office of General Counsel  
Selective Service System  
National Headquarters

Necessary information consists of:

- a. The individual's name;
- b. The individual's current address;
- c. The individual's date of birth;
- d. (optional) the applicant's Social Security Number; (individuals may voluntarily provide this to the Selective Service to aid in differentiating among persons with identical names. Selective Services does not, however, require this information.
- e. A statement that the individual is requesting an advisory option under Section 3 of the Military Selective Service Act; and
- f. The individual's documentation regarding his reasons for not registering for the draft.

The Selective Service System (SSS) will send a Registration Status Information Letter. Upon receipt of a letter from SSS, SDAs are to determine whether the man was required to register and did so. If the information per the SSS letter indicates that the man was required to register and failed to do so or is not registered, and the individual is otherwise eligible, then the individual may not be enrolled in WIA. If the letter

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indicates that the individual was not required to register or was exempt, then the individual may be considered eligible for WIA.

If the applicant meets one of the above processes record "1" Registered.

2. Not Registered. Registration is required by Section 3 of the Military Selective Service Act, and is not registered.
3. Not Applicable. Not required to register as required by Section 3 of the military Selective Service Act.

**30**            **Single Parent**

Mark "yes" if individual is a single, separated, divorced or widowed individual who has primary responsibility for one or more dependent children under age 18. Otherwise mark "no".

**31**            **Low Income**

Mark "yes" if the individual is in one or more of the following:

- A. Receives, or is a member of a family which receives cash payments under a Federal, State or income-based public assistance program;
- B. Received an income, or a member of a family that received a total family income, for the six-month period prior to registration for the program involved (exclusive of unemployment compensation, child support payments, payments described in subparagraph A and old-age and survivors insurance benefits received under section 202 of the Social Security Act (42 USC 402) that, in relation to family size does not exceed the higher of:
  - The guideline for the equivalent period, or
  - 70 percent of the lower living standard income level, for an equivalent period;
- C. A member of a household that receives (or has been determined within the 6 month period prior to registration for the program involved to be eligible to receive) food stamps pursuant to the Food Stamp Act of 1977 (7USC 20011 et seq);
- D. Qualifies as a homeless individual, as defined in subsections (a) and (c) of section 103 of the Stewart B. McKinney Homeless Assistance Act (42 USC 11302);
- E. Is a foster child on behalf of whom State or local government payments are made; or

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F. In cases permitted by regulations promulgated by the Secretary of Labor, is an individual with a disability who meets the requirements of a program describes in subparagraph A or B above, but who is a member of a family which does not meet such requirements.

Low income youth are eligible if he/she is one or more of the following: 1) deficient in basic literacy skills; 2) a school dropout; 3) homeless, a runaway or a foster child; 4) pregnant or a parent; 5) an offender; or 6) an individual who requires additional assistance to complete an educational program or to secure and hold employment.

Note: WIA 134 (d)(4)(E): PRIORITY – In the event that funds allocated to a local area for adult employment and training activities under paragraph (2)(A) or (3) of section 133(b) are limited, priority shall be given to recipients of public assistance and other low income individuals for intensive services and training services. The appropriate local board and the governor shall direct the one-stop operators in the local areas with regard to making determinations related to such priority.

### PUBLIC ASSISTANCE

#### 32 TANF

Yes. Mark “1” if the individual is receiving income or money payments under the TANF Act and is not going to exhaust payments within the next 12 months.

No. Mark “2” if the individual is not receiving income or money payments under the TANF Act.

TANF Exhaustee. Mark “3” if the individual would be otherwise eligible to receive TANF assistance but is no longer receiving TANF assistance because he/she has reached either the Federal five year lifetime limit on receipt of assistance, or a State-imposed lifetime limit. This includes individuals who have no dependents under the age of 18.

Will Exhaust Within 12 Months. Mark “4” if the applicant will become ineligible for assistance within 12 months due to either Federal or State-imposed duration time limits on receipt of TANF assistance.

#### 33 Refugee Assistance

Refugee Assistance (RCA). Mark “yes” if the individual is receiving income or money payments under the Refugee Assistance Act (Public Law 96-212). Otherwise mark “no”.

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- 34**            **General Assistance**            General Assistance (GA). Mark “yes” if the individual is receiving state or local government cash assistance based on need. Otherwise mark “no”.
- 35**            **Supplemental Security Income (SSI)**            Supplemental Security Income (SSI) (SSA Title XVI). Mark “yes” if the individual is receiving supplemental income or money payments pursuant to a State Plan approved under the Social Security Act, Title XVI (Supplemental Security Income for the Aged, Blind, and Disabled). Otherwise mark “no”.
- 36**            **Food Stamps**            Food Stamps. Mark “yes” if the individual is receiving, or has been determined eligible to receive in the six month period prior to application, food stamps pursuant to the Food Stamp Act of 1977. Otherwise mark “no”.
- 37**            **Monthly Grant Amount**            Record the monthly grant amount of the public assistance being received.
- 38**            **Homeless/Runaway**            Mark “yes” if the individual lacks a fixed regular, and adequate nighttime residence; and who has a primary nighttime residence that is:
- A. A public or private operated shelter for temporary accommodations (including welfare hotels, congregate shelter, and transitional housing for the mentally ill);
  - B. An institution that provides temporary residence for individuals intended to be institutionalized; or
  - C. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- The term does not include a person imprisoned or detained pursuant to an Act of Congress or State law. Otherwise mark “no”.  
Record the total number of persons who are part of the individual’s family.
- 39**            **Offender**            Mark “yes” if the individual:  
(1) has been subject to any state of the criminal justice process for whom services under WIA may be beneficial; or  
(2) requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.

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### YOUTH

- 40 Basic Literacy Skill Deficiency** Mark “yes” if the individual is determined:  
(1) computes or solves problems, read, writes, or speaks English at or below grade levels 8.9 on a generally accepted standardized test or a comparable score on a criterion-referenced test; or (2) unable to compute or solve problems or read, write, or speak English at a level necessary to function on the job, in the individual’s family, or in society.
- 41 Education Below Age Level** Mark “yes” if the individual meets one of the following:  
1. Lacks basic skills for appropriate grade level; or  
2. Failing in one or more classes and/or credit deficient; or  
3. Tests below satisfactory level for age; or  
4. Has failed to meet school’s standards for promotion and has been retained in a grade for one or more years. Otherwise mark “no”.
- 42 Pregnant/Parenting Youth** Mark “yes” if the individual is 21 years of age or under and who is pregnant, or a youth (male or female) who is providing custodial care for one or more dependents under age 18. Otherwise mark “no”.
- 43 Foster Child** Mark “yes” if the individual is a foster child on behalf of whom state or local government payments are made. Otherwise mark “no”.
- 44 Needs additional assistance** Mark “yes” if the individual requires additional assistance to complete an educational program or to secure and hold employment as defined by state or local policy.
- 45 Family Size** “Family” means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:
- A husband, wife, and dependent children
  - A parent or guardian and dependent children
  - A husband and wife
- An “individual with a disability” shall, for the purpose of income eligibility determination, be considered to be an

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unrelated individual who is a family unit of one.

A “dependent” is totally supported by the parents. A person 18 years or older who resides in the family and who, within the last six months, has had any income totaling more than 30 percent of the OMB Poverty Income level guidelines for a family of one for 12 months may be considered a family of one.

Clarification of Dependent Child: A child will be considered a dependent child when:

1. Living with a parent or guardian and related by blood, marriage (step-child), or court decree, and
2. If 18 or older, any income of their own for the past 6 months has been less than 30% of the LLS (i.e., not self-supporting), and
3. Is not themselves:
  - a. Married or living with a dependent child, or
  - b. Receiving cash welfare payments (excluding SSI).

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

<b>46</b>	<b>Family Annual Income</b>	Refer to the income page for the total reportable family income, then annualize by multiplying the family income by two. This is the total family income.
	DISLOCATED WORKER	
<b>47</b>	<b>Job of Dislocation</b>	Record Employer’s name for the job from which the individual was dislocated regardless of when it occurred.
<b>48</b>	<b>Job Title</b>	Record the job title from which the individual was dislocated from the employer entered in item 47.
<b>49</b>	<b>Last Day of Work</b>	Record the last day of employment at the dislocation job. If there is no dislocation job (e.g. displaced homemakers) leave blank. <u>Leave blank until qualifying dislocation takes place, and then record the actual dislocation date.</u>

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- 50 Hourly Wage** Record the hourly wage for the job title of dislocation entered in item 48. Hourly wage includes any bonuses, tips, gratuities, commissions, and overtime pay earned.
- 51 North American Industry Classification System (NAICS) Code** Record the six digit NAICS of the employer entered in item 47. [www.census.gov/epcd/www/naics.html](http://www.census.gov/epcd/www/naics.html)
- 52 O'NET Code** Record the eight-digit O'NET code for the job title of dislocation in item 48.
- 53 Dislocated Worker Eligibility** Mark the one criteria that makes the individual eligible to be served under WIA IB dislocated workers.

### **General Dislocated Worker**

1. Has been terminated or laid off, or who has received a notice of termination or layoff, from employment;
2. Is eligible for or has exhausted entitlement or unemployment compensation; or has been employed for a duration sufficient to demonstrate to the appropriate entity at a one-stop center referred to in section (134) attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and
3. Unlikely to return to a previous industry or occupation.

### **Plant Closure**

Has been terminated or laid off (or has received a notice of termination or layoff) from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise;

### **180 Days Prior Notice/ Public Notice**

Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or

### **Self Employed/Unemployed**

Was self-employed (including employment as a farmer, a rancher, or a fisherman) but unemployed as result of general economic conditions in the community in which the individual resides or because of natural disaster.

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### **Displaced Homemaker**

Record "yes" if an individual that has been providing unpaid services to family members in the home and who: (1) has been dependent on the income of another family member but is no longer supported by that income; and (2) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment; or for the purposes of carrying out innovative statewide activities noted in WIA section 134, the following definition of a displaced homemaker (contained in §134(a)(A)(vi)(I) may be used: (1) an individual who is receiving public assistance and is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act (42 USC 601 et. seg)

Otherwise mark "no".

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### **Education**

Mark one of the following:

1. Student, High School or Less. The individual is not a high school graduate (or equivalent) and is attending any school (including elementary, intermediate, junior high school, secondary or post secondary, or alternative school or program whether full- or part-time), or is between school terms and intends to return to school.
2. Student, Attending Post High School. The individual is a high school graduate (or equivalent) and is attending a post-secondary school or program (whether full of part-time) or is between school terms and intends to return to school.
3. Out-of-School, High School Dropout. The individual is not attending any school, is a high school dropout and is basic skills deficient, unemployed or underemployment.
4. High School Graduate with Employment Difficulty. The individual is not attending any school, is a high school graduate, and is basic skills deficient, unemployed or underemployment.
5. High School Graduate without Employment Difficulty. The individual is not attending any school, is a high school graduate, and is not basic skills deficient and not unemployed and not underemployed.

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- 55 Youth Not Low Income** Mark “yes” if the individual is not low income otherwise mark “no”.
- 56 Skills Level** Reading. Record either:
- a The grade level equivalent in English reading (except in Puerto Rico) at which the individual is functioning as determined by a generally accepted standardized or criterion-referenced test (administered within the last twelve months) or a school record of reading level (determined within the last twelve months); or
  - b The raw score in reading on a generally accepted standardized or criterion referenced test.
- Additional coding information for reading and math skills:  
Record “13” for individuals assessed as Grade 13 and above.  
Record “87” for individuals who were not tested and who are obviously below the 9<sup>th</sup> grade level.  
Record “88” for individuals who refused testing or who otherwise could not be tested or testing was not needed.
- Note: If the test given can be converted to a grade level, record the grade level, not the raw score. When grade level is used, the code is left blank.  
Reading Test Code: If a raw score is reported, record the code for the test administered from the following code list.
- 1. Adult Basic Learning Examination (ABLE)
  - 2. DOL Workplace Literacy Test (DOL-WLT)
  - 3. Adult Literacy Test (ALT)
  - 4. Armed Forces Qualifying Test (AFQT)
  - 5. Basic Occupation Literacy Test (BOLT)
  - 6. California Achievement Test (CAT)
  - 7. Career Ability Placement Survey(CAPS)
  - 8. CASAS Appraisal
  - 9. CASAS Survey Achievement Test
  - 10. General Attitude Test Battery (GABT)
  - 11. Iowa Test of Basic Skill (ITBS)
  - 12. Metropolitan Achievement Test (MAT)
  - 13. Reading Job Corps Screening Test (RJCST)
  - 14. Test of Adult Basic Education (TABE)
  - 15. Wide Range Achievement Test (WRAT)
  - 16. ASSET
  - 17. Air Force
  - 18. Wonderlic Test
  - 19. Differential Appl Test

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20. SLEP

21. Basic English Skills Test (BEST)

Note: If the test is not listed, contact the SDA for a number.

### MATH

(a) Record either grade level equivalent in math (also called quantitative or computational) skills at which the individual is functioning as determined by a generally accepted standardized test or a comparable score on a criterion-referenced test (administered within the last twelve months) or a school record of math skills level (determined within the last twelve months).

(b) the raw score in math skills on a generally accepted standardized or criterion-reference test

Additional coding information for math:

Record "13" for individuals assessed as Grade 13 and above.

Record "87" for individuals who were not tested and who are obviously below the 9<sup>th</sup> grade level.

Record "88" for individuals who refused testing or who otherwise could not be tested or for whom testing was not needed.

**Note:** If the test given can be converted to a grade level, record the grade level not the raw score. When grade level is used, the code is left blank.

If a raw score is reported, record the code for the test administered from the following list.

1. Adult Basic Learning Examination (ABLE)
2. DOL Workplace Literacy Test (DOL-WLT)
3. Adult Literacy Test (ALT)
4. Armed Forces Qualifying Test (AFQT)
5. Basic Occupation Literacy Test (BOLT)
6. California Achievement Test (CAT)
7. Career Ability Placement Survey(CAPS)
8. CASAS Appraisal
9. CASAS Survey Achievement Test
10. General Attitude Test Battery (GABT)
11. Iowa Test of Basic Skill (ITBS)
12. Metropolitan Achievement Test (MAT)
13. Reading Job Corps Screening Test (RJCST)
14. Test of Adult Basic Education (TABE)
15. Wide Range Achievement Test (WRAT)
16. ASSET
17. Air Force
18. Wonderlic Test



## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

signed the application form.

\*An individual who is responsible for more than 50 percent of the support of one or more members of a household or family, in addition to him/herself, is considered a head of household.

- |           |   |   |
|-----------|---|---|
| <b>63</b> | <b>Signature of Service Provider Representative</b> | The individual doing the interviewing and making eligibility determination will sign and date the application form. |
|-----------|---|---|

# WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

## WORK HISTORY

- |    |                                 |   |
|----|---------------------------------|---|
| 1  | <b>SSN</b>                      | Record the nine-digit identification number assigned to the individual by the Social Security Administration under the Social Security Act. |
| 2  | <b>Name</b>                     | Enter the individual's <b>legal</b> first name, last name, and middle initial.  |
|    | PRESENT OR MOST RECENT EMPLOYER |   |
| 3  | <b>Name of Employer</b>         | Record employer's name.   |
| 4  | <b>Job Title</b>                | Record job title.   |
| 5  | <b>Employer's Address</b>       | Record employer's address.  |
| 6  | <b>Hourly Wage</b>              | Record the hourly wage.   |
| 7  | <b>O'NET Code</b>               | Record the code for the job title.  |
| 8  | <b>NAICS Code</b>               | Record the industry code.   |
| 9  | <b>Start Date</b>               | Record the start date of the job.   |
| 10 | <b>End Date</b>                 | Record the last day of work at that job.  |
| 11 | <b>Reason for Separation</b>    | Indicate the reason for separation.   |
| 12 | <b>Skill Level</b>              | Indicate whether the job was entry level, semi-skilled, or unskilled.   |
| 13 | <b>Job Duties</b>               | Record the job duties for the job.  |

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

### FAMILY INCOME (Six Month Total)

- 1 SSN** Record the nine-digit identification number assigned to the individual by the Social Security Administration under the Social Security Act.
- 2 Name** Enter the individual **legal** first name, last name, and middle initial.
- 3 Includable Income** Money, wages, and salaries before any deductions.
- Net receipts from non-farm self-employment (recipients from a person's own unincorporated business, professional enterprise, or partnership after deductions for business expense).
- New receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses).
- Regular payments from railroad retirement, strike benefits from union funds, and worker's compensation (not lump sum) training stipends.
- Alimony.
- Military family allotments or other regular support from an absent family member or someone not living in the household.
- Pensions whether private, government employee (including military retirement pay), law enforcement firefighters (LEF) disability income.
- Regular insurance or annuity payment.
- College or university grants, fellowships, and assistantships, state work-study, (not needs based scholarships): the key is whether or not the money is a loan to be paid back. If it is to be paid back, then it is a loan, and excludable income, if not, then it is includable.
- Dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts.
- Net gambling or lottery winnings.

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

OJT wages from WIA participation.

L&I paid on a monthly basis.

If the payment can not meet one of the excludable criteria, then the payment will be includable income.

### 4 Excludable Income

Unemployment compensation.

Child support.

Old Age and Survivors Insurance (OASI).

Public assistance payments (including TANF, SSI, RCA, GA, emergency assistance money payments, and general relief money payments).

Foster child care payments.

Financial assistance under Title IV of the Higher Education Act, i.e. Pell grants, federal supplemental educational opportunity grants and federal work study (Stafford and Perkins loans, like any other kind of loans, are debt and not income). Needs-based scholarship assistance.

Allowances, earnings, and payments (except OJT) to individuals participating in WIA.

Capital gains.

Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car.

Tax refund, gifts, loans, lump-sum inheritance, one-time insurance payments, or compensation for injury (lump sum).

Non-cash benefits such as employer fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals, and housing assistance.

Income earned while on active military duty and other benefits specified at 38 U.S.C. 4213 items (1) and (3) section 4213 requires WIA to disregard pay or allowances received by any person while serving on active duty. **Note:** This should be ex-service personnel who did not receive veteran 1 status, i.e., discharged

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

other than honorable status. Section 4213 goes on to tell us to disregard benefits received by ex-service personnel who have veteran status. These benefits can only be received if the person has not been discharged under honorable, general, unsuitable, etc. The six specific benefits are:

CH 11 – compensation for service connected with disability or death.

CH 13 dependency and indemnity compensation for service-connected death.

CH 31 – vocational rehabilitation.

CH 34 – veteran's education assistance.

CH 35 – war orphans and widows education assistance.

CH 36 – administration of education.

If payment is a one-time lump sum, it is generally excludable. If it is in monthly installments, then it is includable.

Trade Readjustment Allowance (TRA).

Workforce Training Assistance.

Job Corp.

### Computation for Annualized Income

Number in Family	<b>INCOME LEVELS EFFECTIVE 6/10/08</b>			
	(1) Poverty/ 70% LLSIL Low Income- Federal*	(2) 175% Poverty Priority Service- Local	(3) 100% LLSIL Self Sufficien cy- Federal	(4) 225% Poverty Self Sufficien cy-Local
1	\$10,400	\$18,200	\$14,247	\$23,400
2	\$16,335	\$24,500	\$23,336	\$31,500
3	\$22,427	\$30,800	\$32,039	\$39,600
4	\$27,684	\$37,100	\$39,549	\$47,700
5	\$32,671	\$43,400	\$46,673	\$55,800
6	\$38,206	\$49,700	\$54,580	\$63,900

For each additional family member add:

\$5,535	\$6,300	\$7,907	\$8,100
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## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

\*The family of one figure shown is based on the Poverty Income Level effective January 23, 2008. All other figures in this column are based on 70% of the Lower Living Standard Income Level (LLSIL) effective June 10, 2008.

Note: Figures in parenthesis indicates amounts, which are lower than the OMB poverty income guidelines for the size of family unity.

- |   |  |  |
|---|--|--|
| 5 | <b>Name</b>                              | Record name of the individual or family member.  |
| 6 | <b>Relationship</b>                      | Indicate whether Self, Spouse, Parent, Sibling, Guardian, Dependent child.             |
| 7 | <b>Age</b>                               | Record age.  |
| 8 | <b>Total Includable Six Month Income</b> | Total all includable income for the past six months.                                   |
| 9 | <b>Total Annual Income</b>               | Total all Includable income and multiply by two. This amount is the annualized income. |

# WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

## STATUS FORM

General Overview: The purpose of this form is to provide an accurate record of the participant's training history in the services from the starting date through the time of exit. The form is used to move the participant in and out of services.

**Include those activities partially or completely funded by non-WIA sources that were included in the participant's WIA service plan.**

The following contains a Status Form with the data elements numbered and pages describing the data elements.

**Note: Accuracy and timeliness of all paperwork is very important. Please follow individual WDC policy time frames. Whiteout for corrections is unacceptable. When corrections must be made, simply cross out the wrong information and enter correct information and initial.**

**The first Activity Start Date will determine the Registration Date of services.**

Adults and dislocated workers who receive services funded under the Title I other than self-service or informational activities must be registered and determined eligible.

All youth must be registered. Youth must be registered when they start to receive any youth services.

When a participant has received all WIA Title I or partner services plan, the participant must enter the activity group "Finished Services and is not scheduled for future Services". If the participants is still in this group on the 90<sup>th</sup> day the participant must exit on the 90<sup>th</sup> day.

# WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

## STATUS FORM

- |              |                               |  |
|--------------|-------------------------------|--|
| 1            | <b>Social Security Number</b> | Record the nine-digit identification number assigned to the participant by the Social Security Administration under the Social Security Act.   |
| 2            | <b>Name</b>                   | Enter the participant's <b>legal</b> first name, last name, and middle initial.  |
| ADD ACTIVITY |                               |  |
| 3            | <b>Activity</b>               | Record the appropriate three-digit code for the activity in which the participant will be enrolled.<br><br>Refer to Appendix E for the correct WIA activity codes.<br>Refer to Appendix F for the correct WtW activity codes.  |
| 4            | <b>ID Number</b>              | Record the ID number of the local area representative.   |
| 5            | <b>Start Date</b>             | Record the actual date that the participant will enter the activity.<br>(The first activity start date will determine the Registration date).  |
| 6a – 6c      | <b>Contract</b>               | Record the Contract number.  |
| 7a – 7c      | <b>Estimated End Date</b>     | Record the date the participant is expected to leave the assigned activity. If the participant is expected to continue in this activity beyond the estimated end date, you need to send in a status form showing the new estimated end date.   |
| 8            | <b>Job Title</b>              | If the participant received any training for a specific occupation, record the job title.<br><b>Note:</b> If the participant is in an activity under the Basic Skills group, no job title is required, but the work/training site is. The job title can be left blank if not in a training activity. |
| 9            | <b>O'NET Code</b>             | Record the eight-digit O'NET code, for the above job title in item 8.  |
| 10           | <b>Hourly Wage</b>            | Record hourly wage for the job title in item 10 if in a work activity.   |

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

<b>11</b>	<b>Hours per Week</b>	Record the hours per week worked in item 10 if applicable.
	<b>EMPLOYER/ TRAINING SITE</b>	
<b>12</b>	<b>Name</b>	Record the name for the work/training site and its NAICS code.
<b>13</b>	<b>Address</b>	Record the address for the work/training site. Record the city, state and zip code for the work/training site.
<b>14</b>	<b>Phone</b>	The phone number for the worksite is the key for the Worksite/Training file.
<b>15</b>	<b>Contact Name</b>	Record the contact person's name for the work/training site.
<b>16</b>	<b>Work/Training Type</b>	Record the code for the type of the work/training site. (i.e. PRI = Private    PUB = Public)
<b>17</b>	<b>Health Care (WtW)</b>	Record "yes" if the participant is working in an unsubsidized employment while in WtW and is receiving health care in the job. Otherwise mark "no".
<b>18</b>	<b>Non-Traditional Training</b>	Mark "yes" if the training is in an occupation or field or work for which individuals of the participant's gender comprise less than 25% of the individuals employed in such occupation or field or work. Both males and females can be in non-traditional training. Non traditional training can be based on either local or national data.
<b>19</b>	<b>Established Individual Training Account</b>	Record "yes" if any of the individual's services were purchased utilizing an Individual Training Account established for adults or dislocated workers and funded by WIA Title I.
	<b>LEAVE ACTIVITY</b>	
<b>20</b>	<b>Activity Status</b>	Record one of the following activity status codes: C – Completed (Note: an activity is completed if the participant achieves the activity goal. The plan should be reviewed to determine if the activity goal has been

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

achieved in accordance with the service plan in effect for the individual.)

Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for action; providing additional tracking information indicates appropriateness of action and/or planned future action.

N – Did not complete

- |           |                                       |   |
|-----------|---------------------------------------|---|
| 21        | <b>Start Date</b>                     | Record the start date of the activity the participant is leaving.   |
| 22        | <b>End Date</b>                       | Record the date the participant leaves the activity. If the participant is entering another activity this date should be the same date that he/she started the new activity. If the participant is exiting, this date should be the same as the exit date.  |
| 23a – 23c | <b>Contract Number</b>                | Record the contract number.   |
| 24        | <b>Received Supportive Services</b>   | <p>Mark “yes” if the participant received Supportive services. Otherwise mark “no”.</p> <p><b>NOTE:</b> For adults and dislocated worker, supportive services include services such as transportation, childcare, dependent care, and housing, that are necessary to enable an individual to participate in activities authorized under Title I of WIA consistent with the provisions of Title I.</p> <p>For youth, as defined in WIA section 101 (46) may include linkage to community services; assistance with transportation, assistance with child care and dependent care; assistance with housing; referrals to medical services; and assistance with uniforms or other appropriate work attire and work related tools, including such items as eye glasses and protective eye gear.</p> |
| 25        | <b>Received Needs-Related Payment</b> | Mark “yes” if the participant received Needs Related Payments. Otherwise mark “no”.   |
| 26        | <b>Received PELL Grant</b>            | Mark “yes” if the participant is or has been notified they will be receiving a PELL Grant. Otherwise mark “no”.   |

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

**Note:** This item may be updated at anytime while the individual is receiving WIA services

- |  |  |  |
|--|--|--|
| 27                                     | <b>Received High School Diploma or GED</b> | Mark "yes" if the participant received a High School Diploma or GED while in WIA. Otherwise mark "no". Record the date the participant received the High School Diploma or GED.  |
| 28                                     | <b>Attained Recognized Credential</b>      | <p>Mark one of the following type of recognized education/occupational certificate, credential, diploma/degree attained.</p> <ol style="list-style-type: none"> <li>1. High School Diploma/Equivalency/GED</li> <li>2. AA or AS Diploma/Degree</li> <li>3. BA or BS Diploma/ Degree</li> <li>4. Occupational Skills License</li> <li>5. Occupational Skills Certificate or Credential</li> <li>6. Other ( record other)</li> <li>7. N/A</li> </ol> |
| <p>WAGE<br/>PROGRESSION<br/>UPDATE</p> |  |  |
| 29                                     | <b>Wage Date</b>                           | Enter the date the hourly wage or hours per week changed for the unsubsidized job or date the participant begins receiving health care in an unsubsidized job.   |
| 30                                     | <b>Hourly Wage</b>                         | Enter the new wage the participant is receiving for the unsubsidized job.  |
| 31                                     | <b>Health Care (WtW)</b>                   | Mark "yes" if the participant is working in unsubsidized employment and starts receiving health care in that position. Otherwise mark "no".  |
| 32                                     | <b>Hours per week</b>                      | Enter the new hours per week worked for the participant that is in unsubsidized job.   |
| 33                                     | <b>Service Participation</b>               | Record only those programs that fund activities coordinated with the individual's WIA Title I activities, possibly through a formal co-enrollment by inclusion in the individual WIA service plan or through follow-up services. Services should be recorded cumulatively. A "yes" should be recorded for each source of service.  |

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

Do not report sources that funded only core services classified as informational or self-service.

- 34**      **Comments**      Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for action; providing additional tracking information indicates appropriateness of action and/or planned future action.
- 35**      **Completed by**      The individual completing the form will sign and date the status form.

# WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

## WIA YOUTH SKILLS OUTCOME FORM

General Overview: The WIA Youth Skills outcome Form has been designed to collect all data necessary to report the youth skills outcomes for individuals.

If a participant is deficient in basic literacy skill, the individual must set, at a minimum, one basic skills goal (the participant may also get work readiness and/or occupational skills goals, if appropriate).

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

Target date for accomplishing each skill goal is no longer than one calendar year.

# WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

## WIA YOUTH SKILLS OUTCOME FORM

- 1            **Social Security Number**            Record the nine-digit identification number assigned to the participant by the Social Security Administration under the Social Security Act.
  
- 2            **Name**            Enter the participant's legal first name, last name, and middle initial.
  
- 3            **Contract Number**            Enter the contract number.
  
- 4            **GOAL Year**            Record Program Year.
  
- 5            **Goal Number**            Record number (1), (2), or (3).
  
- 6            **Type of Goal**            Record type of goal selected:

**Basic Skill Goals:** Basic education skills include reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning, and the capacity to use these skills.

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

**Work Readiness Skills Goals:** Work readiness skills include world of work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision making, and job search techniques (resumes, interviews, applications, and follow-up letters). They also encompass survival/daily living skills such as using the phone, telling time, shopping, renting an apartment, opening a bank account, and using public transportation. They also include positive work habits, attitudes, and behavior such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and co-workers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job. This category also entails developing motivation and adaptability, obtaining effective coping and problem-solving skills, and acquiring an improved self image.

- |    |   |   |
|----|---|---|
| 7  | <b>Date Goal Set</b>                                | Record date goals set. The date goal was set is the date a goal identified for the youth, except that the date if the first goal set must be recorded as the registration date.   |
| 8  | <b>Detailed Description of Goal to be Achieved</b>  | Description needed.   |
| 9  | <b>Signature of Service Provider Representative</b> | Service Provider representative's signature.  |
| 10 | <b>Date</b>   | Date the form was filled out.   |
|    | FIRST HOLD  |   |
| 11 | <b>Hold</b>   | Mark "yes" if there was a hold implemented. Otherwise mark "no".  |
| 12 | <b>Hold Start Date</b>                              | Indicate the date the hold was implemented.   |
| 13 | <b>Hold End Date</b>                                | Indicate the date the hold ended <b>(do not estimate an end date)</b> .   |
| 14 | <b>Reason for Hold</b>                              | Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for actions; providing additional tracking information indicates appropriateness of action and/or planned future action. |
| 15 | <b>Signature of Service Provider Representative</b> | Service provider representative's signature.  |
| 16 | <b>Date</b>   | Date the form was filled out.   |

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

### SECOND HOLD

- 17      **Hold**      Mark "yes" if there was a hold implemented. Otherwise mark "no".
- 18      **Hold Start Date**      Indicate the date the hold was implemented.
- 19      **Hold End Date**      Indicate the date the hold ended.
- 20      **Reason for Hold**      Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for actions; providing additional tracking information indicates appropriateness of action and/or planned future action.
- 21      **Signature of Service Provider Representative**      Local area representative's signature.
- 22      **Date**      Date the form was filled out.

### ATTAINMENT

- 23      **Type of Attainment**      Record (1) Attained, (2) Set but not attained, or (3) Set but attainment pending.
- (1) Attained. Attainment of a goal is based on individual assessments using widely accepted and recognized measurement/assessment techniques.
- (2) Set but not attained Goal set, but not attained. Goals not attained include goals whose anniversary date has passed without attainment of the goal. The anniversary date of a goal is one calendar year after the date the goal was set.
- (3) Set but attainment pending Goal set, but attainment pending. Includes goals that have not been attained, but have anniversary dates after the end of the report quarter. This category also includes goals that have been postponed because of gaps in service where the participant was placed in a hold status during which services were not received, but the participant planned to return to the program. (State Only)

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

- |    |   |  |
|----|---|--|
| 24 | <b>Effective Date</b>                               | Record the date the goal was attained. This would normally be the date on which the individual's skills were tested or otherwise assessed. This date should normally be on or before the one-year anniversary of the date the goal was set. However, it may be later if the participant has a gap in service where he/she was placed in a hold status during which services were not received, but the participant planned to return to the program. |
| 25 | <b>Signature of Service Provider Representative</b> | Service Provider representative's signature.   |
| 26 | <b>Date</b>   | Date the form was completed.   |

# WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

## EXIT FORM

General overview: The Exit form has been designed to collect all data needed at time of exiting WIA.

The last date on which WIA Title IB or partner services were received by the individual, excluding follow-up services. There are two ways to determine exit:

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

Participants who have a planned gap in service of greater than 90 days should not be considered as exited if the gap in service is due to a delay before the beginning, of training or a health/medical condition that prevents an individual from participating in services. Service providers should document any gap in services that occurs with a reason for such a gap in service.

**Note:** Accuracy and timeliness of paperwork is very important. Please follow individual WDC policy time frames whiteout for corrections is unacceptable. When corrections must be made, simply cross out the wrong information and enter correct information and initial.

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

<b>EXIT FORM</b>		
1	<b>Social Security Number</b>	Record the nine-digit identification number assigned to the participant by the Social Security Administration under the Social Security Act.
2	<b>Name</b>	Enter the participant's <b>legal</b> first name, last name, and middle initial.
3	<b>Phone</b>	Record current phone number.
4	<b>Address Change</b>	Mark if there is an address change for the participant.
5	<b>Address</b>	Enter any changes to the participant's address or phone number.
LEAVE ACTIVITY		
6	<b>Activity</b>	Record the activity code for the activity the participant is leaving:
7	<b>Start Date</b>	Record the start date of the activity the participant is leaving.
8	<b>Activity Status</b>	Record one of the following activity status codes: C – Completed (Note: an activity is completed if the participant achieves the activity goal. The plan should be reviewed to determine if the activity goal has been achieved in accordance with the service plan in effect for the individual.)  N – Did not complete
9	<b>End Date</b>	Record the date the participant leaves the activity. If the participant is entering another activity this date should be the same date that he/she started the new activity. If the participant is exiting, this date should be the same as the exit date.
10	<b>Received Supportive Services</b>	Mark "yes" if the participant received Supportive services. Otherwise mark "no".

**NOTE:** For adults and dislocated worker, supportive

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

services include services such as transportation, childcare, dependent care, and housing, that are necessary to enable an individual to participate in activities authorized under Title I of WIA consistent with the provisions of Title I.

For youth, as defined in WIA section 101 (46) may include linkage to community services; assistance with transportation, assistance with child care and dependent care; assistance with housing; referrals to medical services; and assistance with uniforms or other appropriate work attire and work related tools, including such items as eye glasses and protective eye gear.

- |    |  |   |
|----|--|---|
| 11 | <b>Received Needs-Related Payment</b>      | Mark "yes" if the participant received Needs Related Payments. Otherwise mark "no".   |
| 12 | <b>Received PELL Grant</b>                 | Mark "yes" if the participant is or has been notified they will be receiving a PELL Grant. Otherwise mark "no".<br><b>Note:</b> This item may be updated at anytime while the individual is receiving WIA services  |
| 13 | <b>Received High School Diploma or GED</b> | Mark "yes" if the participant received a High School Diploma or GED while in WIA. Otherwise mark "no". Record the date the participant received the High School Diploma or GED.   |
| 14 | <b>Attained Recognized Credential</b>      | Mark one of the following type of recognized education/occupational certificate, credential, diploma/degree attained. <ol style="list-style-type: none"> <li>1. High School Diploma</li> <li>2. Equivalency/GED</li> <li>3. AA or AS Diploma/Degree</li> <li>4. BA or BS Diploma/ Degree</li> <li>5. Occupational Skills Certificate or Credential</li> <li>6. Occupational Skills License Other ( record other)</li> <li>7. N/A</li> </ol> |
|    | WAGE<br>PROGRESSION<br>UPDATE              |   |
| 15 | <b>Wage Date</b>                           | Enter the date the hourly wage or hours per week changed for the unsubsidized job or date the participant begins receiving health care in an unsubsidized job.  |

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

16	<b>Hourly Wage</b>	Enter the new wage the participant is receiving for the unsubsidized job.
17	<b>Health Care (WtW)</b>	Mark "yes" if the participant is working in unsubsidized employment and starts receiving health care in that position. Otherwise mark "no".
18	<b>Hours per week</b>	Enter the new hours per week worked for the participant that is in unsubsidized job.
	EXIT DATA	
19	<b>Exit Code</b>	Record Exit Code. See Appendix G for Exit Codes.
20	<b>Exit Date</b>	<p>Record the date the participant exited WIA Title I. There are two ways to determine exit:</p> <ol style="list-style-type: none"><li>1. A participant who has a date of case closure, completion or know exit from WIA funded or non-WIA funded partner services (hard exit) or</li><li>2. A participant who does not receive only WIA funded or non-WIA funded partner services for 90 days and is not scheduled for further services (soft exit)</li></ol>
21	<b>Contract Number</b>	Record the contract.
22	<b>Receiving TANF</b>	<p><u>Yes</u>. Mark "1" if the individual is receiving income or money payments under the TANF Act and is <u>not</u> going to exhaust payments within the next 12 months.</p> <p><u>No</u>. Mark "2" if the individual is <u>not</u> receiving income or money payments under the TANF Act.</p>
	<b>Monthly Grant Amount</b>	Record the amount of the TANF grant if the individual is receiving TANF.
23	<b>Entered Postsecondary Education or Advanced Training</b>	Mark "1" if the individual entered an occupational skills employment/training program, not funded under Title I of the WIA, which does not duplicate training received under Title I. Includes only training outside of the one-

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

stop, WIA and partner system. Includes training provided by a partner program following exit. An example of advanced training is a community college program that does not lead to an advanced degree. [Include entry into postsecondary educational programs that lead to an academic degree(e.g. AA,AS FA, BS) in the postsecondary education category]

Mark “2” if postsecondary education is a program at an accredited degree-granting institution that leads to an academic degree (e.g. AA, AS, BA, BS). Do not include programs offered by degree-granting institutions that do not lead to an academic degree as postsecondary education.

Mark “3” if individual did not enter any other training.

**24 Attending Secondary School** Mark “yes if individual is attending Secondary School. Otherwise mark “no”.

**25 Labor Status** Mark “1” if individual is employed  
Mark “2” if individual is unemployed.

**EMPLOYMENT DATA** **Note:** If the individual is employed at the time of exiting the Employment Data section must be filled out.

If the individual is attending training at the time of exiting the Employment Data may be used to record where attending training.

**26 Name of Employer** Record employer’s name.

**27 NAICS Code** Record NAICS Code.

**28 Employer’s Address** **Note:** Record individual employer’s address.

**29 Type** Record the code for the type of the employer (i.e. Pri = Private, Pub = Public). Not Required

**30 Start Date** Record the start date of the job.

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31	<b>Job Title</b>	Record job title.
32	<b>O'NET Code</b>	Record the code for the job title record in 31.
33	<b>Hourly Wage</b>	Record the hourly wage for the job title record in 31.
34	<b>Hours per Week</b>	Record hours worked per week for the job title.
35	<b>Entered Military Service</b>	Mark "yes" if the individual entered into the active U.S. military, naval, or air service. Otherwise mark "no".
36	<b>Entered Qualified Apprenticeship</b>	Record "yes" if the individual entered into a program approved and recorded by the ETA/Bureau of Apprenticeship and Training or by a recognized State Apprenticeship Agency. Otherwise record "no".
37	<b>Non-Traditional Employment</b>	Record "yes" if the individual entered non-traditional employment in an occupation or field of work for which individuals of the participant's gender comprise less than 25% of the individuals employed in such occupation or field of work. Other wise record "no".
38	<b>UI Covered</b>	Record "yes" is the individual entered employment that is UI covered otherwise mark "no".
39	<b>Training Related</b>	Record "yes" if the individual entered employment that is training related. Other record "no". Training-related employment is employment in which the individual uses a substantial portion of the skills taught in the training received by the individual.
40	<b>Signature of Service Provider Representative</b>	The Service Provider representative filling out the form must sign and date the form.

# WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

## FOLLOW UP FORM

General overview: The Follow Up form has been designed to collect all data for the 12-month period following exit from a WIA program. This form is used to move former participants in and out of follow-up activities, report new employment and training information, and report outcomes.

The following contains a Follow Up Form with the data elements numbered and pages describing the data elements.

**Note:** Accuracy and timeliness of paperwork is very important. Please follow individual WDC policy time frames whiteout for corrections is unacceptable. When corrections must be made, simply cross out the wrong information and enter correct information and initial.

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### FOLLOW UP FORM

<b>1</b>	<b>Social Security Number</b>	Record the nine-digit identification number assigned to the participant by the Social Security Administration under the Social Security Act.
<b>2</b>	<b>Name</b>	Enter the participant's legal first name, last name, and middle initial.
<b>3</b>	<b>Contract Number</b>	Record the contract number.
<b>4</b>	<b>Address Change</b>	Mark "yes" if there is an address change for the participant. Mark "no" if the address is the exit address or has been reported on previous follow up forms
<b>5</b>	<b>Address</b>	Enter any changes to the participant's address or phone number. Address does not need to be recorded if it has not changed.
ADD ACTIVITY		
<b>6</b>	<b>Activity</b>	Record the appropriate three-digit code for the activity in which the participant will be enrolled.  Refer to Appendix E for the correct WIA activity codes.
<b>7</b>	<b>Start Date</b>	Record the actual date that the participant will enter the activity.
<b>8</b>	<b>Estimated End Date</b>	Record the date the participant is expected to leave the assigned activity. If the participant is expected to continue in this activity beyond the estimated end date, you need to send in a status form showing the new estimated end date.
LEAVE ACTIVITY		
<b>9</b>	<b>Activity</b>	Record the activity code for the activity the participant is leaving.
<b>10</b>	<b>Activity Status</b>	Record one of the following activity status codes: C – Completed (Note: an activity is completed if the participant achieves the activity goal. The plan should be reviewed to determine if the activity goal has been achieved in accordance with the service plan in effect for the individual.)  N – Did not complete
<b>11</b>	<b>Start Date</b>	Record the start date of the activity the participant is leaving.
<b>12</b>	<b>End Date</b>	Record the date the participant leaves the activity.

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

EMPLOYMENT/TRAINING DATA		
<b>13</b>	<b>Name</b>	Select "Same" if the employer/training provider is the same as exit employer/training provider or if the employer/training provider has been recorded on previous Follow Up forms.  Otherwise select "New" and record new employer/training provider name.
<b>14</b>	<b>Address</b>	Record the address, phone, and contact information for the employer/training provider in item 13.
<b>15</b>	<b>Start Date</b>	Record employment/training start date.
<b>16</b>	<b>Job/Training Title</b>	Record the job title or job title or the job title the former participant is training for.
<b>17</b>	<b>O*Net Code</b>	Record the eight-digit O*Net code for the job title in item 16.
<b>18</b>	<b>Hours per Week</b>	Record the hours per week worked in item 16.
<b>19</b>	<b>NAICS Code</b>	Record the NAICS code for the employer in item 13.
<b>20</b>	<b>Hourly Wage</b>	Record hourly wage for the job title in item 16 if applicable.
WAGE PROGRESSION UPDATE		
<b>21</b>	<b>Wage Date</b>	Enter the date the hourly wage or hours per week changed for the unsubsidized job.
<b>22</b>	<b>Hourly Wage</b>	Enter the new wage the participant is receiving for the unsubsidized job.
<b>23</b>	<b>Hours per Week</b>	Enter the new hours per week worked for the participant that is in unsubsidized job.
FOLLOW UP AND OUTCOMES		
<b>24</b>	<b>Registration Date</b>	Record the registration date into the program the former participant exited.
<b>25</b>	<b>Exit Date</b>	Record the date the former participant exited from the program.
<b>26</b>	<b>Selected Quarter after Exit</b>	Mark the quarter that corresponds with the former participants exit date.  <ol style="list-style-type: none"> <li>1. 1<sup>st</sup> QTR – first through third months after exit.</li> <li>2. 2<sup>nd</sup> QTR – fourth through sixth months after exit.</li> <li>3. 3<sup>rd</sup> QTR – seventh through ninth months after exit.</li> <li>4. 4<sup>th</sup> QTR – tenth through twelfth months after exit.</li> </ol>

## WORKFORCE INVESTMENT ACT AND WELFARE-TO-WORK

<b>27</b>	<b>Selected Quarter After Exit Date Range</b>	Record the date range for the selected quarter after exit.
<b>28</b>	<b>Contact Date</b>	Record the date the former participant is contacted.
<b>29</b>	<b>Type of Contact</b>	Mark the type of contact with the former participant.
<b>30</b>	<b>Method of Contact</b>	Mark the method of contact with the former participant.
<b>31</b>	<b>Postsecondary Education/Training/Military</b>	<p>Mark one of the following types of activities the former participant is engaged in at any time during the selected quarter (if applicable).</p> <ol style="list-style-type: none"> <li>1. In Post-Secondary Education</li> <li>2. In Advanced Training</li> <li>3. In Employment</li> <li>4. In the Military</li> <li>5. In a Qualified Apprenticeship</li> </ol>
<b>32</b>	<b>Attained Recognized Credential</b>	<p>Mark on the following type of recognized education/occupational certificate, credential, diploma/degree attained.</p> <ol style="list-style-type: none"> <li>1. High School Diploma</li> <li>2. Equivalency/GED</li> <li>3. AA/AS Diploma/Degree/AASS</li> <li>4. BA/BS Diploma/Degree</li> <li>5. Occupational Skills Certificate or Credential</li> <li>6. Occupational Skills License</li> <li>7. Other (record other)</li> <li>8. N/A</li> </ol>
<b>33</b>	<b>Termination</b>	<p>Mark one of the following termination reasons for the former participant during the selected quarter (if applicable).</p> <ol style="list-style-type: none"> <li>1. Death</li> <li>2. Health/Medical</li> <li>3. Institutionalized</li> <li>4. Family Care</li> </ol>
<b>34</b>	<b>Comments</b>	<p>Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for action; providing additional tracking information indicates appropriateness of action and/or planned future action.</p>
<b>35</b>	<b>Signature of Service Provider Representative</b>	The Service Provider representative filling out the form must sign and date the form.