

Section-02 Information Management	P-0200200	Effective Date: 10/21/2021
Replaces TAWDB Data Validation and Program Note Policy dated 4/16/2020		
Delaney Rea, GCWDB Chair		

Data Integrity, Validation and Program Notes

The Green Country Workforce Development Board (GCWDB) provides guidance and establishes the policy regarding all WIOA funded programs.

I. Data Integrity:

A. Data entered in the State’s case management system (OKJobMatch) must accurately reflect the services provided to participants in order for the State and Local areas to evaluate and project performance, returns on investment (ROI), and program outcomes.

B. Accurate, complete, and up-to-date data is essential to protect data integrity and to ensure that local, state, and federal reporting are supported with appropriate documentation. Changes that impact federal reporting requirements including performance and data validation are managed through the appropriate State Agency. All workforce system staff with access to OKJobMatch who will have access to sensitive, confidential, proprietary, and/or private data, must be advised of the confidential nature of the information, the safeguards required to protect the information, and that there are civil and criminal sanctions for noncompliance with such safeguards that are contained in Federal and State laws. In the event that staff, with access to OKJobMatch, have been dismissed for any reason, the appropriate State agency must be notified immediately.

II. Data Validation and Source Documentation:

A. Data validation is a series of internal controls established to verify the accuracy, validity, and reliability of data. Data validation helps ensure the accuracy of the annual statewide performance reports, safeguards data integrity, and promotes the timely resolution of data anomalies and inaccuracies as required by 2 CFR 200.328. This joint data validation ensures that all programs are consistent and accurately reflect the performance of each core program. All participants across the core programs must validate the common data elements according to this guidance.

B. It is required to obtain and upload at least one source document for each data element listed for each participant in a WIOA core program.

EQUAL OPPORTUNITY AND NONDISCRIMINATION: All providers must comply with WIOA’s Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity. Auxiliary aids and services are available upon request to individuals with disabilities.

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III. Program Note:

A. Statements by the case manager entered in the virtual case management system that identify at a minimum, the specific data element, the status of the data element, information relevant to the data element, the date on which the information was obtained, and the case manager who obtained the information. If a case manager is obtaining information verifying any data element for validation by phone, the detailed case/program note must include data element, subject to be verified, date verified, the agency or third party relationship providing verification, contact name, phone number, detailed comments from the contact, and the case manager who obtained the information.

B. All program notes must be timely and entered into the state and local area data management systems within five (5) working days.

IV. **Guidance:** The GCWDB will follow the guidelines as established in state policy OOWD #02-2019 Change 2, entitled Data Validation and Documentation Requirements dated May 21, 2021 and OOWD 08-2017, Change 2 entitled Data Integrity and Secure Stewardship of Personally Identifiable Information (PII) dated June 14, 2018.

V. Follow-Up Services Contact, and Case Management:

A. Adult, Dislocated Worker, and Youth participants who have not exited the program must receive contact at a minimum of every 30 days to check-in with service provider staff to ensure the following:

1. Participants have the resources they need to continue along their IEP and that supportive services, needs-related payments, and incentives, referrals, and other resources within and outside the workforce system are discussed, documented, and made available.
2. Staff are aware of any changes that may need to be made for the participants IEP, services, changes to priority of service status, and other information needed for effective and holistic case management.
3. Provide participants the opportunity to give feedback to career navigators on their experiences within our programs, training providers, resource referrals, and other components of the workforce system that can be used to provide real-time strategy implementation for the GCWDB and the service provider.

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4. Exceptions shall be approved by the Executive Director or designee.
- B. Follow-up and communication between staff and participants
 - C. Follow-up will be documented within 48 hours of when contact was attempted or conducted. Attempted or obtained contact must also be documented to include the different contact methods utilized by staff and what information was provided to the participant. This includes attempts by participants or by a designee.
 - D. Participants must be contacted using multiple communication forms to include phone numbers, e-mail, other communication methods provided by the participant to include contact via letter to a mailing address should other contact attempts fall short of reaching the participant within 5 days
 - E. Program Notes and documentation related to services will be entered at the time services are provided and no later than 5 business days after service delivery.
 - F. When a change of a participant's direct point(s) of contact within their program(s) occur:
 1. Participants will be notified of the changes related to their new point(s) of contact within ten (10 business days via U.S. mail in addition to all other communication forms. Staff are to follow-up more closely with individuals with who transition between assigned staff. All notifications will include a direct point of contact for participants to contact regarding their participation in their program.
 2. A process shall be implemented by the service provider that ensures timely follow-up and contact and/or attempts are tracked, managed, reportable, and monitored by the service provider to ensure clients do not experience gaps in services, follow-up, and case management provision.

VI. Equal Opportunity and Nondiscrimination Statement: All recipients, and subrecipients/subgrantees must comply with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity.

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VII. Action: The Executive Director is responsible for compliance of this policy. The Executive Director is responsible for annual review and revisions if needed. Any exceptions to this policy statement will require prior written approval from the Executive Director or chair of the Green Country Workforce Development Board.

This policy will be effective immediately upon approval of the GCWDB membership.

Attachments: A-O OWDI #02-2019, Change 2 Data Validation Policy



10/21/2021

Chair, Green Country Workforce Development Board / Date

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ATTACHMENTS for OWDI #02-2019, Change 2

Data Validation Policy:

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Eligibility Source Documentation – Appendix A

Data Element	Definitions and Requirements	Acceptable Source Document
Age / Date of Birth	<p>WIOA Adult and Dislocated Worker (DLW) applicants must be 18 or older at the time of program enrollment.</p> <p>WIOA Youth applicants must be between the ages of 14 to 24 at the time of program enrollment.</p>	<input type="checkbox"/> Baptismal Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Court Documentation <input type="checkbox"/> Cross-match with Department of Vital Statistics <input type="checkbox"/> DD-214 (Report of Transfer or Discharge Paper) <input type="checkbox"/> Driver's License <input type="checkbox"/> Federal, State, or Local ID Card <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Passport <input type="checkbox"/> Public Assistance/Social Service Records <input type="checkbox"/> School Documentation or School ID (with date of birth) <input type="checkbox"/> Work Permit
Eligible to Work in the United States	<p>The participant must be eligible to work in the United States at the time of program enrollment.</p> <p>Youth ages 16 and older must be eligible to work in the United States at the time of participation.</p>	<input type="checkbox"/> Verification Documents from List A of Attachment J <input type="checkbox"/> Verification Documents from List B & C of Attachment J
Date Verified Selective Service Registration	<p>All males who are at least 18 years of age and born after December 31, 1959, and who are not in the armed service on active duty, must be register with the Selective Service (SS).</p> <p>Males who cannot provide proof of SS Registration must be referred to the SS for registration.</p> <p>*Youth: if a youth is under 18 years of age at the time of enrollment into the WIOA Youth Program but turns 18 while still receiving WIOA funded service, the Case Manager must verify the youth has registered with Selective Service and document the registration per validation method and OKJobMatch requirements outlined in this policy.</p>	<input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Status Information Letter <input type="checkbox"/> Selective Service Registration (Form 3A) <input type="checkbox"/> Selective Service Verification Form <input type="checkbox"/> Stamped Post Office Receipt of Registration <input type="checkbox"/> <u>US Selective Service Verification</u> (Internet) www.sss.gov <p>The following documents may be used only if the participant is past the age of 26 and has not registered with the Selective Service.</p> <input type="checkbox"/> DD-214 <input type="checkbox"/> Current Military ID <input type="checkbox"/> LWDB Documentation Requirement – Must be defined in local policy

Data Element	Definitions and Requirements	Acceptable Source Document
Eligible Veteran Status	<p>An Individual who:</p> <ul style="list-style-type: none"> • served in the active U.S. military, for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable, or • served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or, (g), 673(a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge, or • is (a) the spouse of any person who dies on active duty or of a service connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued there under, by the Secretary concerned, in one or more of the following categories and has been so listed more than 90 days: <ul style="list-style-type: none"> ○ missing in action; ○ captured in the line of duty by a hostile force; ○ forcibly detained or interned in the line of duty by a foreign government or power; or <p>(c) is the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> DD-214 <input type="checkbox"/> Letter from the Veterans Administration <input type="checkbox"/> Cross Match with Veterans Service Database <input type="checkbox"/> Cross-Match with Department of Defense Records <p>*In order to comply with the Veterans Priority of Service, if required source document is not available at the time of enrollment a program note must be entered indicating eligible veteran status, program services provided, and documentation requirements for continued services. The documentation must be obtained within 90 days of eligibility.</p>

Data Element	Definitions and Requirements	Acceptable Source Document
Dislocated Worker	<p>1) Recently Dislocated:</p> <p>(a) has been terminated or laid off, or has received a notice of termination or layoff, from employment; AND</p> <p>(b) is eligible for or has exhausted entitlement to unemployment compensation; <u>or</u> has been employed for a duration sufficient to demonstrate 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</p> <p>(c) is <u>unlikely</u> to return to a previous industry or occupation</p>	<p><input type="checkbox"/> Notice of Layoff</p> <p><input type="checkbox"/> Notice of Termination</p> <p><input type="checkbox"/> Employer Statement</p> <p><input type="checkbox"/> Detailed Program Note: Case manager verification with employer of termination or layoff status</p> <p>AND</p> <p><input type="checkbox"/> Current Unemployment Insurance Documentation</p> <p><input type="checkbox"/> Current RES/REA Enrollment Documentation</p> <p>AND</p> <p><input type="checkbox"/> Labor Market Information that indicates lack of industry/occupation availability</p> <p><input type="checkbox"/> Doctors statement indicating inability to return to previous industry/occupation due to physical limitations</p> <p><input type="checkbox"/> Participant self-attestation</p>
	<p>2) Permanent closure / Substantial Layoff:</p> <p>(a) 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; or</p> <p>(b) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or</p> <p>(c) for purposes of eligibility to receive services other than training services, career services, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close</p>	<p><input type="checkbox"/> Notice of Layoff</p> <p><input type="checkbox"/> Employer Statement</p> <p><input type="checkbox"/> Media Announcement with employment verification (pay stub, etc.)</p> <p><input type="checkbox"/> TAA Certification</p> <p><input type="checkbox"/> WARN Listing affected employees</p>

Data Element	Definitions and Requirements	Acceptable Source Document
	3) Self-Employed: (a) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the participant resides or because of natural disasters;	<input type="checkbox"/> Bankruptcy Documentation listing both the name of the business and the individuals name <input type="checkbox"/> Business License <input type="checkbox"/> Tax Documentation: Most Recent Tax Return <input type="checkbox"/> Participant self-attestation AND <input type="checkbox"/> Documentation showing disaster caused business closure <input type="checkbox"/> Documentation showing poor economic condition caused business closure
	4) Displaced Homemaker: An individual who has been providing unpaid services to family members in the home and who: (a) has been dependent on the income of another family member but is no longer supported by that income; or (b) is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of deployment, a call or order to active duty, a permanent change of station, or the service-connected death or disability of the member; AND (c) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	<input type="checkbox"/> Divorce Papers <input type="checkbox"/> Court Documentation <input type="checkbox"/> Notice of Layoff – Supporting family member <input type="checkbox"/> Death Records – Supporting family member <input type="checkbox"/> Applicant Statement, Attachment K OR <input type="checkbox"/> Military Spouse Requirements are listed under Category 5 AND <input type="checkbox"/> Current Unemployment Insurance Documentation <input type="checkbox"/> Pay stubs <input type="checkbox"/> Public assistance records <input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available.
	5) Military Spouse: (a) is the spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; or (b) is the spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.	<input type="checkbox"/> Military Orders (i.e. Permanent Change of Station (PCS)) AND <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Military Dependent ID <input type="checkbox"/> Military Records: Verification of military spouse status AND <input type="checkbox"/> Current Unemployment Insurance Documentation <input type="checkbox"/> Pay stubs <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available.

Data Element	Definitions and Requirements	Acceptable Source Document
Date of Actual Dislocation	<p>The individual's date of actual separation or dislocation from employment is the last day of employment at the dislocation job.</p> <p>This does not apply if there is no dislocation job such as in a displaced homemaker that did not work outside of the home.</p>	<input type="checkbox"/> Employer Verification <input type="checkbox"/> Rapid Response List <input type="checkbox"/> Notice of Layoff <input type="checkbox"/> Public Announcement with UI Verification <input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available.
School Status at Program Entry	<p>School Status at Program Entry is:</p> <ul style="list-style-type: none"> • In-School, Secondary School or Less: an individual who has not received a secondary school diploma or its recognized equivalent and is attending any primary or secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school. 	<input type="checkbox"/> Cross-Match with Postsecondary Education Database <input type="checkbox"/> Copy of Education of Institution Enrollment Record <input type="checkbox"/> Applicable Records from Education Institution (GED certificate, diploma, attendance record, transcript, report card, or school documentation) <input type="checkbox"/> Signed Intake, Application or Enrollment Form <input type="checkbox"/> Electronic Records <input type="checkbox"/> Self-Attestation
Youth	<ul style="list-style-type: none"> • In-School, Alternative School: an individual who has not received a secondary school diploma or its recognized equivalent and is attending an alternative high school or an alternative course of study approved by the local educational agency whether full or part-time, or is between school terms and is enrolled to return to school. 	<input type="checkbox"/> Parent, Guardian, or other responsible adult attestation (*required for individuals under 18) <input type="checkbox"/> Attendance Record <input type="checkbox"/> Transcripts <input type="checkbox"/> School Documentation
	<ul style="list-style-type: none"> • In-School, Postsecondary School: an individual who has received a secondary school diploma or its recognized equivalent and is attending a postsecondary school or program (whether full or part-time), or is between school terms and is enrolled to return to school. 	<input type="checkbox"/> Parent, Guardian, or other responsible adult attestation (*required for individuals under 18) <input type="checkbox"/> Attendance Record <input type="checkbox"/> Transcripts <input type="checkbox"/> School Documentation

Data Element	Definitions and Requirements	Acceptable Source Document
	<ul style="list-style-type: none"> Not Attending School or Secondary School Dropout: an individual who is not within the age of compulsory school attendance; and is no longer attending any school and has not received a secondary school diploma or its recognized equivalent. 	<input type="checkbox"/> Parent, Guardian, or other responsible adult attestation (*required for individuals under 18) <input type="checkbox"/> Attendance Record <input type="checkbox"/> Transcripts <input type="checkbox"/> Dropout Letter <input type="checkbox"/> School Documentation <input type="checkbox"/> Youth Dropout Status Form – Attachment H
	<ul style="list-style-type: none"> Not Attending School: Secondary School Graduate or has a Recognized Equivalent: an individual who is not attending any school and has either graduated from secondary school or has attained a secondary school equivalency. 	<input type="checkbox"/> Parent, Guardian, or other responsible adult attestation (*required for individuals under 18) <input type="checkbox"/> Secondary School Diploma/Recognized equivalent <input type="checkbox"/> Attendance Record <input type="checkbox"/> Transcripts <input type="checkbox"/> School Documentation <input type="checkbox"/> Self-Attestation
	<ul style="list-style-type: none"> Not Attending School: Within Age of Compulsory School Attendance: an individual who is within the age of compulsory school attendance, but is not attending school and has not received a secondary school diploma or its recognized equivalent. 	<input type="checkbox"/> Parent, Guardian, or other responsible adult attestation (*required for individuals under 18) <input type="checkbox"/> Attendance Record <input type="checkbox"/> Transcripts <input type="checkbox"/> School Documentation
Low Income Status at Program Entry	Priority of service must be given to individuals who meet one of the following qualifying criteria for low income: An individual who –	

Data Element	Definitions and Requirements	Acceptable Source Document
	<p>a) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received assistance through the Supplemental Nutrition Assistance Program (SNAP);</p> <p><u>*Food Distribution Program on Indian Reservations (FDPIR):</u> information may be obtained at https://www.fns.usda.gov/fdpir/food-distribution-program-indian-reservations-fdpir</p>	<p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Verification</p> <p><input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) Verification</p>
	<p>b) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received assistance through the Temporary Assistance for Needy Families (TANF) program;</p>	<p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF) Verification</p>
	<p>c) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received assistance through the Supplemental Security Income (SSI) program;</p>	<p><input type="checkbox"/> Social Security Benefits (SSI) Verification</p>
	<p>d) receives or in the past 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received cash payments under a federal, state, or local income based public assistance program;</p>	<p><input type="checkbox"/> Public Assistance Income Verification</p>

Data Element	Definitions and Requirements	Acceptable Source Document
	e) received an income, or is a member of a family that received a total family income for the 6-month period prior to application for the program that does not exceed the higher of the poverty line or 70% of the lower living standard income level;	<input type="checkbox"/> Alimony Agreement <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Employer Statement <input type="checkbox"/> Family or Business Financial Records <input type="checkbox"/> Pay Stub <input type="checkbox"/> Pension Statement <input type="checkbox"/> Quarterly Estimated Tax for Self-Employed Person <input type="checkbox"/> Current Unemployment Insurance Documentation <input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available.
	f) is a foster child on behalf of whom State or local government payments are made;	<input type="checkbox"/> Social Service Verification <input type="checkbox"/> Court Documentation <input type="checkbox"/> Written Statement from State or Local Agency <input type="checkbox"/> Verification of Foster Payments on behalf of child <input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available.
	g) is an individual with a disability and whose own income does not exceed the poverty line but who is a member of a family whose income does not meet this requirement;	<input type="checkbox"/> Income Verification <input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available.
	h) is a homeless participant or a homeless child or youth or runaway youth; or	<input type="checkbox"/> Written statement from an individual providing temporary residence <input type="checkbox"/> Written statement from Shelter <input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available.
	i) Is an Individual who receives, or is eligible to receive a free or reduced price lunch.	<input type="checkbox"/> Free or Reduced Price Lunch Verification

Data Element	Definitions and Requirements	Acceptable Source Document
Basic Skills Deficient/Low Levels of Literacy at Program Entry	An individual who is: a) A Youth, that has English reading, writing, or computing skills at or below the 8 th grade level on a generally accepted standardized test; or b) A Youth or Adult, that is 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.	<input type="checkbox"/> BSD Eligibility Assessment Documentation *Previous basic skills assessments may be utilized if they have been conducted within the past six (6) months.
English Language Learner at Program Entry	An Individual at program entry who has limited ability in speaking, reading, writing or understanding the English language and also meets at least one of the following two conditions: a) His or her native language is a language other than English, or b) He or she lives in a family or community environment where a language other than English is the dominant language.	<input type="checkbox"/> Eligibility Form: Attachment F or O, The Primary Language of individual must be indicated on eligibility form. <input type="checkbox"/> School Documentation *If the participant is an English language learner and answered YES , the Primary Language of the individual must be identified.
Individual with a Disability	An individual may indicate that he/she has a disability as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. Applicable categories are: •Physical/Chronic Health Conditions •Physical/Mobility Impairments •Mental or Psychiatric Disability •Vision-related Disability •Hearing-related Disability •Learning Disability •Cognitive/Intellectual Disability **Participant may choose not to disclose type of disability	<input type="checkbox"/> Self-Attestation

Data Element	Definitions and Requirements	Acceptable Source Document
Ex-Offender Status at Program Entry	<p>An Individual at program entry who either:</p> <ol style="list-style-type: none"> Has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or Requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction. <p>*A status offense is the illegal behavior of a child (under the age of 18 years old), that if committed by an adult would not be considered a criminal activity, such as truancy, possession and/or consumption of alcohol, curfew violations, and purchase of cigarettes.</p>	<p><input type="checkbox"/> Court Documentation</p> <p><input type="checkbox"/> Letter of Parole</p> <p><input type="checkbox"/> Letter from Probation Officer</p> <p><input type="checkbox"/> Police Records</p> <p><input type="checkbox"/> Detailed Program</p> <p>Note: Career navigator verification with court or probation representative.</p> <p>AND</p> <p><input type="checkbox"/> Youth Eligibility Form, Attachment F</p> <p><input type="checkbox"/> Eligibility Form, Attachment O: Barrier must be addressed in Individual Employment Plan (IEP</p>
Homeless participant, Homeless Children and Youth, or Runaway Youth at Program Entry	<p>An Individual who: a)Lacks a fixed, regular, and adequate nighttime residence; which includes an individual who:•Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;•Is living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations;•Is living in an emergency or transitional shelter;•Is abandoned in a hospital; or •Is awaiting foster care placement;b)Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground;c)Is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or d)Is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth). *This definition DOES NOT include a participant imprisoned, detained, or sleeping in a temporary accommodation while away from home.</p>	<p><input type="checkbox"/> Written statement from an individual providing temporary residence</p> <p><input type="checkbox"/> Written statement from Shelter</p> <p><input type="checkbox"/> Written statement from Social Service Agency</p> <p><input type="checkbox"/> Applicant Statement, Attachment K. Only allowable if no other forms of documentation are available.</p>

Data Element	Definitions and Requirements	Acceptable Source Document
Substantial Cultural Barriers at Program Entry	Adult Program ONLY: An Individual, at program entry, perceives him or herself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.	<input type="checkbox"/> Eligibility Form, Attachment O: Substantial Cultural barrier and how it impacts employment must be address in Adult Individual Employment Plan (IEP)
Migrant and Seasonal Farmworker Status at National Farmworker Jobs Program Entry	<p>Determine if an individual is a Seasonal Farmworker or a Migrant Farmworker at National Farmworker Jobs Program Entry.</p> <p>a) Seasonal Farmworker Adult: is an individual at program entry who is a low-income individual who for the 12 consecutive month out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and faces multiple barriers to economic self-sufficiently.</p> <p>b) Migrant Farmworker Adult: is an individual at program entry is a seasonal farmworker and whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day.</p> <p>c) MSFW youth: Is an individual who is a migrant farmworker or seasonal farmworker as defined above and is between the ages of 14-24.</p> <p>d) Dependent Adult: An individual who is an adult program participant and a dependent of the individual described as a seasonal or migrant seasonal farmworker above.</p> <p>e) Dependent Youth: An individual who is a youth</p>	<input type="checkbox"/> One of the following: <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Case Notes <input type="checkbox"/> Cross-Match with Public Assistance Records <input type="checkbox"/> NFJP Eligibility Documents <input type="checkbox"/> Cross-Match with State MIS <input type="checkbox"/> Cross-Match with H-1B Records

Data Element	Definitions and Requirements	Acceptable Source Document
	<p>program participant and a dependent of the individual described as a seasonal or migrant seasonal farmworker above.</p>	
<p>Temporary Assistance to Needy Families (TANF)</p>	<p>The participant is listed on the welfare grant or has received cash assistance or other support services from the TANF agency in the last six months prior to participation in the program.</p>	<p>One of the following:</p> <ul style="list-style-type: none"> • TANF Eligibility Verification • TANF Period of Benefit Receipt Verification • Referral Transmittal from TANF • Cross-Match with TANF Public Assistance Records

Data Element	Definitions and Requirements	Acceptable Source Document
Exhausting TANF Within 2 Years at Program Entry	An individual, at program entry, is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether they are receiving these benefits at program entry.	<input type="checkbox"/> TANF Verification <input type="checkbox"/> TANF Period of Benefit Receipt Verification <input type="checkbox"/> Referral Transmittal from TANF <input type="checkbox"/> Cross-Match with TANF Public Assistance Records
Supplemental Security Income(SSI) / Social Security Disability Insurance (SSDI)	The participant is receiving or has received SSI under Title XVI of the Social Security Act in the last six months prior to participation in the program.	One of the following: <ul style="list-style-type: none"> • SSI/SSDI Receipt of Benefits Verification • Referral Transmittal from SSA • SSI/SSDI Eligibility Verification • Cross-Match with SSA Database
Supplemental Nutrition Assistance Program (SNAP)	The participant is receiving assistance through the Supplemental Nutrition Assistance Program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.)	One of the following: <ul style="list-style-type: none"> • SNAP Eligibility Verification • Copy of Authorization to Receive Food Stamps • Documentation of Food Stamp Benefit Receipt • Referral Transmittal from SNAP • Cross-Match with SNAP Public Assistance Records
Single Parent at Program Entry	An individual who at program entry, is single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).	<ul style="list-style-type: none"> • TANF Single Parent Eligibility Verification • Case Notes • Needs Assessment • TANF Single Parent Eligibility Verification • Signed Intake Application or Enrollment Form • Signed Individual Service Strategy or Employment Plan

Data Element	Definitions and Requirements	Acceptable Source Document
Long-Term Unemployed at Program Entry	An individual, at program entry, who has been unemployed for 27 or more consecutive weeks.	<input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Refugee Assistance Record <input type="checkbox"/> Cross-Match with Public Assistance Database <input type="checkbox"/> Cross-Match with UI Database <input type="checkbox"/> Self-Attestation, Only allowable if no other forms of documentation are available.
Youth Foster Care Status at Program Entry	An individual, age 24 or younger: <ul style="list-style-type: none"> • In foster care; or • Who has aged out of the foster care system; or • Who has attained 16 years of age and left foster care for kinship guardianship or adoption; • A child eligible for assistance under sec. 477 of the Social Security Act (42 U.S.C. 677); or • In an out-of-home placement. 	An individual, 24 or younger: <input type="checkbox"/> Court Documentation <input type="checkbox"/> Social Service Verification <input type="checkbox"/> Verification of Foster Payments on behalf of child <input type="checkbox"/> Written Statement from State or Local Agency AND <input type="checkbox"/> Youth Eligibility Form, Attachment F

Data Element	Definitions and Requirements	Acceptable Source Document
Pregnant or Parenting Youth	<p>A Youth who is pregnant or an individual (male or female) who is providing custodial care to one or more dependents under age 18.</p> <p>*Males do not qualify as a parenting youth until the child is born.</p>	<p><input type="checkbox"/> Baptismal Record</p> <p><input type="checkbox"/> Child's Birth Certificate</p> <p><input type="checkbox"/> Doctor's Statement: confirming pregnancy</p> <p><input type="checkbox"/> Public assistance records: verifying child on case</p> <p><input type="checkbox"/> Self-Attestation</p> <p><input type="checkbox"/> Case Notes</p> <p><input type="checkbox"/> WIC Eligibility Verification</p> <p><input type="checkbox"/> TANF Single Parent Eligibility Verification</p> <p><input type="checkbox"/> Sign Intake Application or Enrollment Form</p> <p><input type="checkbox"/> Signed ISS</p> <p>AND</p> <p><input type="checkbox"/> Youth Eligibility Form, Attachment F</p>
Youth Who Needs Additional Assistance	<p>A Youth who requires additional assistance to enter or complete an educational program, or to secure and hold employment. Defined by the State as a low income youth meeting at least one of the following criteria:</p> <ul style="list-style-type: none"> •With a parent or legal guardian that is currently or previously incarcerated for a felony conviction; •With a parent or legal guardian who lacks a high school diploma or GED; or •Who attends or has attended a chronically underperforming/low performing school listed on the State Department of Education website; or •ISY between 18-21 years of age with a pattern of poor work history; or OSY between 18-24 years of age with a pattern of Poor Work History. Poor work history includes non-reoccurring employment income or sporadic employment. <p>*low-income includes a youth that lives in a high-poverty area</p>	<p><input type="checkbox"/> School Documentation: Verifying chronically underperforming/Low Performing School attendance</p> <p><input type="checkbox"/> Court Documentation for Parent information</p> <p>AND</p> <p><input type="checkbox"/> Youth Eligibility Form, Attachment F</p>

Data Element	Definitions and Requirements	Acceptable Source Document
TAA Application Date	The date on which the individual first applied for Trade Act services/benefits under the applicable certification	<input type="checkbox"/> OESC Form 856
TAA Petition Number	The petition number of the certification which applies to the participant's group	<input type="checkbox"/> Determination of Eligibility Form <input type="checkbox"/> <u>DOLETA Website Verification</u> www.doleta.gov/tradeact <input type="checkbox"/> Worker Group Certification <input type="checkbox"/> DTAA Eligibility Form issued by State Office or other state
Rapid Response	If the participant participated in rapid response activities authorized at WIOA section 134(a)(2)(A)(i)(I) .	<input type="checkbox"/> One of the following: <ul style="list-style-type: none"> • Cross-Match to State MIS Database • Case Notes • Self-Attestation. Only allowable if no other forms of documentation are available. • Rapid Response List • Cross-Match to Rapid Response Records

Data Element	Definitions and Requirements	Acceptable Source Document
Date of Program Entry	<p>The date on which an individual became a participant after satisfying applicable programmatic requirements for the provision of services.</p> <p>For WIOA Title I Adult, Dislocated Worker, and Title III Employment Services programs, a participant is a reportable individual who has satisfied all applicable program requirements such as eligibility determination and who has received a service(s) other than a self- service or information only service or activity. For a list of services that establish participation, reference the Core Performance Measures OWDI.</p> <p>For Title I Youth, a participant is a reportable individual who has satisfied all applicable program requirements for the provision of services, including eligibility determination, an objective assessment, and development of an individual service strategy, and received one or more of the 14 WIOA Youth program elements.</p> <p>The date of program entry is the actual start date of the first qualifying service.</p>	<p><input type="checkbox"/> Applicable Programmatic Service and Training Plan entry</p> <ul style="list-style-type: none"> • Applicable service entry that sets programmatic participation – Actual start date.
Date of Program Exit	<p>The date of program exit is the last date the participant received services (excluding self-service, information-only service or activities, or follow-up services) for at least 90 days, and no future services are planned.</p> <p>The date of program exit is the actual end date of the last qualifying service.</p>	<p><input type="checkbox"/> Applicable Programmatic Service and Training Plan entry</p> <ul style="list-style-type: none"> • Applicable service entry that sets programmatic participation – Actual end date.
Date of First WIOA Youth Service	The date on which the participant began receiving his/her first WIOA youth service (i.e. 1 of the 14 youth program elements in WIOA §129(c)(2))	Detailed Case Notes with Cross-Match to State MIS Database
Recipient of Incumbent Worker Training	If the participant received Incumbent Worker training services under WIOA section 134(a)(3)(A)(i) and/or 134(a)(2)(A)(i).	<p>One of the following:</p> <ul style="list-style-type: none"> • Signed IWT Contract • Applicable S&T Entry

Data Element	Definitions and Requirements	Acceptable Source Document
Established Individual Training Account (ITA)	If any of the individual's services were purchased utilizing an Individual Training Account funded by WIOA Title I.	One of the following: <ul style="list-style-type: none"> • Cross-Match with State MIS Database • Case notes • ITA Approval, Allocation or Activation Records
Category of Assessment #1	If the participant was assessed using approved tests for Adult Basic Education (ABE), English-As-A- Second Language (ESL), or both.	One of the following: <ul style="list-style-type: none"> • Copy of Assessment Test Results • Vendor Receipt for Testing
Date Completed, During Program Participation, an Education or Training Program Leading to a Recognized Postsecondary Credential or Employment (WIOA)	The date the participant complete, during program participation, an education or training program that leads to a recognized postsecondary credential, including a secondary education program, or training program that leads to employment as defined by the core program in which the participant participates.	One of the following: <ul style="list-style-type: none"> • Cross-Match with Secondary or Postsecondary Education Database • Copy of Diploma, Credential or Degree Awarded by Education Institution • Applicable Records from Education Institution (GED certificate, diploma, transcripts, report card, or school documentation) • Signed Follow-up Survey Response from Program Participant • Signed File Documentation with Information Obtained from Education or Training Provider
Other Reasons for Exit	<p>If the Participant exits the program and is unable to continue to receive program services due to any of the following reasons:</p> <ul style="list-style-type: none"> • The participant has become incarcerated in a correctional institution or has become a resident of an institution or facility providing 24-hour support such as a hospital or treatment center during the course of receiving services as a participant. <p>The participant must undergo medical treatment and that treatment is expected to last longer than 90 days and precludes entry into unsubsidized employment or continued participation in the program.</p> <ul style="list-style-type: none"> • The participant is deceased. • The participant is a member of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90 days. 	<p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Correctional/Medical/Treatment Center Documentation <input type="checkbox"/> Court Documentation <input type="checkbox"/> Death Records <input type="checkbox"/> Detailed Program note <input type="checkbox"/> Doctor's Statement <input type="checkbox"/> Military Records/Orders <input type="checkbox"/> Social Service Verification <input type="checkbox"/> Written Statement from State or Local Partner Agency <p>REQUIRED: Staff must enter the reason for Exit in the applicable Program Exit Questions and provide detailed program note.</p>

Data Element	Definitions and Requirements	Acceptable Source Document
	<ul style="list-style-type: none"> The participant is a criminal offender in a correctional institution under section 225 of WIOA 	
Date Enrolled in Post Exit Education or Training Program Leading to a Recognized Postsecondary Credential	Participants who have attended secondary education and obtained a secondary school diploma or its equivalency during program participation and have entered an education or training program that leads to a recognized postsecondary credential after program exit.	One of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment Records <input type="checkbox"/> School Documentation <input type="checkbox"/> Transcript <input type="checkbox"/> Report card AND <ul style="list-style-type: none"> <input type="checkbox"/> Applicable Programmatic Service and Training Plan entry AFTER exit– <ul style="list-style-type: none"> Post-Exit Education/Training Leading to Post Secondary Credential
Most Recent Date Received Education Offered Concurrently with Workforce Preparation (Youth)	The most recent date on which the participant received education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster.	Applicable S&T Entry AND Detailed Program Notes

Data Element	Definitions and Requirements	Acceptable Source Document
Most Recent Date Received Leadership Development Opportunities (Youth)	The most recent date on which the participant received services that include, but are not limited to, opportunities that may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors, as appropriate.	Applicable S&T Entry AND Detailed Program Notes
Received Training (WIOA Youth)	Indicates if the participant received training services.	Applicable S&T Entry AND Detailed Program Notes
Date Entered Training #1 (WIOA)	The date on which the participant's first training service actually began.	Applicable S&T Entry AND Detailed Program Notes
Type of Training Service	<p>The date on which the participant's training service actually began. WIOA requires the following type of training services provided to a participant to be reported.</p> <ul style="list-style-type: none"> a) On the Job Training b) Skill Upgrading c) Entrepreneurial Training d) ABE or ESL in conjunction with Training (non-TAA funded) e) Customized Training f) Other occupational Skills Training g) Remedial Training (ABE/ESL – TAA only) h) Prerequisite Training i) Registered Apprenticeship Training j) Youth Occupational Skills Training k) Other Non-Occupational Skills Training 	<p><input type="checkbox"/> Training Documentation</p> <ul style="list-style-type: none"> • Individual Educational Plan (electronic entry) • Individual Service Strategy (electronic entry) • Individual Training Account documentation <ul style="list-style-type: none"> ○ Individual Training Voucher: Attachment D ○ Coordination of Training Funds: Attachment E <p>*LWDB must identify the training documentation requirements, and ensure they are consistent with programmatic state policies. AND</p> <p><input type="checkbox"/> Applicable Programmatic Service and Training Plan entry</p> <ul style="list-style-type: none"> • Applicable service entry of training that leads to a recognized credential or employment

Data Element	Definitions and Requirements	Acceptable Source Document
<p>Participated in Postsecondary Education During Program Participation/ Date Enrolled During Participation in an Education or Training Program</p>	<p>Participants who are in a enrolled in a postsecondary education program that leads to a credential or degree from an accredited postsecondary education institution at the time of enrollment or at any point during program participation.</p> <p>This data element relates to the credential indicator denominator and those who are recorded as 1 are included in the credential rate denominator.</p> <p>*The Date of enrollment must match the date on the source documentation.</p>	<p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment Records <input type="checkbox"/> School Documentation <input type="checkbox"/> Transcript <input type="checkbox"/> Report card <input type="checkbox"/> Job Corps Documentation <input type="checkbox"/> Training Documentation <ul style="list-style-type: none"> • Individual Educational Plan (electronic entry) • Individual Service Strategy (electronic entry) • Individual Training Account documentation <ul style="list-style-type: none"> ○ Individual Training Voucher: Attachment D ○ Coordination of Training Funds: Attachment E <p>*LWDB must identify the training documentation requirements, and ensure they are consistent with programmatic state policies. AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applicable Programmatic Service and Training Plan entry <ul style="list-style-type: none"> • At the time of enrollment: "Instruction leading to Recognized Credential or Employment" • During program participation: Services that are designed to lead to a recognized postsecondary credential

Data Element	Definitions and Requirements	Acceptable Source Document
<p>Enrolled in Secondary Education Program/ Date Enrolled During Participation in an Education or Training Program</p>	<p>Participants who are enrolled in a Secondary Education Program at or above the 9th grade level at the time of application to the program OR at any point while participating in the program. A Secondary Education program includes both secondary school and enrollment in a program of study with instruction designed to lead to a high school equivalent credential.</p> <p>*The Date of enrollment must match the date on the source documentation.</p>	<p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment Records <input type="checkbox"/> School Documentation <input type="checkbox"/> Transcript <input type="checkbox"/> Report card <input type="checkbox"/> Job Corps Documentation <input type="checkbox"/> Training Documentation <ul style="list-style-type: none"> • Individual Educational Plan (electronic entry) • Individual Service Strategy (electronic entry) • Individual Training Account documentation <ul style="list-style-type: none"> ○ Individual Training Voucher: Attachment D ○ Coordination of Training Funds: Attachment E <p>*LWDB must identify the training documentation requirements, and ensure they are consistent with programmatic state policies. AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applicable Programmatic Service and Training Plan entry <ul style="list-style-type: none"> • At the time of enrollment: <p>“Instruction leading to Secondary School Completion”</p> • During program participation: <p>Services that are designed to lead to a secondary credential</p>
<p>Type of Recognized Credential / Date Attained Recognized Credential</p>	<p>The type of recognized diploma, degree, or credential consisting of an industry-recognized certificate or certification that is attained either during participation or within one year of exit:</p> <ol style="list-style-type: none"> a) Secondary School Diploma/or equivalent b) AA or AS Diploma/Degree c) BA or BS Diploma/Degree d) Occupational Licensure e) Occupational Certificate f) Occupational Certification g) Other Recognized Diploma, Degree, or Certificate <p>*The date of attainment must match the date on the source documentation</p>	<p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Secondary School Diploma/Recognized Equivalent <input type="checkbox"/> Diploma <ul style="list-style-type: none"> <input type="checkbox"/> AA or AS Diploma/Degree <input type="checkbox"/> BA or BS Diploma/Degree <input type="checkbox"/> Licensure <input type="checkbox"/> Certificate <input type="checkbox"/> Transcript: Documentation of Credential Attainment <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applicable Programmatic Outcomes entry <ul style="list-style-type: none"> • 4th quarter after exit

Data Element	Definitions and Requirements	Acceptable Source Document
Date of Most Recent MSG: Educational Function Level (EFL)	<p>Title I Adults & Dislocated Workers:</p> <ul style="list-style-type: none"> All participants who are receiving instruction below the postsecondary education level and achieves at least one documented educational functioning level measurable skill gain. <p>Title I Youth:</p> <ul style="list-style-type: none"> In-School Youth: All in-school youth that achieves at least one documented educational functioning level measurable skill gain. Out-of-School Youth: Out of school who are receiving instruction below the postsecondary education level, are receiving an Occupational Skills Training, Title II funded adult education service, Youthbuild service, or Job Corps service during participation in the Title I Youth program, and achieves at least one documented educational functioning level measurable skill gain. <p>An educational functioning level measurable skill gain may be achieved and documented in one of three ways:</p> <ol style="list-style-type: none"> Comparing a participant's initial EFL as measured by a pre-test with the participant's EFL as measured by a participant's post- test; or For States that offer secondary school programs that lead to a secondary school diploma or its recognized equivalent, an EFL gain may be measured through the awarding of credits or Carnegie units; or States may report and EFL gain for participants who exit the program and enroll in postsecondary education or training during the program year. 	<p>All of the following are required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Demographic Snapshot: <ul style="list-style-type: none"> ○ English Language Learner ○ Basic Skills Deficient/Low Levels of Literacy <input type="checkbox"/> Service & Training Plan <ul style="list-style-type: none"> ○ Applicable service entry that leads to a recognized credential or employment <input type="checkbox"/> Measurable Skill Gain: <ul style="list-style-type: none"> ○ Educational Functioning Level <input type="checkbox"/> Testing (applicable program enrollment) <ul style="list-style-type: none"> ○ Pre-Test Score ○ Post-Test Score <input type="checkbox"/> Documentation Upload <ul style="list-style-type: none"> ○ Pre-Test Documentation ○ Post-Test Documentation

Data Element	Definitions and Requirements	Acceptable Source Document
Date of Most Recent MSG: Postsecondary Transcript/Report Card	<p>Title I Adults & Dislocated Workers:</p> <ul style="list-style-type: none"> All participants who are in an education or training program that leads to a recognized postsecondary credential or employment and achieves a documented postsecondary transcript/report card measurable skill gain. <p>Title I Youth:</p> <ul style="list-style-type: none"> In-School Youth: All in-school youth that who achieve a documented postsecondary transcript/report card measurable skill gain. Out-of-School Youth: Out of school who are receiving an Occupational Skills Training, Title II funded adult education service, Youthbuild service, or Job Corps service during participation in the Title I Youth program, and achieve a documented postsecondary transcript/report card measurable skill gain. <p>A postsecondary transcript/report card measurable skill gain may be achieved and documented by one of the following ways:</p> <ol style="list-style-type: none"> The participant's transcript or report card from a postsecondary education institution demonstrating a minimum of 12 hours per semester, that shows the participant is meeting Oklahoma's academic standards, or For part time students, the participant's transcript or report card from a postsecondary education institution demonstrating a total of at least 12 credit hours over the course of two completed semesters during the same 12-month period, that shows the participant is meeting Oklahoma's academic standards. 	<p>All of the following are required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Service & Training Plan <ul style="list-style-type: none"> ○ Applicable service entry that leads to a recognized credential or employment <input type="checkbox"/> Measurable Skill Gain: <ul style="list-style-type: none"> ○ Post-Secondary Transcript/Report Card <input type="checkbox"/> Documentation Upload <ul style="list-style-type: none"> ○ Report Card (12 Hours) ○ Transcript (12 hours)

Data Element	Definitions and Requirements	Acceptable Source Document
Date of Most Recent MSG: Secondary Transcript/Report Card	<p>Title I Adults & Dislocated Workers:</p> <ul style="list-style-type: none"> All participants who are in an education or training program that leads to a recognized postsecondary credential or employment and achieves a documented secondary transcript/report card measurable skill gain. <p>Title I Youth:</p> <ul style="list-style-type: none"> In-School Youth: All in-school youth who achieve a documented secondary transcript/report card measurable skill gain. Out-of-School Youth: Out of school who are receiving an Occupational Skills Training, Title II funded adult education service, Youthbuild service, or Job Corps service during participation in the Title I Youth program, and achieve a documented postsecondary transcript/report card measurable skill gain. <p>A secondary transcript/report card measurable skill gain may be achieved and documented by:</p> <ul style="list-style-type: none"> The participant's transcript or report card for secondary education for one semester showing that the participant is meeting Oklahoma's academic standards. 	<p>All of the following are required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Service & Training Plan <ul style="list-style-type: none"> ○ Applicable service entry that leads to a recognized credential or employment <input type="checkbox"/> Measurable Skill Gain: <ul style="list-style-type: none"> ○ Secondary Transcript/Report Card <input type="checkbox"/> Documentation Upload <ul style="list-style-type: none"> ○ Report Card (semester) ○ Transcript (semester)

Data Element	Definitions and Requirements	Acceptable Source Document
Date of Most Recent MSG: Training Milestone	<p>Title I Adults & Dislocated Workers:</p> <ul style="list-style-type: none"> All participants who are in an education or training program that leads to a recognized postsecondary credential or employment and achieves a documented training milestone measurable skill gain. <p>Title I Youth:</p> <ul style="list-style-type: none"> In-School Youth: All in-school youth who achieve a documented training milestone measurable skill gain. Out-of-School Youth: Out of school who are receiving an Occupational Skills Training, Title II funded adult education service, Youthbuild service, or Job Corps service during participation in the Title I Youth program and achieve a documented training milestone measurable skill gain. <p>A training milestone measurable skill gain may be achieved and documented by:</p> <ul style="list-style-type: none"> The documentation of a participant's satisfactory or better progress towards established milestones from and employer/training provider who is providing training (e.g., completion of on-the-job training (OJT), completion of one year of a registered apprenticeship program, etc.). 	<p>All of the following are required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Service & Training Plan <ul style="list-style-type: none"> ○ Applicable service entry that leads to a recognized credential or employment <input type="checkbox"/> Measurable Skill Gain: <ul style="list-style-type: none"> ○ Training Milestone <input type="checkbox"/> Documentation Upload <ul style="list-style-type: none"> ○ Training provider reports ○ Pay stubs (increase in pay must be from acquired skills or increased performance) ○ Employer progress report (substantive skill development) ○ OJT completion verification ○ Registered Apprenticeship completion verification ○ Certificate (interim certificates)

Data Element	Definitions and Requirements	Acceptable Source Document
Date of Most Recent MSG: Skills progression	<p>Title I Adults & Dislocated Workers:</p> <ul style="list-style-type: none"> All participants who are in an education or training program that leads to a recognized postsecondary credential or employment and achieves a documented skills progression measurable skill gain. <p>Title I Youth:</p> <ul style="list-style-type: none"> In-School Youth: All in-school youth who achieves a documented skills progression measurable skill gain. Out-of-School Youth: Out of school who are receiving an Occupational Skills Training, Title II funded adult education service, Youthbuild service, or Job Corps service during participation in the Title I Youth program and achieves a documented skills progression measurable skill gain. <p>A skill progression measurable skill gain may be achieved and documented by:</p> <ul style="list-style-type: none"> The documentation of a participant successfully completing an exam that is required for a particular occupation, or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks such as knowledge-based exams. 	<p>All of the following are required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Service & Training Plan <ul style="list-style-type: none"> ○ Applicable service entry that leads to a recognized credential or employment <input type="checkbox"/> Measurable Skill Gain: <ul style="list-style-type: none"> ○ Skills Progression <input type="checkbox"/> Documentation Upload <ul style="list-style-type: none"> ○ Exam Completion verification ○ Certificate (interim certificates)
Type of Employment 1 st , 2 nd , 3 rd , and, 4 th Quarter After Exit Quarter	<p>Identify the type of employment status following exit:</p> <ol style="list-style-type: none"> Unsubsidized Employment Subsidized Employment Registered Apprenticeship Military Not employed <p>Requirement Staff must enter the reason for Exit in the applicable Program Exit Question section of OKJobMatch.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Completion of Exit Questions in applicable program enrollment <input type="checkbox"/> Supplemental Wage Data <input type="checkbox"/> Wage record match (UI Wage data) <p>REQUIRED: Staff must enter the reason for Exit in the applicable Program Exit Question section of OKJobMatch.</p>
Wages 2 nd Quarter After Exit Quarter	Total earning for the second quarter after the quarter of exit	<ul style="list-style-type: none"> <input type="checkbox"/> Wage record match (UI Wage data) <input type="checkbox"/> Supplemental Wage Data

Data Element	Definitions and Requirements	Acceptable Source Document
Supplemental Wages	<p>Supplemental wage information must be collected quarterly after exit, for the previous quarter, be reported in the participant's applicable program enrollment in OKJobMatch under the program details wages section, and have support documentation uploaded. Information that must be included on source documentation:</p> <ul style="list-style-type: none"> • Quarter for which data is being collected • O*NET code • NAICS Code • Employer FEIN • Employer • Company City • Company State • Total Earnings for Quarter 	<p>Upload one of the following under "Supplemental Wage Data" source document type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tax documents <input type="checkbox"/> Payroll records <input type="checkbox"/> Employer Verification <input type="checkbox"/> WIOA Participant Supplemental Wage Quarterly Exit Data Collection Form, Attachment L <input type="checkbox"/> WIOA Partner's administrative records containing required employment and wage information <input type="checkbox"/> Self-Employment Worksheet, Attachment M
Employment Related to Training	Record if the participant received training services and obtained employment directly related to the training services received	<ul style="list-style-type: none"> <input type="checkbox"/> Completion of Exit Questions in applicable program enrollment <input type="checkbox"/> Supplemental Wage Data <input type="checkbox"/> Wage record match (UI Wage data) <p>REQUIRED: Staff must enter the reason for Exit in the applicable Program Exit Question section of OKJobMatch.</p>
Youth 2 nd Quarter Placement (Title I)	<p>Youth participants who has exited and placed in the following in the 2nd quarter after exit:</p> <ul style="list-style-type: none"> • Occupational Skills Training, • Postsecondary Education, or • Secondary Education 	<p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment Records <input type="checkbox"/> School Documentation <input type="checkbox"/> Transcript <input type="checkbox"/> Report card <input type="checkbox"/> Training provider documentation <input type="checkbox"/> Detailed Program Note <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Youth Outcomes: Placement 2nd Quarter after exit
Youth 4 th Quarter Placement (Title I)	<p>Youth participants who has exited and placed in the following in the 4th quarter after exit:</p> <ul style="list-style-type: none"> • Occupational Skills Training, • Postsecondary Education, or • Secondary Education 	<p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment Records <input type="checkbox"/> School Documentation <input type="checkbox"/> Transcript <input type="checkbox"/> Report card <input type="checkbox"/> Training provider documentation <input type="checkbox"/> Detailed Program Note <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Youth Outcomes: Placement 4th Quarter after exit

WIOA Income Eligibility Form: Part I

Identifying Information			
Applicant's Name: _____	Participant ID: _____		
Last	First	MI	
		Application Date: _____	

Income Period – From (6 months prior to application): _____ **To (application date):** _____

NOTE – Family Income Calculation: Complete and attach Part II: Income Calculation, for each family member with earned income during the 6- month income review period. **Documentation of income source(s), family size, and Parts I & II of this form must be uploaded in the participant virtual case file.**

Family Composition: List each family member. Family is two or more persons related by blood, marriage, or decree of court, who are living in a single residence. (Married couple & dependent children: parent or guardian & dependent children; or married couple).

Family Member	Name	Relationship	Date of Birth	Age	Income Source(s)	6-Month Income
1		Self/Applicant				
2						
3						
4						
5						
6						
7						
8						

Income Review	Family Size:	Income Limit: <small>* to be taken from 'at or below Poverty Line or 70% LLSIL'</small>	Total 6-Month Income:
			6-Month Income X 2: <small>* to be compared to INCOME LIMIT</small>
Certification	I attest that to the best of my knowledge the above information is true and correct.		

Applicant Signature

Date

Parent/Guardian or Other Responsible Adult Signature (if applicant is under 18)

Date

Equal Opportunity Employer/Program

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

Case Manager Signature

Date

WIOA Income Eligibility Form: Part I - continued

Family income calculations INCLUDE the following:	Family income calculations EXCLUDE the following:
<ul style="list-style-type: none"> • Gross wages and salaries before deductions • Net income (gross income minus operating expenses) from a business or other non-farm enterprise • Net income from farm self-employment (income from a farm which operates as an owner, renter, or sharecropper, after deductions from farm operating expenses) • Social Security Disability Insurance (SSDI) • Governmental and non-governmental pensions (including military retirement pay) • Regular payments from railroad retirement benefits, strike benefits from union funds, worker's compensation and training stipends • Alimony • Merit based scholarships, fellowships, and assistantships i.e. the recipient may be determined by students' athletic, academic, artistic or other abilities • Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings • Terminal leave pay, severance pay, or a cash out of accrued vacation leave • Disaster Relief Employment wages • On-the-Job Training (OJT) wages • Now included under WIOA • Unemployment compensation • Child support payments • Old age and survivors' insurance benefits received under section 202 of the Social Security Act (42 U.S.C. 402) 	<ul style="list-style-type: none"> • Foster child care payments • Income earned while the veteran was in Active Military Duty, and certain other Veteran's Benefits • Federal non-cash benefits such as: Medicare, Medicaid, food stamps, school lunches, and housing assistance • Assets drawn down as withdrawals from a bank • Public Assistance payments: TANF, SSI, GA, and RCA • One-time cash payment, which includes: tax refunds, loans, one-time insurance payments or compensation for injury, gifts and lump sum inheritances • Job Corps payments • Cash value of employer-paid or union-paid portion of health insurance or other employee fringe benefits • Cash value of food or housing received in lieu of wages • Payments received under the Trade Readjustment Act of 1974 • Needs-based scholarship assistance • Financial assistance under Title IV of the Higher Education Act • Stipends received from the following programs: VISTA, Peace Corps, Foster Grandparents Program, Retired Senior Volunteer Program, Youth Works/AmeriCorps Program • All WIOA payments except OJT <p style="margin-top: 20px;">Last updated: 1/19/18</p>

WIOA Income Calculation Worksheet: Part II

Identifying Information			
Applicant's Name: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Last First MI </div>	Participant ID: _____ Application Date: _____		

Income Period – From (6 months prior to application): _____ To (application date): _____

Family Member: _____ Relationship: _____

☐ **Straight Pay Method:** Use this method if family member provides all income documents covering income review period.

Employer or Income Source		Pay Date	# of Pay Periods Weekly=26, Bi-weekly=13, Monthly=6	=	Pay Period Gross Pay
1				=	
2				=	
3				=	
4				=	
6-Month Income: Sum of all Pay Period Gross Pays					

☐

☐ **Average Pay Method:** Use this method if family member provides at least 2 income documents from each source.

Average Pay Method: Use this method if family member provides at least 2 income documents from each source.

Employer or Income Source		Pay Date	Gross Pay	÷	# Weeks in Time Frame: Weekly=1, Bi-weekly=2,Monthly=4.3	=	Weekly Gross Income	
1				÷		=		
2				÷		=		
3				÷		=		
# of Pay Stubs Collected			Sum of Weekly Gross Income			+		
Average Weekly Gross: Sum of Weekly Income ÷ # of Pay Stubs							=	
6-Month Income: Average Weekly Gross × 26 (there are 26 weekly pay days in a six-month period)							=	

☐

WIOA Income Calculation Worksheet: Part II (continued)

- ☐ **Year-to-Date Method:** Use this method if the family member provides a recent pay stub or income source with the cumulative year-to-date gross income indicated on it.

Employer or Income Source	Pay Date	Cumulative year-to-date Gross Pay	÷	# of cumulative weeks on pay stub	=	Weekly Gross Income
1			÷		=	
2			÷		=	
Sum of Weekly Gross Income (Average Weekly Gross Income):					+	
6-Month Income: Average Weekly Gross × 26 (there are 26 weekly pay days in a six-month period)					=	

- ☐ **Intermittent Work/Other Income Method:** Use this method if the family member has not had steady income from one or more sources during the review period.

Employer	Description of Work	Start Date	End Date	Total Gross Income
1				
2				
6-Month Income: Sum of all Total Gross Incomes				=

Guidelines for Income Calculation Worksheet: Part II

When calculating income, use any one of the following methods as appropriate. A separate form should be used for each family member with income. The examples are illustrative only and as many pay stubs as needed and available to accurately calculate family income should be obtained.

1. STRAIGHT PAY METHOD

Under the Straight Pay Method, pay stubs covering the most recent three to four months of family income should be submitted. Upon review, it is determined that the wages on the pay stubs are the same, with no variations.

The income is calculated based upon the wages indicated on one of the pay stubs, since there are no variations in the gross income on any of the pay stubs. Based upon the length of the pay period the gross income is multiplied by the number of pay periods in a six-month period (weekly = 26, bi-weekly = 13, or monthly = 6).

The result will be the six-month income used to determine WIOA low-income eligibility.

EXAMPLE:

Five bi-weekly pay stubs are provided indicating gross wages of \$548.00 each. The pay stubs are sporadic and cover a period of three months but there is no variation in the gross income.

Multiply: $\$548 \times 13 = \$7,124$.

\$7,124 is the six-month income used to determine WIOA low-income eligibility.

2. AVERAGE PAY METHOD

Average Pay Method is used if there is a variation in pay from pay stub to pay stub and it is a result of overtime, lost time, or working for different employers.

To compute the six-month income, the gross earning total of all the pay stubs provided is divided by the number of weeks in the timeframe for each pay stub submitted (weekly = 1, bi-weekly = 2, monthly = 4.3). These totals are added together and divided by the number of pay stubs submitted. The resulting average gross weekly income is then divided by 26 determining the 6-month income.

EXAMPLE:

Example 1:

Three pay stubs are provided and the pay frequency is bi-weekly: \$1,009, \$932, \$1,032

Divide each amount by 2 (bi-weekly: $1009/2 = \$504.50$; $932/2 = \$466$; $1032/2 = \$516$ Add totals together: $\$504.50 + \$466 + \$516 = \1486.50

Divide by 3 (# of pay stubs submitted): $\$1486.50/3 = \495.50

Multiply total by 26 (# of weeks in a 6-month period): $\$495.50 \times 26 = \$12,883$

\$12,883 is the six-month income amount used to determine WIOA low-income eligibility.

Example 2:

Six pay stubs are provided and the pay frequency is weekly: \$534, \$475, \$398, \$534, \$498, and \$534

*You can skip the first step since the pay frequency is weekly and you would be dividing each amount by 1

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

Divide by 6 (# of pay stubs submitted): $\$2973/6 =$

$\$495.50$ Multiply total by 26: $\$495.50 \times 26 = \$12,883.$

\$12,883 is the six-month income amount used to determine WIOA low-income eligibility.

3. YEAR-TO-DATE METHOD

Under the Year-To-Date Method of calculating six-month gross income, the participant provides recent pay stubs with cumulative year-to-date gross earnings indicated on the pay stub. The cumulative year-to-date gross earnings indicate the gross earnings up to the date of the pay period ending date, on the pay stub.

To compute the six-month income, the intake worker counts the number of cumulative weeks that have occurred in the year-to-date period, and divides that number into the gross year-to-date earnings indicated on the pay stub to get the weekly gross income. The result of this computation weekly gross income is then multiplied by the number of weeks in a six-month period to determine the six-month gross earnings.

EXAMPLE:

Participant provides the intake worker with a recent pay stub dated July 3rd showing his **year- to-date earnings** were \$25,200 so far that year. The cumulative number of weeks for the year is 27, Calculation of the gross annualized income would be done as follows:

Divide: $25,200 \text{ by } 27 = \933

Multiply: $\$933 \text{ by } 26 \text{ (No. of weeks in 6 months)} = \$24,258$

\$24,258 is the 6-month income figure for this individual or family member.

4. INTERMITTENT WORK METHOD

When an applicant has not had steady work with one or more employers, they should supply as many pay stubs as possible and complete an Applicant Statement explaining all missing pay stubs and not-work periods during the last six months.

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

CLIENT INVOLVEMENT STATEMENT

CLIENT INVOLVEMENT STATEMENT

I certify that my Individual Employment Plan (IEP)/Individual Service Strategy (ISS) is an agreement created in consultation with my Case Manager. I agree to the following:

- The employment goals and service strategies included above are my choice and the plan is consistent with my assessment results, interview, and/or evaluation.
- The information I provided is true and correct to the best of my knowledge and there is no intent to commit fraud.
- I am aware that the information I have provided is subject to review and verification, and I may be required to provide supporting documentation for accuracy. If I am found ineligible after enrollment due to the provision of false information, I may be subject to immediate termination from the program.
- I certify that I have been given a copy of complaint and hearing procedures, and have been informed of my rights and responsibilities.
- I agree to fully participate in my IEP/ISS to the best of my ability.
- I acknowledge that the above IEP is an agreement between the WIOA program and myself, and may only be altered in consultation with my case manager. I will notify my case manager if circumstances beyond my control arise that keep me from participating, or if my plan needs to be altered for a justifiable reason.
- I understand that continuation of my program and services depends upon availability of funding by the U.S. Department of Labor. I will be notified as soon as possible if my services will be affected.
- If I so request, a letter of my program status will be provided. Additionally, I have the right to request and receive a copy of the above employment plan.

Participant's Signature: _____

Date: _____

Name: _____

Participant ID: _____

Case Manager: _____

Office: _____

Last Updated: May 1, 2019

Individual Training Account (ITA) Agreement

Participant: _____ ID# _____

ITA Start Date: _____ ITA End Date: _____

Amount of Individual Training Account (ITA): \$ _____

Training Provider: _____

Demand Occupation: _____

ACKNOWLEDGEMENT AND AGREEMENT

- The amount of my Individual Training Account (ITA) has been awarded based on individual factors including cost of attendance, coordination of other funding sources, and needs identified in my Individual Employment Plan (IEP).
- ITA funding may be used to assist with tuition and fees as well as books, uniforms, tools, equipment, or supplies required for training/degree plan.
- This ITA is limited to the amount and the scheduled start and end date stated above. Any modification to the ITA Agreement must be approved per Workforce Development Board policy and only for exceptional circumstances.
- It is my responsibility to budget and track my ITA expenditures to insure that the funds available to me are not depleted prior to completion of training. I will coordinate with my Career Manager and verify my ITA balance as necessary.
- I understand that I must meet or exceed attendance and academic requirements of the school/training provider.
- I understand that I am not required to access student loans or incur personal debt as a condition of participation. However, if I chose to do so, I understand the responsibilities associated with such indebtedness, including loan repayment. My Career Manager has counseled me in regard to this issue.
- Continued participation is subject to continued availability of funding by the Department of Labor.
- I agree to monthly contact with my Career Manager to discuss my training progress and any other issues, whether academic, personal, or financial, which may affect the successful completion of my training.
- I will immediately inform my Career Manager of changes of name, address, phone number, email address or back-up contact information.
- Prior to the beginning of each new semester I will schedule an appointment with my Career Manager to complete a voucher for the upcoming semester. I agree to provide any documentation necessary for completion of the voucher, which may include class schedule, enrollment sheet, grade report from previous semester, and Financial Aid Award letter.
- In the event that I drop or add a class, I will notify my Career Manager immediately.
- ITA funding may be used to pay only for classes or training directly related to my training/degree plan. ITA funding will not be used to pay for the same class more than once. If I fail a class, I will be responsible for paying for such class the second time.
- Upon completion of my training, I agree to provide my Career Manager with information concerning my employment and copies of any diplomas, credentials, or licenses earned.

I have read this document and hereby understand and agree to comply with the terms herein described. I am receiving a copy of this agreement for my records.

ITA Participant's Signature_____
Date

I have established this ITA and reviewed the terms of this Agreement with the client.

WIOA Service Provider's Signature_____
Date

INDIVIDUAL TRAINING VOUCHER FORM

Training Institution/Provider: _____

Mod #: _____

Participant Name: _____

ID #: _____

WIOA Program/Funding Stream: ☐ TAA ☐ Adult ☐ DW ☐ Other: _____

(WIOA Service Provider) agrees to sponsor the above named student in the course(s) or
program(s) listed below and pay the training costs listed (based on off-the-shelf catalog prices) for the time period of:
_____ through _____. Refunds or returns for non-compliance will be made to

(WIOA Service Provider).

Explanation if this is a Modification:

TRAINING

Course #	Course Title	Hours

AUTHORIZED TRAINING COSTS

Items	Amount	Items	Amount
Tuition	\$	Uniforms	\$
Fees	\$	Tools:	\$
Supplies	\$	Books:	\$
Books	\$	Other:	\$
			TOTAL \$

As the recipient of Workforce Innovation & Opportunity Act (WIOA) Program assistance with tuition, books, fees, or other required supplies, I hereby authorize the training institution listed above to release information regarding my attendance, grades, schedules, personal conduct and/or other information as needed to the _____ (WIOA Service Provider).

Participant Signature

WIOA Service Provider Signature

Date

Date

SECTION I**COORDINATION OF TRAINING FUNDS**

TO: FINANCIAL AID OFFICE

ATTENTION: _____

SCHOOL: _____

FAX OR E-MAIL ADDRESS: _____

PARTICIPANT NAME: _____

FROM: _____

ATTENTION: _____

FAX OR E-MAIL ADDRESS: _____

ID NUMBER: _____

I hereby authorize the exchange of information between the WIOA Case Manager and the Financial Aid Office at the above named School regarding the awarding of any financial aid from any source.

Participant Signature: _____

Date: _____

SECTION II: The following section is to be completed by the financial aid office.**PERIODS COVERED**

Start Date: _____

End Date: _____

☐ Fall _____☐ Trimester I☐ Full Length of Short Course☐ Spring _____☐ Trimester II☐ Summer _____☐ Trimester III**COST OF ATTENDANCE *****STUDENT'S FINANCIAL AID**

Pell Grant Eligibility

\$ _____

Tuition and Fees \$ _____

_____ Student or Program is not PELL eligible

Books, Supplies and Tools \$ _____

OTHER FINANCIAL RESOURCES EXCLUDING LOANS AND VA BENEFITS

Uniforms \$ _____

OTHER EXPENSES RELATED TO TRAINING **

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL FINANCIAL AID \$ _____**TOTAL COST OF ATTENDANCE** \$ _____

Total Cost of Attendance \$ _____ minus Student's Financial Aid \$ _____ equals Unmet Financial Need \$ _____

By signing below, the financial aid officer (or those personnel who perform those duties) agrees to inform the local WIOA program operator of the amounts and disposition of financial aid to each participant awarded after the enrollment of the participant, as part of a continuing, regular information sharing process.

Financial Aid Officer: _____

Date: _____

*As defined by the Higher Education Act Section. 472

**Other expenses related to training may include transportation, room and board, vehicle insurance, and other items necessary for attendance as defined by local policy.

SECTION III: The following section is to be completed by the WIOA Case Manager.

After a comprehensive review of services provided by partner agencies, other social service agencies, and other community resources, I have determined that WIOA funds are necessary for attainment of the participant's employment goal. I certify that WIOA funds will be coordinated with other funds and there will be no duplication of resources.

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.

WIOA Service Provider's Signature: _____

Date: _____

WIOA Youth Eligibility Form

Identifying Information	
Applicant's Name: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Last First MI </div>	Participant ID: _____ Application Date: _____

General Eligibility Verify all of the following criteria.	
CRITERIA (See 681.210 and State Policy for full text...)	Identify Source Documents to be Uploaded
1. Age / Date of Birth	
2. Citizenship / Eligible to Work	
3. Selective Service Registration	<input type="checkbox"/> N/A - female <input type="checkbox"/> N/A – male under 18

Out-of-School Youth Between the ages of 16 and 24, not attending any school, and meet one of the following criteria:	
CRITERIA (See 681.210 and State Policy for full text...)	Identify Source Documents to be Uploaded
1. A school dropout	
2. Youth who is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter...	
3. A recipient of a secondary school diploma or its recognized equivalent who is a low-income individual and is either basic skills deficient or an English language learner.	<input type="checkbox"/> Low Income <input type="checkbox"/> BSD/LLL
4. An offender	
5. A homeless individual aged 16 to 24...	
6. An individual in foster care or who has aged out of the foster care...	
7. An individual who is pregnant or parenting...	
8. An individual with a disability...	
9. A low-income individual who requires additional	<input type="checkbox"/> Low Income

assistance to enter or complete an educational program or to secure or hold employment...	<input type="checkbox"/> Additional Assistance
---	--

WIOA Youth Eligibility Form (continued)

In-School Youth Must be attending school, not younger than 14 or Older than 21, low income, and meet one of the criteria:	
CRITERIA (See 681.210 and State Policy for full text...)	Identify Source Documents to be Uploaded
School Status at program entry (Required)	
Low Income (Required)	
1. Basic skills deficient	
2. An English language learner	
3. An offender	
4. A homeless individual aged 14 to 21...	
5. An individual in foster care or who has aged out of the foster care...	
6. An individual who is pregnant or parenting	
7. An individual with a disability	
8. An individual who requires additional assistance to complete an educational program or to secure or hold employment...	

WIOA Youth Support Form

Identifying Information			
Applicant's Name:	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 90%;"> Last First MI </div>	Participant ID: _____	Application Date: _____

☐

I HAVE HAD LITTLE OR NO INCOME OR I AM A MEMBER OF A FAMILY THAT HAS HAD LITTLE OR NO INCOME FOR THE 6-MONTH PERIOD PRIOR TO APPLICATION.

1. What is your household's monthly grocery bill? _____
 How does your household pay for this expense? _____
2. What are your household's monthly housing expenses (include rent and utilities)? _____
 How does your household pay for this expense? _____
3. What are your household's monthly transportation expenses (car payment, gas, bus, etc.)? _____
 How does your household pay for this expense? _____
4. What is the average monthly cost for clothing and shoes for your household? _____
 How does your household pay for this expense? _____
5. What are your household's monthly entertainment expenses? _____
 How does your household pay for this expense? _____

If an individual is not living in a single residence with other family members, that individual is not a member of a family for the purpose of WIOA income calculations.

20 CFR § 675.300 defines family as "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: (1) A married couple and dependent children; (2) A parent or guardian and dependent children; or (3) A married couple."

Circumstances where only the youth's income is considered in determining whether the youth satisfies WIOA income limits for the program. 20 CFR § 681.280 provides that:

- ☐ **OSY with a disability:** *NOT REQUIRED TO BE LOW-INCOME* (20 CFR § 681.280) This includes all other OSY barriers other than the two barriers of OSY that are required to be low-income.
- ☐ **ISY with a disability:** **My own income, rather than my family's income, must meet the low-income definition and not exceed the higher of the poverty line or 70 percent of the LLSIL.**

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION FROM THE PROGRAM, REPAYMENT OF ANY FUNDS EXPENDED ON THE PARTICIPANT, AND/OR OTHER PENALTIES AS SPECIFIED BY LAW.

Applicant Signature

Date

Parent/Guardian or Other Responsible Adult
Signature

Date

Case Manager Signature

Date

WIOA School Dropout Status Form

Identifying Information	
Applicant's Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First MI </div>	Participant ID: _____ Application Date: _____

☐ I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I AM NO LONGER ATTENDING ANY SCHOOL AND THAT I HAVE NOT RECEIVED A SECONDARY SCHOOL DIPLOMA OR ITS RECOGNIZED EQUIVALENT.

Last School Attended: _____

Location: _____

Dates of Attendance: _____

Highest Grade Level Completed: _____

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION FROM THE PROGRAM, REPAYMENT OF ANY FUNDS EXPENDED ON THE PARTICIPANT, AND/OR OTHER PENALTIES AS SPECIFIED BY LAW.

Applicant Signature

Date

Parent/Guardian or Other Responsible Adult Signature (if applicant is under 18)

Date

CERTIFICATION

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

Case Manager Signature

Date

YOUTH TRAINING PROVIDER PROCUREMENT FORM

Identifying Information		
Applicant's Name: _____		Participant ID: _____
_____ Last	_____ First	_____ MI
Application Date: _____		

TRAINING PROVIDER #1		TRAINING LOCATION ADDRESS AND PHONE NUMBER	
COURSE OF TRAINING	TOTAL HOURS	TOTAL TUITION AND FEES	
SOURCE OF INFORMATION (CHOOSE ONE)			
CATALOG	WEB PAGE PRINT-OUT (attach)	TELEPHONE QUOTE (attach telephone verification form)	
TRAINING PROVIDER #2		TRAINING LOCATION ADDRESS AND PHONE NUMBER	
COURSE OF TRAINING	TOTAL HOURS	TOTAL TUITION AND FEES	
SOURCE OF INFORMATION (CHOOSE ONE)			
CATALOG	WEB PAGE PRINT-OUT (attach)	TELEPHONE QUOTE (attach telephone verification form)	
TRAINING PROVIDER #3		TRAINING LOCATION ADDRESS AND PHONE NUMBER	
COURSE OF TRAINING	TOTAL HOURS	TOTAL TUITION AND FEES	
SOURCE OF INFORMATION (CHOOSE ONE)			
CATALOG	WEB PAGE PRINT-OUT (attach)	TELEPHONE QUOTE (attach telephone verification form)	

CERTIFICATION
I certify that the information recorded on this form is accurate and was obtained as indicated by the signature and date below

Case Manager Signature

Date

Documents to Verify Eligibility to Work

LIST A: Documents That Establish Both Identity and Employment Authorization

1. U.S. Passport or Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa (MRIV)
4. Employment Authorization Document (Card) that contains a photograph (Form I-766)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands(RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

OR

LIST B: Documents That Establish Identity

For Individuals 18 years of age or older:

1. Driver's license or ID card issued by a state or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

AND

LIST C: Documents That Establish Employment Authorization

1. U.S. Social Security card other than one that specifies the face that the issuance of the card does not authorize employment in the United States.
*Note: A copy (such as a metal or plastic reproduction) is not acceptable
2. Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545)
3. Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)
4. Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen Identification Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)

8. Employment authorization document issued by Department of Homeland Security

Applicant Statement

Identifying Information		
Applicant's Name: _____	Participant ID: _____	
Last	First	MI
		Application Date: _____

Family is two or more persons related by blood, marriage, or decree of court, who are living in a single residence.

- Married Couple & Dependent Children
- Parent or Guardian & Dependent Children
- Married Couple

Applicant Statement: Please provide a brief description on your lack of or unverifiable income or **employment, the documentation limitations, and** how you have been supported for the 6-month period prior to application. If unable to obtain a satisfactory witness, please explain below.

I hereby certify, under penalty of perjury, that the information stated above is true and accurate, and I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant's Signature	Date
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Corroborative Witness Statement: Please provide a brief description below describing your knowledge of the above participants household income or employment as you understand it.

I hereby certify, under penalty of perjury, that the information stated above is true and accurate, and I understand that I am a corroborating witness and that I possess the knowledge to validate the participant's statement as listed above.

Witness' Signature	Witness Printed Name	Date
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Witness' Relationship to Applicant	Witness' Contact Information
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Office Use Only

The above applicant statement is being utilized for documentation of low income for eligibility purposes, I have reviewed all documentation sources and documentation limitations with the participant and the corroborative witness.

Case Manager Signature

Date

WIOA Participant Supplemental Wage Quarterly Exit Data Collection Form

During orientation, you were informed that we would be contacting those who participated in our education or training program to find out how you are progressing after completing the program. We would like to know if our program helped you achieve your goal of entering postsecondary education/training or obtaining/retraining employment.

This survey will only take a few minutes and all information you give will be strictly confidential.

Name: _____

Date: _____

PID: _____

POSTSECONDARY EDUCATION AND TRAINING

1. Since the end of your program, have you enrolled in any postsecondary educational or training programs?
☐ Yes (Proceed to Next Question) ☐ No (Proceed to Employment Questions)
2. In what type of class or classes have you enrolled? (Check all that apply.)
☐ Adult Workforce Education/Job Training/Career Center/Skilled Trades Program
☐ College
☐ Other (Specify) _____
☐ Do not know or Prefer not to answer

EMPLOYMENT (SUPPLEMENTAL WAGE VERIFICATION)

1. Are you currently Employed? ☐ Yes ☐ No
2. Since completing our program, please select the 3-month period(s) you have been employed.
☐ January to March ☐ April to June ☐ July to September ☐ October to December
3. Place of Employment during the previous 3-month period:
Employer: _____ Type of Employment: _____
Employer FEIN (if known): _____
4. Is the job related to any education/training you received during the program you attended?
☐ Yes ☐ No
5. Approximately how many hours do you work each week? _____ Hours
6. Wage during the previous 3-month period of employment: \$ _____ ☐ hourly ☐ weekly ☐ monthly ☐ yearly
7. Reason for Unemployment.
☐ Insufficient Employment Opportunity ☐ Self-Employed/Lack of Work ☐ Military relocation
☐ Unemployed due to Termination/Layoff
☐ Unemployed due to permanent closure/substantial layoff at place of employment
☐ Other _____
☐ Prefer Not to Answer

CLOSING

Do you have any questions or comments?

Staff Use Only: (If Completed by Phone)

Survey administered by: _____ Date: _____

Staff Use Only:
Gross Quarterly Wage Calculation:

SUPPLEMENTAL WAGE SELF-EMPLOYMENT VERIFICATION FORM

List all gross receipts and total expenses for the previous three months. Subtract total expenses from gross receipts to calculate Net Profit for each Month. Add Net Profit for previous three months to obtain the **Total Net Profit (Earnings)** for the Previous Quarter.

Name: _____
Business Name: _____
Date: _____
PID: _____

	MONTH _____	MONTH _____	MONTH _____
Wages			
Commission			
Bonuses			
Cash Value of Compensation other than cash			
Gratuities			
Wages earned but not received			
Other includable income (Specify below):			
Gross Receipts			

	MONTH _____	MONTH _____	MONTH _____
Business Rent			
Business Telephone			
Business Utilities			
Business Supplies			
Other expenses (Specify below):			
Total Expenses			

	MONTH _____	MONTH _____	MONTH _____
Net Profit			
Total Net Profit (Earnings):			

I, _____, certify that the information stated above is true and accurate, and there is no intent to commit fraud. I am aware that the information I have provided is subject to review and verification, and that I may be required to document its accuracy.

Signature: _____

Date: _____

Wage Conversion Chart

Directions: This is a guide to convert various wage and earnings inputs to a quarterly wage. Collect the hourly/weekly/bi-weekly/monthly/annual wages from the participant and enter that value in the appropriate cell*. The example input values in **red** must be replaced with the appropriate information collected from the participant to calculate the reportable quarterly wage.

Convert Hourly Rate to Quarterly Wages						
Hourly Rate (\$xxx.xx/hour)		Hours worked per week on average (xx.x)		13 weeks per quarter		Quarterly Wages
	X		X	13		
\$7.25	X	32.0	X	13	=	\$3016.00

Convert Weekly Wages to Quarterly Wages				
Weekly Wages (\$xxx.xx/hour)		13 weeks per quarter		Quarterly Wages
	X	13		
\$290.00	X	13	=	\$3,770.00

Convert Biweekly Wages to Quarterly Wages				
Biweekly Wages (\$xxxxx.xx/hour)		6.5 biweekly pay periods per quarter		Quarterly Wages
	X	6.5		
\$580.00	X	6.5	=	\$3,770.00

Convert Monthly Wages to Quarterly Wages				
Monthly Wages (\$xxxxx.xx/hour)		3 months per quarter		Quarterly Wages
	X	6.5		
\$1,256.67	X	3	=	\$3,770.01

Convert Annual Wages to Quarterly Wages		
Annual Wages (\$xxxxx.xx/hour)		Quarterly Wages
		4 quarters per year

Convert Annual Wages to Quarterly Wages				
	/	4		
\$15,080.00	/	4	=	\$3,770.00

Adult and Dislocated Worker Eligibility Form

Identifying Information	
Applicant's Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First MI </div>	Participant ID: _____ Application Date: _____

Section II: General Eligibility Criteria <i>Verify all of the following criteria</i>	
CRITERIA	Identify Source Documents to be Uploaded
1. Age / Date of Birth	
2. Citizenship / Eligible to Work	
3. Selective Service Registration	<input type="checkbox"/> N/A - female <input type="checkbox"/> N/A – male under 18

Section III: Statutory Adult Priority of Service for WIOA Funds Instructions:		
When utilizing Adult funds to provide individualized career services and/or training services, <u>priority must be given to recipients of public assistance, other low income individuals, and individuals that are basic skills deficient</u> , per WIOA 3(5) and TEGL 19-16 Attachment III). The underlined priorities above are the only special populations/barriers that are allowable for Priorities 1 and 2 of this section. Priority must be given in the following order:	Please check the Adult Priority of Service	Documentation Uploaded
<u>Priority 1:</u> Veterans and Eligible Spouses who are low-income, recipients of public assistance and/or basic skills deficient, including English language learners	<input type="checkbox"/>	
<u>Priority 2:</u> Non-veterans or eligible spouses who are low-income, recipients of public assistance and/or basic skills deficient/English language learners	<input type="checkbox"/>	

<u>Priority 3</u> : Veterans and Eligible spouses who are not low-income, recipients of public assistance, or basic skills deficient	<input type="checkbox"/>	
<u>Priority 4</u> : Priority Population established by the LWDB, if applicable.	<input type="checkbox"/>	
<u>Priority 5</u> : Individuals outside the groups given statutory priority for WIOA funds (<i>i.e., Individuals with Barriers to Employment as listed in the section below</i>)	<input type="checkbox"/>	

Adult and Dislocated Worker Eligibility Form (continued)

<p>Section IV: Priority and Special Populations for Adult Programs WIOA 3(24)</p> <p>Staff must ensure that <u>ALL</u> characteristics of individuals they serve are recorded in the case management system to accurately reflect the diversity of the populations being served. Each characteristic/barrier to employment listed on the following page that applies to the participant named on this form must be checked in column 2 of this section. Additionally, the name of the support documentation that was uploaded to the case management system must be listed in column 3.</p>	<p>Individual Characteristics / Barriers to Employment</p>	<p>Documentation Uploaded</p>
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Instructions: This form supersedes all versions of Attachment O to OWDI #02-2019, Data Validation and Source Documentation, as well as local versions of the form. The form must be uploaded into the virtual case management system as an Enrollment Document.