

Region 4



Manual

PY23

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Overview

Program Description: Under Title I of the Workforce Innovation and Opportunity Act of 2014, formula funds are provided to states and outlying areas, states in turn provide local workforce areas resources to deliver a comprehensive array of youth services that focus on assisting out-of-school youth and in-school youth with one or more barriers to employment prepare for post-secondary education and employment opportunities, attain educational and/or skills training credentials, and secure employment with career/promotional opportunities.

Services: tutoring; alternative secondary school services; paid and unpaid work experiences, which include: summer and year round employment opportunities, pre-apprenticeship programs, internships and job shadowing, and on-the-job training; occupational skill training; education offered concurrently with workforce preparation and training; leadership development opportunities; supportive services; mentoring; follow-up services; comprehensive guidance and counseling; financial literacy education; entrepreneurial skills training; services that provide labor market and employment information; and postsecondary education and training preparation activities.

Eligibility/Target Population: Out-of-school youth (OSY) who is: not attending school, age 16-24, and has one or more barriers to employment and in-school youth (ISY) who is: attending school, age 14-21, is low income and has one or more barriers to employment.

Priorities

Out-of-School Youth – A minimum of 75 percent of the Youth funds allocated to States and local areas, except for the local area expenditures for administration, must be used to provide services to OSY.

Work Experience – Not less than 20 percent of Youth funds allocated to the local area, except for the local area expenditures for administration, must be used to provide paid and unpaid work experiences.

Focus on Partnering – Co-enrollment encouraged where appropriate with Titles II and IV.

Allotments: based on formula provisions including three factors: (1) the number of unemployed in areas of substantial unemployment; (2) the number of excess unemployed individuals; and (3) the number of economically disadvantaged youth.

WIOA Youth Performance Results for PY '21

- ☐ 285 youth participants served
- ☐ 77.1% 2nd Qtr after exit in employment/education rate compared to goal of 77.1%
- ☐ 79.6% 4th Qtr after exit in employment/education rate compared to goal of 76.2%
- ☐ 81.3% Credential Earned compared to goal of 63.5%
- ☐ \$4,727 Median Earnings rate compared to goal of \$3,352
- ☐ 74.2% Measurable Skills Gains rate compared to goal of 45.5%
- ☐

WIOA Youth Performance Goals PY '23

- ☐ 78.55% Employment, education, or training during the 2nd quarter after exit
- ☐ 79.2% Employment, education, or training during the 4th quarter after exit
- ☐ 73.9% Credential Attainment Rate
- ☐ \$3,681 Median earnings during the 2nd quarter after exit
- ☐ 67% Measurable Skill Gains

Region 4 WORKFORCE Board

To: Service Provider	Youth Eligibility, Enrollment and Flow Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019;

Purpose: To provide Region 4 guidance regarding youth enrollment for the Workforce Innovation and Opportunity Act. Youth services will have a priority on serving- out-of-school youth, high school dropout recovery, achievement of recognized postsecondary credentials, and successful employment outcomes. Region 4 commits to provide high-quality services for all youth and young adults, beginning with career exploration and guidance, continued support for educational attainment, opportunities for skills training in in-demand industries and occupations, such as pre-apprenticeships or internships, and culminating with a good job along a career pathway, enrollment in post-secondary education, or a Registered Apprenticeship. All of the youth-serving programs will promote evidence-based strategies to assist in achieving high levels of performance, accountability, and quality in preparing young people for the workforce.

REFERENCES: The Workforce Innovation and Opportunity Act (WIOA) Section 3(27), 3(46), 129(2) WIOA regulations sections 681.200 through 681.310, WIOA sec., [TEGL 21-16](#); [DWD 2018-01 Change 2](#), [TEGL 9-22](#); [DWD 2017-03 Change 2](#)

Background: The Workforce Innovation and Opportunity Act (WIOA) provides economically disadvantaged young adults between the ages of 14 and 24, who face barriers to educational and/or workforce success, with year round employment and training services. In School youth age range is 14-21 and Out of School youth age range is 16-24.

Every youth participant shall have an Individual Service Strategy (ISS) jointly developed by the participant and Case Manager. The [Individual Service Strategy](#) (ISS) identifies employment goals, appropriate achievement objectives, and appropriate combination of services for the participant to reach the goals. The ISS should be based on the objective assessment and should reflect the expressed interests and needs of the participant. The goals identified must be mutually agreed upon between the youth program case manager and the participant to ensure positive performance. The ISS is a “living document” and remains open during participation until exit. ISS activity should be an open/exit activity in ICC.

CONTENT:

A WIOA program youth is not considered a “participant,” and subsequently included in performance calculations, until the youth has been **determined eligible, received an objective assessment, developed an individual service strategy, and received 1 of the 14 youth program elements**. These components should be completed in the order listed. [Refer to Youth Flowchart](#). The specifics of each component are described below. If the youth is a minor, all forms requiring a signature must have the parent, guardian or “other responsible adult” sign [Informal Guardianship form](#). Other responsible adult definition:

- A relative with whom the individual resides,
- An adult who has been delegated custodial or administrative responsibilities in writing, either temporarily or permanently, by parents or by an appropriate agency, An agency or

organization representative who is in a position to know the individual's circumstances (i.e., that they could not get a parent's or guardian's signature authorizing participation), for example, a clergy person, a school teacher or other school official, a probation or other officer of the court, a foster parent;

- A representative of an agency which provided support services to the individual and who is aware of the individual's circumstances (i.e., that they cannot get a parent's or guardian's signature authorizing participation), for example, a social worker, a homeless shelter official, a child protective worker, a health clinic official; or
- Other responsible adults determined by the local board as appropriate to authorize the individual's participation.

Equity in Youth Programming

Advancing equitable access to high quality education and training is a key priority for DWD. Equity is “the consistent and systemic, fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment.” Those enrolled in the WIOA Youth program must not only have equitable access to services and supports but also must achieve equitable outcomes. With these outcomes in mind, local areas should consider how their Youth programming promotes equity among its participants and prioritize continuous improvement in this area.

Quality Career Pathways

Ensuring equitable Youth programming means that programs must not only connect youth to a job, but they must also ensure youth have access to quality jobs by creating opportunities for on-ramps to quality career pathways.

By creating targeted job opportunities with deliberate focus on equity, exposing youth to careers, and connecting them to social networks in fields where they are underrepresented, local areas will help youth enter career pathways that will lead to family-sustaining wages.

Youth Voice

Youth play an important role in strengthening programs and improving youth outcomes. Empowering youth to identify and respond to community needs helps them become leaders and assist them in civic engagement. Involving youth as partners in making decisions that affect them increases the likelihood the decisions will be accepted and adopted. Further, providing participants a safe platform to express their ideas, opinions, and advice to others is pivotal in developing leadership skills, which is a service of the WIOA Youth program. Local programs are encouraged to engage youth in leadership development opportunities to enhance their confidence, employability, self-determination, and other positive social behaviors.

Eligibility

Eligibility is determined based on information collected during registration and these criteria follow the participant through the entire course of WIOA programs and services attached to that application. If the participant's circumstances change during the WIOA participation (such as a change in age, education status, employment status, etc.), the participant remains eligible. Eligibility for services should not be construed as a guarantee of services. The WIOA is not an entitlement program. Employment and training opportunities must be provided to youth who can benefit from, and are most in need of, such opportunities. Suitability determination is one of the most important factors in ensuring the overall success of the participant and program. The goal is to select youth who need assistance in overcoming employment and educational barriers, yet who are motivated and committed to putting forth the effort to improve their situation.

Eligibility responsibilities include the following three areas:

1. Compliance with applicable state and federal laws and regulations
2. Compliance with Region 4 Workforce Board (R4WDB) plan
3. Assurances of proper eligibility, data validation, and documentation maintenance

Eligibility to work in the United States

The customer “self-declares” when they enter data into the labor exchange system or when staff enters data into State’s participant reporting system. **Self-attestation** is an acceptable source of documentation, and no further validation is required for WIOA Title I youth who do **NOT** receive work experience or occupational skills training. Self-attestation is acceptable eligibility documentation.¹ “Self-Attestation” is defined as a written or electronic/digital declaration of information for a particular data element signed and dated by the participant. Electronic signatures or a submission from the participant such as an email, text, or unique online survey response is considered an electronic signature or verification; it must be participant generated and traceable to the participant. Local areas must retain documentation of the self- attestation in Indiana Career Connect.

DWD fully supports implementing strategies that increase equity and accessibility to youth programming, especially for participants with barriers to obtaining eligibility and reporting documents. While other documentation sources are preferred, self-attestation may be used when other forms of documentation cannot be obtained. Once enrolled, local areas may assist the participant in obtaining the required documents through the use of supportive service funds, as these documents are likely needed for employment and training related activities.

- Indiana has determined that an individual’s eligibility-to-work in the United States (regardless of citizenship) must be validated for all WIOA Title I Youth prior to the receipt of work experience and/or occupational skills training services. Refer to the I-9 list of approved documents in this policy.

Eligibility determination includes the following steps:

1. Determining income eligibility as required – complete [Family Income Worksheet](#) and [Economic Disadvantaged Criteria](#)
2. Determining barriers
3. Ensuring Selective Service Registration, if applicable
4. Determining School Status

WIOA Youth Requirements	
<i>In-School</i>	<i>Out-of-School</i>
(Must meet all three criteria): • Age 14 through 21; and • Attending school; and • Low income; AND	(Must meet both criteria): • Age 16 through 24; and • Not attending any school; AND
<i>One or more of the following:</i>	<i>One or more of the following:</i>
• Basic skills deficient; Below 2.0 GPA, behind on credits, scored below established criteria for graduation requirements on State assessment (see Figure. 2. above); OR	• Dropout; OR • Is within compulsory school age (16-17) but has not attended school in most recent complete school year calendar quarter; OR
• English Language Learner; OR	• Have secondary school diploma or equivalent who is low-income and either • basic skills deficient; OR • an English Language Learner OR
• Offender; OR	• Subject to juvenile or adult justice system; OR
• Homeless (multiple categories) ○ In foster care, ○ Aged out of the foster care system, ○ Violence Against Women Act of 1994, ○ McKinney-Vento Homeless Assistance Act, ○ Runaway youth, ○ Out-of-Home placement, ○ Chafee Foster Care Independence Program (Section 477 of the Social Security Act); OR	• Homeless (multiple categories): ○ In foster care, ○ Aged out of the foster care system, ○ Violence Against Women Act of 1994, ○ McKinney-Vento Homeless Assistance Act, ○ Runaway youth, ○ Out-of-Home placement, ○ Chafee Foster Care Independence Program (Section 477 of the Social Security Act) OR
• Pregnant or Parenting; OR	• Pregnant or Parenting; OR
• Youth who is an individual who has a disability; OR	• Youth who is an individual who has a disability; OR
• An individual who requires additional assistance to complete an educational program or to secure or hold employment (must be locally defined)	• A low-income individual who requires additional assistance to complete an educational program or to secure or hold employment.

Note: WIOA requires a 5% limitation on using 'Requires Additional Assistance' as a barrier for In School youth.

*Exception to the low- income requirement allows that up to 5 percent of youth who meet all the other eligibility requirements need not be low-income. The 5 percent is calculated based on all youth served in the WIOA local youth program in a given Program Year. Requires One Stop Operator approval.

** DWD has defined Basic Skills Deficient as:

BSD for Out of School Youth:

- Scores 8.9 or below on TABE in reading, writing, or computing skills or
- The Youth 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. This is defined as:
 - Lacks a high school diploma or equivalency and is not enrolled in secondary education; or
 - Enrolled in Title II (Adult Ed) or
 - Poor English language skills or
 - Is WorkIN eligible, or
 - Case manager make observations

BSD for In-School Youth:

- Behind in credits to graduate on time with peer cohort
- GPA 2.0 or below
- Have taken any of the following assessments and scored below established criteria for graduation requirements⁴:

Assessment	English	Reading/Writing	Math	Other
ACT ⁵	17 or below	21 or below	21 or below	
SAT ⁶ 9 th Grade		120-400	120-440	
SAT 10 th Grade		160-420	160-470	
SAT 11 th Grade		160-450	160-500	
ASVAB ⁷				30 or below
ILEARN ⁸ 8 th Grade	5510 or below		6508 or below	

See [Youth Services Logic Flow Chart](#) for determining whether a youth is appropriate for in-school or out-of-school program

Region 4 Workforce Board defines individuals who "require additional assistance to complete an educational program, or to secure and hold employment" as youth who fall within at least one of the following categories:

- Is at risk of dropping out of High School due to grades/credits/attendance/not passing proficiency exam or has had an Out of School suspension or expulsion from school. (ISY)
- Has a court/agency referral mandating school attendance. (ISY)
- Is attending an alternative school / education program or has been enrolled in an alternative school within the past 12 months. (ISY)
- Is or was a Ward of the State

- *Has been referred to or treated by an agency for substance abuse/ psychological problems*
- *A victim of domestic abuse or violence*
- *Has a currently incarcerated parent(s)*
- *Has neither the work experience nor the credential required for an occupation in demand for which training is necessary and will be provided (OSY)*
- *Has been fired from a job within the 6 months (or longer if last job) prior to application (OSY)*
- *Has never held a full-time job (30+ hours per week) for more than 13 consecutive weeks (OSY)*

Low Income means an individual who receives or in the past 6 months received or is a member of a family:

- that receives income-based public support (TANF, SNAP or other income based public support);
- A member of a family that lives at 100% of poverty threshold or at 70% of lower standard income level; (see [economically disadvantaged criteria](#))
- Homeless; and/or
- Is an individual with a disability whose own income meets the income requirement of clause, but who is a member of a family whose income does not meet this requirement.
- Foster child
- Receives or is eligible to receive 'free and reduced' lunch
- Youth living in a high poverty area

Family Definition (Per [DOLTEGL 26-13](#)):

Family means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- (1) Spouses and dependent children;
- (2) A parent or guardian and dependent children; or
- (3) Spouses.

ETA will recognize the marriage even if the marriage is not recognized in the state where the married individual resides.

Family Income – Refer to the most recent [Economically Disadvantaged Criteria Technical Assistance Bulletin](#)

Income eligibility for disabled youth - If the family of a disabled youth does not meet the income eligibility criteria, the disabled youth should be counted as a family of one. The disabled youth may be considered income eligible if the youth's own income meets the WIOA income criteria. As a result, a youth with a disability may be income eligible for WIOA services, even if their parents' income exceeds the guidelines.

Family – Further Defined

The term "family" means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, **and** are included in one or more of the following categories:

- (A) A husband, wife, and dependent children.
- (B) A parent or guardian and dependent children.
- (C) A husband and wife.

Examples:

Kara is a 21 year old single parent with two children. They live with her father and stepmother who both work.

What is the family size? Three: Kara and her two children

The family includes Kara and her two children. Since Kara is a parent of dependent children, she and her children are a family of three.

You don't include her dad and stepmom because they are a separate "family" - husband, wife and dependent children. Kara and her parents fit this, but Kara's children don't. You can't separate mom from her children to define family.

(B) Parent, guardian and dependent children. Kara and her girls fit here.

Janie is 18 and has a two-year old daughter, Emma. She and Emma live with her mom, Pat (Emma's Grandmother). Janie has come into the career office for child care assistance.

What is the family size? Two: Janie and Emma

Jason is 19 and lives with his sister. He has not worked in the last year, but she makes a high salary. What is the family size? One: Jason

You don't count his sister because she doesn't meet one of the category requirements:

-A husband, wife and dependent children

-a parent or guardian and dependent children

-a husband and wife

Additional Eligibility Requirement and Data Validation:

If a youth receives a work experience or occupational skill training Youth service, staff must validate the individual's eligibility-to-work in the United States.

See [DWD 2017-03 Change 1](#)

Objective Assessment

Objective assessment is a process to assist individuals in identifying strengths, transferable skills, interests, work values, and personal priorities as they relate to employment. It is **not** something that a case manager does to or for the young adult but, rather, an activity in which the case manager functions as a facilitator; helping the individual analyze data and information that will be used in a goal-setting process.

All program participants shall be assessed to properly identify academic levels including basic reading and math, deficiencies in basic occupational and work readiness skills, and supportive service needs to assist each youth participant in removing barriers to accomplish educational and employment goals.

The objective assessment in Indiana Career Connect (ICC) will be the approved objective assessment tool for Region 4.

Individual Service Strategy (ISS)

The Individual Service Strategy (ISS) should be developed to include work readiness, basic skills, occupational skills/training, employment, other and both short term and long term. ISS goals and strategies should be updated as short-term goals are achieved or the youth's needs change. The 14 youth program

elements must be made available to every participant. See Region 4 WIB Youth Program Elements Policy. The ISS must be based on the objective assessment and must be developed within five (5) business days upon completion of the OA.

- A. **Developing an ISS and Participation** - Participation in WIOA begins after a youth is determined eligible, received an objective assessment, developed an Individuals service strategy and received 1 of the 14 youth program elements. The ISS shall be developed in partnership (mutually agreed) with the participant. The ISS is the framework for justifying decisions concerning the appropriate service mix and sequence of services. The customer must receive a copy, signed by both the staff member who developed it and customer.
- B. **Definitions** – An ISS is a specific plan developed for each youth that is based on the objective assessment and identifies an employment goal (including, in appropriate circumstances, nontraditional employment), an educational goal, appropriate achievement objectives, and appropriate services for the youth.

The ISS is used as the basic instrument for the local area to document appropriateness of decisions made about the mix and combination of services, including referrals to other programs for specified activities.

In general the ISS should:

- Identify employment goals, educational goals, needs and barriers, objective assessment results including testing information, and appropriate services for the youth. Both short and long-term goals should be included.
- Be based on the objective assessment and reflect the expressed interests and needs of the participant.
- Be jointly developed with the participant; meaning the participant's input shall be taken into account and the participant shall have full knowledge of its contents. The goals must be mutually agreed upon.
- Be reviewed quarterly or more frequently with the participant to review progress and make any needed adjustments. It is a living document that should be added to or adjusted as the participant and case manager deem necessary.
- When reviewing the ISS, case managers should document a participant's progress, activities completed, benchmarks reached, and any other accomplishments.
- The ISS must be updated to reflect changes in long-term or short term goals, significant change in household status, newly identified or changed barriers that would change objectives or services, a legal name change, or other life changes that may affect goal attainment.

Note: All participants must have a signed copy of the ISS in their scanned file. Additionally, WIOA eligible JAG students must have an IDP in e-NDMS and the WIOA ISS scanned into ICC.

- C. **Components of an ISS** – An effective ISS will have all of the components necessary to assist a youth in making a successful transition to education and employment. The case manager works with the youth to create a plan for that transition. The youth must be involved in the process of developing the ISS so that he or she has a stake in making it work.

The components of an ISS are

- Long-term and short-term employment and educational goals (how to get the youth from where he or she is – a high school graduate – to where he or she wants to be – a registered nurse)
- Activities under program elements to meet the youth's immediate needs, supportive service needs, and developmental needs to attain long-term and short-term employment and educational goals
- Supportive services that enable the youth to participate in WIOA youth program services
- Benchmarks, action steps, and responsibilities for both the youth and the case manager
- Projected dates for completion of youth's needs and objectives

- Services provided by partners, if applicable
- Signatures of both the youth and the case manager to show mutual commitment

D. **Update the ISS** – Review the ISS periodically, ideally at least every 90 days. In addition, review the ISS whenever there are significant changes in the youth's circumstances or when you or other program staff sees the need for change. Be sure to involve the youth in any modification of the ISS.

If significant modifications are made, the newly revised copy should be signed and provided to the participant.

Once an ISS is developed and approved, it can be used in the ongoing process of monitoring and reevaluating the youth's progress toward his or her employment and educational goals.

Eligibility Source Documentation

Eligibility Item	Eligibility Definition	Source Documentation - Eligibility
Age⁹	Must be “not less than age 14” and “not more than age 24” <u>at the time of first youth service.</u>	The birth date must match on one of the following documents: • Copy of ID (driver’s license, school ID) • School records • Baptismal Record • Birth Certificate • Federal, State or Local government Identification Card • Hospital Record of Birth • Passport • Public Assistance/Social Service Records • DD-214 • Report of Transfer of Discharge Paper • Work Permit • Federal, State, Local or Tribal Identification Card • Family Bible • Crossmatch with State Agency Records • Justice System Records • Selective Service Registration • Signed Letter from a parent or guardian • Medical Records • Self-Attestation
Attending School¹⁰	In-school youth must be attending school.	• Applicable records from education institution (GED certificate, diploma, attendance record, transcripts, drop out letter, school documentation) • Intake Application or Enrollment Form • Electronic Records • Case notes • Self-attestation (signed and dated) indicating the school status at the time of participation

Eligibility Item	Eligibility Definition	Source Documentation - Eligibility
Not Attending School ¹¹	Out of school youth must <i>not be</i> attending any credit-bearing school/courses.	• Applicable records from education institution (GED certificate, diploma, attendance record, transcripts, drop out letter, school documentation) • Intake Application or Enrollment Form • Electronic Records • Case notes • Self-Attestation
5 % eligibility exception for youth who are not low income	Not more than five percent (5%) of youth may be covered individuals except that they are not low income. ○ A “covered individual” is: ○ An in-school youth; or ○ An out- of-school youth who is: ○ a recipient of a secondary school diploma or equivalent who is low-income; or ○ a low-income individual who requires additional assistance to enter into or complete an educational program to secure or hold employment.	Additional Assistance:¹² • Intake Application or Enrollment Form • Case notes • Needs Assessment • Individual Service Strategy (ISS) • Self-Attestation
5% Limitation for in-school youth requiring Additional Assistance	No more than five percent (5%) of <u>in-school</u> youth participants may be those who are eligible because they require additional assistance to complete an educational program or to secure or hold employment.	Additional Assistance:¹³ Intake Application or Enrollment Form • Case notes • Needs Assessment • Individual Service Strategy (ISS) • Self-Attestation
Military Selective Service ¹⁴	All males born after December 31, 1959 to be registered with the U.S. Military Selective Service. Section 189(h) of WIOA requires individuals to be in compliance with Section 3 of the Military Selective Service Act (50 USC Appr.452) in order to participate in WIOA Title IB funded programs. Staff <u>must</u> follow operational guidance issued by DWD on verifying that a male customer born after December 31, 1959 is registered with the U.S. Military Selective Service. This includes local management coordinating and publishing a policy for non-registered males, age 26+ and born after December 31, 1959.	• Acknowledgement letter from the Selective Service • Screen printout of the Selective Service Verification site: www.sss.gov/RegVer/wfVerification.aspx (Staff enters last name, SSN and date of birth at website. Printout includes Selective Service number and date of birth as confirmation for data validation) • Selective Service Registration Card • Selective Service Verification Form (form 3A) • Stamped Post Office Receipt of Registration

Eligibility Item	Eligibility Definition	Source Documentation - Eligibility
Low Income¹⁵	The individual is a person who: - Receives, or in the past six months has received, or is a member of a family that receives, or in the past six months has received, assistance through SNAP, TANF, SSI under Title XVI of the Social Security Act, or another federal, state or local income-based public assistance program. Other income- based public assistance program includes: - Refugee Cash Assistance (RCA) - General Assistance (GA) (state/local government). In the United States, General Assistance encompasses a varying set of assistance programs that share two defining characteristics: 1) They are funded and administered by the state, county and/or locality in which the particular program operates; and 2) They provide benefits to low-income persons who are not eligible for federal assistance. Across states, assistance is usually cash benefits and also includes state-funded medical assistance. - Is a member of a family that received a total family income, for the six-month period prior to program participation that, in relation to family size does not exceed the higher of: - The poverty line, for an equivalent period; or 70 percent of the lower living standard income level, for an equivalent period; or - Is a homeless individual, as defined in section 41403(6) of the Violence Against Women Act of 1994, or a homeless child or youth as defined under section 725(2) of the McKinney-Vento Homeless Assistance Act; or - Receives or is eligible to receive a free or reduced-price lunch under the Richard B. Russell National School Lunch Act; or - Is a foster child on behalf of whom state or local government payments are made; or - Is a person with a disability¹⁶ whose own income meets the income criteria established in WIOA 3(36)(A)(ii) but is a member of a family whose income does not meet this requirement; or - Is a youth living in a high poverty area.	Income¹⁷ - Award Letter from Veteran's Administration - Bank Statements - Pay Stubs - Compensation Award Letter - Court Award Letter - Pension Statement - Employer Statement/Contact - Family or Business Financial Records - Housing Authority Verification - Quarterly Estimated Tax for Self-Employed Persons - Social Security Benefits - UI Claim Documents - Copy of Authorization to Receive Cash Public Assistance - Copy of Public Assistance Check - Public Assistance Eligibility Verification - Crossmatch with Refugee Assistance Records - Crossmatch with Public Assistance Records - Crossmatch with UI Wage Records - School 504 Records Provided by Student - Assessment Test Results - School Individualized Education Program (IEP) record - Self-Attestation For Youth Living in a High Poverty Area: Case notes documenting High Poverty Area status.

Youth 14 Program Elements

Successful Workforce Investment Opportunity Act (WIOA) youth programs, make available high-quality programs and services in all program elements to all youth served by WIOA youth programs, fund programs and activities that meet the needs of individual youth and contribute to meeting local needs and goals and demonstrate success through positive outcomes. The WIOA requires that 14 program elements be made available to all youth who are served by the WIOA youth system. These program elements are designed to fill the gaps in the lives of youth who lack the family, educational, and social frameworks to meet their essential needs.

The goal of the WIOA youth system is to assist youth in making a successful transition to employment and further education. Programs should be designed using effective practices, should be held accountable for success, and should make a clear contribution to the overall goal of the WIOA youth system. WIOA recognizes that simply providing training is not enough to enter a specific occupation. A wide range of activities and services must be available to assist youth, especially at-risk youth, in making a successful transition to adulthood. The 14 WIOA youth program elements provide those activities and services.

CONTENT: The 14 youth program elements are:

- **Tutoring, study skills training, and instruction leading to secondary school completion**, including dropout prevention strategies;
- **Alternative secondary school offerings**;
- **Education Concurrent with Workforce Preparation**;
- **Labor Market and Employment Information for Local Area**;
- **Paid and unpaid work experiences**, including internships and job shadowing;
- **Occupational skill training; (only for Out of School Youth)**
- **Financial Literacy**;
- **Leadership development opportunities**, which may include community service and peer-centered activities encouraging responsibility and other positive social behaviors during non-school hours;
- **Entrepreneurial Skills**;
- **Adult mentoring** for the period of participation and a subsequent period, for a total of not less than 12 months;
- **Comprehensive guidance and counseling**, which may include drug and alcohol counseling and referral;
- **Supportive services**; and
- **Follow-up services** for not less than 12 months after completing participation
- **Activities that prepare Youth to Transition to post-secondary education and training**

Staff must ensure the 14 WIOA youth program elements are **made available** to all youth participants. Region 4 has imbedded the 14 elements in the Youth ISS and developed a [Youth 14 elements handout](#) that should be provided to each youth (attachment A). **Case note should be entered stating that the 14 elements have been reviewed with the youth.**

Local programs must make all of these program elements available to youth participants. This does not mean, however, that every youth participant must receive services from all program elements but that the appropriate elements are provided to assist the youth to remove barriers and obtain short and long term goals. Specific program services will be provided to a youth participant, based on each participant's objective assessment and individual service strategy.

Let Us Help You *Find Your Future*



Do you need help finishing high school or getting a HSE?

Improving Educational Achievement

- Tutoring, Study Skills, and Dropout Prevention Strategies
- Alternative Secondary School Services
- Education Concurrent with Workforce Preparation

Do you need a job or training to develop job skills?

Preparing for and Succeeding in Employment and Post Secondary Education:

- Labor Market and Employment Information for Local Area
- Paid and Unpaid Work Experience
- Occupational Skills Training
- Financial Literacy
- Activities that Prepare Youth to Transition to post-secondary education and training

Services Intended to Develop the Potential of Youth as Citizens and Leaders

- Leadership Development Opportunities
- Entrepreneurial Skills

Do you need help financing your college dreams or staying motivated?

Supporting Youth:

- Adult Mentoring
- Comprehensive Guidance and Counseling
- Supportive Services
- Follow-Up Services

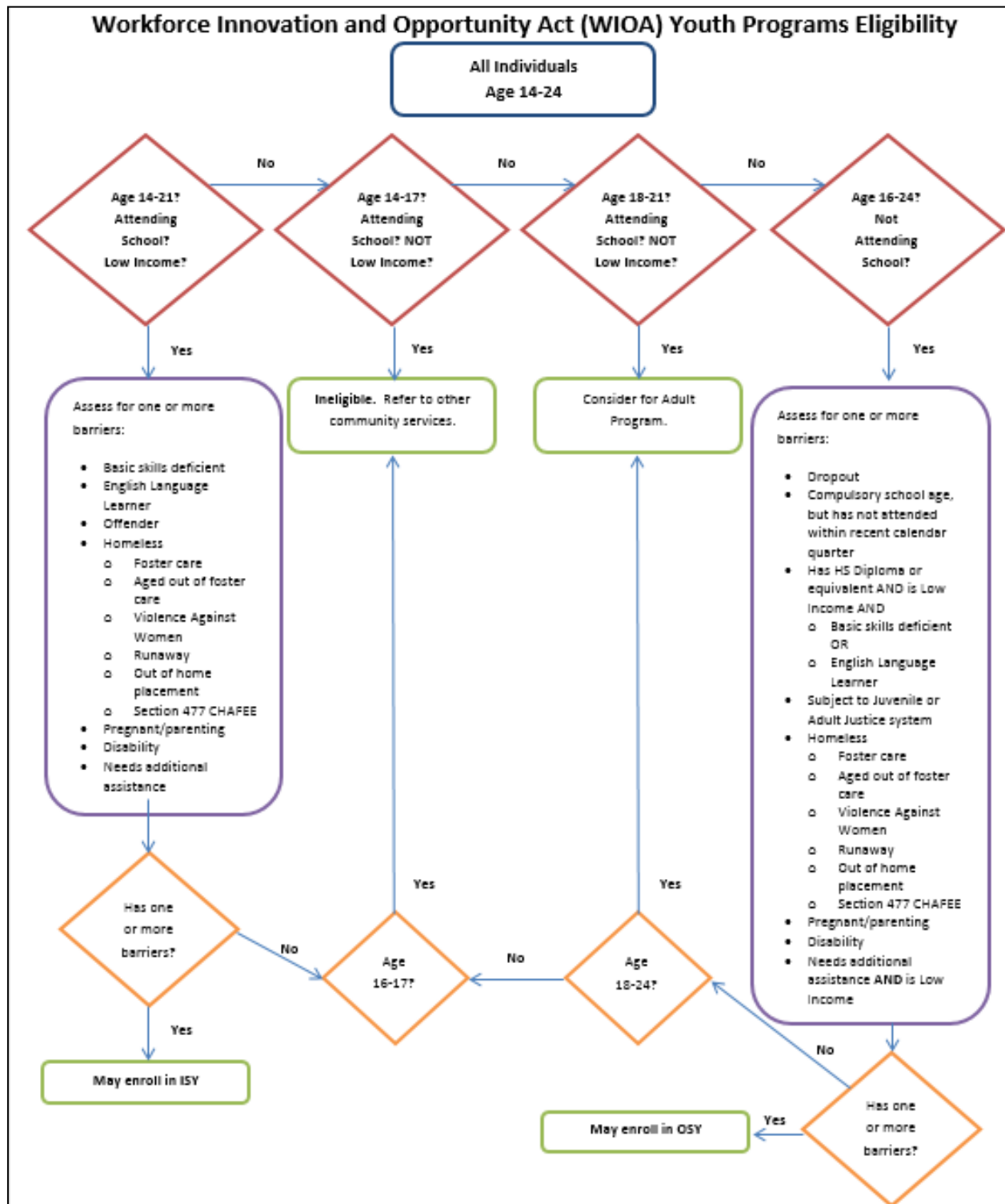


If you are between the ages of 17 to 24 and you need help with any of these services, contact your local WorkOne office to assist you!

Find the nearest WorkOne office on this website: www.workonewestcentral.org

The WorkOne System is an equal opportunity employer and does not discriminate in the programs and services offered. Auxiliary aids and services are available upon request to individuals with disabilities. The TDD/TTY number is 1-800-743-3333. • El Programa de Financiamiento asistido de acuerdo con el Título 1 de WIA es un programa de Igualdad de Oportunidades de Empleo. Ayuda y servicios auxiliares están disponibles a solicitud para personas con discapacidad. El numero de TDD/TTY es 1-800-743-3333.

Flowchart



INFORMAL GUARDIANSHIP APPLICANT STATEMENT

CLIENT NAME *(please print)*: _____ Last 4 SSN: _____

GUARDIAN NAME *(please print)*: _____

RELATIONSHIP TO CLIENT: _____

For purposes of authorizing a minor to participate in WIOA Youth programs, the signature of a parent, legal guardian, or other responsible adult is required. For an adult other than the parent or legal guardian to provide authorization to enroll a minor, the Informal Guardianship Applicant Statement form must be completed.

Please complete the following statement attesting that the client lives with you and that you have been delegated custodial responsibilities for the client either temporarily or permanently by parents or by an appropriate agency.

(Please print legibly)

I, _____, attest that the client,
(Guardian's Name)

_____, resides with me, and that as of _____,
(Client's Name) *Date (MM/YYYY)*

I have been delegated custodial responsibilities for _____
(Client's Name)

either temporarily or permanently by the client's parents or by an appropriate agency.

Client Signature _____
Date

Guardian Signature _____
Date

Case Manager Signature _____
Date

FAMILY SIZE & INCOME STATEMENT

(List all family members here; include member's income such as employment income, social security payments, etc.
(if they have no income put (0))

Client Name: _____ Client SS# Last 4 _____ Date: _____ Site: _____

Please provide the information for all family members residing in the household in the last 26 weeks. **Number in Household:** _____

Family – two or more persons related by blood, marriage or decree of court, who are living in a single residence, and are included in one or more of the following categories: • a husband, wife, and dependent* children • a parent or guardian and dependent* children • a husband and wife o The definition of family and the phrase “husband and wife” includes same-gender married couples

** EMPLOYMENT INCOME **

Use average hours per week x hourly wage **OR** average weekly or bi-weekly pay multiplied by Number of Weeks (or pay periods) in last 26 weeks. Remember overtime & tips.

Average Hours Per Week **multiplied by** Hourly Wage **multiplied by** Number Of Weeks Employed or Average Pay **multiplied by** Number of Weeks/Pay Periods in Last 26 Weeks. **Include Unemployment Insurance, Old Age Survivors Insurance and Child Support.**

Family Member	Relationship	Age	Income Source	Income (Last 6 months)		Annualized Income	
_____	_____	_____	_____	_____	☐ X2	_____	If no income is reported, explain source of support.
_____	_____	_____	_____	_____	☐ X2	_____	_____
_____	_____	_____	_____	_____	☐ X2	_____	_____
_____	_____	_____	_____	_____	☐ X2	_____	_____
_____	_____	_____	_____	_____	☐ X2	_____	_____
_____	_____	_____	_____	_____	☐ X2	_____	_____
_____	_____	_____	_____	_____	☐ X2	_____	_____
_____	_____	_____	_____	_____	☐ X2	_____	_____

Do you provide 50% or more of your own support?

☐ Yes

☐ No

Will you be claimed as a dependent on another's tax return?

☐ Yes

☐ No

What documentation was used to determine income eligibility? (Attach Documentation) _____

EXCLUDABLE/ASSISTANCE INCOME (Answer all that apply.)

Currently receiving TANF Yes____ No____

Currently receiving food stamps Yes____ No____

Determined eligible or received

Food stamps in last 6 months Yes____ No____

Currently receiving Trustee Assistance Yes____ No____

Currently receiving Refugee Assistance Yes____ No____

Currently receiving SSI Yes____ No____

If youth with documented disability (with personal includable income under the economic guidelines), but **household income** is over economic guideline limit, check here: **HOUSEHOLD OVER INCOME * INDIVIDUAL WITH DISABILITY * TAKEN AS FAMILY OF ONE** Yes_____

Comments:

Signatures

Participant Signature: _____ Date: _____

Parent/Guardian if under 18: _____ Date: _____

Case Manager Signature: _____ Date: _____

Includable and Excludable Income for Determining Eligibility

Eligibility requirements frequently reference “family income.” For purposes of determining family income for eligibility, “family” is defined 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:

- (a) A married couple and dependent children
- (b) A parent or guardian, and dependent children
- (c) A married couple

Per TEGL 26-13, issued June 18, 2014, the Department of Labor’s policy is to recognize lawful same-sex marriages as broadly as possible to the extent that federal law permits, and to recognize all marriages valid in the jurisdiction where the marriage was celebrated (i.e., the ‘state of celebration.’) ETA interprets gender specific terms of marriage such as “widow,” “widower,” “husband,” and “wife,” to include married same-sex spouses.

Low Income Eligibility for youth is based on family size and includable income. Determining the family income is completed by calculating all includable income from six months prior to the date of enrollment/application. The six-month figure is then multiplied by two to give an annualized income that is more representative of the current economic status.

Includable Forms of Income:

- **Gross wages and salaries before deductions:** The full amount, before payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation from work performed as an employee. If a family’s only source of income was from wages and salary payments, family income would be equal to gross wages and salary received.
- **Income from non-farm self-employment:** Net income (gross receipts minus operating expenses) from a person’s own unincorporated business, or other non-farm enterprise in which a person is engaged on their own account. If the business or enterprise has suffered a loss, this loss will be allowed to off-set wage earnings. However, expenditures for businesses expansion or amortization of capital indebtedness cannot be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service Regulations. Any withdrawal of cash or assets from the operation of a business or profession is to be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.
- **Income from farm self-employment:** Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses). If the farm has suffered a loss, this loss will be allowed to off-set wage earnings. Money received under the Agricultural Crop Stabilization Program is considered income.
- **Interest, dividends, and other net income from real or personal property:** Expenditures for amortization of capital indebtedness cannot be used as deductions in determining net income.

An allowance for depreciation is permitted only as authorized by the Internal Revenue Service. Any withdrawal of cash assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family.

- **Child Support Payments;**
- **State and Federal Unemployment Insurance Compensation;**
- **Money received from such periodic sources** such as:
 - Governmental and non-governmental pensions (including military retirement pay);
 - Social Security Disability Insurance (SSDI) payments (Title II of the Social Security Act, Federal Old Age, Survivors and Disability Insurance);
 - Regular payments from Old Age, Survivors and Disability Insurance (OASI) benefits received under

- Section 202 of the Social Security Act;
- Railroad retirement benefits;
- Strike benefits from union funds;
- Workers' compensation;
- Regular training stipends;
- Alimony;
- Military family allotments or other regular support from an absent family member or someone not living in the household;
- Regular insurance or annuity payments;
- College or university scholarships, grants (excluding Pell Grants), fellowships, and assistantships;
- Net royalties;
- Periodic receipts from estates or trusts; and
- Net gambling or lottery winnings.

Exclusions from Family Income:

- **Non-cash benefits** such as:
 - Employer paid or union paid portions of fringe benefits;
 - Food or housing received in lieu of wages;
 - Medicare benefits;
 - Medicaid benefits;
 - SNAP;
 - School lunches; and
 - Housing assistance.
- **Housing and Urban Development:** Rental subsidies such as Section 8 programs;
- **Scholarship Assistance:** Assistance that is needs-based;
- **Financial Assistance:** Assistance under Title IV of the Higher Education Act (i.e. Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Work-Study programs, PLUS, Stafford and/or Perkins loans). Loans are considered to be “debt” and not “income”;
- **Capital gains/losses;**
- **Assets drawn down as withdrawals from banks;**
- **Cash welfare payments:** Payments received under a Federal, State, or local income-based public assistance program such as:
 - TANF;
 - Supplemental Security Income (SSI);
 - Emergency Assistance money payments;
 - General Assistance/Work Readiness; and
 - Refugee Cash Assistance
 - Cash Payments under Title V of the Older Americans Act:
 - Green Thumb;
 - Senior Aides; and
 - Older American Community Service Employment Program
- **Job Corps payments;**
- **The sale of property, house, or an automobile;**
- **Tax refunds;**
- **One-time gifts;**
- **Loans;**
- **Lump sum inheritances;**
- **One-time insurance payments, or compensations for injury;**
- **IRA withdrawals;**
- **Cash value of food and fuel produced and consumed on farms;**

- **Imputed value of rent from owner-occupied non-farm or farm housing;**
- **Income earned by any person while serving on active duty and income derived from certain other veterans' benefits:**
 - Compensation for service connected disability;
 - Family compensation for service-connected death;
 - Vocational rehabilitation; and
 - Education assistance.
- **Payments received under the Trade Readjustment Act of 1974 as subsequently amended;**
- **Black Lung payments received under the Benefits Reform Act of 1977;**
- **Terminal leave pay; severance pay or a cash-out of unused accrued vacation time;**
- **Payments to volunteers under the Domestic Volunteer Act of 1973 (42 U.S.C. 5044 (g) 5058):**
 - AmeriCorps;
 - Volunteers in Service to America (VISTA);
 - Retired Senior Volunteer Program;
 - Foster Grandparent Program;
 - Youthful offender incarceration alternatives;
 - Senior companions.
- **Allowances, earnings and payments to participants under the National and Community Service Act of 1990 (42 U.S.C. 12637(d));**
- **Allowance, earnings and payments made to individuals participating in WIOA programs or any other workforce development program for which eligibility is based upon a needs and/or income test;**
- **Payments or allowances made under the U.S. Department of Health and Human Services Low- Income Home Energy Assistance Program (42 U.S.C. 8624 (f));**
- **Earned income tax credit refund payments received on or after January 1, 1991, including advanced earned income credit payments (26 U.S.C. 32 (j));**
- **Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Act (42 U.S.C. 10602); and**
- **Payments made by the State and/or local on behalf of a foster child.**

Note: the documents used to calculate an individual's or family's income level are generally valid for a one-month period of time, unless specified otherwise – Once low-income eligibility has been established for a youth or an adult income-based program, the customer must receive a service under the funding source within 30 calendar days.

2023 Economically Disadvantaged Criteria



Richard Paulk, Commissioner Eric J. Holcomb, Governor

To: Indiana’s Workforce System
From: Indiana Department of Workforce Development (DWD)
Date: May 24, 2023
Subject: DWD Memorandum 2022-16
2023 Economically Disadvantaged Criteria (EDC)

Purpose

This communication provides notice of the issuance of the Workforce Innovation and Opportunity Act (WIOA) 2023 Economically Disadvantaged Criteria (EDC). The criteria were developed using the Department of Health and Human Services (HHS) 2023 Poverty Guidelines and the Department of Labor (DOL) 2023 Lower Living Standard Income Level (LLSIL).

References

- *Workforce Innovation and Opportunity Act (WIOA) 2023 Lower Living Standard Income Level (LLSIL)*, Federal Register / Vol. 88, No. 88 / Monday, May 8, 2023 / Notices 29694¹
- *Annual Update of the HHS Poverty Guidelines*, Federal Register / Vol. 88, No. 12 / Thursday, January 19, 2023 / Notices 3424²
- *Revised Delineations of Metropolitan Statistical Areas, Micropolitan Statistical Areas, and Combined Statistical Areas, and Guidance on Uses of the Delineations of These Areas*, OMB Bulletin No. 20-01, March 6, 2020³

Content

DWD has developed and published the 2023 EDC as **Attachment A**.

Page	Table
2	2023 Metropolitan and Non-Metropolitan County List
3	2023 Poverty Guidelines
4	2023 Economically Disadvantaged Criteria (Shows Higher of Poverty Guidelines or 70% LLSIL)
5	2023 70% Lower Living Standard Income Level (LLSIL)

Additional Information

Questions regarding the content of this publication should be directed to policy@dwd.in.gov.

¹ <https://www.dol.gov/agencies/eta/llsil>.

² <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

³ <https://www.whitehouse.gov/wp-content/uploads/2020/03/Bulletin-20-01.pdf>.

Attachment A
2023 Economically Disadvantaged Criteria
Including the Poverty Guidelines & 70% of the Lower Living Standard Income Level (LLSIL)

Metropolitan and Non-Metropolitan Counties

The following counties are metropolitan counties. All other counties are non-metropolitan.

Allen County	Harrison County	Porter County
Bartholomew County	Hendricks County	Posey County
Benton County	Howard County	Putnam County
Boone County	Jasper County	Shelby County
Brown County	Johnson County	St. Joseph County
Carroll County	Lake County	Sullivan County
Clark County	LaPorte County	Tippecanoe County
Clay County	Madison County	Union County
Dearborn County	Marion County	Vanderburgh County
Delaware County	Monroe County	Vermillion County
Elkhart County	Morgan County	Vigo County
Floyd County	Newton County	Warren County
Franklin County	Ohio County	Warrick County
Hamilton County	Owen County	Washington County
Hancock County	Parke County	Whitley County

Poverty Guidelines
Effective January 19, 2023

Family Size	Poverty Guideline
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560
Each Additional Person	\$5,140

Economically Disadvantaged Criteria:
Shows the Higher of the 2023 Poverty Guidelines or 70% 2023 LLSIL

For All Indiana Counties except Dearborn, Franklin, Jasper, Lake, Newton, Ohio, Porter, and Union

Family Size	Metropolitan	Non-Metropolitan
1	\$14,580*	\$14,580*
2	\$19,720*	\$19,720*
3	\$25,000	\$24,860*
4	\$30,863	\$30,000*
5	\$36,419	\$35,140* ⁴
6	\$42,600	\$40,889
Each Additional Person	\$6,181	\$5,924

* Indicates that level comes from Poverty Guidelines

Northwestern Indiana (Jasper, Lake, Newton, and Porter Counties)

Family Size	Income Level
1	\$14,580*
2	\$19,720*
3	\$25,099
4	\$30,987
5	\$36,571
6	\$42,771
Each Additional Person	\$6,200

* Indicates that level comes from Poverty Guidelines

Southeastern Indiana (Dearborn, Franklin, Ohio, and Union Counties)

Family Size	Income Level
1	\$14,580*
2	\$19,720*
3	\$24,860*
4	\$30,000*
5	\$35,140*
6	\$40,280*
Each Additional Person	\$5,700

* Indicates that level comes from Poverty Guidelines

⁴ As the 70% LLSIL income for this field is lower than the HHS poverty guidelines, DWD used the HHS poverty guidelines for this field (per USDOL methodology).

70% of Lower Living Standard Income Level (LLSIL)

For all Indiana Counties Except Dearborn, Franklin, Jasper, Lake, Newton, Ohio, Porter, and Union

Family Size	Metropolitan	Non-Metropolitan
1	\$11,112	\$10,674
2	\$18,214	\$17,478
3	\$25,000	\$23,997
4	\$30,863	\$29,623
5	\$36,419	\$34,965
6	\$42,600	\$40,889
Each Additional Person	\$6,181	\$5,924

Northwestern Indiana (Jasper, Lake, Newton, and Porter Counties)

Family Size	Income Level
1	\$11,156
2	\$18,290
3	\$25,099
4	\$30,987
5	\$36,571
6	\$42,771
Each Additional Person	\$6,200

Southeastern Indiana (Dearborn, Franklin, Ohio, and Union Counties)

Family Size	Income Level
1	\$10,265
2	\$16,825
3	\$23,097
4	\$28,506
5	\$33,642
6	\$39,342
Each Additional Person	\$5,700

WIOA Application and Grievance Sign Off

Contact Information

Last Name, First Name, MI		
Address (Street, City, State)	County	ZIP
Email	Phone ()	Cell / Home (circle one)

Demographic Information

Social Security Number	Date of Birth (mm/dd/yyyy)	Age	Gender ____ Male ____ Female
Disabilities	Race (Please check all that apply)	Citizenship	Selective Service
☐ No ☐ Yes, Physical Impairment ☐ Yes, Mental Impairment ☐ Yes, Both Physical and Mental ☐ Yes, Did not disclose	☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian ☐ Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Did not identify ☐ Hispanic/ Latino ☐ Yes ____ No	☐ US Citizen ☐ US Permanent Resident ☐ Alien/Refugee lawfully admitted to US Registration Number: _____ Expiration Date: _____ ☐ None of the above	☐ Yes ☐ No ☐ Exempt ☐ Not Applicable Registration Number _____

Education Information

Circle Highest Grade Completed: 0 1 2 3 4 5 6 7 8 9 10 11

____ 12th Grade, No Diploma	____ High School Diploma	____ HSE/GED	____ Certificate of Completion/Attendance
____ 1 yr. College/Tech/Vocational	____ 2 yr. College/Tech/Vocational	____ Vocational School Certificate or Other Post-Secondary Certificate	
____ Associates Degree	____ Bachelor's Degree	____ Master's Degree	____ PhD
____ Specialized Degree (MD, DDS)			

School Status:

____ In School, HS or less ____ In School, Alternate ____ In School, Post HS ____ Not attending, dropout ____ Not Attending, HS graduate Attending School (per state definition): ____ Yes ____ No
 Age 16-17 Not attending school within most recent school calendar quarter ____ Yes ____ No ____ N/A

Veteran Information

Transitioning Service Member	Eligibility Status	Recently Separated Veteran (within last 48 months)
☐ Not Applicable ☐ Within 24 months of Retirement ☐ Within 12 months of Discharge Estimated Discharge Date: _____	☐ Yes, <=180 days ☐ Yes, Eligible Veteran ☐ Yes, Eligible Other Person Campaign Veteran: ____ Yes ____ No Disabled Veteran: ____ Yes, Disabled ____ Yes, Special Disabled (30%) ____ No	☐ Yes ____ No Attended TAP workshop (within last 3 years) ☐ Yes ____ No
Served More than one Tour ☐ Yes ____ No Military Entrance Date: _____ Military Discharge Date: _____		

Military Service

Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions.

Are you a caregiver (spouse/family member) to a wounded, ill or injured armed forces member who is receiving treatment?	____ Yes ____ No
Are you a member of the Armed Forces who is wounded, ill or injured and receiving treatment?	____ Yes ____ No
Are you currently in the military, a veteran or the spouse of a veteran?	____ Yes ____ No
Are you a spouse/dependent of someone in Active-duty Military service, National Guard/Reserves and is currently activated?	____ Yes ____ No

Name: _____ Social Security Number: _____

Employment Information			
Employment Status:		Unemployment	
☐ Employed, Full-time ☐ Employed, Part-time ☐ Employed, Rec'd notice of termination/military separation ☐ Unemployed ☐ Never Worked		Weeks Unemployed _____ Unemployed > 27 weeks (long term unemployment) ☐ Yes ☐ No	Unemployment Compensation ☐ No ☐ Yes, Claimant profiled and referred ☐ Yes, Claimant not profiled and referred ☐ Yes, Exhaustee
Farmworker: ☐ Farmworker ☐ Migrant ☐ Migrant Farmworker Type of Qualifying Farm work: ☐ Agricultural Production and Services ☐ Food Processing Establishments			
Work History (please provide information for past 6 months)			
Employer #1: _____ City: _____ State: _____ Zip: _____ Job Title: _____ _____ Date Started: _____ _____/____/____ Date Ended: _____/____/____ Wage/hr: _____ Hours/Wk: _____ oNET Code: _____ Reason for leaving: _____		Employer #2: _____ City: _____ State: _____ Zip: _____ Job Title: _____ _____ Date Started: _____ _____/____/____ Date Ended: _____/____/____ Wage/hr: _____ Hours/Wk: _____ oNET Code: _____ Reason for leaving: _____	
Dislocated Worker (laid off no fault of your own in the past 3 years)			
Employer at Dislocation: _____			
Job Title: _____	Start Date: _____	End Date: _____	Wage: _____
Dislocated Worker Category: ☐ Category 1: Receiving UI, Terminated/Laid off, eligible for/exhausted UC, and unlikely to return to previous industry or occupation ☐ Category 2: Terminated/Laid off, is not eligible for UC due to insufficient earnings, employer not covered by state UC law ☐ Category 3: Terminated/Laid off, received notice of permanent closure or substantial layoff ☐ Category 4: Employed at a facility which employer has made a general announcement the facility will close ☐ Category 5: Previously self-employed but is unemployed due to economic conditions or natural disaster ☐ Category 6: Displaced Homemaker ☐ Category 7: Spouse of active Military member with loss of employment as direct result of relocation ☐ Category 8: Spouse of active Military member who is unemployed/underemployed and having difficulty finding employment Reason for leaving: _____ Wage: _____ Attended a Group Orientation (Rapid Response): ☐ Yes ☐ No If Yes, recent date attended: _____ Event No: _____			
TAA			
TAA Employer: _____			
Address: _____		Zip: _____	
Job Title: _____			
Start Date: _____	Separation Date: _____	Months Employed: _____	Wage: _____
Rapid Response: ☐ Yes, attended a group orientation ☐ No, did not attend a group orientation Rapid Response Event Number: _____ TAA Petition Number: _____ Re-employed since layoff from Trade affected job: ☐ Yes, re-employed since layoff ☐ No, not re-employed since layoff			

Name: _____ Social Security Number: _____

Family Income			
Due to disability, qualify as family of 1? Yes _No	Family Size	Annualized Income (last 26 weeks X 2) \$	
Public Assistance			
Individual/Family Member Receives or is Eligible to Receive (check all that apply)		Individual Only	
SNAP: _____	_____ Currently _____ Past 6 months	SSDI: _____	
TANF: _____	_____ Currently _____ Past 6 months	_____ Currently _____ Past 6 months	
SSI: _____	_____ Currently _____ Past 6 months	Individual Currently Meets	
General Assistance: _____	_____ Currently _____ Past 6 months	_____ Foster Child	
Refugee: _____	_____ Currently _____ Past 6 months	_____ Youth in high poverty area	
		_____ Youth free lunches (currently receives or eligible to receive)	
		_____ Receiving/Will receive Pell Grant	
		_____ Supported through State Foster Care System	
Barriers			
Individual Barriers (Adult/Youth)		Barriers to Employment	
_____ English Language Learner		_____ Displaced Homemaker	
_____ Basic Skills Deficient		_____ Unemployed 27 or more consecutive weeks, long term	
_____ Homeless		_____ Within 2 years of exhausting TANF	
_____ Ex-offender		_____ Hawaiian Native	
Individual Barriers (Youth only)		_____ American Native	
_____ Runaway		_____ Single Parent	
_____ Pregnant, parenting youth		_____ Individual facing substantial cultural barriers	
_____ Youth requires additional assistance		_____ Eligible Migrant Farmworker	
_____ Out of home placement		_____ Meet's Governor's special barriers	
_____ Youth in Foster care or Youth aged out of Foster care (Section 477 of SSA)		Miscellaneous Barriers	
		_____ Meets additional priorities established by Governor/Local Board	
		_____ Youth of incarcerated parent	
		_____ Substance Abuse	
		_____ Lacks transportation	
		_____ Lacks child care	
		_____ Without health care benefits	
Applicant signature below confirms the following: Under penalty of perjury, I attest that I have represented my true identity and am a U.S. citizen and/or I am eligible to work in the United States I certify that all information is true and correct to the best of my knowledge and I authorize the verification of the information I have provided. I understand that my social security number will be used only by programs to provide optimum employment and training assistance, to identify and verify my records in the Department of Workforce Development system and the Indiana Social Services Administration, and for statistical program evaluation and reporting. I understand I may be prosecuted for providing false information. My rights and responsibilities as an applicant of participant have been presented to me. 3. I, the applicant/participant of the Region 5 Workforce Innovation and Opportunity Act Programs, hereby authorize Department of Workforce Development to release past employer contributions toward unemployment for up to a year prior to my enrollment and for contributions up to a year after I have exited the program for performance tracking purposes. This information will not be shared and will be held as confidential unless I have given consent to release this information in writing. 4. I have received a copy of the process to file a complaint based on the alleged violation of Workforce Innovation and Opportunity Act. I have also received a copy of the process to file a complaint based on alleged discrimination. I understand both processes.			
Applicant Signature: _____ Date: _____			
Other Signature: _____ Date: _____			
Staff Signature: _____ Date: _____			
Contact Information: Please list two people (not in your household) that can be contacted to get a message to you			
Name: _____ Relationship: _____ Phone number: _____			
Name: _____ Relationship: _____ Phone number: _____			

AVAILABILITY OF FUNDS & GRIEVANCE PROCEDURES

I understand and agree to the following program limitations and have discussed them with a WorkOne staff person. Enrollment into programs available through a WorkOne office, which administer The Workforce Innovative and Opportunity Act, is subject to availability of funds. The WorkOne office does not guarantee employment and/or training to participants. Any change in funding program emphasis may necessitate changes in participant activities. WorkOne administrative staff will have absolute discretion in the utilization of available funds. This agreement pertains to all participants in all programs in this service delivery area.

Grievance Procedure

As an applicant for, or participant in, the Workforce Innovative and Opportunity Act program(s), you have a right to file a grievance if you feel there has been a violation of the implementation of the Act(s), the regulations, the grant, or any other agreements under the Act(s); if you feel you have been discriminated against because of age, disability, sex, race, color, religion, national origin or political affiliation, or belief, or if you feel there has been fraud, criminal abuse, or other criminal activity. If you would like to discuss a complaint, please contact the WorkOne Center in the county in which the incident occurred. If your complaint is not resolved to your satisfaction within three working days; you will be referred to a Grievance Officer. The Grievance Officer will assist you with the subsequent steps of the process. A complete copy of the Grievance Procedure is available if you desire to have it. By signing below, you acknowledge your right to file a grievance has been explained, a summary of the procedure have been given to you, and a complete copy of the process has been made available to you.

THE EQUAL OPPORTUNITY LAW & GRIEVANCE PROCEDURES

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis: against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title 1 of the Workforce Innovative and Opportunity Act (WIOA) of 2014, on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIOA Title 1 financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title 1-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with such a program or activity.

Grievance Procedure

If you think you have been subjected to discrimination under a WIOA Title 1 financially assisted program or activity, you may file a complaint within 180 days from the alleged violation with either: The WorkOne Center Equal Opportunity Officer; or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitutional Ave. NW., Rm. 4123, Washington DC 20210. If you file a complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days are passed (whichever is sooner), before filing with the Civil Rights Center (CRC). If the recipient does not give you a written Notice of Final Action within 90 days of your complaint, you do not have to wait for the recipient to issue the Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90 day deadline (in other words, within 120 days after the date on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution you may file a complaint with CRC. You must file your CRC Complaint within 30 days of the date on which you received the Notice of Final Action.

RELEASE OF INFORMATION AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION

Release of Information Authorization

I, the undersigned, do hereby authorize any and all persons, firms, and entities of any kind or character to release to the WorkOne Center upon presentation of this authorization, any and all information that such persons, firm or entity may have with regards to me, including, but not limited to, copies of personal files, past history or present status. This information may be divulged to the WorkOne Center upon written request that accompanies a signed copy of this authorization. Any person, firm or entity, governmental or otherwise, releasing information hereunder is hereby released from any and all liability of any kind or character with respect to the release of information herein authorized. The records so released will be in the strictest confidence and only for purposes for which WorkOne has been formed.

Consent for Release of Information

I, the undersigned, do hereby authorize WorkOne to release any information from my personal files to any agency or individual for the purpose of expediting the service that WorkOne will procure for me. I understand that I have the right to review and all such personal information or other information pertaining to me upon written request. I further understand that this information is to be used to determine eligibility for verification, statistical analysis, and for reporting data as required by Federal law, and to aid in the procurement of services for me. I hereby release and discharge WorkOne of any liability of any kind or character with respect to the release of information herein authorized. The records so released will be in the strictest confidence and will be used only for those purposes for which WorkOne was formed.

EMPLOYMENT ELIGIBILITY VERIFICATION (I-9 FORM)

I the undersigned, attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

MY SIGNATURE CERTIFIES THAT I HAVE READ AND UNDERSTAND ALL INFORMATION ON THIS FORM

SIGNATURE OF APPLICANT: _____ DATE SIGNED: _____

SIGNATURE OF _____ DATE SIGNED: _____ SIGNATURE OF WORKONE STAFF: _____
PARENT/GUARDIAN (IF APPLICABLE)

STAFF SIGNATURE CERTIFIES THAT DOCUMENTS HAVE BEEN EXAMINED

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual that they appear to be genuine and to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

SIGNATURE: _____ NAME (PRINT OF TYPE): _____ TITLE: _____

EMPLOYER NAME: _____ ADDRESS: _____ DATE: _____

Applicant Statement

I hereby certify under penalty of perjury that I _____

If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.

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 and/or penalties as specified by law.

Applicant's Signature and Date

Corroborating Witness/Guardian Signature
(If applicant is under age 18)

Applicant's Address

Witness' Relationship to Applicant

Office Use Only

The above applicant statement is being utilized for documentation of the following eligibility criteria.

Signature of Certifying Official and Date

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
- U.S. Passport or U.S. Passport Card - Permanent Resident Card or Alien Registration Receipt Card (Form I-551) - Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa - Employment Authorization Document that contains a photograph (Form I-766) - For a nonimmigrant alien authorized to work for a specific employer because of his or her status: - Foreign passport; and - Form I-94 or Form I-94A that has the following: - The same name as the passport; and - An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. - 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		- 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 - 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 - School ID card with a photograph - Voter's registration card - U.S. Military card or draft record - Military dependent's ID card - U.S. Coast Guard Merchant Mariner Card - Native American tribal document - Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: - School record or report card - Clinic, doctor, or hospital record - Day-care or nursery school record	- A Social Security Account Number card, unless the card includes one of the following restrictions: - NOT VALID FOR EMPLOYMENT - VALID FOR WORK ONLY WITH INS AUTHORIZATION - VALID FOR WORK ONLY WITH DHS AUTHORIZATION - Certification of Birth Abroad issued by the Department of State (Form FS-545) - Certification of Report of Birth issued by the Department of State (Form DS-1350) - Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal - Native American tribal document - U.S. Citizen ID Card (Form I-197) - Identification Card for Use of Resident Citizen in the United States (Form I-179) - Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Region 4 WORKFORCE Board

To: Service Provider	JAG Enrollment into ICC
From: Region 4 Workforce Board	Effective Date: 07/01/20223

All JAG students will be entered into ICC.

While JAG students are not required to meet the (WIOA) criteria to be eligible for JAG, **WIOA eligibility is to be determined for all JAG students.**

WIOA Eligible:

- JAG students who **meet WIOA Youth Eligibility requirements** will be enrolled in the WIOA In-School Youth (ISY) program. Those JAG students enrolled into WIOA ISY should not be entered into the Agency Defined Programs section of ICC unless funding is required through the SJAG program (Manager approval is required).
- **Required Documentation**
 - A WIOA application must be completed and scanned into ICC.
 - ISS/IEP completed and scanned into ICC
 - Complete Income Worksheet and scan into ICC
 - Follow WIOA Young Adult Eligibility/Enrollment and WIOA Young Adult/JAG ISS policies.
 - **Self-attestation (WIOA application)** is an acceptable source of documentation, and no further validation is required for WIOA Title I youth who do **NOT** receive work experience or occupational skills training.
 - If the student receives a work experience through WIOA Youth then they must provide Eligibility to Work documentation. Occupational Skills Training is not allowable for ISY.
- Activities for WIOA enrollment:
 - 412 Objective Assessment – open/close same date
 - 413 Develop Service Strategies (IEP/ISS) – open/close same date.
 - 410 Leadership Development
 - 406 Tutoring Study Skill Training and Instruction.
 - 429 Enrolled in Secondary School - anticipated close date should be graduation date.
- A Quarterly case note should be entered regarding student's progress.
- After exiting continuous and effective follow-up services are completed with support from WorkOne staff as needed.

State JAG Only:

JAG students **not** enrolled into WIOA ISY must be enrolled under the Agency Defined Programs in ICC.

- Create Wagner-Peyser registration and add State JAG Application to scanned documents.
- The only required activity for Agency Defined Program is:
 - 429 Enrolled in Secondary School – anticipated close date should be the graduation date.

- If State JAG funds are used for work experience, supportive service, or incentive activities, those will be entered under Locally Defined Programs and include such things as: fundable services, accounts, vouchers, documents, and case notes.
- Case Closure - Complete program exit at time of graduation or if not successful, last day of attending high school.

Region 4 WORKFORCE Board

To: Service Provider	Youth Requires Additional Assistance Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: This policy provides guidance on the criteria for youth qualifying for program services through the “requires additional assistance to enter or complete an educational program or to secure or hold employment” eligibility category.

REFERENCES: WIOA 129 (a)(1), CFR 681.300

CONTENT: To be eligible for WIOA youth services a youth must not be younger than 16 or older than 24. See Youth Eligibility, Enrollment and Flow Policy for specific requirements related to ISY and OSY.

One of the eligibility requirements for both In-school youth and Out-of-school youth is that they have one or more barriers. WIOA allows for the local workforce board to define the barrier “Requires additional assistance to complete an educational program, or to secure or hold employment”.

Region 4 Workforce Board defines individuals who "require additional assistance to complete an educational program, or to secure and hold employment" as youth who fall within at least one of the following categories:

- *Is at risk of dropping out of High School due to grades/credits/attendance/not passing proficiency exam or has had an out of school suspension or expulsion from school. (ISY)*
- *Has a court/agency referral mandating school attendance. (ISY)*
- *Is attending an alternative school / education program or has been enrolled in an alternative school within the past 12 months.(ISY)*
- *Is or was a Ward of the State*
- *Has been referred to or treated by an agency for substance abuse/ psychological problems*
- *A victim of domestic abuse or violence*
- *Has a currently incarcerated parent(s)*
- *Has neither the work experience nor the credential required for an occupation in demand for which training is necessary and will be provided (Out of School Youth - OSY)*
- *Has been fired from a job within the 6 months prior to application (OSY)*
- *Has never held a full-time job (30+ hours per week) for more than 13 consecutive weeks (OSY)*

Per Section 129 (a)(3)(B) of WIOA, in each local area, not more than five percent of ISY may be individuals with a sole barrier of ‘An individual who requires additional assistance to complete an educational program or to secure or hold employment’.

Region 4 WORKFORCE Board

To: Service Provider	Youth Assessment Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: An objective assessment (OA) must be completed during the youth enrollment process prior to a youth becoming a participant. All youth participants are to be provided an objective assessment that assesses basic skills, as well as identifies individual strengths and barriers, goals, interests, hard and soft skills, and need for supportive services. The objective assessment process includes a review of basic and occupational skills, prior work experience, education attainment level, employability potential and developmental needs.

Youth objective assessments should be completed utilizing the ICC objective assessment form. Assessments must also consider a youth's strengths, rather than just focusing on areas that need improvement. This information shall also be utilized to develop an Individual Service Strategy (ISS) for each participant.

REFERENCES: The Workforce Innovation and Opportunity Act (WIOA) Section 129, Regs 681.420; [DOL TEGL 21- 16](#), [DWD 2017-03 Change 1](#), [DWD 2017-13](#);

CONTENT: This policy outlines standards for delivering initial and comprehensive assessments.

A. Assessment

An assessment process collects and evaluates various data elements concerning an individual. Through assessment, an individual and a WorkOne Team Member can develop together a plan of activities and services needed.

1. As a result of the objective assessment process, the individual will learn more about his/her skills, knowledge, and abilities in relation to secondary and postsecondary education goals, vocational training goals, and/or career goals. The case manager will learn about the individual's educational levels; work readiness and prior work experience strengths and abilities; barriers that may hinder returning/remaining in school to complete basic education, hinder occupational skills training or hinder obtaining/retaining employment.
2. Test Adult Basic Education (TABE) will be used to determine educational functioning level (EFL) for all appropriate WIOA Title 1 eligible out of school youth. TABE results may be used by WorkOne office staff to gauge a customer's basic skills deficiencies, readiness for training, and/or need for referral to adult education. The TABE survey may be used for OSY youth for Basic Skills Deficiency. TABE results must be used for Measurable Skills Gain if utilizing Educational Functioning Level as measurement. Review DWD policy 2017-13 for full instructions on use of TABE for youth. Scale scores and grade levels must be appropriately entered into the DWD case management system.

NOTE: The same TABE version must be used for Pre and Posttest.

B. Objective Assessment

The OA process begins with an active interaction between the youth participant and the case manager resulting in a mutually developed ISS. The OA process must include, but is not limited to, the following key steps:

- Initial assessment; the initial assessment involves gathering information from observations, personal interviews, and the collection of eligibility required documentation. Upon determination of eligibility, the registration process must begin.
- Assessment of needs; Working together with the youth participant the case manager must identify and document barriers that will prevent the youth from fully participating and achieving planned objectives, and educational/employment goals. The case manager must identify and record those available resources and proper program elements that will assist the youth in removing identified barriers.
- Identification of educational and employment goals; A comprehensive assessment (CA) becomes the basis for good planning and overall quality career coaching by utilizing an exploratory approach. This part of the process constitutes an important component for case managers and job developers working together with the youth to identify and incorporate program elements that will establish career pathways for the youth participant. Program elements may include, but are not limited to, the following activities:
 - Career exploration activities, such as job shadowing;
 - Labor market and employment information about demand sectors; and
 - Activities that will help youth prepare for and transition to post-secondary education and training.
- Development of an ISS identifying career pathways that include education and employment goals; Case manager must summarize all the important data elements resulting from the assessment process in order to be incorporated in the youth participant's ISS. In all instances, the ISS shall identify career pathways that include education and employment goals (including, in appropriate circumstances, nontraditional employment); appropriate achievement objectives, and appropriate services for the program participant, taking into account the objective assessment.

The objective assessment:

- Is an ongoing process and should not be viewed as a one-time event.
- Should include interviews, career guidance instruments such as [Indiana Career Explorer](#), basic skills assessments, and observations
- Can provide insight and guidance to both the case manager and the participant during development of the Individual Service Strategy

WIOA requires all eligible youth to be provided an objective assessment that includes an academic assessment. If a youth has been assessed for basic skills deficiency in the previous six (6) months, staff may utilize results in lieu of retesting. All pre-test scores must be documented in required tracking systems within 60 days of enrollment.

For valid reporting of EFLs, eligible test candidates should complete the entire test suite (reading, language, math computation, and applied math) as a pre-test. Testing should be completed within eight (8) consecutive calendar days.

Individuals who have not made contact for more than ninety (90) consecutive calendar days should be administered a new pre-test; otherwise, with regular contact, the TABE pre-test results can be used by WorkOne office staff for six (6) months to gauge readiness for training.

II. Out-of-School Youth

DWD has defined Basic Skills Deficient for OSY as:

- Scores 8.9 or below on TABE in reading, writing, or computing skills or
- The Youth 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. This is defined as:
 - Lacks a high school diploma or equivalency and is not enrolled in
 - secondary education; or
 - Enrolled in Title II (Adult Ed) or
 - Poor English language skills or
 - Is WorkIN eligible, or
 - Case manager make observations

All pre-tests scores must be documented in required tracking systems within 60 days of enrollment.

III. In-School Youth, including JAG In-School Participants

Assessments for in-school youth include:

- Behind in credits to graduate on time with peer cohort; or
- GPA 2.0 or below; or
- Have taken any of the following assessments and scored below established criteria for graduation requirements⁴:

Assessment	English	Reading/Writing	Math	Other
ACT ⁵	17 or below	21 or below	21 or below	
SAT ⁶ 9 th Grade		120-400	120-440	
SAT 10 th Grade		160-420	160-470	
SAT 11 th Grade		160-450	160-500	
ASVAB ⁷				30 or below
ILEARN ⁸ 8 th Grade	5510 or below		6508 or below	

IV. Assessing Youth with Disabilities

Reasonable accommodations (described in 29CFR 37.4) must be provided, as appropriate, when assessing a youth with a disability. Accommodations for youth with disabilities may include (but are not limited to):

- Presentation: Changes to the methods of presentation of the test used as the assessment tool (e.g. providing Braille versions of the test, an interpreter, large print, visual clues, repeating directions or reading aloud).

- Response: Changes to the methods of response to the test questions (e.g. test taker uses reference aids, calculator, tape recorder, word processing software, etc.).
- Setting: Changes to the setting in which the test is provided (e.g., permit the test to be taken at home, in small groups, separate rooms, or with special lighting).
- Timing/Scheduling: Changes to the timing/scheduling of the test (e.g., permitting frequent breaks, extending the amount of time provided for completion of the test, or giving the test over several days).

V. Proctor Training Requirements

WorkOne staff who administer or score assessments are responsible for participating in TABE/TABE CLAS-E assessment training at least annually and following all DWD issued guidance. WorkOne staff should review all training materials available on DWD's website as well as attend locally provided training prior to administering any educational function level assessments. Attendance records should be available to DWD staff when asked to ensure training is being conducted and attended per policy.

Tips for TABE assessment

- You may use the TABE locator test to identify the area the participant is most deficient in for the assessment. It's approximately 45 minutes. FROM the locator test, you could pick the subject they are *most* deficient in and then take the longer test: EITHER Math OR Reading OR Language. These tests run about 1.5 hours each. Below are the allotted times for the Locator test:

Reading	16 questions	45 minutes
Math Test 1	8 questions	15 minutes
Math Test 2	8 questions	15 minutes
Language	16 questions	25 minutes

- Within each test itself (Math, Reading, Language), participants are not required to take the practice examples, and can just move straight into the test.
- Participants can take breaks between each test section.
- You can share the instructions with the youth PRIOR to the test (even a few days before in order to prep them so they move through the test faster), if using the computer version.
- **SUGGESTION:** using the computer test can be *much* faster, as participants can move on to the next session immediately vs. having to wait for an instructor to give them instructions. If they finish a section in 45 minutes, move on to the next. This creates a differentiated style of test taking we are likely not used to. FYI, most AE programs are using computer tests (about 65-70% across the state).
- There is no grade-level equivalent like in the old test, it's now 1-6 NRS levels. NRS level 3 is very common and people are still testing/sitting for TASC.

SUGGESTION: Give the TASC Readiness Assessment to youth who are testing at level 3 and/or when the AE instructor thinks they are ready.

[Indiana Career Explorer](#)

Indiana Career Explorer is available for use by all Indiana residents 11 years old and older. It provides an assessment on career interests. Some customers may choose to use the tool as a way to explore their career interests and opportunities as part of self-service Core. Additionally, Core workshops on career exploration may explain and utilize ICE and even demonstrate how customers should understand the tool. Customers who require the results to be explained and interpreted for them extensively should be provided with the opportunity to speak to a staff member who is trained appropriately. Customers who wish to enter training may take all three components of ICE and have them included in an Individual Employment Plan prior to receiving counseling and interpretation.

Administration of ICE

- The system includes assessments based on interest, skills, and values.
- Although it is not required by the test publisher that the staff be trained to administer the assessments, training will be provided through the DWD and is strongly encouraged.
- Though the assessments are self-guided, staff should provide guidance when necessary.
 - Individuals who require significant guidance in using the system or understanding the results should be provided with the opportunity to receive case management and/or academic and career counseling services.

Audience for ICE

- Any customer who is interested in pursuing occupational training and/or post-secondary education.
- Any customer who is interested in conducting career exploration and development
 - Customers who use Indiana Career Explorer as a self-service Core should also be encouraged to attend the career exploration workshop, although they should not be required to do so.

Interpretation of ICE

- Although it is not required by the test publisher that the staff be trained to interpret the assessments, training will be provided through the DWD and is strongly encouraged.
- It is not necessary for a staff member to interpret the assessments, but trained staff should provide guidance when necessary or requested.
- Any outcomes and guidance that result from ICE should be included in a customer's Individual Employment Plan, when available.

Region 4 WORKFORCE Board

To: Service Provider	Youth ISS Development Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: An Individual Service Strategy (ISS) is an individual plan for a youth which includes an employment goal, appropriate achievement objectives and the appropriate combination of services for the participant based on the objective assessment. The ISS is used as the basic instrument for a local area to document appropriateness of decisions made about the mix and combination of services, including referrals to programs for specific activities. Case Managers will utilize the attached ISS for students co-enrolled in WIOA or the Individual Development Plan (IDP) in JAGForce for those students only enrolled in State JAG. The [ISS Form](#) should be scanned into Indiana Career Connect (ICC). The participant's education and employment goals must identify an appropriate career pathway for the participant, and the overall ISS must be a plan for successful achievement of one or more of the WIOA performance indicators. All program elements provided to a youth participant must align with the goals identified in the youth's ISS.

REFERENCES: WIOA section 129(A); [DWD Policy 2017-03 Youth Eligibility](#), [DWD Policy 2018-01 Change 1 Youth Program Elements](#)

BACKGROUND: Every WIOA and JAG youth participant shall have an Individual Service Strategy (ISS) jointly developed by the participant and Case Manager. The Individual Service Strategy (ISS) identifies employment goals, appropriate achievement objectives, and appropriate combination of services for the participant to reach the goals. The ISS should be based on the objective assessment completed in ICC and should reflect the expressed interests and needs of the participant. The goals identified must be mutually agreed upon between the youth program case manager and the participant to ensure positive performance. The ISS is a "living document" and the actual plan remains open during participation until exit. The ISS Development activity in ICC should be opened and exited on the same day.

CONTENT: The Individual Service Strategy (ISS) should be developed to include work readiness, basic skills, occupational skills/training, employment, and other goals - both short term and long term. ISS goals and strategies should be updated as short-term goals are achieved or the youth's needs change. The 14 youth program elements must be made available to every participant. See Region 4 WDB Youth Program Elements Policy.

A. Developing an ISS and Participation - Participation in WIOA begins when a youth:

- a. is determined eligible,
- b. receives an ISS activity,
- c. receives an objective assessment activity and
- d. receives one of activities related to the 14 elements.

The ISS shall be developed in partnership (mutually agreed) with the participant. The ISS is the framework for justifying decisions concerning the appropriate activity mix and sequence of activities. The customer must receive a copy, signed by both the staff member and customer.

B. Definitions – An ISS is a specific plan developed for each youth that is based on the objective assessment and identifies an employment goal (including, in appropriate circumstances, nontraditional employment), an educational goal, appropriate achievement objectives, and appropriate services for the youth.

The ISS is used as the basic instrument for the local area to document appropriateness of decisions made about the mix and combination of services, including referrals to other programs for specified activities.

In general the ISS/IDP should:

- Identify employment goals, educational goals, needs and barriers, objective assessment results including testing information, and appropriate services for the youth. Both short and long-term goals should be included.
- Be based on the objective assessment and reflect the expressed interests and needs of the participant.
- Be jointly developed with the participant; meaning the participant's input shall be taken into account and the participant shall have full knowledge of its contents. The goals must be mutually agreed upon. Student must sign ISS and if under 18, parent must also sign.
- Be reviewed quarterly or more frequently with the participant to review progress and make any needed adjustments. It is a living document that should be added to or adjusted as the participant and case manager deem necessary.
- Incentives must be included within the ISS objectives.
- When reviewing the ISS, case managers should document a participant's progress, activities completed, benchmarks reached, and any other accomplishments.
- The ISS must be updated to reflect changes in long-term or short term goals, newly identified or changed barriers that would change objectives or services, additional incentives, or other life changes that may affect goal attainment.

Note: All WIOA participants must have a signed copy of the ISS in their scanned file. Must have student signature and if under 18, must have parent's signature. State JAG participants may use the IDP.

- C. Update the ISS** – Review the ISS at least every 90 days. In addition, review the ISS whenever there are significant changes in the youth's circumstances or when you or other program staff sees the need for change. Be sure to involve the youth in any modification of the ISS.

If significant modifications are made, the newly revised copy should be signed and provided to the participant. This includes adding an incentive to a goal/objective. If student is under 18, must have parent's signature, add a line to the ISS for additional signature.

Once an ISS is developed and approved, it can be used in the ongoing process of monitoring and reevaluating the youth's progress toward his or her employment and educational goals.

- D. ISS Activity entered into Indiana Career Connect (ICC)**
- a. ISS activity should be completed in ICC
 - b. Development of an ISS is an enter/exit activity and should be entered and exited on the same day as the activity. Exceptions may occur that would cause the ISS to be open for a short period of time. (note: select provider of service that you are employed by i.e. JobWorks, DWD)
 - c. Changes to the ISS should be documented through a case note. An ICC Development of an ISS activity should NOT be entered each time a change is made. If significant change is made, a newly signed copy must be completed.

Region 4 Individual Service Strategy			
*Customer Name:		*Last 4 SS#	*Date
Program Enrollment: OSY	☐	ISY	☐
Assessments and Testing			
*Assessment Interview/Evaluation	WorkKeys if provided	Other – identify	
*Date:	Date:		
Basic Employment Plan *14 Youth Elements – Check all that apply ☐ Tutoring, study skills training, and instruction leading to secondary school completion, including dropout prevention strategies; ☐ Alternative secondary school offerings; ☐ Education Concurrent with Workforce Preparation; ☐ Labor Market and Employment Information for Local Area; ☐ Paid and unpaid work experiences, including internships and job shadowing; ☐ Occupational skill training; <u>(only for Out of School Youth)</u> ☐ Financial Literacy; ☐ Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social behaviors during non-school hours; ☐ Entrepreneurial Skills; ☐ Adult mentoring for the period of participation and a subsequent period, for a total of not less than 12 months; ☐ Comprehensive guidance and counseling, which may include drug and alcohol counseling and referral; ☐ Supportive services; and ☐ Follow-up services for not less than 12 months after completing participation ☐ Activities that prepare Youth to Transition to post-secondary education and training			
*Employment Status:			
Work History: see ICC Work History information			
*Goals:			
*Action Plan: (Measurable steps to goal, responsible party, start and anticipated end dates)			

Goals:
Action Plan: (Measurable steps to goal, responsible party, start and anticipated end dates)
Goals:
Action Plan: (Measurable steps to goal, responsible party, start and anticipated end dates)
*Needs and/or Barriers: (Transportation, Work Clothing, Child Care, training, etc.) NA if not applicable *Plan to Overcome: NA if no plan required

Training Plan		
OSY Occupational Skills Training ☐	On-the-Job Training ☐	Customized Training ☐
On Occupation in Demand List: ☐ Training approved for Region 4 on ETPL: ☐		
Based on the assessment/evaluation, summarize: Customer is unable to obtain/retain employment that leads to self- sufficiency – because: Have skills/qualifications to successfully complete – examples are: Is in need of training- because: What other resources are available to assist? Community resources _____ State resource _____ Partner resources _____ Federal resources (Pell, et.) _____		
Training Provider: _____ Training Program: _____ ETPL Program ID: _____ OST Start Date _____ OST Planned End Date _____ OST Actual End Date _____		
Supportive Service Needs: What other resources are available to assist? 		
Budget and Financial Plan See attachments B&C (must include other financial sources sought including Pell)		

Customer Name: _____

Commitment

Training Customer Responsibility Statement - **I understand that I must:**

1. Agree to contact the designated Case Manager at a minimum of once a month, or more, as needed.
2. Agree to receive and respond to text messages from WorkOne in regards to monthly contact and follow up.
3. If provided training resources, attend training regularly and make satisfactory progress.
4. Actively seek and accept training related employment upon completion of services.
5. Provide specific information regarding employment before leaving the program.
6. Respond to all surveys and other requests for information including follow-up interviews after leaving the program.
7. Notify the Case Manager of changes in:
 - Training Status
 - Employment Status (including part-time and temporary work)
 - Eligibility for Pell or other grants
 - Address or Phone Number

This plan has been jointly developed with the customer. The customer agrees to the above plan and will participate to the fullest extent possible. The customer understands that this is a plan subject to the availability of funds and that failure to actively participate in this plan may lead to loss of financial assistance and result in termination from the program.

Client Signature: _____

Date: _____

Parent/Guardian Signature, if under 18: _____

Date: _____

Case Manager Signature: _____

Date: _____

Significant Modifications/changes:

Client Signature: _____

Date: _____

Parent/Guardian Signature, if under 18: _____

Date: _____

Case Manager Signature: _____

Date: _____

Region 4 WORKFORCE Board

To: Service Provider	Youth Case Note and Case Organization Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019 rev: 05-04-2021

PURPOSE: The Workforce Innovation and Opportunity Act (WIOA) adheres to a case management approach to service delivery. Integral to this approach is the maintenance of comprehensive services for each program participant. Case notes are one of the comprehensive tools that document the participant's journey throughout the duration of the program. Case notes are used as a tool to help service providers organize and analyze the information gathered on participants and to plan case management strategies. Recording case notes is critical because it weaves each service element into a comprehensive service plan.

REFERENCES: [TEGL 10-16 change 1](#); The Workforce Innovation and Opportunity Act (WIOA) Section 3(27), 3(46), 129(2) WIOA regulations sections 681.200 through 681.310, [DWD 2017-03 Youth Eligibility](#)

Background: The WIOA Act is designed around a case management approach, and case notes are an essential component of effective case management practices. They are used to document and maintain information about clients, their progress, and the process and rationale for providing services to clients. Case notes provide information regarding the importance and value of services offered to clients and aid in evaluating and planning future services.

Case notes serve a variety of purposes, such as justification, documentation, and record-keeping. There are five standard categories of case notes related to WIOA case management practices. These are:

- Customer demographic information;
- **Data element validation;** (case note must include the customer's barrier status, date information obtained and the case manager who obtained the information (See [DWD 2017-03](#))
- Program eligibility and enrollment;
- Service planning, entry and tracking; and
- Performance and outcomes.

The information contained in a case note and the format followed depends on the purpose of the case note and the type. In general case notes for an individual client should provide the following information:

- History and details of the individual's situation
- Activities planned or provided
- Appropriate reference to other case documents, including the Individual Employment Plan or Individual Service Strategy.
- Outcome of services provided

Additionally, case notes should record details of the individual's participation in WIOA activities, including:

Details of significant events in the individual's WIOA participation should include:

- The individual's participation in WIOA activities and progress removing barriers or progress toward goals.
- The individual's participation in non-WIOA programs or activities like adult education or other referral services and progress removing barriers or progress toward goals.
- The need for changes in the individual's IEP/ISS.
- The first contact with a customer that results in their first service being received
- Contacts with a customer that involve the delivery of a specific service to that customer
- Contacts with a customer to assess their status or progress in an activity
- Contacts with a customer that produce new information affecting the delivery of services (examples would be changes in health status, court/legal problems, driver's license issues or changes in address).
- Case Notes cannot be edited. Once the case note has been saved, a new case note with reference to the case note you want changed will need to be entered.

Information on contacts with the individual should include:

- Date and manner of the contact – face to face, individual or small group, phone call, text or instant message (IM).
- Purpose of the contact.
- Activities during the contact.
- Outcomes of the contact – actions taken, decisions made, and assignments of tasks for next steps.

Information on contacts with other WIOA on non-WIOA program staff should include:

- Name of the contact, position title, and agency represented.
- Date and manner of contact.
- Purpose of the contact, information provided, and description of outcomes of the contact.

This policy sets expectations for the case file organization and the use of case notes to ensure sufficient details for an accurate and complete record of all customer interactions and activities. Case files and case notes are subject to monitoring and data validation reviews.

Regulations in the Health Insurance Portability and Accountability Act (HIPAA) (<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>) limit the way in which personal health information is disclosed. Health subjects include mental and behavioral health. Such information gathered should not be added into case notes, but stored in a separate file.

A case note should be entered for all services entered in the Case Management system. You may enter one case note to describe multiple services given on the same day. Example: You may also enter a case note to provide additional or updated information on a service previously entered.

Timeliness-Case note should be written in real time and entered in the Case Management system. The case note should be written every time something significant occurs with the participant (i.e. new test scores, job interview, a period of absence from the training program, supportive services, new program activities, etc.).

Concise and Clear- Case notes must be clear and easily understood. Someone with no contact with the participant should be able to read the case note and get an accurate picture of the participant. Good grammar and spelling should be used.

Consistency- There should not be gaps in either time or information. Case notes should reflect the participant's work and progress throughout their participation in the program. The case note and the rest of the file should match and reflect the same information as the test scores, start dates, revisions, supportive services, etc.

Legality- View case notes as a potential legal document. Case notes can and have been used as evidence in court. Ask yourself as you are writing, "would I want what I am writing to appear in court?"

Problems and Solutions- When documenting problems, also document solutions. For example, if you say "Participant not making progress", then also suggest what the next steps are to remedy the situation. For example, "Participant not making adequate progress. We discussed the need for additional assistance. He will receive individual tutoring in math and language and we will re-evaluate progress."

Things to Remember- Be specific in your notes, summarize confidential information and do not label your opinion and judgments as facts. Keep case notes focused on how activities impact the participant reaching goals established in their IEP/ISS.

Document or Update Customer Progress - As customers return, often there will be new or progress information that is obtained and this information must be documented in a case note and must include the following information: Briefly document any new information learned relative to the customer's progress in their learning, job search, work, or any other planned WorkOne activity.

Case Management system Case Notes

A case note shall be clear, concise and used to document any "significant" service; such as 1-on-1 counseling, comprehensive guidance and counseling, participation in group activities, phone contacts, or email exchanges. All case notes must be entered on a "real time basis" by the team member who provided the service.

Case managers must review prior case notes before providing services and adding new case notes.

I. Case Note Examples (see [case note addendum](#))

A. ICC Case Note

This case note is critical as it documents registration into WorkOne activities and as such will be reviewed during monitoring and data validation activities. This initial case note should have the following:

- State whether customer is employed, not employed, or employed but received noticed of termination or other pertinent information regarding employment status
- Notate if you refer customer for further services- beyond Basic Services AND why
- If customer enters system through REACH, REACH staff should provide case note for WorkKeys assessment provided and scores.

The specific activities in which the customer is participating must be described in the case notes.

- Example: Provided TABE assessment (scores should be listed in test results), 1-1 interview to assess skill gaps and referred to Adult Basic Education provider for HSE, ESL, etc.,

scheduled for WorkKeys assessment. Include brief details for reason service is being provided.

B. ICC Case Note for Employer Job Development Contacts

This case note is required whenever an employer contact is made on behalf of the customer. Such contacts should be for the purpose of assisting a customer in finding work, internships, OJT, job shadowing with a particular employer. Each time this service is provided, the following information must be in the case note:

- Identify the specific employer(s) that were contacted on behalf of the customer

C. Case Note for Workshops or Group Activities

Many WorkOne services are delivered in group or workshop settings. When a customer participates in a workshop or group activity, information regarding the activity must be included in the case note.

- Example: Enter "Orientation of Service Overview"
- Briefly describe the purpose of the workshop or group activity

D. ICC Case Note for Individual Employment Plan (IEP)/Individual Service Strategy (ISS) Planning and Update Activities

This case note is required each time that a customer participates in an IEP/ISS. *Adult/DW Customers should have an IEP when funds are to be expended whether WIOA or co-enrolled into Special Grants. All Youth must have an ISS.* Initial IEP/ISS must be documented with a case note stating that the customer assisted in the creation of the plan. IEP/ISS updates should be case noted and state that customer participated in the update. Significant changes should be documented in the case note. Please refer to IEP/ISS policies for further details.

Each time a customer participates in IEP/ISS activities, the following information must be documented in the case note:

- Describe the specific IEP/ISS planning activities in which the customer participated
- Describe the services that have been planned for the customer and how these services will help the customer achieve their employment goal
- The following are required when a customer is entered into any training activity:
 - State the employment goal
 - Describe the specific training schedule, including a beginning and end date
 - Identify the planned provider for each training activity
 - Describe the rationale for referring the customer for training services
 - Describe any planned investments that are expected
 - Statement "This IEP/ISS has been jointly developed with the customer."

E. ICC Case Note for Work Experience and Internship Services

This case note is required to document when a customer is participating in a paid or unpaid work experience or internship. For definitional purposes, a work experience or internship is an activity where a customer will learn job-specific skills (as well as basic work skills if necessary) while performing actual work for an employer. Each time that a customer participates in these services, the following information must be documented in the case note:

- Describe the specific internship activity in which the customer is participating, including the name of the employer and a quick review of the work to be performed
- Describe the specific skills that the customer is to acquire as a result of participating in the internship; and
- Describe how this work internship will help the customer attain their employment goal

F. ICC Case Note for Classroom and Occupational Skills Training Activities

Training activities covered include specific occupational training (must be on local occupations in demand list) programs at approved post-secondary training institutions, (must be on the Indiana Eligible Training Provider List without exception, which can be found at IN Training at <https://intraining.dwd.in.gov/ProgramLocation/ProgramSearchView> .) When a customer receives the **initial OST** activity, a case note is required and must document the following information:

- Summarize why the customer is unable to obtain/retain employment with the services that have been provided (i.e., a review of the customer's skills gap that is to be addressed through the training activity). Other barriers to employment should also be noted and should also include a sentence addressing the customer's financial need
- Describe the specific training program the customer will be attending and the training institution that will deliver the training. Document, in the case note, and that the occupation is on the Occupations in Demand list. List can be found at <http://www.workonewestcentral.org/careers.cfm>, highlighted in blue.
- Record the Indiana Eligible Training Provider number
- Detail the status of any PELL grants and/or other sources of financial aid that is available to the customer. If the customer has selected training that is not PELL eligible, this fact should be documented
- Describe the skills that the customer is to acquire as a result of the training activity and how these skills will assist the customer in attaining their employment goal
- If a voucher is issued that is attached to OST, case notes explaining expenditures and detailing the status of any PELL grants and/or other sources of financial aid that is available to the customer. ***Note: A training activity may have multiple vouchers attached. Each created voucher must have a case note as described above.**

ICC Case Notes regarding subsequent OST Progress:

- Monthly check-in detailing customer progress towards training goal.

G. ICC Case Note for On-the-Job (OJT) Activities:

OJT activities occur when an employer hires a customer and WorkOne funds are used to pay a percentage of the customer's wages during the learning or training period. The initial OJT activity provided to a customer must include a case note documenting the following information:

- Summarize why the customer is unable to obtain/retain employment with the services that have been provided (i.e., a review of the customer's skills gap that is to be addressed through the training activity). Other barriers to employment should also be documented and should include a statement addressing the customer's financial need.
- Document the OJT training program in which the customer is participating and the specific employer that will provide the OJT training; and
- Document the skills that the customer is to acquire as a result of the OJT activity and how these skills will assist the customer in attaining and retaining their employment goal.
- Document monthly check in progress.

H. ICC Case Notes for Supportive Service:

Support services are expenditure services that are designed to remove barriers that prevent customers from participating in training activities, job search activities or work activities and as such must be documented in a case note. Each time a customer is provided this service it must be documented in a case note that includes the following information:

- Document the customer's need for the support service, including the specific barrier that the support service will address

- Document the efforts made to secure the needed support service from other community organizations; and
- Document the specific support service that is to be provided and the amount.

I. ICC Case Notes for Partner Service:

Services that are provided to customers through a partner agency are required to be documented in a case note and must include the following information:

- Document the partner agency and the specific service that is being provided
- Document how these services will assist the customer in attaining their education or employment goal

J. ICC Case Note when a Customer has Exited Open Activity

When an enrolled customer reports completion of the last day of service in an open activity, the customer must be exited from the activity and this exit must be documented in a case note that includes the following information:

- Document that the customer is no longer receiving this particular service and that the customer is being exited from this activity
- Document the customer outcomes from having been enrolled in this particular activity (e.g. employment, credentials)

K. ICC Case Note When Paper Files (for customers where funds have been expended) are Archived:

When an enrolled customer has received training or supportive services (when funds have been expended) and no service has been provided for 90 days, the file may be archived after follow-up when information from Management Information Team has been received. All active files, post June 30, 2019, will be scanned in and not archived.

The case note requires the Date of Archive in the case note.

II. Case File Organization for Occupational Skills Training and/or Supportive Service

A clear and consistent approach will be used by all WorkOne staff in organizing the documentation of the case files to ensure eligibility and data validation requirements are met. Consistent organization of the case file will give each team member a clear picture of the activity and services provided and of the required documentation gathered.

All WorkOne West Central staff will use the appropriate eligibility check list(s) as shown in **attachment ‘A’** when customer receives training and/or supportive services that incur the use of one or more of the following funding streams - Adult, Dislocated Worker, Youth, TAA. All supporting documents must be gathered as shown in the appropriate check list.

All supporting documents must be gathered as shown in the appropriate check list. Staff will utilize the attached “[Naming Files in ICC](#)” for scanned documents.

A. Case Note Forms and Organization

- WorkOne staff will use appropriate eligibility check list(s) in Attachment “A” for the Adult, Dislocated Worker, Youth or TAA services provided that incur the use of one or more funding streams. All supporting documents must be gathered as shown in the appropriate check list.

Attachment A

Case File Organization Check List	
ALL DOCUMENTS ARE TO BE SCANNED INTO ICC	
<u>MEDICAL INFORMATION MUST BE KEPT IN A SEPARATE FILE AND NOT IN THE CUSTOMER'S CASE FILE.</u>	
SECTION 1 – APPLICATION/ ELIGIBILITY VERIFICATION	
Signed application - (If under 18, requires parent signature)	☐
Signed EOE/Grievance Procedure as part of the application – (If under 18, requires parent signature)	☐
Citizenship/Eligible to Work/ I-9 documentation	☐
Proof of Birthdate	☐
Selective Service information – Verified in ICC	☐
TANF/Public Assistance –	☐
Low Income verification –	☐
Copy of income information - Income Calculation Form or other (poverty area/ free reduced lunch, etc)	☐
Dislocated worker verification – (See DWD Eligibility & DEV guidance)	☐
Copy of applicant statement - when applicable if documentation is not available (See DWD Eligibility & DEV guidance)	☐
Copy of Disability Information – Individuals Income must be included	☐
Veteran Self-Attestation Form – when applicable	☐
SECTION 2 – ASSESSMENT DOCUMENTS	
Work History – verify completed in ICC	☐
Education History – verify completed in ICC	☐
TABE, WorkKeys, Interest Surveys, (Indiana Career Exploration system) results and/or reports –case note for WorkKeys scores.	☐
Work Readiness Pre-Assessment/Post Assessment when applicable	☐
Other Assessment information – copy in ICC or case note documentation	☐

SECTION 3 – BUDGET INFORMATION	
Budget Worksheet and supporting documents	☐
Pell Grant Statement	☐
SECTION 4 – Individual Employment Plan (IEP)/Individual Service Strategy (ISS)	
Verify Completed IEP/ISS in ICC	☐
Statement about providing training for Occupations in Demand & Program number	☐
Verify Case note documenting client agreement with IEP/ISS	☐
Drug Screen (as required)	☐
Verify Program is WIOA approved and on Eligible Training Provider List – provide program # in case note	☐
SECTION 5 – FISCAL INFORMATION	
Completed Financial Award Analysis for those attending training	☐
Work Experience/OJT/Internships Paperwork	☐
Agreements, Time sheets	☐
I-9	☐
Tax Forms	☐
Childcare agreement – if needed	☐
Gas Card sign off sheets	☐
Incentive Documentation (Youth only)	☐
All other Supportive Services must have signed receipt and signed voucher	☐
SECTION 6 – ATTENDANCE	
Signed attendance reports for supportive services related to classroom training	☐
Semester Grades and/or Transcripts	☐
Licenses/certifications/degrees	☐
Measurable skills gain documentation	☐
SECTION 7 – FOLLOW UP	
Printed email correspondence	☐
Pay Stubs or other documents	☐
SECTION 8 – MISC	
Other correspondence	☐
JAG/ Scholarship/ OSY etc.	☐

Addendum: Youth Case Note policy and additional guidance

What to Include in Case Notes

Case notes should provide a complete, accurate, and concise explanation of frequency and type of contact with customers, as well as type of services provided and the outcomes associated with those services. Although services provided to participants are documented by entering information into ICC, additional information is needed so that another case manager to whom a case is transferred, or a program monitor reviewing services, will be able to understand the history of a case. Case notes should be written so that the reader has background information on the client, as well as the purpose of meetings, and where, why, and how contact took place. In general, case notes resulting from interactions with the client should include the following elements:

- Date and manner of the contact – face to face, individual or small group, phone call, text or instant message (IM).
- Purpose of the contact (Eligibility, ISS, additional services, assessments, etc.)
- Activities during the contact (what agreed upon to occur to remove barriers or reach goals)
- Review previous contacts/ actions steps – what actions taken, decisions made,
- Plans for next steps or next meeting.

All conversations and events should be recorded in a case note as soon as possible after their occurrence. However, notes taken should not be recorded in the presence of the client.

What to Leave Out of Case Notes

In your case notes, you are not just representing yourself and your interactions with a youth participant. Case notes are legal documents that are also used to represent the local WIOA program and its compliance with federal, state, and local policies. Here are a few rules to follow to ensure that your case notes are objective rather than subjective observations:

- Record facts only – behaviors you observed and statements you heard; don't make a diagnosis.
- Record facts accurately and completely.
- Never include judgmental opinions, stereotypical comments, or any offensive statements. Don't make any comment you couldn't defend in a court of law.
- If you must state an opinion relevant to the youth's WIOA participation and progress, be sure to label your statement as an opinion.
- Use clear, simple, concise language, including professional terminology if appropriate.
- Don't use slang or street language, clichés, or jargon.
- Don't make sarcastic comments.
- Avoid metaphors or similes; just say what you mean directly.
- Don't comment on details that are not relevant to the youth's participation in WIOA youth activities.

The information contained in a case note and the format followed depends on the purpose of the case note and the type. In general, however case notes for an individual client should provide the following information:

- History and details of the youth's situation/eligibility, including goals, strengths and barriers.
- WIOA youth activities planned or provided to youth.
- Appropriate reference to the service provided, including the youth's ISS
- A description of how the youth will benefit from WIOA youth activities to reach goal or address a barrier.
- Next Steps

Additionally, case notes should record details of the youth's participation in WIOA youth activities, including:

Details of significant events in the youth's WIOA participation.

- The youth's participation in WIOA youth ISS activities and progress removing barriers or progress toward goals.
- The youth's participation in non-WIOA youth programs or activities like adult education services or other referral services and progress removing barriers or progress toward goals.
- The need for changes in the youth's ISS.

Information on contacts with other WIOA on non-WIOA program staff.

- Name of the contact, position title, and agency represented.
- Date and manner of contact.
- Purpose of the contact, information provided, and description of outcomes of the contact.

Case Note Examples:

Poor example:

08/19/12 Steven is a youth not currently enrolled in school. He was kicked out of the alternative school. His mom thinks he could have dyslexia. Steven is very immature so I hope he lasts in the program. Keeping his attention for the intake process was challenging.

- *Opinion, "Steven is immature," as though it were fact.*
- *No specific plan created for dyslexia issue.*
- *No timeframes or statements of responsibility.*

Good example:

08/19/12 Steven is a youth not currently enrolled in school, and he says he was kicked out of the alternative school for poor attendance. His mother sat in on the initial appointment and commented that Steven was dyslexic and had a learning plan when he was in school. At times Steven appeared distracted and uninterested. Steven stared out the window and I had to repeat questions several times. Steven hesitated before answering simple questions and often deferred to his mother.

ACTION ITEMS:

1. Case Manager (CM) will contact school district to get information on possible learning disability by Thursday.
2. Steven will bring in remaining documentation for eligibility.
3. Steven and CM will meet Thursday at 1:00.
4. Above steps will be reviewed at next appointment

Poor example:

09/30/12 Called Steven today to ask why he did not attend the pre-employment skills workshop.

Steven is very immature and said he just forgot. He will not be able to start his work experience until he receives this service. I don't believe he is actually committed to the program.

- *Labeled opinion, "Steven is immature," as though it were fact.*
- *No specific plan created for providing the pre-employment service to Steven.*
- *No timeframes or statements of responsibility.*
- *Negative opinion of Steven is presented by Case Manager.*

Good example:

9/30/12 I called Steven today to ask why he did not attend the pre-employment skills workshop.

He said he forgot that it was today. I informed him that he will not be able to start his work experience until he completes this service. We scheduled him to come into to the WorkOne Center after school for an hour every day next week to go over the materials covered in the workshop.

ACTION ITEMS:

1. Steven will begin tracking appointments with CM in planner.
2. Steven and CM will meet Monday through Friday next week from 4:00 to 5:00.

Good example

Eligibility Determination

Case Note

Client Name: Doe, Jane

July 3, 2015 I met with Jane today and enrolled her into the OSY WIOA program. Jane was referred to the Workone by the HUD office. Jane is 23 and not attending school. She has her high-school diploma but is low Income and Basic Skills Deficient (see scanned documentation). I reviewed the 14 Youth Elements with her and oriented her to the Workone services.

Action Item: We will complete the ISS, which will be in a separate case note

Good Example

Eligibility Determination

Case Note

Client Name: Sue Smith

Good Example:

Sue is 19 and not employed. She is a high school graduate, but taking class with Adult Ed to improve her reading skills. Sue came to the Workone to get another job. Her last employment had been at McDonalds from December 2014 to March 2105 when she was fired due to lack of transportation. Other previous jobs had been of short duration and are entered in ICC work

history. Sue lives at home with her father for a family size of two. She says her family receives food stamps. Sue has no known disabilities.

Action items: Sue is schedule to return tomorrow with documentation of receiving food stamps to meet the low income eligibility for us to complete her enrollment. I will verify with Adult Ed provider that she is enrolled.

Good example

Eligibility Determination

WIOA Youth/JAG Case note

Client Name: John Doe

On August 12, 2015 I met with and enrolled John into the WIOA In-Youth program and JAG program at the ABC High School in Frankfort. John is 17 and is a junior and was referred by the school counselor, Ms. Smith who states he is at risk of graduating. He meets the definition of Basic Skills Deficient as his GPA is 2.3 (see documentation). John is not employed at this time. John lives with his mom and they receive Food Stamps (see documentation) John wants to graduate from High School and go directly to work.

Action items: John and I will develop his WIOA Youth/JAG IEP today. This will be a separate case note. John is scheduled next week on Wednesday, July 16th to take the TABE Survey on Total Math and Reading.

Good example

Educational Achievement Service Case note

Client Name: John Doe

August 16, 2015

John is a Junior in the JAG program at ABC High School in Frankfort who requires assistance in successfully graduating as he is struggling with Math. His TABE Math scores show 8.5 level.

Action Steps: A meeting is scheduled for next week on August 23rd at 3:30 with Math tutor, Mr. Jones. John is very relieved to have this assistance available. I will monitor John's progress with his Math teacher.

Youth Career Guidance/Counseling

Client Name: John Doe

September 16, 2015

Met with John to today to discuss his progress with the Math tutor. John said his Math is much improved and scored a B on his last test.

Next step: John and I will meet again next month on October 16th to ensure tutoring progress is still moving forward. We will also discuss budget preparation/financial literacy as identified on his ISS.

Youth Career Guidance/Counseling

Client Name: John Doe

October 16, 2015

Met with John today. All is still going well with tutoring. John missed the class when we developed 'mock' budgets for understanding how much it costs to live on your own. It's important for John to understand how important education and a good job will help him to live independently.

Next Step: John will review the class handouts and prepare his budget based on the given scenario and we will meet next month to review this and looking how to build a solid resume even though he has limited work experience as discussed on his ISS.

Youth Enrolled in Education sample case note:

Jason began his senior year at Kokomo High School today. He plans to complete his high school education on 5/25/16. Jason is behind on credits and as a result of his participation in the JAG program at KHS, Jason will receive Math tutoring assistance, study skills training, career counseling, and guidance to assist him in attaining his high school diploma and to improve his employability skills.

Next Step: I have set an appointment with the Math tutor to meet with Jason tomorrow at 3:30. I will follow-up with Jason and the Math Tutor in 2 weeks to check on his progress.

Naming files in ICC

6.27.22

All files that are uploaded into ICC will follow these guidelines on naming of the file (documents that may be used for multiple areas of validation do not need to be scanned in multiple times):

Customer's last name will be included in the document name. Example includes Doe AP, Doe I-9 ID SSC, Doe SSC, etc.

RESEA documents must be listed with date first, program, form, first initial and last name, last 4 ssn.

Example: 7/26/2019 RESEA Letter GSmith 1234; 7/26/2019 RESEA SUB Logs GSmith 1234

AP	Application (ICC scanned applications will appear as WIOA_Application.PDF)
I-9	I9 documents (example I-9 ID SSC)
ID 5/5/2025	Federal or State issued ID, Driver's License with expiration date
BC	Birth Certificate, Baptismal Record, Hospital Record of Birth, Tribal Records
SSC	Social Security Card
DD-214	DD-214
PP	Passport
PS	Pay Stub/wages
LI	Low Income Proof
DW	Dislocated Worker Status
Cert	Training Certification/Diploma
VT	Voucher Training (example VT0916 456456 (date-month year and voucher number)) with supporting documents
VS	Voucher Support (example VS0916 456456 (date- month year and voucher number)) with supporting documents
ISS	Individual Service Strategy Plan
IEP	Individual Employment Plan
Bu	Budget
SA	Self-Attestation
DS	Drug Screen
SSV	Selective Service Verification
TC	Timecard (example TC Smith 071319 (name and payroll week ending date))
WEX	Work Experience docs
Intern	Internship docs
Inc	Income worksheet
SG	Skill Gains – TABE, HS Diploma, HSE, Transcript, Report Card, Progress Report (OJT, Apprenticeship), Exam Scores
OJT-PA	OJT Pre-Award
OJT-P	OJT training plan
OJT-S	OJT Skills Gap to support training Plan
OJT-C	OJT Master/Individual Contract
OJT-CK	OJT Monthly Check-In with participant and/or Employer visit
OJT-R	OJT Reimbursement request and supporting docs
OJT-O	OJT Other OJT documents
VSA	Veteran Self Attestation Form

Region 4 WORKFORCE Board

To: Service Provider	Co-Enrollment and Common Exit
From: Region 4 Workforce Board	Effective Date: 02/10/2022

Purpose

This policy provides guidance for DWD's co-enrollment and common exit strategies. While co-enrollment is not mandated,¹ this strategy is highly encouraged and supported under the Workforce Innovation and Opportunity Act (WIOA) and Indiana's WIOA Combined State Plan.²

Common exit is intended to ensure a more efficient and effective integrated service delivery system, track the coordination of services, and align performance reporting. Although co-enrollment and common exit are closely related, not all state and local programs are included in DWD's common exit protocol. DWD's approach to common exit is based on the United States Department of Labor's (DOL) definition with a focus on performance outcomes and federal reporting.

References

- 20 CFR § 677.150
- TEGL 16-16 *One-Stop Operations Guidance for the American Job Center Network*
- TEGL 10-16 Change 1 *Performance Accountability Guidance for Workforce Innovation and Opportunity Act (WIOA) Title I, Title II, Title III, and Title IV Core Programs*

Definitions³

1. **Common exit:** Common exit occurs when a participant, enrolled in multiple partner programs, has not received services from any DOL-administered program in which the participant is enrolled, to which the common exit policy applies, for at least 90 days, and no future services are planned.
2. **Exit:** As defined for the purpose of performance calculations, exit is the point after which a participant who has received services through any program meets the following criteria:

¹ Excludes Trade Adjustment Assistance. See DWD's *Trade Adjustment Assistance (TAA) Co-Enrollment in the Workforce Innovation and Opportunity Act (WIOA) Dislocated Worker (DW) Program* policy for additional guidance.

² Indiana's PYS 2020-2023 WIOA Combined State Plan <https://wioaplans.ed.gov/node/3551>.

³ TEGL 10-16, Change 1, Attachment I, *Definitions of Terms Related to the Performance Accountability System* (Definitions 1-5). Applicable definitions exclude guidance pertaining to Vocational Rehabilitation (VR).

(1) For the Adult, Dislocated Worker, and Youth programs authorized under WIOA Title I, the Adult Education and Family Literacy Act (AEFLA) program authorized under WIOA Title II, and the Employment Service program authorized under the Wagner-Peyser Act, as amended by WIOA Title III, exit date is the last date of service.

- a. The last day of service cannot be determined until at least 90 days have elapsed since the participant last received services, with no plans to provide the participant with future services. Services do not include self-service, information-only services or follow-up services.

3. Participant: For the WIOA Title I Adult, Title I Dislocated Worker, Title II, and Title III programs, a participant is a reportable individual who has received services other than the services listed below after satisfying all applicable programmatic requirements for the provision of services, such as eligibility determination.

As set forth in more detail in section 677.150 (or 34 CFR § 463.150, as applicable), the following individuals are **not** participants:

- Individuals in an AEFLA program who have not completed at least 12 contact hours;
- Individuals who only use the self-service system;
- Individuals who receive information-only services which provide readily available information that does not require an assessment by a staff member of the individual's skills, education, or career objectives.

For the Title I Youth program, 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 1 of the 14 WIOA Youth program elements identified in section 129(c)(2) of WIOA.

4. Period of participation: For all performance indicators, except Measurable Skill Gains, a period of participation refers to the period of time beginning when an individual becomes a participant and ending on the participant's date of exit from the program.

5. Reportable individual: A reportable individual is an individual who has taken action that demonstrates an intent to use program services and who meets specific reporting criteria of the program, including:

- 1) Individuals who provide identifying information;
- 2) Individuals who only use the self-service system; or
- 3) Individuals who only receive information-only services.

6. Self-service⁴: Self-service occurs when individuals independently access any workforce development system program's information and services in either a physical location, such as a one-stop center resource room or partner agency, or remotely via the use of electronic technologies.

⁴ 20 CFR § 677.150.

Self-service does not uniformly apply to all virtually accessed services. For example, virtually accessed services that provide a level of support beyond independent job or information seeking on the part of an individual would not qualify as self-service.

- 7. Strategic co-enrollment:** Strategic co-enrollment is encouraged by DWD to ensure high-quality service delivery. It is customer-centered and should be driven by the individual's unique barriers to employment. Strategic co-enrollment ensures the participant receives all appropriate services needed for positive outcomes. The need for strategic co-enrollment can be established through any of the following service strategies:

- Participant interview;
- Assessment;
- Partner referral;
- Career planning and/or research; or
- Any other method through which staff can obtain enough information to establish program eligibility and the need for services offered by partner programs.

Service strategies and documentation used to determine program eligibility for co-enrollment must be maintained in the DWD's case management system.

Content

WIOA places a strong emphasis on planning across multiple partner programs to ensure alignment in service delivery. A shared workforce development service delivery system is established through the development and execution of partner MOUs and the selection of One-Stop Operators to coordinate the delivery of program services. This shared delivery system creates the foundation on which co-enrollment strategies can be refined to meet the needs of local employers and job seekers.

Indiana's strategic co-enrollment approach facilitates service delivery alignment and encourages the braiding of resources to address the training and employment needs of job seekers and business customers at the local level.

Expanding co-enrollment efforts will serve to maximize the efficiency and impact of each program through responsible stewardship of funds. Ensuring that individuals are being served through the programs most appropriate for their needs, can lead to a reduction in the duplication of services, improved outcomes, and an increase in the number of participants served through each funding stream.

Benefits of Co-Enrollment

DWD recognizes the many advantages of strategically co-enrolling participants into appropriate partner programs. The following benefits of co-enrollment are outlined in Indiana's WIOA Combined State Plan:

- **Additional resources to provide training and income support:** Co-enrolling participants in more than one eligible program may provide them with additional training and income support and wraparound resources, thus reducing potential out-of-pocket costs or direct expenses from seeking additional education and training for career advancement.

- **Enhanced service delivery:** Co-enrollment in WIOA and/or other programs can provide eligible participants with access to a wide array of vitally important services that both directly and indirectly impact the availability of the opportunities to develop knowledge and skills for career advancement.
- **Improved participant outcomes:** By braiding the various funding streams for training and income support dollars; providers increase their capacity for counseling, case management, wraparound support, and follow-up services, leading to greater performance outcomes.
- **Increased services:** Co-enrolled participants may gain access to both greater breadth and depth of supportive services, like childcare and transportation, as well as more varied opportunities for education and training, which may not be currently covered because of funding limitations. By pooling various funding streams in a coordinated manner, providers can stretch their dollars further.

When Is Co-Enrollment Appropriate?

When determining if co-enrollment is appropriate for a participant, consider the following:

- Is the participant eligible for and in need of partner program services?
- Will partner program services help reduce the participant's barriers to employment or otherwise benefit the participant?
- Does the participant want and has agreed to receiving partner program services?
- Will co-enrollment improve outcomes for the participant and/or help them meet their employment goals?
- Will co-enrollment reduce duplicative service provision?

Mandated Co-Enrollment

Trade Adjustment Assistance (TAA)⁵

All TAA participants that are also WIOA Dislocated Worker (DW) eligible must be co-enrolled in the WIOA DW Program. Services from other programs must be made available to the trade-affected worker. Wagner-Peyser, Vocational Rehabilitation, veterans' programs, and other one-stop partner program services should be provided to TAA participants as appropriate.

Common Exit

DWD has an established a common exit protocol within DWD's case management system. Programs that are subject to the protocol are listed in the table below:

Programs Subject to Common Exit
WIOA Title I (Adult, Dislocated Worker, and Youth)
National Dislocated Worker Grants (NDWG)
WIOA Title III (Wagner-Peyser, JVSG, MSFW, RESEA)
Trade Adjustment Assistance (TAA)

⁵ Please see DWD's *Trade Adjustment Assistance (TAA) Co-Enrollment in the Workforce Innovation and Opportunity Act (WIOA) Dislocated Worker (DW) Program* policy for more information.

The system's common exit protocol requires that an individual who is co-enrolled in one or more of the above programs will not exit (and will be counted in performance) until they are no longer being served by any of those programs for 90 days and there are no future services planned.

Exit occurs automatically based on actual or projected end dates of reported services. In alignment with data validation, a case note, dated the same as the last service, must be entered into DWD's case management system.

Region 4 WORKFORCE Board

To: Service Provider	Youth Program Element Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: The purpose of this policy is to provide guidance regarding the definition and requirements of the provision of youth program elements and services under the Workforce Innovation and Opportunity Act (WIOA)

REFERENCES: Workforce Innovation and Opportunity Act Section 129; Regulations 20 C.F.R. § 651.10, 680.840, 681.460, 681.470, 681.490, 681.500, 681.510, 681.520, 681.540, 681.560, 681.570, 681.580, 681.590 681.600 and 681.630; [TEGLs 23-14, 8-15](#) and [21-16](#); and [DWD 2018-01 Change 1](#)

Background: The Workforce Innovation and Opportunity Act (WIOA) places an emphasis on serving youth within a comprehensive youth development approach that focuses on long-term services that provide the education, skills, work experience, and support that youth need to successfully transition to careers and productive adulthood. The program design framework is an essential ingredient in helping local areas develop comprehensive service strategies based on individual needs.

Content: The purpose of WIOA youth services is to assist young people (ages 14-21 if in-school youth (ISY); ages 16-24 if out-of-school youth (OSY)) who face significant barriers to education and/or employment by providing resources and support to overcome those barriers and successfully transition to self-sufficiency. This is accomplished by assessing a participant's skills, interests, needs, and goals; creating customized service plans in collaboration with the participant; and expanding the participant's connection to the local economy, educational opportunities, and community resources.

WIOA requires local workforce development areas make available all of the required fourteen (14) program elements to youth participants. Local programs are not required to use WIOA youth funds for each of the programs elements, but may leverage partner resources to provide some of the readily available program elements. However, the local area must ensure that if a program element is not funded with WIOA Title I youth funds, the local program has an agreement in place with a partner organization to ensure that the program element will be offered. The local WDB must ensure that the program element is closely connected and coordinated with the WIOA youth program.

Determination of which program elements are provided to the youth participant must be made upon review of the youth's eligibility, barriers, needs, and goals, through the use of an objective assessment. The program elements that will be utilized to address the participant's barriers must be documented in the Individual Service Strategy (ISS). The ISS should be updated as additional barriers or needs arise.

The 14 youth program elements and their definitions are:

- 1. Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent (including a recognized certificate of attendance or similar document for individuals with disabilities) or for a recognized post-secondary credential.**

Tutoring, study skills training, and instruction that lead to a *high school diploma, its equivalent or a similar certificate for individuals with disabilities* are reported under this program element. Such services focus on providing academic support, helping a youth identify areas of academic concern, assisting with overcoming learning obstacles, and providing tools and resources to develop learning strategies. Tutoring, study skills training, and instruction can be provided one-on-one, in a group setting, through resources and workshops.

Secondary school dropout prevention strategies intended to lead to a high school diploma are also reported under this program element. Secondary school dropout prevention strategies include services and activities that keep a young person in-school and engaged in a formal learning and/or training setting. Strategies include, but are not limited to tutoring, literacy development, active learning experiences, after-school opportunities, and individualized instruction. Skills training through Indiana's Jobs for America's Graduates in-school (including senior, multi-year and alternative education) program models would also be included in this program element.

- 2. Alternative secondary school services, or dropout recovery services, as appropriate.**

Alternative secondary school services, such as basic education skills training, individualized academic instruction, and English Language Learner training, are those that assist youth who have struggled in traditional secondary education.

In Indiana, the alternative education programs and models designed to meet the needs of disadvantaged youth are very diverse, allowing local areas opportunity to reach a wide variety of students. Qualifying alternative secondary school services include, but are not limited to: alternative classrooms, school within-a-school programming, separate alternative schools, and second or last-chance schools.

Dropout recovery services, such as credit recovery, counseling, and educational plan development, are those that assist youth who have dropped out of school. In Indiana, participation in the Jobs for America's Graduates out-of-school program model may be included as a dropout recovery service. While the activities within both types of services may overlap, each have a goal of helping youth to re-engage and persist in education that leads to the completion of a recognized high school diploma or its equivalent.

- 3. Paid and unpaid work experiences that have academic and occupational education as a component of the work experience, which may include the following types of work experiences: summer employment opportunities and other employment opportunities available throughout the school year, pre-apprenticeship programs, internships and job shadowing, and on-the-job training opportunities.**

Work experiences are "a planned, structured learning experience that takes place in a workplace for a limited period of time. Work experience may be paid or unpaid, as appropriate and may take place in the private for-profit sector, the non-profit sector, or the public sector. Labor standards apply in any work experience where an employee/employer relationship, as defined by the Fair Labor Standards Act or

applicable State law, exists. Funds provided for work experiences may not be used to directly or indirectly aid in the filling of a job opening that is vacant because the former occupant is on strike, or is being locked out in the course of a labor dispute, or the filling of which is otherwise an issue in a labor dispute involving a work stoppage. Work experiences provide the youth participant with opportunities for career exploration and skill development.” Refer to Region 4 Youth Work Experience Training Policy for guidance on creating a work experience.

A minimum of 20 percent of local area funds for the Title I Youth program must be spent on work experience. As explained in 20 CFR § 681.590(b), local area administrative costs are not subject to the 20 percent minimum work experience expenditure requirement. Leveraged resources cannot be used to fulfill any part of the 20 percent minimum.

[TEGL No. 8-15](#) provides further discussion of allowable expenditures that may be counted toward the work experience expenditure requirement and articulates that program expenditures on the work experience program element can be more than just wages paid to youth in work experience. Allowable work experience expenditures include the following:

- Wages/stipends paid for participation in a work experience;
- Staff time working to identify and develop a work experience opportunity, including staff time spent working with employers to identify and develop the work experience;
- Staff time working with employers to ensure a successful work experience, including staff time spent managing the work experience;
- Staff time spent evaluating the work experience;
- Participant work experience orientation sessions;
- Employer work experience orientation sessions;
- Classroom training or the required academic education component directly related to the work experience;
- Incentive payments directly tied to the completion of work experience; and
- Employability skills/job readiness training to prepare youth for a work experience.

Supportive services are a separate program element and **cannot** be counted toward the work experience expenditure requirement even if supportive services assist the youth in participating in the work experience. Incentives not directly tied to the completion of the work experience as listed above would count as a supportive service program element.

Work experiences must include academic and occupational education. The educational component may occur concurrently or sequentially with the work experience. The academic and occupational education component may occur inside or outside the work site. The work experience employer can provide the academic and occupational component or such components may be provided separately in the classroom or through other means.

The academic and occupational education component refers to contextual learning that accompanies a work experience. It includes the information necessary to understand and work in specific industries and/or occupations. It must be more than a work site’s onboarding program for employees, it must

cross-individual employers to be occupational. Local programs have the flexibility to determine the appropriate type of academic and occupational education necessary for a specific work experience.

4. Occupational skills training, which includes priority consideration for training programs that lead to recognized post-secondary credentials that align with in-demand industry sectors or occupations in the local area.

Occupational skills training is defined as an organized program of study that provides specific vocational skills that lead to proficiency in performing actual tasks and technical functions required by certain occupational fields at entry, intermediate, or advanced levels. Local areas must give priority consideration to training programs that lead to recognized postsecondary credentials that align with in-demand industry sectors or occupations in the local area. Such training must:

- Be outcome-oriented and focused on an occupational goal specified in the individual service strategy;
- Be of sufficient duration to impart the skills needed to meet the occupational goal; and
- Lead to the attainment of a recognized postsecondary credential.

Individual Training Accounts (ITAs) are allowed for OSY ages 16 to 24, when appropriate. ITAs allow participants the opportunity to choose the training provider that best meets their needs. To receive funds from an ITA, the training provider must be on the Eligible Training Provider List.

ISY cannot use youth program-funded ITAs. However, ISY between the ages of 18 and 21 may co-enroll in the WIOA Adult program if the young adult's individual needs, knowledge, skills, and interests align with the WIOA adult program and may receive training services through an ITA funded by the adult program.

In addition, the chosen occupational skills training must meet the in-demand and quality standards as highlighted in the state's demand-driven online tools.

Refer to [Region 4 ITA policy](#).

5. Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster.

This program element reflects an integrated education and training model and describes how workforce preparation activities, basic academic skills, and hands-on occupational skills training are to be taught within the same time frame and connected to training in a specific occupation, occupational cluster, or career pathway.

6. Leadership development opportunities, including community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors;

- (a) exposure to postsecondary educational possibilities;
- (b) community and service learning projects;
- (c) peer-centered activities, including peer mentoring and tutoring;
- (d) organizational and team work training, including team leadership training;

- (e) training in decision-making, including determining priorities and problem solving;
- (f) citizenship training, including life skills training such as parenting and work behavior training;
- (g) civic engagement activities which promote the quality of life in a community; and
- (h) other leadership activities that place youth in a leadership role such as serving on youth leadership committees, such as a Standing Youth Committee.

7. Supportive Services

Supportive services for youth are services that enable an individual to participate in WIOA activities. These services include, but are not limited to, the following:

- (a) linkages to community services;
- (b) assistance with transportation;
- (c) assistance with child care and dependent care;
- (d) assistance with housing;
- (e) needs-related payments, including emergency needs;
- (f) assistance with educational testing;
- (g) reasonable accommodations for youth with disabilities;
- (h) legal aid services;
- (i) referrals to health care;
- (j) assistance with uniforms or other appropriate work attire and work-related tools, including such items as eyeglasses and protective eye gear;
- (k) assistance with books, fees, school supplies, and other necessary items for students enrolled in postsecondary education classes; and
- (l) payments and fees for employment and training-related applications, tests, and certifications.

Incentives must not include entertainment, such as movie or sporting event tickets or gift cards to movie theaters or other venues whose sole purpose is entertainment.

Local areas may leverage private funds for incentives that WIOA cannot fund.

Refer to [Region 4 Youth Participant Payment Policy](#) for additional guidance.

8. Adult mentoring for a duration of at least 12 months that may occur both during and after program participation

Adult mentoring for youth must:

- a. Last at least 12 months and may take place both during the program and following exit from the program;
- b. Be a formal relationship between a youth participant and an adult mentor that includes structured activities where the mentor offers guidance, support, and encouragement to develop the competence and character of the mentee; and
- c. While group mentoring activities and mentoring through electronic means are allowable as part of the mentoring activities, at a minimum, the program must match the youth with an individual mentor with whom the youth interacts on a face-to-face basis. Mentoring may include workplace mentoring where the local program matches a youth participant with an employer or employee of a company. Programs should ensure appropriate processes are in place to adequately screen and select mentors. In a few areas of the state, finding mentors may present a burden to a program. Case managers can serve as mentors in areas where adult mentors are sparse.

9. Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling, as well as referrals to counseling, as appropriate to the needs of the individual youth.

Comprehensive guidance and counseling provides individualized counseling to participants. This includes drug and alcohol abuse counseling, mental health counseling, and referral to partner programs, as appropriate. When referring participants to necessary counseling that cannot be provided by the youth program or its service providers, the local youth program must coordinate with the organization it refers to in order to ensure continuity of service. When resources exist within the local program or its service providers, it is allowable to provide counseling services directly to participants rather than refer youth to partner programs.

10. Financial literacy education

This program element may include the following activities:

- Support the ability of participants to create budgets, initiate checking and savings accounts at banks, and make informed financial decisions
- Support participants in learning how to effectively manage spending, credit, and debt, including student loans, consumer credit, and credit cards
- Teach participants about the significance of credit reports and credit scores; what their rights are regarding their credit and financial information; how to determine the accuracy of a credit report and how to correct inaccuracies; and how to improve or maintain good credit
- Support a participant's ability to understand, evaluate, and compare financial products, services, and opportunities and to make informed financial decisions
- Educate participants about identity theft, ways to protect themselves from identity theft, and how to resolve cases of identity theft and in other ways understand their rights and protections related to personal identity and financial data
- Support activities that address the particular financial literacy needs of non-English speakers, including providing the support through the development and distribution of multilingual financial literacy and education materials
- Support activities that address the particular financial literacy needs of youth with disabilities, including connecting them to benefits planning and work incentives counseling

- Provide financial education that is age appropriate, timely, and provides opportunities to put lessons into practice, such as by access to safe and affordable financial products that enable money management and savings
- Implement other approaches to help participants gain the knowledge, skills, and confidence to make informed financial decisions that enable them to attain greater financial health and stability by using high quality, age- appropriate, and relevant strategies and channels, including where possible, timely and customized information, guidance, tools, and instruction.

11. Entrepreneurial skills training

This program element provides the basics of starting and operating a small business. Such training must develop the skills associated with entrepreneurship. Such skills may include, but are not limited to, the ability to:

- Take initiative;
- Creatively seek out and identify business opportunities;
- Develop budgets and forecast resource needs;
- Understand various options for acquiring capital and the trade-offs associated with each option; and
- Communicate effectively and market oneself and one's ideas.

Approaches to teaching youth entrepreneurial skills may include, but are not limited to:

1. Entrepreneurship education that provides an introduction to the values and basics of starting and running a business. Entrepreneurship education programs often guide youth through the development of a business plan and also may include simulations of business start-up and operation.
2. Enterprise development which provides supports and services that incubate and help youth develop their own businesses. Enterprise development programs go beyond entrepreneurship education by helping youth access small loans or grants that are needed to begin business operation and by providing more individualized attention to the development of viable business ideas.
3. Experiential programs that provide youth with experience in the day-to-day operation of a business. These programs may involve the development of a youth-run business that young people participating in the program work in and manage. Or, they may facilitate placement in apprentice or internship positions with adult entrepreneurs in the community.

12. Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services.

This element includes “services that provide labor market and employment information about in-demand industry sectors or occupation available in the local area, such as career awareness, career counseling, and career exploration services.” Indiana Career Explorer and Indiana Career Ready should be used to provide labor market and career information, as appropriate to each youth. These labor market information (LMI) tools can be used to help youth and young adults to make appropriate

decisions about education and careers. LMI identifies in-demand industries and occupations and employment opportunities; and, provides knowledge of job market expectations including education and skills requirements and potential earnings. LMI tools also can aid in facilitating youth awareness of the career fields that are likely to provide long-term employment and earnings in local labor markets.

WIOA youth programs and providers should become familiar with Indiana and federal LMI data and LMI tools, which are provided for free by agencies, in order to share relevant LMI with youth. Providing such readily available online services can be accomplished by connecting the youth with WorkOne's that have career exploration tools, ability and interest inventories, and provide related employment services. In addition to connecting youth to self-service LMI tools, it is important for youth providers to share and discuss Indiana and local LMI with youth participants.

In general, career awareness begins the process of developing knowledge of the variety of careers and occupations available, their skill requirements, working conditions and training prerequisites, and job opportunities across a wide range of industry sectors.

The process in which youth choose an educational path and training or a job which fits their interests, skills and abilities can be described as career exploration. Career counseling or guidance provides advice and support in making decisions about what career path to take. Career counseling services may include providing information about resume preparation, interview skills, potential opportunities for job shadowing, and the long-term benefits of postsecondary education and training.

13. Activities that help youth prepare for and transition to post-secondary education and training.

Postsecondary preparation and transition activities and services prepare ISY and OSY for advancement to postsecondary education after attaining a high school diploma or its recognized equivalent. These services include exploring postsecondary education options, including technical training schools, community colleges, 4-year colleges and universities, and registered apprenticeship. Additional services include, but are not limited to, assisting youth to prepare for SAT/ACT testing; assisting with college admission applications; searching and applying for scholarships and grants; filling out the proper Financial Aid applications and adhering to changing guidelines; and connecting youth to postsecondary education programs.

14. Follow-up services for not less than 12 months after the completion of participation.

Follow-up services are "critical services provided following a youth's exit from the program to help ensure the youth is successful in employment and/or postsecondary education and training. Follow-up services may include regular contact with a youth participant's employer, including assistance in addressing work-related problems that arise." Follow-up services should begin immediately following the last expected date of service in the Youth program when no future services are scheduled. Follow-up services do not cause the exit date to change and do not trigger re-enrollment in the program.

The exit date is determined when the participant has not received services in the Youth program or any other Department of Labor funded program in which the participant is co-enrolled for 90 days and no additional services are scheduled. At that point, the date of exit is applied retroactively to the last date of service. Following 90 days of no services, other than follow-up services, self-service, and information-only services and activities and when the participant has an official exit date applied retroactively to the last date of service, the program continues to provide follow-up services for the remaining 275 days of the 12-

month follow-up requirement. The 12-month follow-up requirement is completed upon one year from the date of exit.

Follow-up services for youth also may include the following program elements: (1) supportive services; (2) adult mentoring; (3) financial literacy education; (4) services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services; and (5) activities that help youth prepare for and transition to postsecondary education and training. Provision of these program elements must occur after the exit date in order to count as follow-up services. Indiana recommends that when these services are provided as follow-up services they are coded as follow-up services in the state's case management systems as opposed to program services provided prior to program exit, so the case management system clearly differentiates follow-up services from those services provided prior to exit. In addition, such follow-up services should be documented in the case file that they were provided as follow-up services post exit.

20 CFR § 681.580 states that all youth participants must be offered an opportunity to receive follow-up services that align with their individual service strategies.

Furthermore, follow-up services must be provided to all participants for a minimum of 12 months, unless the participant declines to receive follow-up services or the participant cannot be located or contacted. The types of services provided and the duration of services must be determined based on the needs of the individual and therefore, the type and intensity of follow-up services may differ for each participant. Follow-up services must include more than only a contact attempted or made for securing documentation in order to report a performance outcome.

At the time of enrollment, youth must be informed that follow-up services will be provided for 12 months following exit. If at any point in time during the program or during the 12 months following exit the youth requests to opt out of follow-up services, they may do so. In this case, the request to opt out or discontinue follow-up services made by the youth must be documented in the case file. If a participant is not able to be contacted, staff must enter a case note stating that the customer is not able to be contacted and that phone, email and postal mail have been utilized with no response.

At minimum, one year of follow-up must:

- Be based on the needs of the individual. Staff should update the participant's ISS prior to exiting to reflect the follow-up plans and strategy;
- Include collection of information on employment status, education progress, need for additional services, and problems and challenges occurring and the assistance needed to address them;
- Include reciprocal communication between staff and the participant that identifies how a participant is progressing;
- Occur in person, or via the phone, texting, email, or other forms of one-on-one communication; and
- Be recorded as a follow-up service with a detailed case note in the State's case management system.

Refer to the [Region 4 Youth Follow-Up and Job Retention Policy](#) for additional information.

Staff must ensure the 14 WIOA youth program elements are made available to all youth participants. Region 4 has developed a handout of the Youth 14 elements that should be provided to each youth (attachment A).

ICC Data Entry: A case note must be recorded stating the 14 youth elements have been provided and discussed with the participant and an ISS will be developed with the youth determining the best way to implement the needed youth elements. As with all case notes, this must be individualized.

Let Us Help You *Find Your Future*



Do you need help finishing high school or getting a HSE?

Improving Educational Achievement

- Tutoring, Study Skills, and Dropout Prevention Strategies
- Alternative Secondary School Services
- Education Concurrent with Workforce Preparation

Do you need a job or training to develop job skills?

Preparing for and Succeeding in Employment and Post Secondary Education:

- Labor Market and Employment Information for Local Area
- Paid and Unpaid Work Experience
- Occupational Skills Training
- Financial Literacy
- Activities that Prepare Youth to Transition to post-secondary education and training

Services Intended to Develop the Potential of Youth as Citizens and Leaders

- Leadership Development Opportunities
- Entrepreneurial Skills

Do you need help financing your college dreams or staying motivated?

Supporting Youth:

- Adult Mentoring
- Comprehensive Guidance and Counseling
- Supportive Services
- Follow-Up Services



If you are between the ages of 16 to 24 and you need help with any of these services, contact your local WorkOne office to assist you!

Find the nearest WorkOne office on this website: www.workonewestcentral.org

The WorkOne System is an equal opportunity employer and does not discriminate in the programs and services offered. Auxiliary aids and services are available upon request to individuals with disabilities. The TDD/TTY number is 1-800-743-3333. • El Programa de Financiamiento asistido de acuerdo con el Título 1 de WIA es un programa de Igualdad de Oportunidades de Empleo. Ayuda y servicios auxiliares están disponibles a solicitud para personas con discapacidad. El número de TDD/TTY es 1-800-743-3333.

Region 4 WORKFORCE Board

To: Service ProviderRegion 4 Workforce Board	Youth Individual Training Account Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: To provide WIOA Region 4 guidance regarding the use of Individual Training Accounts.

REFERENCES WIOA §134(c)(3), 20 C.F.R. Parts 680 et al, 29 U.S.C. 3101 et seq., [DWD Policy 2018-01 Change 1](#); [TEGL 21-16](#)

Background

Training services can be critical to the employment success of many adults and dislocated workers. Staff may determine training services are appropriate, regardless of whether the individual has received basic or individualized career services first, and there is no sequence of service requirement. ITAs may only be utilized for Out of School Youth. ISY cannot use youth program funded ITAs. However, ISY between the ages of 18 and 21 may co-enroll in the WIOA Adult program, if appropriate.

Under WIOA, training services may be provided if staff determines after conducting an interview, an evaluation, or assessment, and career planning, that the individual:

- Is unlikely or unable to obtain or retain employment that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment through career services alone;
- Is in need of training services to obtain or retain employment that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment;
- Has the skills and qualifications to successfully participate in the selected program of training services;
- Is unable to obtain grant assistance from other sources to pay the costs of such training, including such sources as Vocational Rehabilitation, TANF, State-funded training funds or Federal Pell Grants or requires WIOA assistance in addition to other sources of grant assistance, including Federal Pell Grants;
- Is a member of a worker group covered under a petition filed for Trade Adjustment Assistance (TAA) and is awaiting a determination. If the petition is certified, the worker may then transition to TAA approved training. If the petition is denied, the worker will continue training under WIOA;
- Is determined eligible in accordance with the State and local priority system in effect for adults served under the adult funding stream; and
- Selected a program of training services from the [Eligible Training Providers List](#) and that is directly linked to occupations in demand (see attachment A) or in another area to which the individual is willing to commute or relocate. Exceptions to the locally recognized Demand & Growth Occupation list will require R4WDB (or designee) approval.

Individual Training Accounts for Workforce Innovation and Opportunity Act (WIOA)

An ITA is one of the primary methods through which training is financed and provided for WIOA participants. ITAs are established on behalf of the WIOA participant to purchase a program of training services from a provider on the Eligible Training Providers List (ETPL) selected in consultation with the case manager. Indiana's eligible training provider list can be found on the [INTraining website](#).

A program of training services is defined as a structured regimen leading to:

- Recognized post-secondary credentials; or
- Secondary school diploma or its equivalent; or

- Employment; or
- Measurable skill gains toward credentials or employment.

ITAs are authorized for use in providing occupational training services to OSY customers and shall conform to the following requirements:

Before receiving training services under WIOA:

- eligibility determination; and
- determination of appropriateness
- complete [Client Budget Worksheet](#) – (Attachment B)
- case note for training service
- Financial Award Analysis (Attachment C)

Staff must determine whether or not training services are appropriated and needed for WIOA participants *The Case file (IEP or case note) must contain a determination of need for training services as determined through the interview, evaluation, or assessment, and career planning informed by local labor market information and training provider performance information, or through any other career service received.*”

Determination of need must be done by completion of an interview, evaluation or assessment, and career planning.

Assessment may include, among other things:

- A combination of standardized tests
- Inventory of participants’ interests
- Skills assessment
- Career exploration
- Alignment with available labor market information

If an ITA is being used for a post-secondary institution's credit-bearing courses, it may only be used for non-developmental courses.

- An ITA should not be used to pay for remedial or developmental courses at a post-secondary institution.
- Customers who must take remedial or developmental courses prior to entering a post-secondary institution should be referred to Adult Education for remediation.
- Training programs must be within a reasonable commute of the local area.
- Training programs that are outside Region 4 or beyond a reasonable commuting distance must be approved by the R4WDB (or designee) on a case-by case basis.

Maximum Duration of ITA:

Duration of an ITA is dependent upon the customer’s goals, resources & available training.

- The R4WDB will support individuals pursuing a 2-year or less certification or degree program geared toward an occupation in demand with one of the Eligible Training Providers.
- The R4WDB will fund the first 2-years of a 4-year program if that program results in an associate degree after the first 2 years.
- The R4WDB will fund the last 2 years of a 4-year program if that program results in a completion of a bachelor’s degree.

- WIOA funds will not be utilized to fund Associate's or Bachelor's Degrees in General Studies. [TAB 2005-004]

Maximum Funding and Allowable Costs for Training:

ITA funding amounts may vary from customer to customer based upon the needs of the customer; however, the maximum ITA *tuition* amounts for one year should not exceed **\$5000**. Exceptions must be approved by WDB designee. The reasoning and the exception should be noted in the customer's case notes.

- ITA expenditures are costs required by the training provider to complete the training.
- ITA costs required to complete the training may include, but are not limited to:
- Tuition and fees
- Books
- Tools
- Uniforms
- Tests (Background Check)
- Medical immunizations/tests

ITAs may not be used for payment of late fees, fines, or penalties caused by customer error

ITA costs do not include any supportive services' costs related to the ITA (e.g. transportation or child care).

Coordination of Funding:

A comprehensive assessment of the cost of the ITA, which involves accessing other grants or funding, including Federal Pell Grants, Trade Adjustment Assistance (TAA), and scholarships, must be conducted to ensure best utilization of WIOA funds. WIOA funds are not the payer of last resort.(see DWD policy 2017-09) See attachment D: Partner Resource Guide for additional sources of funding. Financial Award Analysis form is to be completed for all participants receiving training (Attachment C)

Other Considerations for ITA's:

Training services must be provided in a manner which maximizes informed consumer choice in selecting an eligible provider. When participants select an eligible training provider, they should consider providers who are eligible for financial aid to ensure best utilization of WIOA funds. Our local ITA policy should not be construed that a participant cannot be served because the training in an in-demand occupation exceeds the maximum ITA funding limit. Exceptions must be approved by the board designee.

Budget and Financial Analysis

Service Providers must ensure that WIOA funds are not used to pay training costs that were paid by the participant (or other source) prior to WIOA program registration.

All recipients of an ITA must submit a FAFSA form and utilize any Pell Grants received prior to utilizing an ITA (as applicable for Pell eligible institutions).

A WIOA participant may enroll in WIOA-funded training while the participant's application for a Pell Grant is pending, as long as the Service Provider has made arrangements with the training provider and the WIOA participant regarding allocation of the Pell Grant. If the Pell Grant is subsequently awarded, the training provider must reimburse the Board (Service Provider) the WIOA funds used to underwrite the training for the amount the Pell Grant covers.

Reimbursement is not required from the portion of Pell Grant assistance disbursed to the WIOA participant for education-related expenses, which includes support services.

- Customers shall not be required to apply for or access student loans or incur personal debt as a condition of participation
- The participant may incur personal debt when agreed to and after counseling regarding the responsibilities associate with the indebtedness, including loan repayment. It is the intent of this policy to preserve the element of choice in a WIOA customer's selection of a training provider. The customer may choose to pay for the non-WIOA funded portion of his/her training through grant/aid/loan resources available through a proprietary education institution or through his/her own resources.

Service Providers must have a process in place to ensure payment will not be made to training vendors when the participant has withdrawn or dropped classes in accordance with the training vendor's non- payment policy.

ITA Voucher Content

Vouchers are to be completed in ICC and signed by the case manager and approved by team lead. Vouchers are to be scanned into ICC documents. All applicable items must be completed on voucher.

Attachment A – [Occupations in Demand](#)

Attachment B – [Budget Worksheet](#)

Attachment C – [Financial Award Analysis Form or facsimile](#)

Attachment D – [WIOA Partner Resource Guide](#)

Attachment E – [Technical Assistance Training Codes](#)

Attachment A

Demand and Growth Occupations 2023	
Accountant and Auditors	5 flame
Administrative Services Manager	4 flame
Agricultural and Food Science Technicians	4 flame
Architectural and Engineering Managers	4 flame
Assemblers & Fabricators	3 flame
Automotive Service Technician/Mechanic	4 flame
Bookkeeping, Accounting, and Auditing Clerks	3 flame
Bus and Truck Mechanics and Diesel Engine Specialists	4 flame
Carpenters	4 flame
Chemical Equipment Operators and Tenders	4 flame
Clinical Laboratory Technologist	4 flame
Computer and Information Systems Manager	4 flame
Computer Numerically Controlled Operator/Programmer (CNC)	4 flame
Computer Software Developers	5 flame
Computer Systems Analyst	5 flame
Construction Laborers	4 flame
Construction Manager	5 flame
Correctional Officer	3 flame
Counselor	4 flame
Customer Service Representative	3 flame
Dental Assistant	4 flame
Dental Hygienist	4 flame
Education Administrator	4 flame
Educational, Vocational, and School Counselors	4 flame
Electrical and Electronic Engineering Technicians	4 flame
Electrical Engineers	5 flame
Electrician	5 flame
Electronics Engineers, Except Computer	3 flame
Elementary, Middle School and Secondary School Teacher	4 flame
Emergency Paramedic, EMT	4 flame
Executive Secretaries and Administrative Assistants	3 flame
Financial Managers	5 flame
First-line Supervisors/Managers of Construction Trades & Extraction Workers	4 flame
First-line Supervisors/Managers of Mechanics, Installers, & Repairers	5 flame
First-line Supervisors/Managers of Office and Administrative Support Workers	3 flame
First-line Supervisors/Managers of Production & Operating Workers	5 flame
First-line Supervisors/Managers of Retail Sales Workers	3 flame
First-line Supervisors/Managers of Transportation & Material-moving machine and vehicle operators	4 flame
General and Operations Manager	5 flame

General Office Occupations	3 flame
Heating, Air Conditioning, and Refrigeration Mechanics and Installers	4 flame
Home Health Aides	4 flame
Human Resources Specialists	4 flame
Industrial Engineering Technologists and Technicians	4 flame
Industrial Engineers	5 flame
Industrial Production Manager	4 flame
Industrial Machinery Repairers/Maintenance	5 flame
Industrial Truck and Tractor Operators	5 flame
Inspectors, Testers, Sorters, Samplers, and Weighers	3 flame
Laborers and Freight, Stock, and Material Movers, Hand	3 flame
Licensed Practical Nurse (LPN)	4 flame
Machine Operators and Assemblers	4 flame
Machinist	4 flame
Market Research Analysts and Marketing Specialists	5 flame
Maintenance and Repair Workers	4 flame
Management Analyst	5 flame
Material Moving Worker	3 flame
Mechanical Engineers	5 flame
Medical and Clinical Laboratory Technologist	4 flame
Medical and Health Services Manager	5 flame
Medical Assistant	5 flame
Medical Record and Health Information Technician	4 flame
Millwright	5 flame
Multiple Machine Tool Setters, Operators, and Tenders, Metal and Plastic	4 flame
Network and Computer Systems Administrator	4 flame
Nurse Practitioners	5 flame
Nursing Assistant	3 flame
Occupational Therapists	4 flame
Pharmacist	3 flame
Pharmacy technicians	4 flame
Plumbers, Pipefitters and Steamfitters	5 flame
Police and Sheriff's Patrol Officers	4 flame
Postsecondary Teachers	4 flame
Precision Metal Workers	4 flame
Production Workers	4 flame
Radiological Technologist	4 flame
Registered Nurse (RN)	5 flame
Respiratory, Occupational, Physical Therapist	4 flame
Sales Representatives	4 flame
Secretaries and Administrative Assistants	3 flame
Security Guards	3 flame
Shipping, Receiving, and Traffic Clerks	3 flame

Social Workers	4 flame
Solar Photovoltaic Installer	1 flame
Special Education School Teacher	4 flame
Structural Metal Fabricators and Fitters	4 flame
Substance Abuse, Behavioral Disorder and Mental Health Counselors	4 flame
Surgical Technologist	4 flame
Team Assemblers	3 flame
Tool & Die Makers	3 flame
Truck Drivers, Heavy and Tractor-Trailer	4 flame
Truck Drivers, Light	4 flame
Veterinarians	4 flame
Welders, Cutters, Solderers, and Brazers	4 flame

Revised 4/23

Attachment B – Budget Worksheet Example

Region 4 Customer's Household Budget Worksheet

Customer: _____ Last 4 of SSN: _____ Date: _____

Monthly Income		Monthly Fixed Expenses		Monthly Variable Expenses	
	Amount		Amount		Amount
Wages Earned		Rent/House Pymt		Food	
TANF		Car Pymt(s)		Clothing	
SNAP/Food Stamps		Insurance		Transportation	
Social Security		Medical/Dental		Child Care	
Retirement		Prescriptions		Medical/Dental	
WIC		Phone		Electric	
Child Support		Trash		Gas	
Property Income		Internet/Cable		Water	
Work Study		Loan		Other	
Other		Credit Card		Other	
Other		Other		Other	
Other		Other		Other	
Total Income:	\$ -	Total Fixed Expenses	\$ -	Total Variable Expenses	\$ -

By signing below, I agree that the above information is true and accurate. I realize that falsification could lead to suspension of all assistance.

Customer's Signature: _____

Date: _____

Case Manager's Signature: _____

Date: _____

Oct-18

Attachment C

FINANCIAL AWARD ANALYSIS

TRAINING PROVIDER: _____

Workforce Innovation and Opportunity Act (WIOA) Participant:		Telephone #:		
Training Start Date:		Training End Date:		
Name(s)/Type(s) Of Training:		No. of Weeks/Semesters/Quarters:		
Training Provider Contact Person:		Telephone #:	Fax #:	

Training Items Cost of Attendance	Fund Assignments (#1-6 Under Funding Sources)	Cost per Week/Semester/Quarter	Number of Weeks/Semesters/Quarters	Total Cost of Training Services
Application/Registration				
Tuition				
Books/Supplies				
Shop/Clinic/Lab Fees/Uniforms				
Physicals				
Licenses/Permits				
Parking Fees				
Student Activity Fees				
Transportation				
Child Care Cost				
Other Required Cost (specify)				
Other Required Cost (specify)				
Total Projected Cost of Training				

Financial Award Analysis

Available Funding Sources	Aid Per Semester or Quarter	Number Of Weeks/Semesters/Quarters	Total Available Resources
1. Federal Pell Grant (<i>attach Student Aid Report, etc.</i>)			
2. Scholarships/Grants/Other Financial Aid (<i>attach applicable award/denial letters</i>)			
3. Other Partner Sources (<i>specify</i>)			
4. Vocational Rehabilitation/Social Services			
5. Total Non-WIOA Available Resources			
6. Needed/Requested WIOA Training Resources			
7. Additional Resources Needed (<i>normally this should be a zero balance</i>)			

Provider's Signature

Date

Regional Staff Signature

Date

Partner Resource Guide

Make customer referrals here: <https://hoosierheartland.indianapartners.com/>. Ask your agency manager for assistance if you cannot access the site.

Region 4 One Stop Partner Resource Guide *																	
Partner	Training Funds (Tuition, Books, Fees)	Training Fees (such as HSE or Certification Testing)	Transportation Assistance	Work/Interview Clothing	Tools	Child Care Assistance	Auto/Car Repair	Emergency Food	Emergency Shelter	Emergency Medical	Emergency Dental	Utility Assistance	Rental Assistance	Student Allowance for Classroom Training	Physical/ Mental Restonration Services Necessary to Become Employed	Rehabilitation Technology Services & Devices	Supported Employment Services
Adult Education		Possible Scholarships				X**											
Area 4 Agency																	
Goodwill Industries			X	X			X					X+					
IMAPCT	X	X	X	X	X*	X	X										
Ivy Tech	X																
Proteus	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Vocational Rehabilitation	X***	X***	X***	X***	X***	X***									X***	X***	X***
WorkOne	X	X	X	X	X	X	X										
*Contingent on each programs eligibility and cost																	
**Free childcare for students attending classes at LARA																	
***VR will provide services that are documented as vocationally relevant and necessary for clients to achieve their employment outcome. Services will be provided pusuant to state and federal regulations.																	

Region 4 One-Stop Partner Resource



“The One-Stop delivery system brings together workforce development, educational, and other human resource services in a seamless customer-focused service delivery network that enhances access to the programs' services and improves long-term employment outcomes for individuals receiving assistance. One-Stop Partners administer separately funded programs as a set of integrated streamlined services to customers.”

WIOA Regulations 20 CFR 678.300

ELIGIBILITY REQUIREMENTS and TARGET POPULATIONS OF REGION 4 ONE-STOP PARTNERS

Partner	Target Population	Eligibility Requirements	Description
Adult Education	Male, Female, Adult, Youth, Low-Income, Disabled, Unemployed, Under Employed, Basic Skills, VET, No HS Diploma, Native Americans, Older Workers, English as Second Language, Ex Offender	Anyone over 16 and out of school is eligible to enroll and attend classes. They attend orientation and speak with an advisor to find the best fit to fill their needs and goals.	Indiana Adult Education programs provide math, reading, and writing instruction <i>free of charge</i> to help participants acquire skills needed to earn a high school equivalency diploma, go to college, or enter an entry-level occupational certification program. Students must attend orientation and be enrolled in order to receive free services. Region 4 has several state approved testing sites for the TASC Test (formerly the GED). Some sites offer free childcare. To find the Adult Education Program in your county, go to: https://www.in.gov/dwd/career-training-adult-ed/adult-ed/locations/
Ivy Tech Community College	Male, Female, Adult, Youth, Low-Income, Disabled, Unemployed, Under Employed, VET, Native Americans, Older Workers, English as Second Language, Ex Offender	The College admits to certificate, technical certificate and degree programs the following: high school graduates, or recipients of the High School Equivalency (HSE/GED) credential, or recipients of the Test Assessing Secondary Completion (TASC) credential, or individuals 18 years of age or older who are able to benefit from Ivy Tech's instructional programs.	Ivy Tech offers short-term training and two-year associate degree programs. Students experience hands-on training with some of the state's most advanced technologies and training facilities, plus the convenience of more than 1,000 online classes, and the attention that comes with a small average class size of 22 with tuition rates (under \$4,200 a year). For a complete list of academic programs, visit ivytech.edu/academics .
Vocational Rehabilitation	Male, Female, Adult, Disabled, Unemployed, Under Employed	Eligibility is based on the following federal requirements: •You have a physical or mental impairment which creates a substantial impediment to employment (meaning that, based on your medical, psychological, vocational, educational and other related factors, you have a physical or mental impairment that hinders you from preparing for, securing, advancing in or regaining employment consistent with your abilities and capabilities); and •You require vocational rehabilitation services to prepare for, secure, retain, advance in or retain employment. •You will be presumed to be able to benefit from VR services in terms of an employment outcome unless, after participating in a trial work experience, there is clear and convincing evidence that your impairment and/or impediment is too significant for you to be able to work.	Vocational Rehabilitation (VR) provides quality individualized services to enhance and support people with disabilities to prepare for, obtain or retain employment. The individual will work closely with a VR counselor throughout the process. Through active participation in their rehabilitation, people with disabilities achieve a greater level of independence in their work place and living environments.
Older Americans Title V (Goodwill, AARP Senior Employment, National Able Senior Community Service Employment Program)	Low-Income, Older Workers	Applicants must be: *Age 55 or older *Unemployed *Income Eligible – (Eligibility will be determined by SCSEP Program Staff)	SCSEP – Senior Community Service Employment Program Paid training for seniors age 55 and older, provided by a grant from the U.S. Dept. of Labor, Federal Title V. Seniors are placed in paid training assignments with local non-profit 501C3 and government agencies, at no cost to the agency. The program is designed to assist low-income seniors with barriers to employment. Participants receive training wages at \$7.25 per hour, for 20+ hours of training per week. The program goal is for participants to gain valuable job skills that will increase their chances of finding unsubsidized employment in the community. Program duration: four years. For more information, interested applicants should contact Sharon Lavengood, Program Manager – SCSEP at 574-276-9995. Counties served in WorkOne Region 4 – Miami and Cass. Ruth

			Hooker, Service Coordinator SCSEP 765-447-8408. Counties served Carroll, Clinton, Howard, Montgomery, Tippecanoe, Tipton, & White.
National Farmworker (Proteus)	Male, Female, Adult, Youth, Low-Income, Disabled, Unemployed, Under Employed, Basic Skills, VET, No HS Diploma, Native Americans, Older Workers, English as Second Language	Paid farm work in the past 24 months. Workers will need to meet the requirements of paid work that qualifies as farm work, meet the poverty guidelines, must be documented to work in the United States, and will complete an intake packet with Case Manager. Those workers that are verified will be eligible for financial assistance for employment placement or training, financial assistance for education, and other related assistance such as rent, food and gas.	Proteus is a non-profit agency that is funded by the Federal Government, Department of Labor, with a grant called the National Farmworker Jobs Program (NFJP). Proteus works with Seasonal and Migrant farm workers by providing agricultural workers and their families with affordable health care, education assistance, and job training. Under the Department of Labor's National Farmworkers Job Program, Proteus staff in Indiana promote access to employment by offering education, training, and support services to eligible individuals. Programs in Region 4 are offered by our trained staff in our office located in Kokomo WorkOne.
WorkOne: Adult & Dislocated Worker Employment and Training	Unemployed, Under Employed	Customers must be 18 years of age able to work in the United States.	Programs provided to adults and dislocated workers that assist with: Career counseling and planning, Statewide job matching system, Assistive technology tools: accommodations for those with disabilities, Resume, cover letter, and interviewing assistance, High School Equivalency or HSE (formerly known as GED) and basic education, Training programs and workshops, Training grants and scholarships information, and Work and family related support services and community resources.
WorkOne: Youth	Youth between 16 and 24	Youth must be between 16 and 24, able to work in the United States, and not attending any school - Secondary or Post-secondary (does not include those in adult basic education).	Youth Services: Career pathway counseling and assessments, Work Based Learning opportunities such as: work experience, internships, pre-apprentices, or on-the-job training (OJT), Occupational Skills Training in a variety of in-demand occupations, and Job Search Assistance.
Temporary Assistance for Needy Families (TANF)	Families with children under age 18, helping them achieve economic self-sufficiency.	Children under 18 who are living with their parent(s) or relative such as a grandparent, aunt, uncle etc., who meet specific nonfinancial criteria and whose countable family monthly income meets the income guidelines.	Temporary Assistance for Needy Families is a program that provides cash assistance and supportive services to assist families with children under age 18, helping them achieve economic self-sufficiency. Indiana Manpower Placement and Comprehensive Training can help recipients find a job. Recipients who do not meet exemption criteria are required to participate as a condition of eligibility. Child care services are available for recipients who work or are participating in IMPACT. These child care services are available through the county Child Care and Development Fund Intake Agent.

IMPACT (DFR) Indiana Manpower Placement and Comprehensive Training	Male, Female, Adult, Youth, Low-Income, Disabled, Unemployed, Under Employed, Basic Skills, VET, No HS Diploma, Native Americans, Older Workers, English as Second Language	Priority is given to academic training if the client is under 20 and has not completed high school or its equivalent.) Division of Family Resources in each of Indiana's 92 counties has the responsibility for determining eligibility for IMPACT services for TANF and SNAP recipients. IMPACT contracts with service providers across Indiana to implement job search, job development and placement activities.	IMPACT provides services designed to help recipients of Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families achieve economic self-sufficiency through: education, training, job search, and job placement activities. IMPACT services are a component of Indiana's Welfare-to-Work program, a critical element of Indiana's welfare reform initiatives, which places an increasing emphasis on "work first." "Work First" means that individuals are expected to accept a job when it can be secured with their existing education and skills. IMPACT contracts with service providers across Indiana to implement job search, job development and placement activities.
Area IV Aging Department & Community Action Programs	Services are provided without regard to race, age, color, religion, gender, disability, national origin, ancestry, or status as veteran.	Each of the programs managed by Area IV vary when it comes to eligibility. It is best to request the information about specific programs, guidelines, etc. by going to our website: https://www.areaivagency.org/	Information & Referral, telephone assessments, outreach, resource guide, caregiver services in Benton, Warren, Fountain, Montgomery, White, Tippecanoe, Carroll, and Clinton counties. NOT ALL SERVICES ARE AVAILABLE IN ALL COUNTIES: Assessment and Care Management, Elderly and Disabled offering home-based services, Wellness and Prevention – Senior Games, Bus Trips, Matter of Balance, Enhance Fitness, CPR, Movies, Energy Assistance, Home Weatherization, Lead Abatement, Learning Center and Pre School, RAMP-UP which builds ramps on homes of disabled and elderly, Housing Choice Voucher Program (housing subsidy) Individual Development Accounts which matches savings accounts for home, school, etc., Micro Loans offering small business loans to start a business, Organizational Payee managing funds for individuals with SSA. SSI, SSDI, Transportation in rural sites, public transit, Affordable Housing tax credit subsidized housing, and Work Force Housing in Lafayette.



- ☒ Mandatory
- ☐ Informational
- ☐ Best Practice
- ☐ Other

TECHNICAL ASSISTANCE

Date: 5/16/2022

Contact: policy@dwd.in.gov

Program: Workforce Innovation and Opportunity Act (WIOA) Title I Adult, Dislocated Worker, and Out-of-School Youth

Subject: DWD Technical Assistance 2021-21
Indiana Career Connect (ICC) Training Activity Codes

Purpose

To provide guidance on ICC activity codes for WIOA-funded and non-WIOA-funded training for the Adult, Dislocated Worker, and Out-of-School Youth programs.

References

- 20 CFR § 680.530
- DWD Policy 2020-16 *INTraining and Eligible Training Provider List (ETPL) Eligibility and Establishment Under the Workforce Innovation and Opportunity Act (WIOA) Title I*

Definitions

Eligible Training Providers - An Eligible Training Provider is an entity that provides a program of training services and has been determined as eligible to receive WIOA funding for training services through an Individual Training Account (ITA).

Eligible Training Provider List (ETPL) - Under WIOA, each state is required to compile and disseminate a single statewide list of eligible training providers, known as the ETPL. Training providers and programs must be on the ETPL to receive WIOA funding.

Individual Training Account (ITA) - An ITA is a payment agreement established by the local board on behalf of a participant that utilizes WIOA Adult, Dislocated Worker (DW), or Out-of-School Youth (OSY) program funds to purchase training services. The provider and program of study, selected in consultation with the case manager, must be on Indiana's ETPL.

Content

Section 116 of WIOA establishes performance accountability indicators and performance reporting requirements to assess the effectiveness of States and local areas in achieving positive outcomes for

individuals served by the workforce development system.¹ Accurate data entry of service provision, including training services, is critical to program reporting.

ICC Activity Codes for WIOA-Funded (ITA) ETPL Training

Occupational skills training funded by the WIOA Adult, DW, or OCY programs **must** be on the ETPL, and case managers must use the ICC activity codes in Table I.

Table I

Program Funding	WIOA Funded Training Activity Code
Adult or DW	300 - Occupational Skills Training – ITA Approved Provider
OSY	416 - Youth Occupational Skills Training- ITA Approved Provider

Work-based Training Programs

While work-based training programs may apply to be considered for the ETPL, per WIOA, certain work-based training programs are exempt from ETPL eligibility requirements. These programs may be eligible for WIOA funding utilizing a direct contract in lieu of an ITA. Work-based training:

- a. On-the-Job Training (OJT)
- b. Incumbent Worker Training (IWT)
- c. Customized Training (this includes State Earn and Learn)
- d. Internships
- e. Transitional Employment
- f. Paid or Unpaid Work Experience Opportunities

For training programs that are exempt from the ETPL, the local area must ensure adherence to WIOA regulations at 20 CFR §680.700 through §680.840.

ICC Activity Codes for WIOA-Funded (ITA) Work-based Training

Table II provides examples of appropriate activity code for each of the WIOA-funded work-based training exemptions for the Adult, DW, and OSY programs.

Table II

Training Type	Adult/DW Activity Code	OSY Activity Code
On-the-Job Training (OJT)	301 – On the Job Training	428 – Youth On-the-Job Training
Incumbent Worker Training	317 – Incumbent Worker Training	
Customized Training	304 – Customized Training	
Internships	218 – Internships	427 – Youth Internship-Paid 408 – Youth Internship-Un-Paid
Transitional Jobs	315 – Transitional Jobs	
Work Experience	219 – Work Experience	425 – Youth Work Experience -Paid 426 – Youth Work Experience-Un-Paid

¹ TEGL 10-16, Change 1 *Performance Accountability Guidance for Workforce Innovation and Opportunity Act (WIOA) Title I, Title II, Title III, and Title IV Core Programs.*

ICC Activity Codes for Non-WIOA Funded Training

In certain situations, training may be funded by partner programs, scholarships, or other Third-Party funding. In other words, WIOA funding is not being used to pay for the participant's training costs.

However, the participant may need other WIOA-funded supports to successfully complete their training program. Table II provides the correct training activity codes to use for this type of situation.

Table II

Non-WIOA Funded Training Activity Code	Partner
328 - Occupational Skills Training – Non-Approved Providers	Choose the appropriate partner funding
430 - Youth Occupational Skills Training- Non-Approved Providers	Choose the appropriate partner funding

ICC activity codes 328 and 430 should never be used for training that is being funded by WIOA Adult, DW, or OSY funding.

Additional Information

Questions regarding the content of this publication should be directed to policy@dwd.in.gov.

Region 4 WORKforce Board

To: Service Provider	Youth Work Experience Training Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: To establish Region 4 Workforce Board policy concerning Workforce Innovation and Opportunity Act (WIOA) funded work experience training. Details for On-the-Job Training (OJT) are covered under separate policy.

REFERENCES: WIOA Sections 129 (2)(C) and 129 (c)(4); 20 CFR 680.840, 681.460, 681.480, 681.590, 681.600, 20CFR Parts 663 and 664; [TEGL 8-15 23-14, 21-16](#); [DWD Policy 2017-10](#); [DWD Policy 2018-01 Change 2](#);

BACKGROUND: Under WIOA, work experience becomes the most important of the program elements. Local Youth programs must use not less than 20 percent of the funds allocated to the local area to provide youth participants, both ISY and OSY, with paid and unpaid work experiences.

Work experience is a paid/non-paid Workforce Innovation and Opportunity Act (WIOA) activity designed to enable participants to gain work maturity, occupational skills, and exposure to the working world. The work experience should help participants acquire the personal attributes, knowledge, and skills needed to obtain a job and advance in employment. The work experience provides participants with the opportunities for career exploration and skill development. Benefits include but are not limited to: exposure and exploration into different careers or industries, developing work readiness skills, motivation to stay in school and pursue a career or further training after completion of high school, develop a network of professional contacts, and develop a working relationship with a mentor.

Indiana's new youth-employment law is now fully in effect. Effective July 1, Indiana has eliminated work permits completely, and now requires all employers with five or more minor employees (under age 18) to begin using the Indiana Department of Labor's Youth Employment System (YES) to track and report minor-employee information.

YES has been available since June 1, and thousands of employers have already set up their accounts and collectively registered tens of thousands of minor employees. Employers who fail to comply with the new law that goes could face penalties of up to \$400 per infraction, per minor employee.

YES is simple and easy to use. Employers can access the app via their smart device, such as your smartphone or tablet, as well as their desktop or laptop. Once they've set up their employer profile, they can enter your minor data – name, age and hire date – within minutes.

The new system will not impact the state's work-hour requirement for minors, and all employers must still comply with the Teens Work Hour restrictions and Prohibited and Hazardous Occupation restrictions for minors.

Youth Employment System Video for new criteria for hiring youth under 18 years of age click [here](#).

POLICY:

Work Experiences are a planned structured learning experience that takes place in a workplace for limited period of time. Paid and unpaid work experiences have academic and occupational education as a component. Work experiences may take place in the private for profit sector, the non-profit sector, or the public sector. Fair Labor Standards or applicable State law applies. Work experiences provide the youth participant with opportunities for career exploration and skill development. **Work experiences must include academic and occupational education. This could include certifications earned in a pre-apprenticeship program; employability skills and employer expectations that would make a participant successful on the job; or specific skills or knowledge needed to perform daily duties and tasks of a specific career.** This will be notated in the Work Experience/Internship/Summer Employment Agreement.

Work Experiences may include:

- Summer Employment opportunities and other employment opportunities available throughout the school year;
 - Pre-apprenticeship programs;
 - Internships and job shadowing; and
 - On-the-Job training opportunities (see On-the-Job Training policy)
-
- ***Summer employment opportunities and other employment opportunities available throughout the school year:*** A short-term employment opportunity or work experience, either full or part-time that is conducted mainly during the summer months or for a similar timeframe during other months of the year. These opportunities could arise as are necessary for the youth, or be part of a larger scale summer employment program. Despite the use of the word “school,” this work experience category is available to both in-school and out-of-school youth.
 - ***Pre-apprenticeship programs:*** As defined in 20 C.F.R. § 681.480, a pre-apprenticeship is a program designed to prepare individuals to enter and succeed in an apprenticeship program registered under the National Apprenticeship Act and includes the following elements:
 - i. Training and curriculum that aligns with the skill needs of employers in the economy of State or region involved;
 - ii. Access to educational and career counseling and other supportive services, directly or indirectly;
 - iii. Hands-on meaningful learning activities that are connected to education and training activities, such as exploring career options, and understanding how the skills acquired through coursework can be applied toward a future career;
 - iv. Opportunities to attain at least one industry-recognized credential; and
 - v. A partnership with one or more registered apprenticeship programs that assists in placing individuals who complete the pre-apprenticeship program into a registered apprenticeship program.
 - ***Internships and job-shadowing opportunities:***
 - i. An internship is a form of learning that integrates classroom knowledge with practical application and skills development in a professional setting. Internships should be viewed as an extension of the participant’s educational experience and, where possible, should align

with their career interests and pathways. Internships can be paid or unpaid, but should align with the Fair Labor Standards Act, “Test for Unpaid Interns.”¹

- ii. Job-shadowing is a work experience option where youth learn about a job by walking through the workday as a shadow to a competent worker. The job shadowing work experience is a temporary, unpaid exposure to the workplace in an occupational area of interest to the participant. Youth witness firsthand the work environment; employability and occupational skills in practice; the value of professional training; and potential career options. A job-shadowing experience can be anywhere from a few hours to a day, to a week or more. Job-shadowing is designed to increase career awareness; help model youth behavior through examples; and reinforce in the youth and young adult the link between academic classroom learning and occupational work requirements. It provides an opportunity for youth to conduct short interviews with people in their prospective professions to learn more about those fields. Job-shadowing can be thought of as an expanded informational interview. By experiencing a workplace first-hand, youth can learn a great deal more about a career than through research in print publications and on the Internet.
- **On-the-job training opportunities:** As defined in DWD’s On-the-Job Training (OJT) Guidelines, on-the-job training is training provided by an employer to a paid participant who is engaged in productive work in a job that:
 - i. Provides knowledge or skills essential to the full and adequate performance of the job;
 - ii. Is made available through a program that provides reimbursement to the employer a percentage of the wage rate of the participant; and
 - iii. Is limited in duration as appropriate to the occupation for which the participant is being trained, considering the content of the training, prior work experience of the participant, and the service strategy for the participant; and
 - iv. Provides the expectation that the employer will hire the on-the-job training participant upon successful completion of the on-the-job training.

Work experience must be based on identified needs of the individual youth but does not have to be tied to the youth’s individual career or employment goal. Use of work experience situations should be based on an objective assessment and service strategy identified in the youth’s IEP; youth exploring careers may have briefer experiences than youth who need to learn good work habits.

The participant may enter into more than one paid work experience activity prior to exit from the youth program. The total length of the work experience should not exceed 6 months or 500 hours per participant. Exceptions must be approved by One Stop Operator. All work experience agreements (attachment A) must be approved by the Service Provider or designee. Participants cannot take part in a work experience activity until the “[Work Experience Agreement](#)” has been approved. Exceptions must be approved by R4WDB designee.

Youth program service provider and participant mutually review and determine the feasibility of utilizing a work experience activity. The activity must focus on the development of appropriate work habits and work ethics to include an understanding of employer/employee relationships.

¹ <https://www.dol.gov/whd/regs/compliance/whdfs71.pdf>

The selection of a worksite for a paid and/or unpaid work experience is determined by the needs of the participant/employer. The employer agrees to provide work-related activities for the participant(s) to develop basic work habits, learn occupational skills, and gain usable "Work Experience" to promote future employment.

The employer agrees to maintain records and prepare reports on the participant as prescribed by the youth program service provider. The employer must observe and comply with applicable safety and health standards; observe Workers Compensation and Youth Labor Laws of Indiana and the Federal Government; adjust to other conditions as stated in the worksite agreement.

"Work Experience" activities will not reduce current employee's work hours, displace current employees or create a lay-off of current employees, impair existing contract or collective bargaining agreements, and/or infringe upon the promotional opportunities of current employees.

Work Experience Process: When a youth program service provider identifies a potential worksite match between a participant and employer, the youth program service provider staff will review the work experience opportunity with the participant and evaluate the participant's interest. The youth provider program manager authorizes all "non-Paid Work Experience." The Service Provider Regional Coordinator or designee authorizes all Paid Work Experience."

For the work experience, the youth provider will:

- Arrange worksite interview(s) with the employer
- Complete a Work Experience Agreement
- Submit, update and/or modify the ISS
- Ensure justification for the work experience is in the file and case notes
 - Does the work experience match the participant's interest?
 - Is the participant successfully accomplishing goals, meeting appointments, raising basic skill deficiencies, etc.?
 - Why was the worksite chosen?
 - How does the work experience relate to the youth's overall goals, occupational training, etc.?
 - If [incentives](#) are utilized, the incentive must be connected to recognition of achievement of milestones in the program tied to work experience or training. Such incentives for achievement could include improvements marked by testing or other successful outcomes.

ICC Documentation: The youth program service provider will record all work experience activities in the ICC Case Management System. Work experience documentation must be scanned into ICC.

Work Experience Worksite Agreement

- Paid Work experience Progress Report/Timesheet
- For youth under the age of 18 years old, a minor wage agreement form (attachment B) must be completed; certifying receipt of completing a work permit and copy of such is in file.

WIOA Youth Service Providers must track funds spent on paid and unpaid work experiences, including wages and staff costs for the development and management of work experiences.

Documents for Work Experience are below.



CHECKLIST FOR YOUTH WORK EXPERIENCE (WEX)

To participate in a WEX, participant MUST be enrolled and eligible for funding

Participant Name _____ Last Four SSN _____

WEX PACKET:

Forward to Payroll (in this order) one (1) week prior to WEX begin date via secure **FAX #260-456-3390**:

- ☐ Participant Payroll Information (PPI Form)
 - a. Please make sure that everything is filled out correctly on the PPI
- ☐ Work Experience Agreement Form – Two (2) Pages
 - a. Dates of employment and hourly rate should match PPI
 - b. Make sure that the signatures are all there
- ☐ Worksite Job Duties Form
- ☐ I-9 Documents (one from List A ****OR**** One from List B ****And**** one from List C) Please make sure that the Documents are legible in the WEX packet.
- ☐ I-9 Form Two (2) Pages: 1st page filled out by Participant Only. 2nd page filled out by Case Manager.
- ☐ Federal Tax Form (W-4)
- ☐ State Tax Form (WH-4)



Wait for approval email from Payroll before starting work experience

Enter into Indiana Career Connect (ICC):

1. Create the service/activity for the work experience with JobWorks as the Provider.
2. Figure the total cost – WAGES + FICA
 - Total Number of hours for work experience x wage per hour
 - FICA= wages x .0765
 - Add FICA to Wages to get total work experience cost
 - D. Example: 7.25/hr. X 200 hrs.= \$1,450, then \$1,450 x .0765= 110.97 the total cost = \$1, 450 (wages) + \$110.97 (FICA) = \$1560.97
3. Under the service entered in ICC, create voucher for work experience using the amount from calculation detailed in #2.
4. Scan signed completed timesheets WEEKLY into WEX participant's ICC document profile. REMINDER: Case note any significant changes to WEX (i.e. if a client does not work a particular week that should be case noted).
5. Notify Payroll & MIS when work experience has ended or terminated early for any reason.
6. Must close the activity with the last date worked once work experience has ended and properly case note.

Enter into ADP:

1. Enter Time and Attendance Report hours into ADP by Noon (12:00 pm) ET every Monday. Please refer to email notifications from Payroll on exceptions (i.e. Holidays)
2. Hours entered in ADP MUST match exact hours entered on Time and Attendance Report that is scanned into ICC.

Effective 07.01.2021

Work Experience/Internship/Summer Employment Agreement



Work Experience Agreement

THIS AGREEMENT is entered into this _____ day of _____, 20____ by and between JobWorks (employer of record) and _____ (called "worksite").

JobWorks is working with individuals (called "PARTICIPANT") who are seeking employment and who desire to work. Through a WORK EXPERIENCE, reimbursement shall be made by JobWorks to the PARTICIPANT in lieu of actual wages paid by the WORKSITE. The following are provisions of the agreement entered into by JOBWORKS and the WORKSITE for purposes of implementing this WORK EXPERIENCE.

1. As a condition to the award of financial assistance from the Department of Labor, JOBWORKS (the EMPLOYER) assures, with respect to operation of this WIOA funded program or activity and all agreements or arrangements to carry out the WIOA-funded activity, that it will comply fully with fully with the nondiscrimination and equal opportunity provisions of the following laws: Section 188 of the Workforce Innovation and Opportunity Act (WIOA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participate in any WIOA Title 1-financially assisted program or activity; Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the bases of race, color and national origin; Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities; The Age discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and Title IX of the Education Amendment of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs. The grant applicant also assures that it will comply with 29 CFR Part 38 and all other regulations implementing the laws listed above. The United States has the right to seek judicial enforcement of this assurance.
2. JOBWORKS will refer the PARTICIPANT to the WORKSITE based on: (A) the specific request and job description as provided by the WORKSITE and (B) an assessment of the PARTICIPANT'S interests, aptitudes, and skills base as assessed by JOBWORKS. The WORKSITE will have the right to accept or reject PARTICIPANT referred by JOBWORKS and at any time, may request that a specific PARTICIPANT no longer be assigned to it. In the event that the WORKSITE rejects a PARTICIPANT or requests that a PARTICIPANT no longer be assigned to it, the WORKSITE will provide JOBWORKS with the reasons for requesting such actions.
3. JOBWORKS will provide all reimbursement due to PARTICIPANT(S), inclusive of wages, taxes, and worker compensation payments. The WORKSITE is responsible to ensure that PARTICIPANT is provided with on-the-job supervision and direction which is necessary to assure effective job performance. At all times, the PARTICIPANT will be under the exclusive direction and control of the WORKSITE.
4. JOBWORKS will reimburse the PARTICIPANT for all work performed for the WORKSITE within the following guidelines:
 - A. JOBWORKS will reimburse PARTICIPANT for hours worked up to the specified number of hours per day/week pursuant to the following terms:
PARTICIPANT Name: _____ Job/Position Title: _____
Hours Per Day/Week: _____ Total Hours: _____
Start/End Date: _____ Rate of Pay: _____
 - B. In the event that the WORKSITE needs a PARTICIPANT to work hours in excess of the specified number of hours, the WORKSITE will be responsible for making payment to the PARTICIPANT for these excess hours, including the payment of any applicable overtime.
 - C. The WORKSITE understands that PARTICIPANT will not receive any fringe benefits other than Worker's Compensation, which will be provided by JOBWORKS.
 - D. The WORKSITE shall keep a daily account of hours worked by each PARTICIPANT and shall forward this account to JOBWORKS following the last day of each reimbursement period. This accounting will report the total number of hours worked by each PARTICIPANT during the reimbursement period, with the daily breakdown certified by both the PARTICIPANT and the WORKSITE.
 - E. If the PARTICIPANT is a minor child covered by Federal Child Labor Laws, the WORKSITE understands that the PARTICIPANT can only work hours consistent with the hours identified on the Work Permit. If the WORKSITE works the PARTICIPANT for hours in excess of those allowed on the work permit, the WORKSITE will be responsible for making payment to the PARTICIPANT for these excess hours.

5. JOBWOKS representatives *may*, as required or requested by the WORKSITE, counsel PARTICIPANT regarding employment or other matters related to this WORK EXPERIENCE. It is understood that JOBWOKS will work with the WORKSITE in the scheduling and delivery of this counseling to ensure minimal disruption of the work environment.
6. Both JOBWOKS and the WORKSITE may terminate this agreement immediately upon notification that funds are not available to reimburse PARTICIPANT. Should changes occur in any or all of the following areas, representatives of both JOBWOKS and the WORKSITE would sign an amendment to this agreement: (1) the description of the work to be performed by the PARTICIPANT(S), (2) the total hours for which PARTICIPANT are to be employed, (3) the hourly rate of pay, and/or (4) the number of hours per week the PARTICIPANT may work.
7. The WORKSITE assures that:
 - A. As a condition to the award of financial assistance from the Department of Labor, the WORKSITE assures, with respect to operation of this WIA funded program or activity and all agreements or arrangements to carry out the WIOA- funded activity, that it will comply fully with appropriate nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act (WIA); title VI of the Civil Rights Act of 1964; as amended: section 504 of the Rehabilitation Act of 1973, as amended: the Age Discrimination Act of 1975, as amended: title IX of the Education Amendments of 1972, as amended: and with all applicable requirements imposed by or pursuant to regulations implementing those laws. The United States has the right to seek judicial enforcement of this assurance.
 - B. It will comply with the requirement that no program shall involve political activities and/or lobbying.
 - C. It will establish safeguards to prohibit PARTICIPANT from using their positions for private gain for themselves or others, particularly those with whom there are family, business, or other ties.
 - D. PARTICIPANT in the program will not be employed on the construction, operation, or maintenance of that part of any facility which is used for religious instruction or workshop.
 - E. Appropriate standards for health and safety in work and training will be maintained for all PARTICIPANT. All child labor laws will be followed if a PARTICIPANT is under the age of 18 and subject to these laws.
 - F. The placing of the PARTICIPANT at the WORKSITE will not result in the displacement of employed workers or impair existing contracts for services or result in the substitution of Federal funds or other funds in connection with work that would otherwise be performed.
 - G. PARTICIPANT at the WORKSITE will be treated in a manner consistent with the treatment afforded other PARTICIPANT working in the same position and under similar conditions.
 - H. PARTICIPANT at the WORKSITE will not be involved in work duties which involve the operation of any motor vehicle. If the WORKSITE requires a PARTICIPANT to operate such a vehicle, the WORKSITE assumes all liability for any accident or damage to property or person.

8. The WORKSITE releases and shall indemnify and hold harmless JOBWOKS and its PARTICIPANT from any actions, costs, damages, claims, and liabilities arising out of damage or injury to persons or property sustained in connection with the placement of the PARTICIPANT at the WORKSITE. ***The foregoing Agreement is mutually agreed upon by:***

Name of authorized JOBWOKS representative

Name of authorized WORKSITE representative

Signature

Signature

Street Address

Street Address

City, State Zip

City, State Zip

Phone Number

Phone Number

Name of Work Experience Participant

Participant Signature

I certify that the signatures below are that of the worksite supervisor and alternate supervisor that will appear on the participant's paper time sheet when applicable. (2 names are required)

Name of Supervisor/ Verify (and/or) sign time sheet

Name of alternate (and/or) sign time sheet

Phone: _____

Phone: _____

I-9 Documents

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central .
		8. Native American tribal document	The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C 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	
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			
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
● Receipt for a replacement of a lost, stolen, or damaged List A document. ● Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. ● Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.			Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
			☐ 1. A citizen of the United States			
			☐ 2. A noncitizen national of the United States (See Instructions.)			
			☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)			
			☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)			
			If you check Item Number 4., enter one of these:			
			USCIS A-Number		OR	Form I-94 Admission Number
					OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)		☐ Check here if you used an alternative procedure authorized by DHS to examine documents.			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



Supplement B,
Reverification and Rehire (formerly Section 3)
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.



**Supplement A,
Preparer and/or Translator Certification for Section 1**
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Certificate Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.		OMB No. 1545-0074 2023

Step 1: Enter Personal Information	(a) First name and middle initial _____ Last name _____		(b) Social security number _____
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code _____		
	(c) ☐ Single or Married filing separately ☐ Married filing jointly or Qualifying surviving spouse ☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Reserved for future use. (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐ TIP: If you have self-employment income, see page 2.
--	--

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.) _____		Date _____
Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



WORKSITE/JOB DUTIES

Participant Name: _____

Worksite Name: _____

Worksite Address: _____

Job Position/Title: _____

JOB DESCRIPTION

(If possible, attach Worksite provided job position description)

1. _____
2. _____
3. _____
4. _____
5. _____

Effective 07.01.2021

WH-4 (Double click to open up PDF)



Form WH-4
State Form 48845
(R8 / 9-22)

State of Indiana
Employee's Withholding Exemption and County Status Certificate
This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ ZIP Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" _____

Nonresident aliens must skip lines 2 through 7. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" _____

3. You are allowed one (1) exemption for each dependent. Enter number claimed _____

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older ☐ or blind ☐ Spouse is 65 or older ☐ or blind ☐

Enter the total number of boxes checked _____

5. Add lines 1, 2, 3, and 4. Enter the total here _____

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) _____

7. You are entitled to claim an additional exemption for each adopted qualifying dependent (see instructions) _____

8. Enter the amount of additional state withholding (if any) you want withheld each pay period \$ _____

9. Enter the amount of additional county withholding (if any) you want withheld each pay period \$ _____

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____

Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter 'not applicable' on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$4,400 gross income during the tax year (unless the person is your child and either (1) is under age 19 or (2) is under age 24 and a full-time student at a qualified educational institution during at least 5 months of the tax year).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter, foster child, and/or child for whom you are a legal guardian. The dependent must be under age 19 or must be both under age 24 and a full-time student at a qualified educational institution during at least 5 months of the taxable year.

Line 7 - Additional Adopted Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on lines 3 and 6 and have been adopted by you or your spouse. The dependent child must be a son, stepson, daughter, or stepdaughter. The dependent must be under age 19 or must be both under age 24 and a full-time student at a qualified educational institution during at least 5 months of the taxable year.

Lines 8 & 9 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) a dependent no longer qualifies for an additional dependent or an adopted dependent exemption.

Penalties are imposed for willfully supplying false information or information which would reduce the withholding exemption.

Participant Payroll Information (Double click to view as PDF)



PARTICIPANT PAYROLL INFORMATION FORM

SECTION 1. PARTICIPATION INFORMATION				
1. Last Name	2. First Name	3. Middle Initial	4. Social Security Number	
5. Street or Mailing Address	6. City	7. State	8. Zip Code	
9. Participant Phone Number	10. Date of Birth	11. Age in Years		
FUNDING				
12. SJAG School (if applicable) OR County that corresponds with Fund Stream on Voucher*:		13. Circle ONLY One Funding Stream:		
*This is not necessarily the county the client resides but indicates county from which funds are being allocated		☐ WIOA In School Youth (ISY)		
		☐ WIOA Out of School Youth (OSY)		
		☐ SJAG		
		☐ Other: _____		
SECTION 2. WORKSITE INFORMATION				
14. Actual Work Start Date	15. Projected Work End Date	16. Maximum Number of Hours Per Week	17. Maximum Total WEX Hours	18. Hourly Rate of Pay
19. Name of Worksite		20. Job Title of Participant		
Case Manager Name (PLEASE PRINT):				
Case Manager Signature: _____ Date: _____				
SECTION 3. UPDATES TO PARTICIPANT PAYROLL INFORMATION				
[] EXTENSION: Extend End Date to _____				
[] INCREASE: Total number of hours per agreement to _____				
[] INCREASE: Rate of pay to _____				
[] CHANGE OF ADDRESS _____ _____				
Case Manager Signature: _____ Date: _____				

Effective 03.09.2023

Time and Attendance Report (Double Click to open as PDF)

Time and Attendance Report

LOCAL JOBWORKS CONTACT: _____ PHONE: _____ FAX: _____

Participant Full Name (PLEASE PRINT): _____ Work Site: _____

Social Security # (Last Four): XXX-XX - _____ Pay Period Ending: _____

Round time to nearest 15 minutes (15 minutes = .25 hours)

Day of Week	Date	Time Started	Out for Lunch	In from Lunch	Time Finished	Total Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total Hours for Week in Class or Worked _____						

Signatures Below Verify Hours on this timesheet:

Participant's Approval Signature: _____ Date: _____

Worksite Supervisor Approval Signature: _____ Date: _____

Classroom Instructor Approval Signature: _____ Date: _____

JobWorks Case Manager Approval Signature: _____ Date: _____

Check if this is the last time sheet ☐

Comments: _____

Central Payroll Processing Center
 Jobworks Inc ♦ 7230 Engle Rd. Suite 213 ♦ Fort Wayne IN 46804 ♦ Phone: (260) 745-2000 ♦ FAX: (260) 456-3390

Trainee Evaluation Form

Trainee Name: _____

Position: _____

Supervisor Name: _____

Phone: _____

Worksite Name: _____

Address: _____

Absences: _____ # Tardy / Late: _____ ** Did trainee use proper call in procedure? _____

	Needs improvement	Average	Excellent
Work Habits: Displays a positive attitude toward daily tasks and work assignments.			
Communication Skills: Demonstrates effective verbal and written skills.			
Dependability: Adheres to time frames; completes tasks as instructed.			
Cooperation: Works well with others; is considerate and respectful; cooperative and flexible.			
Initiative: Assumes extra responsibility, seeks guidance or resources as necessary; good attitude when corrected.			
Adaptability: Values and seeks out the insight of others; accepts new ideas; willing to assist others when needed; considered a team player.			
Judgement: Effectively recognizes and analyses problems, determines appropriate action for solutions, and thinks logically.			
Attendance and punctuality: Arrives on time ready to work, is punctual for meetings.			
Planning and Organization: Coordinates with others, establishes priorities, and manages times well.			
Additional Comments:			

Trainee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Region 4 WORKforce Board

To: Service Provider	On the Job Training (OJT) Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019; 07/29/2022

Purpose:

On the Job Training (OJT) is a strategic employment service that supports the business community in their hiring process by adding staff capacity, productivity, and training at reduced costs to the Employer and is an excellent vehicle for eligible Job Seekers to build their skills and re-establish their employment status. OJT benefits Employers by reducing the cost of training new employees, the Employer designs the on-site training, training is aligned with the skills required for the job and is a long-term investment in the company. OJT benefits the Job Seeker by providing an opportunity to “earn as they learn” in a hands-on environment, acquire job and career advancement skills, and provides an opportunity for long-term employment.

The basic purpose of an OJT is to encourage public, private non-profit or private Employers to hire an individual, or upgrade an eligible employed worker, who would not otherwise qualify for the job and to teach the skills requisite to perform at the job. The OJT Service Provider provides the Employer with a partial wage reimbursement for an agreed-upon training time in exchange for the provision of training by the Employer and a commitment to retain the individual when the training is successfully completed.

Reference: [TEGL 19-16;](#)

Content:

SELECTION OF TRAINEES

Trainees who are eligible for OJT must meet program eligibility requirements for each funding source.

Participants must meet eligibility requirements and have received an assessment resulting in the development of an Individual Service Strategy (ISS for older WIOA Youth participants) that documents the participant’s appropriateness for OJT. Regardless of the funding source, consideration should be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, prior work experience, and the participant’s IEP/ISS.

The assessment process is used to substantiate that *each Trainee has a need for the training that is to be provided and has the capability to benefit from this training.* The decision to assign a participant to OJT should be based on consideration of the individual's employability skills, skill deficiencies, and interests.

Trainees who already possess a substantial portion of the skills required to perform the job also should not be placed into OJT positions. An individual who possesses knowledge or skills essential to the full and adequate performance of the specific occupation for which the OJT is proposed may not be placed into an OJT in that occupation. While strict compliance with this principle is inherent in the concept of OJT, in reality many jobs are unique and do not present an exact match of the skills required for jobs with other Employers, even where the job title is identical. Thus, even where an individual has some relevant experience or training, the need for OJT may still be substantiated through the assessment process. In addition, a lack of contemporary application of skills or a change in technology may necessitate additional training.

Employer Referrals

An Employer may sometimes refer an applicant for a vacant position in order to determine whether the applicant is eligible for WIOA and appropriate for training through an OJT Training Plan. This practice is allowed under WIOA and sometimes called a reverse referral. A reverse referral is when the business has identified someone they would like to hire but the individual has demonstrated skills deficiency related to the position's requirements. A business may refer a job applicant to the Service Provider for potential OJT enrollment. **In the case of reverse referrals, the candidate must be scheduled for an eligibility determination and assessment appointment with a Service Provider and must be eligible for WIOA Youth.** The Service Provider must utilize normal eligibility assessment and enrollment procedures. **Participant's eligibility must be determined prior to employment; no pre-hires or period of employment prior to the execution of an OJT agreement and participant training plan are acceptable.**

OJT Service Providers should assess the circumstances to determine whether an OJT is appropriate in the same way they would assess an individual participant.

Any individual hired prior to the eligibility determination is not eligible for the federally funded OJT program.

OJT and Eligible Employed Workers (must have WDB designee approval)

OJT contract may be written for an eligible employed worker when the additional below requirements are met:

- 1) The employee is not earning a self-sufficient wage (as determined by local policy); and
- 2) The OJT relates to the introduction of new technologies, introduction to new production or service procedures, upgrading to new jobs that require additional skills, workplace literacy, or other appropriate purposes as defined in local policies.

OJT and Registered Apprenticeship Programs

Individual training accounts (ITAs) and OJT funds may be combined to support placing participants into a registered apprenticeship program, just as they can be used together for a participant who is not in a registered apprenticeship. Local WDBs set policy for ITA duration and financial limits.

- An ITA may be used to support the classroom portions of the apprenticeship program, and OJT funds may be used to support the on-the-job training portions of the program.

- Depending on the length of the registered apprenticeship and local OJT policies, these funds may cover some or all of the registered apprenticeship training.
- If the apprentice is employed at time of participation, the additional criteria set forth above must be met.

OJT Contract

An OJT is provided under a contract with an employer in the public, private non-profit, or private sector. Through the OJT contract, occupational training is provided for the WIOA participant in exchange for wage reimbursement for hours in training. Employers are to provide individuals in OJT with benefits and working conditions at the same level and to the same extent as other trainees or employees working a similar length of time and doing the same type of work.

- The OJT contract is to outline the respective required duties of an OJT employer and the WDB or its designee as they relate to the provision of an OJT. Each contract, at a minimum, must contain the provisions included in [Attachment B \(Minimum Provisions to be Included in OJT Contracts\)](#) of this policy. During negotiation of an OJT contract, estimate the training cost for the employer; this estimation should be used as a basis for negotiating the percentage of wages that would be reimbursed to the employer during the training period. The percentage of wages reimbursed to the employer cannot exceed 50 percent
 - The WorkOne staff will use the development of the [Training Plan \(attachment C\)](#) for outlining the process for determining the rate of training wage reimbursement. The maximum reimbursement rate is 50% and R4 WDB limits the cost of OJT's to \$13,000. Exceptions must be approved by WDB designee. The training duration will not be less than 4 weeks and more than 26 weeks
 - The duration of the training must be established as part of the OJT contract. The duration should be of sufficient length to ensure the acquisition of skills by the participant and proficiency in the occupation for which the training is being provided while not being excessive in length. The **maximum** duration for WIOA-funded OJT in the State of Indiana is six months. *Funding limitations may result in OJT's not being funded for the full 26 weeks duration, even when such length has been determined. (approval by manager needed).* Special exceptions to the maximum duration must be approved in writing by the Associate Chief Operations Officer for Policy for the Indiana Department of Workforce Development.
 - In determining the appropriate length of the contract, consideration should be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, prior work experience, and the participant's Individual Employment Plan (IEP).
 - It is generally expected that the OJT contract would be a two-party contract, but in some instances, an OJT employer may utilize an employment service or other third-party human resource service to serve as the employer-of-record for new workers employed by the company. In these instances, the WDB or its designee may utilize three-party contracts, which specifically delineate the responsibilities of each party. In instances involving three-party contracts, both the OJT employer and the

employer-of-record must abide by the governing provisions contained within this policy.

OJT Wage Reimbursement

The percentage of wages reimbursed to the employer cannot exceed 50 percent. One exception is that the Governor or the WDB may increase the reimbursement amount up to 75 percent, taking into account these factors:

- o The characteristics of the participants taking into consideration whether they are “individuals with barriers to employment” (as defined in WIOA Section 3(24)); thus, your local policy may provide a higher rate of reimbursement for individuals who will require more intensive training than individuals without barriers;
- o The size of the employer, with an emphasis on small business. This means that your local policy can consider providing a higher wage reimbursement to smaller employers. You might, for example, provide a 30% reimbursement to employers of 1,000 or more; 50% for employers of 500-999; 60% for employers of 50-499; and 75% for employers of less than 50.
- o The quality of employer-provided training and advancement opportunities, for example if the OJT contract is for an in-demand occupation and will lead to an industry-recognized credential; and
- o Other factors the WDB may determine to be appropriate, which may include the number of employees participating, wage and benefit levels of the employees (both at present and after completion), and relation of the training to the competitiveness of the participant. See WIOA 134(c)(3)(H); WIOA Proposed Regulations §680.730.

Region 4 staff must have prior approval by the WDB or designee for reimbursement rates above 50%. Any approval will follow the above guidelines.

OJT and Eligible Employed Workers (must have WDB designee approval)

OJT contract may be written for an eligible employed worker when the additional below requirements are met:

- 1) The employee is not earning a self-sufficient wage (as determined by local policy); and
- 2) The OJT relates to the introduction of new technologies, introduction to new production or service procedures, upgrading to new jobs that require additional skills, workplace literacy, or other appropriate purposes as defined in local policies.

Limitations:

- OJT contracts may not be established with employers that have previously exhibited a pattern of failing to provide OJT participants with continued long-term employment with wages, benefits including health benefits), and working conditions that are equal to those provided to regular employees that have worked a similar length of time and are doing the same type of work.
- Funds may not be used to reimburse OJT employers for any overtime hours worked by the OJT participant. Overtime hours are generally needed for increased production demands and are rarely needed to provide additional training to participants.

- WIOA funds may not be used or proposed to be used for the encouragement or inducement of a business, or part of a business, to relocate from any location in the United States, if the relocation results in any employee losing his or her job at the original location.
- WIOA funds may not be used to provide OJT if the business has relocated from any location in the United States and the relocation resulted in any employee losing his or her job at the original location. This prohibition is no longer applicable after the company has operated at the new location for 120 days. To verify that an establishment (which is new or expanding) is not, in fact, relocating employment from another area:
 - o A standardized pre-award review must be completed and documented jointly by the WDB or its designee and the OJT employer as a prerequisite to WIOA assistance.
 - o The review must include names under which the establishment does business, including predecessors and successors in interest; the name, title, and address of the company official certifying the information; and, whether WIOA assistance is sought in connection with past or impending job losses at other facilities, including a review of whether WARN notices relating to the employer have been filed.
 - o The review may include consultations with labor organizations and others in the affected region or local area(s). See [Attachment A](#) for details.
- Funds provided to employers for OJT must not be used to directly or indirectly assist, promote or deter union organizing.
- A participant may not be employed or assigned to an OJT if:
 - o Any other individual is currently on layoff from the same or any substantially equivalent job;
 - o The employer has terminated the employment of any regular employee;
 - o or caused an involuntary reduction in its workforce with the intention of filling the vacancy with OJT participants; or
 - o The OJT position is created in a promotional line that infringes in any way on the promotional opportunities of currently employed workers.
- An OJT must be in an in-demand industry or for an occupation in-demand that is included on the State list of targeted economic sectors. In-demand sectors and occupations will be facilitated and reviewed at least annually at both a state-wide and regional level by the Department of Workforce Development in partnership with local WDBs.
- OJT funds can only be used to pay for training for positions that pay a minimum of \$10.00 per hour, or \$20,600 annually for Out of School Youth or In-School youth who have graduated. Special exceptions to this guideline must be approved by DWD. Exception requests are to be sent to the Region 4 WDB. If approved by Region 4 WDB, exception will be sent to DWD for final approval.
- The expenditure on an individual OJT contract is limited to \$13,000 annually.
- Participants may only be provided OJT one time in any twelve-month period. The only exception is when an OJT participant has successfully completed the training and was subsequently laid off through no fault of his/her own.

On-the-Job Training Process

1. WorkOne staff works with the employer to complete the [pre-award review \(Attachment A\)](#). The WDB, or its designee, is responsible for validating information provided in the pre-award review during the mandatory on-site monitoring visit.
2. WorkOne staff works with employer to determine the number of workers needed by the employer, the skills, experience, and other job requirements usually required for the job opening. Staff should utilize tools, such as Specific Vocational Preparation and O*Net, to determine the normal duration of training that is required for that job classification. Additional guidance on determining the appropriate duration of an OJT is contained in [Attachment C](#).
3. WorkOne staff ensures that job openings to be considered for OJT participants are listed on the State's Job Match System -Indiana Career Connect.
4. WorkOne staff works with the OJT employer to recruit and select OJT participants for the specific openings. Ultimate hiring determinations must be made by the OJT employer.
5. WorkOne staff works with the employer and participants to determine skill gaps and the training plan for selected participants. Each participant must have an individual training plan that must be documented in case notes of the State's electronic case management system. A [sample training plan is included in Attachment C](#).
6. WorkOne staff establishes OJT contract(s) with the OJT employer for each individual participant.
7. When the employer hires the new worker, the OJT officially begins. An OJT for an employed worker officially begins when training that was outlined in the OJT agreement begins. Service records must indicate start date of the OJT.
8. Employers are to provide regularly scheduled invoices to WDBs, or its designee, for reimbursement.
9. The service provider conducts monitoring of OJT contracts and follow-up with OJT participants. Monitoring of OJT contracts and follow-up with OJT participants must be documented in service records.
10. Employer electronic signatures on OJT forms are authorized in accordance with IC 26-2-8 "Uniform Electronic Transaction Act."

Monitoring and Follow-Up Requirements

Service Provider staff are to conduct periodic check-ins with OJT companies and conduct at least one fully documented monitoring visit during the OJT contract. The primary purpose of these check-ins and the monitoring visits is to ensure that the OJT employer is following all specifications included in the OJT contract and that the OJT participant is making satisfactory progression through his or her training plan. A sample [OJT Monitoring Template](#) is included in [Attachment D](#).

Additionally, WorkOne staff are to provide meaningful follow-up services to OJT participants. WorkOne staff persons are to conduct monthly check-ins with OJT participants throughout the duration of their training and for six months following successful completion of the OJT. These check-ins will help to determine if the participant needs additional WorkOne services to successfully retain his/her employment. All check-ins should be documented in the State's electronic case management system as a follow-up service.

Attachment A: OJT Pre-Award Review Form template

Attachment B: Minimum Provisions to be included in OJT Contracts and OJT Master/Individual Contract Agreement template

Attachment C: OJT Training Plan / Guidance Determining the Appropriate Duration of an OJT

Attachment D: Sample OJT Monitoring Template

Attachment E: Check list



EMPLOYER ON-THE-JOB-TRAINING (OJT)
PRE-AWARD REVIEW

I. Identifying Information:

Company _____
Address _____ **City** _____ **State** _____ **Zip** _____

Contact Person (name & title)

Contact Phone _____ **Contact Email** _____

Other names (including successor(s) in interest) under which the above company has conducted or is currently conducting business

II. Previous On the Job Training Program (OJT) Participation:

Has the above company previously participated in the OJT program? Yes ☐ No ☐

If yes, please answer the following:

a. How many on-the-job training program positions have been funded in the past?

b. Of the number of previously OJT program funded positions:

- How many participants successfully completed the OJT program sponsored training? _____
- How many participants were retained after their OJT training contract ended? _____

III. Relocation Information:

Has the above company, any subsidiary, affiliates, or part thereof, relocated within the last 120 days?

Yes ☐ No ☐

If Yes, please indicate the date in which operations began at the new facility. _____

If the establishment relocated within the last 120 days, did the move result in a loss of employment for any employee of the company at the original location? Yes ☐ No ☐ N/A ☐

IV. Current Employee Status:

Are any employees currently on layoff from the same job classification(s) that will be included in the on-the-job training program? Yes ☐ No ☐

If Yes, have the employees been laid off for a minimum of 120 days or declined an offer to return to work?

Yes ☐ No ☐

Have any regular employees been terminated or caused an involuntary reduction in workforce with the intention of filling the vacancy with on-the-job training program participants?

Yes ☐ No ☐

Was the OJT position created in a promotional line that infringes in any way on the promotional opportunities of currently employed workers?

Yes ☐

No ☐

V. Labor Consultation:

Are the positions that are part of the on-the-job training program subject to a collective bargaining agreement?

Yes ☐

No ☐

If Yes, provide a listing of all unions and contact information:

VI. Attestation and Validation:

The company official hereby attests, under penalty of perjury, that the above information is correct.

Signature of Company Official

Date

Signature of Business Consultant/Title

Date

Information Validated

Yes ☐

No ☐

Attachment B

Minimum Provisions in On-the-Job Training Contracts & template

WDBs must ensure that the following provisions are included in OJT contracts established with employers:

- Identification of the parties involved in the contract.
- The beginning and ending dates of the contract.
- The total training hours.
- The rate of reimbursement and the total reimbursement, including the wage rate for the WIOA participant.
- A copy of the participant's OJT Training Plan.
- Requirements for trainee retention.
- Assurances of safe working conditions.
- Assurances from employer of compliance with all Federal, State, and local regulations, including WIOA.
- Assurances from employer that include specific references to fair labor standards, benefits, non-discrimination, non-sectarianism, lobbying restrictions, and policy activity restrictions.
- Audit rights and access to records.
- Record retention requirements.
- Default clauses for non-performance and convenience.
- Modification methodology.
- Payment and delivery terms (for OJT, time/attendance records must be maintained).

The above items are not an all-inclusive list but serve as an initial guideline. Furthermore, these points are not intended to replace or supersede mandates and guidelines in Federal and State laws and regulations regarding procurement and contracting.

See Master/Individual Contract template below.

ON-THE-JOB TRAINING CONTRACT AGREEMENT

Effective Date:

Contract Number:

I. PARTIES TO THIS AGREEMENT

A. Primary Parties: The primary parties to this agreement are:

Service Provider

JobWorks, Inc

7230 Engle Rd. Ste. 213
Fort Wayne, IN 46804

Contact Person

Name:

Phone:

E-mail:

Employer

Name:

Address:

City, State:

Contact Person

Name:

Phone:

E-mail:

B. Third Party: Any third part human resource agency serving as the employer of record under contract with the employer agrees to be bound by all applicable provisions of this contract that refer to the employer:

Third Party Agency

Company Name:

Address:

City, State, Zip

Contact Person

Name:

Phone:

E-Mail:

II. CONDITIONS OF THIS AGREEMENT

A. Reimbursement Process: In consideration for the training provided, Service Provider agrees to reimburse the Employer up to 50% of the wages paid to the identified trainee who is provided on-the-job training by the Employer to an amount not to exceed the total contract hours.

Trainee Name:

Trainee SS#

Trainee Job Title:

Trainee Hourly Wage:

Total Number of OJT Contract Hours:

OJT Contract Total: \$

Training Start Date:

Projected Training End Date:

The reimbursement is in compensation for the costs associated with training the identified individual and their lower productivity during the identified training period. The individual's training plan is included as an attachment to this agreement. Reimbursement will occur as a result of invoices submitted by the Employer. Such invoices will reflect the negotiated wage rates and training times of Individual Contracts. Overtime wages, wage increases not specified in the Contract and hours in excess of those specified per week in the Individual Contract will not be reimbursed. Further, reimbursement will not be made for time in which the trainees are absent from training, including authorized paid absences such as holidays, sick days, and vacation days. Service Provider will not reimburse contributions to retirement, medical or any other benefit plans for the trainee.

B. Trainee Retention: The Employer agrees that the trainees will not be terminated without prior notice and reasonable opportunity for correction or improvement of performance. As a part of this assurance, the Employer will immediately notify their WorkOne Representative if the trainees have an attendance or disciplinary problem or have demonstrated an inability to perform in accordance with the training plan. The Employer also agrees to retain the trainees as regular employees upon successful completion of the training.

C. Trainee Wages: The following will govern the wage rates and wage rates and wage policies for all trainees covered by this agreement.

Trainee wages will be the highest of:

1. Wage rate paid is minimum \$10.00 per hour
2. Wage rate paid by the Employer to other similar employees.

D. Trainee Benefits and Working Conditions: The following will govern benefit plans and overall working conditions for the trainees.

1. Trainees will be afforded the same benefits and working conditions as other employees doing the same type of work for a similar length of time.
2. The Employer will provide:
 - Workers Compensation benefits in accordance with State law, or
 - When such law is not applicable, liability insurance coverage for injuries suffered by trainees.
3. Trainees will not be required to work in conditions which are unsanitary, hazardous, or dangerous to their health or safety. With inherently dangerous jobs, reasonable safety practices will be applied.
4. In the event that a trainee is hired under this agreement who is subject to child labor laws in any form, the Employer agrees to follow all such laws.

E. Employer Assurances

1. The Employer assures that it will comply with all Federal, State and local regulations, rules, laws and policies that govern the use of Workforce Innovation and Opportunity Act (WIOA) resources. In the event that such regulations, rules, laws, or policies would change, the Employer assures it will comply with these changes as they apply to this on-the-job training contract.
2. The Employer assures that no currently employed workers will be displaced by the trainee(s) or suffer a reduction in wages, benefits, or work hours, including over-time work hours.
3. The Employer assures that trainees will not fill positions which will infringe upon the promotional opportunities of current employees.
4. The Employer assures that trainees will not fill positions when:
 - Another employee is on lay-off from the same or an equivalent job, or
 - The Employer has terminated a regular employee with the intention of filling the opening with trainees whose wages are subsidized, or
 - Another employee is not employed because of a labor dispute.
5. The Employer assures that this contract will not impair existing collective bargaining agreements and that it will obtain written concurrence of the appropriate labor organization if inconsistencies

with the bargaining agreement exist. It is further assured that the Employer will notify Service Provider if a labor dispute occurs during the term of this contract.

6. The Employer assures that no job training funds will be used to assist, promote, or deter union organizing.
7. The Employer assures that trainees will not be employed and funds received under this contract will not be used to conduct or support the construction, operation, or maintenance of any facility used for religious instruction or worship.
8. The Employer assures that trainees will not be employed in jobs which involve political or lobbying activities.
9. The Employer assures that trainees hired under this agreement will not be the immediate relative of the Employer's administrative and supervisory staff or an immediate relative of the administrative or supervisory staff of the training site. (If applicable)
10. The Employer assures that it has written personnel policies which include a grievance procedure relating to the terms and conditions of employment and that will review these policies with the new trainees.
11. The Employer agrees to make every reasonable effort to maintain a drug-free workplace as required by the Drug-Free Workplace regulatory requirements specified in the Drug-Free Workplace Act of 1988.
12. As a condition to the award of financial assistance under WIOA, it is assured, with respect to the operation of the WIOA funded program or activity and all agreements or arrangements to carry out the WIOA funded program or activity, that the Employer will comply fully with the nondiscrimination and equal opportunity assurances defined in 29 CFR Part 38.25 of the Workforce Innovation and Opportunity Act; Title VI of the Civil Rights Act of 1964, as amended; section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; Title IX of the Education Amendments of 1972, as amended; and with all applicable requirements imposed by or pursuant to regulations implementing these laws. The United States has the right to seek judicial enforcement of this assurance.
13. The Employer assures that the information provided on the "Pre-Award Review" document is accurate and that it has not relocated causing the displacement of employees from any other location. The Employer is assuring that funds provided under this contract have not caused a loss of employment for any employee at this or any other Employer location.
14. The Employer assures that it has not received payment for these on-the-job training activities from any other state or federal source.
15. The Employer agrees to reimburse Service Provider for any funds expended in connection with this agreement which are later determined to be disallowed or wrongfully or illegally expended as a result of Employer non-performance or misrepresentation.

F. Contract Management

1. The Employer agrees that WorkOne and/or Service Provider staff may visit the worksite for the purposes of reviewing the progress of the trainees.

2. All personnel and payroll records pertaining to the trainees must be kept for three years. State and Federal officials must be granted access to these records if requested for audit purposes. Service Provider staff must have access to these records at least once during the training period to verify the accuracy of monthly invoices.
3. This contract may be modified if both parties agree, in writing, to the modification. Unilateral modification may occur by Service Provider in cases of non-performance, unreasonable delays, or non-compliance with the terms and conditions of this contract.
4. This contract may be terminated at any time by either Service Provider or the Employer. Written notice of this termination must be given which explains the reasons for and effective date of the termination. Service Provider reserves the right to terminate this agreement subject to the availability of funding.

III. COMMITMENT TO THIS AGREEMENT

With the signatures below, Service Provider and the Employer agree to the terms and conditions of this agreement.

FOR SERVICE PROVIDER:

Signature

Typed or Printed Name

Title

FOR THE EMPLOYER:

Signature

Typed or Printed Name

Title

**FOR THIRD PARTY AGENCY:
(If Applicable)**

Signature

Typed or Printed Name

Title

OJT Training Plan

On the Job Training (OJT) Plan									
Contact and OJT Information				OJT Contract #					
Complete the contact information for the Employer and the Trainee									
Employer Name:		Contact Person		Telephone #		Financial Information		Total OJT	
Trainee Name		Email		Telephone #		Starting Wage	Reimbursement Rate	Reimbursement	
Beginning Date		End Date		Total Training Hours	#VALUE!		50%	#VALUE!	
Occupational Information									
Complete the occupational information for the Trainee's skill level.									
Job Title:		Hours/Week:		SVP Value:		Minimum of SVP Range:	?	O*net Code:	
Job Description: See Attached									
Required Job Skills for Occupation				Starting Capability			Skills Progression during monitoring		End of OJT Capability of Skills
							Monitoring Date:		Date:
					Percent of Training Time Needed	Hours Needed			
Job Skills Needed/Learned									
☐ Not Skilled (100%) ☐ Some Skills (50%) ☐ Skilled (0%) ☒ NA				0	#VALUE!	☐ Satisfactory Progress ☐ Unsatisfactory Progress ☐ No Training to Date	☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations		
				0	#VALUE!	☐ Satisfactory Progress ☐ Unsatisfactory Progress ☐ No Training to Date	☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations		
				0	#VALUE!	☐ Satisfactory Progress ☐ Unsatisfactory Progress ☐ No Training to Date	☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations		
				0	#VALUE!	☐ Satisfactory Progress ☐ Unsatisfactory Progress ☐ No Training to Date	☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations		
				0	#VALUE!	☐ Satisfactory Progress ☐ Unsatisfactory Progress ☐ No Training to Date	☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations		
				0	#VALUE!	☐ Satisfactory Progress ☐ Unsatisfactory Progress ☐ No Training to Date	☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations		
				0	#VALUE!	☐ Satisfactory Progress ☐ Unsatisfactory Progress ☐ No Training to Date	☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations		
				0	#VALUE!	☐ Satisfactory Progress ☐ Unsatisfactory Progress ☐ No Training to Date	☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations		
				0	#VALUE!	☐ Satisfactory Progress ☐ Unsatisfactory Progress ☐ No Training to Date	☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations		
				0	#VALUE!	☐ Satisfactory Progress ☐ Unsatisfactory Progress ☐ No Training to Date	☐ Exceeds Expectations ☐ Meets Expectations ☐ Does Not Meet Expectations		
Number of Skill Areas				0	0	#VALUE!	Total of Skills Need		
				#DIV/0!	#DIV/0!	?	Percent of all skills		
Addition or reduction in training hours based on prior skills, training, experience or barriers to employment:				Total Hours of OJT Funded Training:	#VALUE!	#VALUE!	SVP Hours		
							Training Hours Subtotal		

Training Plan Guidance

Training Plans are used to outline the specific skill requirements for on-the-job training (OJT). They are also used as the assessment tool to document which skills the Trainee lacks at the start of the training, to determine the length of the OJT and to measure skill attainment during the course of the training. A [Training Plan template](#) -Attachment C.

Job Description:

A job description may be obtained from the Employer or the Job Developer may assist the employer in writing a job description, thus providing a "value-added" for the employer.

Skill Requirements:

List the skills needed to perform the job to the standards specified by the Employer. Record skills as specifically and briefly as possible. For assistance in writing skill requirements, you may use the tasks and activities provided at O*NET OnLine (<http://online.onetcenter.org>). Please modify these skills to be specific to employer's needs for the occupation. (Type of tools or software used)

Trainee's Starting Capability:

Used to assess the trainee's skill level at the beginning of the training period and to document skill deficiencies which will be addressed through training. The skills gap can be addressed in the list of "Job Skills Needed/Learned". The "Starting Capability" will be completed through an interview assessment with the trainee.

Training Length:

- a) The job developer, working with the Employer, determines the job title for the position to be trained for, referencing O*NET OnLine (<http://online.onetcenter.org>).

From O*NET OnLine, Job Zone/SVP parameters are obtained. Use these parameters as a beginning guide to determine the length of training. **If the individual has other past experience/skills not listed from O*Net that would impact training duration, provide rationale for reducing training time. In most cases this should not change the duration more than 30 days.**

- b) The OJT Provider considers the trainee's past work experience, knowledge, and skills gap to assist in determining the length of training.
- c) An OJT contract must be limited to the period required for a participant to become proficient in the occupation for which the training is being provided. In determining the appropriate length of the contract, consideration should be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, prior work experience, and the participant's individual employment plan.
- d) It may be necessary to deviate from the training schedule, depending on the trainee's ability to gain and retain knowledge of the various tasks within the occupation. If there is disruption of the planned training period through no fault of the trainee or the employer, provide modifications in writing with a revised Training Plan. Must seek approval from Regional Operator.

Monitoring/Skill Progression

Service Provider staff are to conduct periodic check-ins with OJT companies and conduct at least one fully documented monitoring visit during the OJT contract. The primary purpose of these check-ins and the monitoring visits is to ensure that the OJT employer is following all specifications included in the OJT contract and that the OJT participant is making satisfactory progression through his or her training plan. The training plan includes a section for monitoring skills progression. This will be used with [OJT monitoring form](#) (Attachment D). Additionally, WorkOne staff are to provide meaningful follow-up services to OJT participants. WorkOne staff persons are to conduct monthly check-ins with OJT participants throughout the duration of their training and for six months following successful completion of the OJT. These check-ins will help to determine if the participant needs additional WorkOne services to successfully retain his/her employment. All check-ins should be documented in the State's electronic case management system as a follow-up service.

Trainee's Ending Capability:

Record the date on which the "Ending Capability" assessment is made and the skill level which has been obtained using the following rating scale:

Beginning - Can do only simple parts of the task.

Intermediate - Can do most parts of the task.

Skilled – Meets the Employer's standard for the task.

Attachment D

OJT Monitoring Template Use in coordination with the Training Plan

Employer Name:

OJT Contract#:

OJT Participant Name:

OJT Participant SSN: XXX-XX-____ Monitor's
Name:

Date of Visit:

Records and Accounts

Question	Answer	Findings/Issues (if any)
1. Does the employer have timesheets or payroll registers for the OJT participant and do these documents support the hours claimed on the most recent invoice?	Yes No	
2. Is the OJT participant receiving the wage identified in the OJT contract and on the most recent invoice?	Yes No	
3. Is the OJT participant receiving the same wage as other workers in the same position?	Yes No	

Training Activities

Question	Answer	Findings/Issues (if any)
4. Is the OJT participant receiving the training that was detailed in the OJT Training Plan and appropriate direction and supervision?	Yes No	
5. Is the OJT participant working and receiving training in a safe and healthy work environment?	Yes No	

OJT Progress Check

Question	Answer	Findings/Issues (if any)
6. From the OJT participant's perspective, do they feel they are doing well and learning the required job tasks?	Yes No	
7. From the employer's perspective, do they feel that the OJT participant is doing well and learning the required job tasks?	Yes No	
8. Are there any issues which may cause this OJT to be unsuccessful?	Yes No	

Overall Evaluation

Briefly describe what was observed and learned while conducting the OJT monitoring visit.

Detail any needed corrective actions to address the findings and issues identified in the above questions.

Monitor's Signature:

Date of Signature:

Date of Follow-Up Visit if Needed:

Attachment E

OJT Checklist and Guidance

ON-THE-JOB TRAINING Check List (documents are to be scanned in ICC)	
WIOA Eligibility Documentation	☐
Statement about OJT being for an Occupation in Demand	☐
Determination of Need of training (part of IEP)	☐
Job Description	☐
Individual Training Plan (includes skill gaps and length of training)	
OJT Pre-Award Form	☐
Master/Individual Contract	☐
On-The-Job Training Report and Reimbursement Request Form	☐
+Supporting Records	☐
Monthly Check-in's for Duration of OJT – Documented in ICC	☐
Quarterly Check-in's for Six Months Following Completion of OJT – Documented in ICC	☐
OJT Monitoring Report –	☐
+ Periodic Check-In with Employer	☐
+One Documented Visit during OJT	☐
+Written Documentation to WDB of Deficiencies w/Corrective Action and Follow Up Visit	☐
Monitoring Template	☐
Other correspondence	☐

ON-THE-JOB TRAINING PARTICIPANT FILE DOCUMENTATION CHECKLIST Guidance

All documentation relative to the development of the participant's OJT Training Plan must be documented in the participant's file, including:

☐ **WIOA eligibility documentation**

☐ **Objective Assessment**; all other applicable assessments. An individual's need for OJT is established by documenting their deficiency in occupational skills during the assessment process. The decision to place a participant into an OJT must be based upon an assessment of the skills, knowledge, attitudes, and behaviors. An individual may be placed in OJT only when assessment, testing, and/or individual counseling indicate a need for and ability to benefit from the training specified in the OJT agreement.

☐ **Individual Service Strategy (ISS)/Individual Employment Plan (IEP)** The case file must contain determination of need for training services under [20 CFR 680.220\(b\)](#) as identified in the IEP/ISS ([20 CFR 680.180](#)). The IEP/ISS documentation of a participant's appropriateness for OJT is required prior to referral to an Employer for OJT placement. The IEP/ISS must also identify potential supportive services the participant may need to successfully participate in the OJT. This is no different than the processes used to determine any participant's ability to benefit from training services – an OJT is simply another training vehicle.

The IEP/ISS must include, at a minimum, the following elements:

- Participant name;
- Date plan was initiated;
- Current/prior educational status;
- Current/prior work history and experience;
- Assessment of participant's skills and interests;
- Short-term and long-term educational and occupational goals;
- Identification of barriers to employment that hinder the participant's ability to find and maintain unsubsidized employment;
- A plan of action to overcome barriers to employment to include specific services that the participant will receive from the WIA Service Provider or another provider;
- Determination of the participant's supportive service needs;
- Participant and WIOA Service Provider signature and date.

☐ **Case notes**, in compliance with [Case Note Policy](#), to include justification for the OJT position in the industry/occupation the Trainee is placed (must be in demand or a growing industry and Trainee's progress during the OJT training and retention periods)

☐ **Job description** and related DOL/O*NET reports to support training duration (SVP)

☐ [Training Plan](#) and/or **Training Plan Modifications**.

☐ [OJT Master/Individual Contract](#) and **Contract Modifications** if applicable

☐ [OJT Evaluations/Trainee Progress Reports](#); **Employer monitoring reviews**

☐ [Reimbursement Invoice](#) and applicable supporting documentation

☐ **Corrective Action** documents and follow-up documentation, if applicable.

Region 4 WORKFORCE Board

To: Service Provider	Apprenticeship Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019; 4-18-23

Purpose:
Registered

Apprenticeship (RA) is an important component of potential training and employment services that the workforce system can provide to its customers. DOL encourages Local WDBs to partner with the Registered Apprenticeship system and use Registered Apprenticeship opportunities as a career pathway for job seekers and as a job driven strategy for employers and industries. RA can be funded through several mechanisms. As RA programs, they are automatically eligible for inclusion on the State and local WDB's ETPL, if they choose to be, allowing ITAs to support participants in RA programs, and more directly connect those programs to the American Job Center network.

References:

- DWD Policy 2022-09 Change 1
- 2 CFR Parts 200 and 2900 *Uniform Guidance*
- 29 CFR Part 29 Subpart A *Registered Apprenticeship Programs*
- 20 CFR 680 *Adult and Dislocated Worker Activities Under Title I of the Workforce Innovation and Opportunity Act*
- TEGL 08-19 *Workforce Innovation and Opportunity Act (WIOA) Title I Training Provider Eligibility and State List of Eligible Training Providers (ETPs) and Programs*
- TEGL 13-16 *Guidance on Registered Apprenticeship Provisions and Opportunities in WIOA*
- TEGL 17-18 *Availability of Program Year 18 Funding State Apprenticeship Expansion*
- TEGL 23-19, Change 1 *Guidance for Validating Required Performance Data Submitted by Grant Recipients of U.S. Department of Labor (DOL) Workforce Programs, Attachment II Source Documentation for WIOA Core/Non-Core Programs*

What is Registered Apprenticeship: Registered Apprenticeship is a proven model of job preparation that combines paid on-the-job training (OJT) with related instruction to progressively increase workers' skill levels and wages. Registered Apprenticeship is also a business-driven model that provides an effective way for employers to recruit, train, and retain highly skilled workers. It allows employers to develop and apply industry standards to training programs, thereby increasing productivity and the quality of the workforce. As an "earn and learn" strategy, Registered Apprenticeship offers job seekers immediate employment opportunities that pay sustainable wages and offer advancement along a career path. Graduates of Registered Apprenticeship programs receive nationally-recognized, portable credentials, and their training may be applied toward further post-secondary education.

Every State has either a federal DOL Office of Apprenticeship (OA) or a State Apprenticeship Agency (SAA). Local WDBs and American Job Centers should work with the offices in their State to implement registered apprenticeships ([Federal OA and SAA State contact information](#)).

Definitions

Intermediary: An organization with the capacity, expertise, and network to help businesses successfully create, launch, and expand apprenticeship programs.

Structured On-the-Job Learning (OJL): This paid training includes a structured process to ensure apprentices obtain

the skills and knowledge they must learn over the course of the program to be fully proficient in the occupation. The term of apprenticeship for an individual apprentice may be measured through the completion of at least 2,000 hours of the industry standard for on-the-job learning (time-based approach), the attainment of competency (competency-based approach), or a blend of the time-based and competency-based approaches (hybrid approach).

Registered Apprenticeship Program Sponsor: Any employer, association, committee, or organization that operates a Registered Apprenticeship Program (RAP). This entity assumes the full responsibility for administration and operation of the program. Sponsors design and execute apprenticeship programs, provide jobs to apprentices, oversee training development, and provide hands-on learning and technical instruction for apprentices.

Related Technical Instruction (RTI): An organized and systematic form of instruction designed to provide the apprentice with the knowledge of the theoretical and technical subjects related to the apprentice's occupation. Such instruction may be given in a classroom, through occupational or industrial courses, or by correspondence courses of equivalent value, electronic media, or other forms of self-study approved by the Office of Apprenticeship.

Supportive Services: Services provided to participants when it is necessary to enable an individual to successfully participate in a program such as a Registered Apprenticeship. Supportive services may include, but are not limited to, the following:

- (a) Linkages to community services;
- (b) Assistance with transportation;⁷
- (c) Assistance with childcare and dependent care;
- (d) Assistance with housing;
- (e) Needs-related payments;
- (f) Assistance with educational testing;
- (g) Reasonable accommodations for individuals with disabilities;
- (h) Assistance with uniforms or other appropriate work attire and work-related tools, including such items such as work boots, eyeglasses, protective eye gear, and other personal protective equipment;
- (i) Assistance with books, fees, school supplies, and other necessary items, such as electronic devices,⁸ for students enrolled in postsecondary education classes; and
- (j) Payments and fees for employment and training-related applications, tests, and certifications.

All Registered Apprenticeship programs consist of the following five core components – direct business involvement, OJT, related instruction, rewards for skill gains, and a national occupational credential:

- **Business Involvement** - Businesses are the foundation of every Registered Apprenticeship program, and the skills needed for workforce success form the core of the model. Businesses must play an active role in building Registered Apprenticeship programs and are involved in every step of their design and execution.
- **On-the-Job Training** - Every Registered Apprenticeship program includes structured OJT. Companies hire apprentices and provide hands-on training from an experienced mentor. This training is developed by mapping the skills and knowledge the apprentice must learn over the course of the program to be fully proficient at the job.
- **Related Instruction** - Apprentices receive related instruction or classroom style training that complements the OJT. This instruction helps refine the technical and academic skills that apply to the job. Related instruction may be provided by a community college, technical school or college, an apprenticeship training school, or by the business itself. This instruction can be provided at the school, online, or at the work site.
- **Rewards for Skill Gains** - Apprentices receive increases in pay as their skills and knowledge increase. Progressive wage gains reward and motivate apprentices as they advance through training and become more productive and skilled at their job.

- **National Occupational Credential** - Every graduate of a Registered Apprenticeship program receives a nationally-recognized credential, referred to as a Certificate of Completion, which is issued by the U.S. Department of Labor (USDOL) or a federally recognized SAA. This portable credential signifies that the apprentice is fully qualified to successfully perform an occupation. Many Registered Apprenticeship programs – particularly in high-growth industries such as health care, advanced manufacturing, and transportation – also offer interim credentials as apprentices master skills as part of a career pathway.

Use of Funds

Participants

Local areas and stakeholders must ensure participants meet grant eligibility requirements prior to expending grant funds. Local boards must have processes for the provision of apprenticeship-funded services to eligible participants.

Providers

When USDOL Apprenticeship Grants are distributed to the WDBs by DWD, local boards may then use these funds to approved providers of OJL, RTI, and/or supportive services. Local boards must ensure providers meet the following guidelines:

- a) **OJL.** Local boards may use Apprenticeship Grant funding to support the OJL component of a RAP with sponsors or participating employers in an approved RAP program. The amount of funding available per apprentice is dependent on the specific grant award and parameters.
- b) **RTI.** RTI providers receiving USDOL Apprenticeship Grants are entities that provide a program of training services on the ETPL and have been determined as eligible to receive WIOA funding for training services through an Individual Training Account. A summary of this process is provided below:
 - a. **RAPS and ETPL.** Registered Apprenticeship programs will be included on the ETPL (INTraining) through a minimally burdensome process once the program sponsor opts in and has provided the following information to DWD:
 - i. Occupations included within the RAP;
 - ii. The name and address of the RAP sponsor;
 - iii. The name and address of the RTI provider, and the location of instruction if different than the program sponsor's address;
 - iv. The method and length of instruction; and
 - v. The number of active apprentices.
 - b. Once the apprenticeship sponsor has provided DWD with the above information, their program will be automatically approved and listed on the ETPL (INTraining) system.

Grant Participant Eligibility

Individuals must meet the following eligibility criteria to participate in a DOL RAP and an Apprenticeship Grant:

- Legally entitled to work in the United States;
- Age 16 or older; and
- Begin participation in a DOL approved RAP during the grant's period of performance.

NOTE: Veterans and eligible spouses must receive priority of service for all DOL funded job training programs. Veterans must meet each program's eligibility criteria to receive services under the respective employment and training program.

Grant Participant Eligibility Documentation

States are required to submit individual participant records that include information on demographics, services received, and resulting outcomes. To meet this requirement, verified participant information must be entered into DWD's case management system accurately and timely. Program eligibility must be verified through the collection and maintenance of supporting documentation.

Grant Participant Co-Enrollment

To meet all data elements of Apprenticeship Grant reporting, participants are required to be fully enrolled into both Wagner-Peyser (WP) and the Apprenticeship Grant. However, co-enrolling into other grant programs that are appropriate is highly encouraged to provide the full spectrum of services for successful outcomes.

Registered Apprenticeship programs are a key component of the workforce system. To offer comprehensive services to support success, an apprentice may receive services from other workforce programs and Registered Apprenticeship programs can be an approved training through WIOA Title I programs.

Apprentices that may be served with 'braiding funds' by Region 4 but funding may not be duplicated and the participant must meet the eligibility requirement of the funding source.

Standards, Program Performance, and Apprenticeship Agreements

Per 29 CFR § 29.5, 29.6, and 29.7, all registered apprenticeships must abide by the USDOL Standards of Apprenticeship and Program Performance Standards as well as include a properly executed Apprenticeship Agreement. The Standards of Apprenticeship specify necessary provisions such as outlining an apprentice's work processes and ensuring a progressively increasing schedule of wages. The Program Performance Standards provide details on performance evaluation such as ensuring that every RAP must have at least one registered apprentice. Apprenticeship Agreements must be signed by all contracting parties (apprentice, the program sponsor and/or employer, and the parent or guardian of the apprentice if the apprentice is a minor). Additionally, all Apprenticeship Agreements must include ETA Form 671. See **Attachment A** for the full Standards of Apprenticeship, Program Performance Standards, and requirements of Apprenticeship Agreements for easy reference.

DWD Grant Performance Management

Apprenticeship Grant performance is managed by the DWD OWBLA. Performance outcomes will be reviewed at least quarterly and compared to established milestones to ensure data entry is timely and to ensure reported activities and outcomes are accurately supported with the appropriate source documentation. OWBLA's grant performance management process may include, but is not limited to, review of the following:

- Case management system and Client Relationship Manager (CRM) reports;
- Electronic participant records; and
- Financial records.

Note: Apprenticeship Grants may be non-formula funded and may be subject to any of the requirements and practices specified in DWD's Non-Formula Grant Performance Management policy.

In addition to the grant management and performance protocols described herein, grant performance outcomes will be reviewed and assessed during routine DWD grantee monitoring and may result in monitoring findings, including questioned or potentially disallowed costs, and corrective action requirements.

Accountability for Use of Funds

Local area staff are responsible for ensuring the validity of OJT, RTI and Supportive Services providers receiving USDOL Apprenticeship Grant funds as well as the Registered Apprenticeship participants who benefit from those funds to avoid questioned or potentially disallowed costs. If local areas identify that apprenticeship programs are not conducted, operated, or administered in accordance with the USDOL Standards of Apprenticeship and/or the apprenticeship agreement (including but not limited to: failure to provide on-the-job learning; failure to provide related instruction; or failure to pay the apprentice a progressively increasing schedule of wages consistent with the apprentices skills acquired), then they should advise management for USDOL deregistration protocol outlined in 29 CFR 29.8(b) to be followed. Because Indiana has an Office of Apprenticeship rather than a State Apprenticeship Agency, the “deregistration agency” mentioned in 29 CFR 29.8(b) would be USDOL.

Quarterly Progress Reports and Invoices

Local areas must prepare and submit quarterly grant progress reports. Report content will depend on the requirements and guidelines of each unique grant, but will typically include the following:

- Number of expanded RAPs and/or number of new RAPs, within the local workforce development area; and
- Number of participants in both new and expanded programs to include demographics of Apprenticeship Grant participants.

Grant invoicing is to be done on the timeline and through the invoice statement affiliated with the specific Apprenticeship Grant.

Local-Level Monitoring

Local areas must include Apprenticeship Grants in regular grant oversight and monitoring processes to ensure grant funds are being spent appropriately, grant participants are progressing according to RAP guidelines, and data entry and documentation requirements are being followed.

Business Engagement

Local areas must ensure business services staff are utilizing the CRM to document all grant-related employer engagement, communications, and activities.

Attachments:

Attachment A - Standards of Apprenticeship, Program Performance Standards, and Apprenticeship Agreement Components

Attachment B - Eligibility to Work in the United States

Attachment C - Apprenticeship Grant Eligibility Documentation

Attachment D - DOL Apprenticeship Resources

Note: Before approving any RA training, review and receive approval from WDB designee.

Attachment A

Standards of Apprenticeship, Program Performance Standards, and Apprenticeship Agreement Components

Note: These segments of the Code of Federal Regulations are included as a resource for the convenience of those reading this policy and are not an exhaustive list of all apprenticeship regulations. Local areas are encouraged to review all applicable apprenticeship regulations at 29 CFR 29 as well as current TEGLs and other federal guidance.

Standards of Apprenticeship

An apprenticeship program, to be eligible for approval and registration by a Registration Agency, must conform to the following standards:

- a) The program must have an organized, written plan (program standards) embodying the terms and conditions of employment, training, and supervision of one or more apprentices in an apprenticeable occupation, as defined in this part, and subscribed to by a sponsor who has undertaken to carry out the apprentice training program.
- b) The program standards must contain provisions that address:
 - a. The employment and training of the apprentice in a skilled occupation.
 - b. The term of apprenticeship, which for an individual apprentice may be measured either through the completion of the industry standard for on-the-job learning (at least 2,000 hours) (time-based approach), the attainment of competency (competency-based approach), or a blend of the time-based and competency-based approaches (hybrid approach).
 - i. The time-based approach measures skill acquisition through the individual apprentice's completion of at least 2,000 hours of on-the-job learning as described in a work process schedule.
 - ii. The competency-based approach measures skill acquisition through the individual apprentice's successful demonstration of acquired skills and knowledge, as verified by the program sponsor. Programs utilizing this approach must still require apprentices to complete an on-the-job learning component of Registered Apprenticeship. The program standards must address how on-the-job learning will be integrated into the program, describe competencies, and identify an appropriate means of testing and evaluation for such competencies.
 - iii. The hybrid approach measures the individual apprentice's skill acquisition through a combination of specified minimum number of hours of on-the-job learning and the successful demonstration of competency as described in a work process schedule.
 - iv. The determination of the appropriate approach for the program standards is made by the program sponsor, subject to approval by the Registration Agency of the determination as appropriate to the apprenticeable occupation for which the program standards are registered.
- c. An outline of the work processes in which the apprentice will receive supervised work experience and training on the job, and the allocation of the approximate amount of time to be spent in each major process.
- d. Provision for organized, related instruction in technical subjects related to the occupation. A minimum of 144 hours for each year of apprenticeship is recommended. This instruction in technical subjects may be accomplished through media such as classroom, occupational or industry courses, electronic media, or other instruction approved by the Registration Agency. Every apprenticeship instructor must:
 - i. Meet the State Department of Education's requirements for a vocational-technical instructor in the State of registration, or be a subject matter expert, which is an individual, such as a journeyworker, who is recognized within an industry as having expertise in a specific occupation; and
 - ii. Have training in teaching techniques and adult learning styles, which may occur before or after the apprenticeship instructor has started to provide the related technical instruction.

- e. A progressively increasing schedule of wages to be paid to the apprentice consistent with the skill acquired. The entry wage must not be less than the minimum wage prescribed by the Fair Labor Standards Act, where applicable, unless a higher wage is required by other applicable Federal law, State law, respective regulations, or by collective bargaining agreement.
- f. Periodic review and evaluation of the apprentice's performance on the job and in related instruction; and the maintenance of appropriate progress records.
- g. A numeric ratio of apprentices to journeyworkers consistent with proper supervision, training, safety, and continuity of employment, and applicable provisions in collective bargaining agreements, except where such ratios are expressly prohibited by the collective bargaining agreements. The ratio language must be specific and clearly described as to its application to the job site, workforce, department or plant.
- h. A probationary period reasonable in relation to the full apprenticeship term, with full credit given for such period toward completion of apprenticeship. The probationary period cannot exceed 25 percent of the length of the program, or 1 year, whichever is shorter.
- i. Adequate and safe equipment and facilities for training and supervision, and safety training for apprentices on the job and in related instruction.
- j. The minimum qualifications required by a sponsor for persons entering the apprenticeship program, with an eligible starting age not less than 16 years.
- k. The placement of an apprentice under a written Apprenticeship Agreement that meets the requirements of § 29.7 or the State apprenticeship law of a recognized Registration Agency. The agreement must directly, or by reference, incorporate the standards of the program as part of the agreement.
- l. The granting of advanced standing or credit for demonstrated competency, acquired experience, training, or skills for all applicants equally, with commensurate wages for any progression step so granted.
- m. The transfer of an apprentice between apprenticeship programs and within an apprenticeship program must be based on agreement between the apprentice and the affected apprenticeship committees or program sponsors, and must comply with the following requirements:
 - i. The transferring apprentice must be provided a transcript of related instruction and on-the-job learning by the committee or program sponsor;
 - ii. Transfer must be to the same occupation; and
 - iii. A new apprenticeship agreement must be executed when the transfer occurs between program sponsors.
- n. Assurance of qualified training personnel and adequate supervision on the job.
- o. Recognition for successful completion of apprenticeship evidenced by an appropriate certificate issued by the Registration Agency.
- p. Program standards that utilize the competency-based or hybrid approach for progression through an apprenticeship and that choose to issue interim credentials must clearly identify the interim credentials, demonstrate how these credentials link to the components of the apprenticeable occupation, and establish the process for assessing an individual apprentice's demonstration of competency associated with the particular interim credential. Further, interim credentials must only be issued for recognized components of an apprenticeable occupation, thereby linking interim credentials specifically to the knowledge, skills, and abilities associated with those components of the apprenticeable occupation.
- q. Identification of the Registration Agency.
- r. Provision for the registration, cancellation and deregistration of the program; and for the prompt submission of any program standard modification or amendment to the Registration Agency for approval.
- s. Provision for registration of apprenticeship agreements, modifications, and amendments; notice to the Registration Agency of persons who have successfully completed apprenticeship programs; and notice of transfers, suspensions, and cancellations of apprenticeship agreements and a statement of the reasons therefore.
- t. Authority for the cancellation of an apprenticeship agreement during the probationary period by either party without stated cause; cancellation during the probationary period will not have an adverse impact on the sponsor's completion rate.
- u. Compliance with 29 CFR part 30, including the equal opportunity pledge prescribed in 29 CFR 30.3(c); an affirmative action program complying with 29 CFR 30.4; and a method for the selection of apprentices complying with 29 CFR 30.10, or compliance with parallel requirements contained in a State plan for equal opportunity in apprenticeship adopted under 29 CFR part 30 and approved by the

- Department. The apprenticeship standards must also include a statement that the program will be conducted, operated and administered in conformity with applicable provisions of 29 CFR part 30, as amended, or if applicable, an approved State plan for equal opportunity in apprenticeship.
- v. Contact information (name, address, telephone number, and e-mail address if appropriate) for the appropriate individual with authority under the program to receive, process and make disposition of complaints.
 - w. Recording and maintenance of all records concerning apprenticeship as may be required by the Office of Apprenticeship or recognized State Apprenticeship Agency and other applicable law.

Program Performance Standards

- a) Every registered apprenticeship program must have at least one registered apprentice, except for the following specified periods of time, which may not exceed 1 year:
 - a. Between the date when a program is registered and the date of registration for its first apprentice(s); or
 - b. Between the date that a program graduates an apprentice and the date of registration for the next apprentice(s) in the program.
- b) Registration Agencies must evaluate performance of registered apprenticeship programs.
 - a. The tools and factors to be used must include, but are not limited to:
 - i. Quality assurance assessments;
 - ii. Equal Employment Opportunity (EEO) Compliance Reviews; and
 - iii. Completion rates.
 - b. Any additional tools and factors used by the Registration Agency in evaluating program performance must adhere to the goals and policies of the Department articulated in this part and in guidance issued by the Office of Apprenticeship.
- c) In order to evaluate completion rates, the Registration Agency must review a program's completion rates in comparison to the national average for completion rates. Based on the review, the Registration Agency must provide technical assistance to programs with completion rates lower than the national average.
- d) Cancellation of apprenticeship agreements during the probationary period will not have an adverse impact on a sponsor's completion rate.

Apprenticeship Agreement Components

The apprenticeship agreement must contain, explicitly or by reference;

- a) Names and signatures of the contracting parties (apprentice, and the program sponsor or employer), and the signature of a parent or guardian if the apprentice is a minor.
- b) The date of birth and, on a voluntary basis, Social Security number of the apprentice.
- c) Contact information of the Program Sponsor and Registration Agency.
- d) A statement of the occupation in which the apprentice is to be trained, and the beginning date and term (duration) of apprenticeship.
- e) A statement showing:
 - a. The number of hours to be spent by the apprentice in work on the job in a time-based program; or a description of the skill sets to be attained by completion of a competency-based program, including the on-the-job learning component; or the minimum number of hours to be spent by the apprentice and a description of the skill sets to be attained by completion of hybrid program; and
 - b. The number of hours to be spent in related instruction in technical subjects related to the occupation, which is recommended to be not less than 144 hours per year.
- f) A statement setting forth a schedule of the work processes in the occupation or industry divisions in which the apprentice is to be trained and the approximate time to be spent at each process.
- g) A statement of the graduated scale of wages to be paid to the apprentice and whether or not the required related instruction is compensated.
- h) Statements providing:
 - a. For a specific period of probation during which the apprenticeship agreement may be cancelled by either party to the agreement upon written notice to the registration agency, without adverse impact on the sponsor.
 - b. That, after the probationary period, the agreement may be:

- i. Cancelled at the request of the apprentice, or
- ii. Suspended or cancelled by the sponsor, for good cause, with due notice to the apprentice and a reasonable opportunity for corrective action, and with written notice to the apprentice and to the Registration Agency of the final action taken.
- iii. A reference incorporating as part of the agreement the standards of the apprenticeship program as they exist on the date of the agreement and as they may be amended during the period of the agreement.

- i) A statement that the apprentice will be accorded equal opportunity in all phases of apprenticeship employment and training, without discrimination because of race, color, religion, national origin, sex, sexual orientation, age (40 or older), genetic information, or disability.
- j) Contact information (name, address, phone, and e-mail if appropriate) of the appropriate authority designated under the program to receive, process and make disposition of controversies or differences arising out of the apprenticeship agreement when the controversies or differences cannot be adjusted locally or resolved in accordance with the established procedure or applicable collective bargaining provisions.
- k) A request for demographic data, including the apprentice's race, sex, and ethnicity, and disability status.

Attachment B

Eligibility to Work in the United States

While citizenship does not need to be validated, individual's eligibility-to-work in the United States (regardless of citizenship) must be validated for all Apprenticeship Grant participants prior to the receipt of supportive services and/or training services.

Validating Eligibility-to-Work

- The customer “self-declares” when they enter data into the labor exchange system or when staff enters data into DWD's case management system.
- Eligibility to work in the United States must be validated for any Registered Apprenticeship Program participant who receives any type of supportive service and/or training service.

Local areas must utilize the “Lists of Acceptable Documents” which is provided by U.S. Citizenship and Immigration Services (USCIS) Employment Eligibility Verification Form I-9 to verify the identity and employment authorization of individuals hired for employment in the United States, <http://www.uscis.gov/i-9>. Copies of the participant's acceptable documents must be maintained in the DWD's case management system.

Attachment C

Apprenticeship Grant Eligibility Documentation

Documentation

Eligibility Criteria	Eligibility Definition	Source Documentation
Age	Age 16 or older	If Supportive Services and/or Training services are provided one of the following must be obtained: • Driver's License • Baptismal Record • Birth Certificate • DD-214 • Report of Transfer or Discharge Paper • Federal, State or Local Identification Card • Passport • Hospital Record of Birth • Public Assistance/Social Service Records • School Records or ID Cards • Work Permit • Family Bible • Cross-Match with State Agency Records • Justice System Records • Selective Service Registration • Signed Letter from a parent or guardian • Medical Records • Self-Attestation (to be used as a last resort only if allowable by the individual grant) A copy must be saved to the participant's electronic file in DWD's case management system.
U.S. citizen or Otherwise Legally Entitled to Work in the United States	While citizenship does not need to be validated, individual's eligibility-to-work in the United States (regardless of citizenship) must be validated for all Apprenticeship participants prior to the receipt of supportive services and/or training services	Validating Eligibility-to-Work: • Eligibility to work in the United States must be validated for any program participant who receives any type of supportive service and/or training service. • See the "Lists of Acceptable Documentation" page of the Employment Eligibility Verification Form I-9. A copy of valid documentation used for the above verification must be saved to the participant's electronic file. http://www.uscis.gov/i-9

Eligibility Criteria	Eligibility Definition	Source Documentation
Approved DOL Registered Apprenticeship Program	Registered Apprenticeship must be an approved program through the Federal Department of Labor	Verification of Approved Program: • Copy of Registered Apprenticeship Standards, 671 section I, to include DOL's approval and signature. A copy of documentation used for above verification must be saved to the participant's <i>electronic file</i>.
Actively Participating Apprentice	Individual participant understands and agrees to participate in the prescribed DOL Registered Apprenticeship Program	Verification of Individual's Participation: • Fully completed and signed Apprentice Agreement form 671 section II A copy of documentation used for above verification must be saved to the participant's electronic file.

Attachment D

DOL Apprenticeship Resources

TEGL 23-19 , Change 1 - Guidance for Validating Required Performance Data Submitted by Grant Recipients of U.S. Department of Labor (DOL) Workforce Programs, Attachment II Source Documentation for WIOA Core/Non-Core Programs	https://www.dol.gov/agencies/eta/advisories/tegl-23-19-change-1	This guidance provides information to grant recipients of the U.S. Department of Labor workforce programs, including states, and provides guidelines for grant recipients to use in developing procedures for ensuring the data submitted for performance reporting are valid and reliable.
29 CFR Part 29 Subpart A Registered Apprenticeship Programs	https://www.ecfr.gov/current/title-29/subtitle-A/part-29?toc=1	The purpose of this subpart is to set forth labor standards to safeguard the welfare of apprentices, promote apprenticeship opportunity, and to extend the application of such standards by prescribing policies and procedures concerning the registration, for certain Federal purposes, of acceptable apprenticeship programs with the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship.
TEGL 13-16 - Guidance on Registered Apprenticeship Provisions and Opportunities in WIOA	https://www.dol.gov/agencies/eta/advisories/training-and-employment-guidance-letter-no-13-16	The purpose of this guidance is to provide information about the new provisions for RA in WIOA, including the status of RA sponsors as Eligible Training Providers, membership on State and Local Workforce Boards, the use of WIOA funding to support RA, reporting on RA activity, and suggestions about how to coordinate with the RA system.
2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards	https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1	Also known as the Uniform Guidance (UG), this is the consolidation of grant management requirements formerly contained in several OMB circulars. The Uniform Guidance encapsulates Federal grant management requirements governing administrative requirements, cost principles, and audit requirements. All grantee personnel should be familiar with the Uniform Guidance.
2 CFR 2900 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards	https://www.govinfo.gov/app/details/CFR-2016-title2-vol1/CFR-2016-title2-vol1-part2900/context	The Department of Labor's adoption of the Uniform Guidance includes a limited number of exceptions approved by OMB to ensure consistency with existing policy and procedures. Where present, the DOL exceptions take precedence over the general UG. Note, that if the prime grantee elects to utilize sub-awards all UG requirements applicable to the prime grantee apply in addition to any others applicable to the sub-award.

I-9 Documents

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		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		
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				

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

PROGRESS REPORT: PART I – PARTICIPANT TRAINING ACTIVITY

Quarterly Progress Report

Report Period _____ to _____

Apprentice Name: _____

Apprenticeship Program: _____

Classroom Training Progress/Complete (144hrs):

(Attach report from training provider if completed)

Core Competencies Progress/Completed per Appendix A:

(Attach competency with evaluator initials and dates if completed)

Is wage progression followed (see ETA 671)

Certificate

earned: _____

(If none at this time enter NA)

Prepared by _____ (Company Representative)

Reviewed by _____ (Grant Representative)

Date _____

Date _____

Apprenticeship Training Application - Employer

Company Name: _____

Address: _____ City: _____ State: _____

Zip: _____

FEIN: _____

Contact Name: _____ Phone Number: _____

E-mail: _____

Employee Name: _____

Date of Hire: _____ Current Position: _____ Current

Wage: _____

Name of Apprenticeship Program: _____

The requested apprenticeship training is a Department of Labor Registered Apprenticeship? Yes _____

No _____

Employee has provided I-9 documentation and is eligible to work in the United States: Yes _____ No _____

- Employer is a private, for-profit, or private not-for-profit business which generates income through the production of products
- Employer is current on all federal, state, county, and city tax obligations.
- Employer ensures that all trainees are current employees of the business, per the Fair Labor Standards Act. To be considered an employee, an employee-employer relationship must exist between the worker and the business.

The company official hereby attests, under penalty of perjury, that the above information is correct.

Signature of Company Representative: _____ Date: _____

Apprenticeship Agreement - Employer

I. PARTIES TO THIS AGREEMENT

A. Primary Parties: The primary parties to this agreement are:

JobWorks, Inc.	CONTACT PERSON: Tonia Long	TELEPHONE #: 260-458-7114
ADDRESS: JobWorks, Inc. 7832 Bluffton Road Fort Wayne, IN 46809	EMAIL: tlong@jobworksinc.org	FAX #: 260-745-0114
EMPLOYER NAME:		ACCOUNT # OR FEIN:
EMPLOYER ADDRESS:	CONTACT PERSON:	EMAIL:
	TELEPHONE #:	FAX #:

II. CONDITIONS OF THIS AGREEMENT

A. Reimbursement Process:

JobWorks, Inc. will reimburse the employer upon completion of each training module.

Cost of Training:

Reimbursement up to \$XXXX for each approved apprentice.

Companies should submit the reimbursement/invoice requests after the completion of each training module. Final expenses must be reported within thirty (30) days after training activities are complete or the agreement end date, whichever is the earliest end date of program activity.

Information required for reimbursement of expenditures covered in the individual agreements:

1. Before an invoice can be paid, the following documentation must be received by JobWorks, Inc:
 - i. Invoice with company logo that shows total paid by the company and the amount being requested for reimbursement.
2. Copy of paid training provider invoice. The invoice should include the date(s) and type(s) of training that was provided.
3. Copy of the check with which the invoice was paid or other documentation as evidence of payment.

4. For each training program or session, a copy of the roster, which includes trainees' names and last four (4) digits of SSN, is required. The date(s) and type(s) of training should be noted on each roster. In addition, this roster should include the signature of the trainer or employer certifying that the listed employees did participate in the training.

B. Employer Assurances

16. The Employer assures that it will comply with all Federal, State and local regulations, rules, laws and policies that govern the use of Workforce Innovation and Opportunities Act (WIOA) resources. In the event that such regulations, rules, laws, or policies would change, the Employer assures it will comply with these changes as they apply to this training contract.
17. The Employer assures that this contract will not impair existing collective bargaining agreements and that it will obtain written concurrence of the appropriate labor organization if inconsistencies with the bargaining agreement exist. It is further assured that the Employer will notify JobWorks if a labor dispute occurs during the term of this contract.
18. The Employer assures that no incumbent worker training funds will be used to assist, promote, or deter union organizing.
19. The Employer agrees to make every reasonable effort to maintain a drug-free workplace as required by the Drug- Free Workplace regulatory requirements specified in the Drug-Free Workplace Act of 1988.
20. As a condition to the award of financial assistance under WIOA, it is assured, with respect to the operation of the WIOA funded program or activity and all agreements or arrangements to carry out the WIOA funded program or activity, that the Employer will comply fully with the nondiscrimination and equal opportunity provisions of WIOA; Title VI of the Civil Rights Act of 1964, as amended; section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; Title IX of the Education Amendments of 1972, as amended; and with all applicable requirements imposed by or pursuant to regulations implementing these laws. The United States has the right to seek judicial enforcement of this assurance.
21. The Employer assures that it has not received payment for these incumbent worker training activities from any other state or federal source.
22. The Employer agrees to reimburse JobWorks, Inc for any funds expended in connection with this agreement which are later determined to be disallowed or wrongfully or illegally expended as a result of Employer non-performance or misrepresentation.

C. Contract Management

5. The Employer agrees that JobWorks, Inc and/or their designee may visit the worksite for the purposes of reviewing the progress of the trainees.
6. All training invoices, personnel and payroll records pertaining to the trainees must be kept for three years. State and Federal officials must be granted access to these records if requested for audit purposes.

7. This contract may be modified if both parties agree, in writing, to the modification. Unilateral modification may occur by JobWorks, Inc in cases of non-performance, unreasonable delays, or non-compliance with the terms and conditions of this contract.
8. This contract may be terminated at any time by either the JobWorks, Inc or the Employer. Written notice of this termination must be given which explains the reasons for and effective date of the termination. JobWorks, Inc reserves the right to terminate this agreement subject to the availability of funding.

III. COMMITMENT TO THIS AGREEMENT

The Employer represents that it has full and complete authority to enter into this contract and that the individual signing this contract has been duly authorized to execute such contracts. Upon signature, this agreement is a valid, binding, and enforceable agreement of the Employer and JobWorks, Inc.

With the signatures below, JobWorks, Inc and Employer agree to the terms and conditions of this agreement.

JOBWORKS, INC:

EMPLOYER:

Signature

Signature

Printed Name

Printed Name

Title Date

Title Date

Apprenticeship Checklist

- 1) Documentation of participant's age – must prove at least 16 years of age
- 2) Documentation of eligibility to work in the United States (I9 documents)
- 3) Proof of employment with employer – i.e. paystub
- 4) Apprenticeship Agreement – ETA form 671 – must contain:
 - signed and dated by all parties
 - a) Occupation
 - b) Beginning date
 - c) Duration
 - d) Progressive wage scale
- 5) Apprenticeship Standards documentation Attachment A
- 6) Quarterly Review of the apprentice's performance (Quarterly Progress Report form)
 - a) Progress Report
 - b) Documentation of hours for RAP
 - c) Verification of pay raises

Region 4 WORKFORCE Board

To: Service Provider	Pre-Apprenticeship Policy
From: Region 4 Workforce Board	Effective Date: 05-03-2023

Purpose:
To provide
policy for

Pre-Apprenticeship Programs

References:

- DWD Policy 2022-09 DOL Apprenticeship Grants Change 1;
- 2 CFR Parts 200 and 2900 Uniform Guidance
- 29 CFR Part 29 Subpart A Registered Apprenticeship Programs
- 20 CFR 680 Adult and Dislocated Worker Activities Under Title I of the Workforce Innovation and Opportunity Act
- TEGL 08-19 Workforce Innovation and Opportunity Act (WIOA) Title I Training Provider Eligibility and State List of Eligible Training Providers (ETPs) and Programs
- TEGL 13-16 Guidance on Registered Apprenticeship Provisions and Opportunities in WIOA
- TEGL 17-18 Availability of Program Year 18 Funding State Apprenticeship Expansion
- TEGL 23-19, Change 1 Guidance for Validating Required Performance Data Submitted by Grant Recipients of U.S. Department of Labor (DOL) Workforce Programs, Attachment II Source Documentation for WIOA Core/Non-Core Programs
- DWD Technical Assistance 2022-10, Change 1 Indiana Career Connect Data Entry for DOL Apprenticeship Grants
- Region 4 Apprenticeship Policy

Quality pre-apprenticeship programs can play a valuable role in providing work-based learning to prepare for an entry-level Registered Apprenticeship Program (RAP). A robust pre-apprenticeship network will support and expand new avenues of entry into RAPs for populations that would otherwise not have access to middle class careers offered through apprenticeships. This workforce strategy will also help close the skills gap, helping businesses be more productive.

Pre-apprenticeship programs may use a variety of program designs and approaches and can be adapted to meet the needs of diverse populations and employers. Although pre-apprenticeship programs are not intended to be prescriptive or rigid, they should ultimately provide education and workplace or simulated training that prepares individuals to enter a RAP. Pre-apprenticeship programs may last a few weeks to months and may or may not include wages or a stipend. At their core, pre-apprenticeship programs have varied program elements which place an individual on the potential career pathway to employability through a RAP.

A pre-apprenticeship program is defined as a set of strategies designed to prepare individuals for entry into RAPs, and potentially other entry-level job opportunities. Pre-apprenticeship programs give potential apprentices the opportunity to remediate, improve, or gain new skills desired by organizations sponsoring RAPs. They may greatly differ from internships, job shadowing, externships, and co-ops that often offer

individuals an opportunity to experience firsthand a profession or practice, but do not always engage in “real world” experiential learning.

The following are the five basic elements of a quality pre-apprenticeship program:

- ***Designed in Collaboration with RAP Sponsors.*** Quality pre-apprenticeship programs are designed by organizations with input from a RAP sponsor. A pre-apprenticeship program’s educational and pre-vocational services prepare individuals to meet the entry requisites of one or more apprenticeship programs. They have training goals to teach participants a defined set of skills required and agreed upon by the RAP sponsor for entry into their programs. The start date and length of specific pre-apprenticeship programs may vary. Pre-apprenticeship programs ideally provide an industry-recognized credential and possibly stipends or wages.
- ***Meaningful Hands-on Training that does not displace paid employees.*** Quality pre-apprenticeships provide hands-on training to individuals in a workplace, simulated lab experience, or work-based learning environment, which do not supplant a paid employee, but accurately simulate the industry and occupational conditions of the partnering RAPs while observing proper supervision and safety protocols.
- ***Facilitated Entry and/or Articulation.*** The purpose of a pre-apprenticeship program is to train individuals for entry into a RAP. A quality pre-apprenticeship program assists in exposing participants to local, state, and national apprenticeship programs and provides direct assistance to participants applying to those programs. A formalized agreements exist with at least one RAP that enables individuals who have successfully completed the pre-apprenticeship program to enter directly into a RAP and may include articulation agreements for earning advanced credit/placement for skills and competencies already acquired. See Attachment A.
- ***Sustainability through Partnerships.*** To support the ongoing sustainability of a quality pre-apprenticeship partnership, these efforts collaboratively promote the use of RAPs as a preferred means for employers to develop a skilled workforce and to create career opportunities and pathways for individuals.
- ***Access to Appropriate Supportive Services.*** Quality pre-apprenticeship programs facilitate access to appropriate supportive services during the program, which may continue into a formal apprenticeship with a RAP. Services may include such things as: counseling, transportation assistance, and childcare.

Quality Pre-Apprenticeship Programs in Various Settings. A quality pre-apprenticeship program is designed to help individuals, including high school students, out-of-school youth, adults, and dislocated workers enter a RAP. Organizations that run pre-apprenticeship programs may include high schools, post-secondary educational institutions, community- and faith-based organizations, employer associations, and labor-management organizations, as well as others. A quality pre-apprenticeship framework for each group is discussed below, describing what elements should be part of a pre-apprenticeship program.

High School Pre-Apprenticeship Programs

High school students can participate in pre-apprenticeship programs to gain skills and knowledge leading to a RAP Quality high school pre-apprenticeship program include:

- Training and curriculum based on industry standards and approved by the documented RAP sponsor that will prepare students with the skills and competencies needed to enter one or more apprenticeship program(s).

- Students take courses for the purpose of their pre-apprenticeship program that are linked to a RAP, in addition to taking or being linked to their required high school coursework. These students receive high school credits.
- Students participate in On-the-Job Learning (OJL) activities beginning at age 16, which can count towards entry into a RAP. As students move through the program, they advance their OJL to become more skilled and more productive.
- Students may have opportunities to earn industry-recognized credentials and certifications.
- Students can apply to a RAP leading up to or upon high school graduation.
- Post-secondary credits are awarded based on signed articulation agreements established between local school districts, post-secondary institutions, and RAPs.

Post-Secondary Pre-apprenticeship Programs

Individuals at the post-secondary level can take pre-apprenticeship program training offered by community colleges or universities, or at other training program locations, often run by community-based organizations. Quality post-secondary pre-apprenticeship programs include:

- Training and curriculum based on industry standards and approved by the documented RAP sponsor that will prepare individuals with the skills and competencies needed to enter one or more apprenticeship program(s).
- Articulation agreements established between post-secondary institutions and RAPs.
- Individuals take courses for the purpose of their pre-apprenticeship program that corresponds to a RAP and their required post-secondary coursework. These courses may or may not be for credit.
- Individuals may participate in On the Job Learning (OJL) or simulation activities, which can count towards entry into a RAP. As individuals move through the program, they advance their OJL to become more skilled and more productive.

Required guidelines for the Apprenticeships Building America Grant (ABA)

- Pre-apprenticeship Programs must include the following elements to be considered a high-quality pre-apprenticeship program:
 - o **Must be certified through Office of Work Based Learning (OWBLA)** – Attachment A Pre-Apprenticeship Application must be completed. Webiste link for Pre-Apprenticeship. <https://access.in.gov/client/signin> You must create an Access Indiana Account.
 - o **Once approved by OWBLA, Training must be added to the Approved Training list.** <https://www.in.gov/dwd/career-training-adult-ed/intraining/training-providers/>
 - o Designed in Collaboration with RAP Sponsors
 - o Meaningful Hands-on Training that Does Not Displace Paid Employees
 - o **Facilitated Entry and/or Articulation Agreement – Attachment B**
 - o Sustainability Through Partnerships
 - o Access to Appropriate Supportive Services
- Refer to DWD Technical Assistance 2022-17 for additional details

Additional guidance may include, but is not limited to, new or additional application instructions, implementation requirements, performance milestones, or other information specific to the funding source utilized for pre-apprenticeship training or supportive services.

Eligibility guidelines for pre-apprenticeships will be dictated by the funding sources utilized for training and/or supportive services.

Pre-apprenticeship applications will be entered into the state case management system along with appropriate documentation required by funding sources.

Individuals co-enrolled into other appropriate grant programs is highly encouraged to provide the full spectrum of services for successful outcomes.

Pre-Apprenticeship Application – Attachment A

Organizational Information

Name of Organization: Click or tap here to enter text.

Address: Street: Click or tap here to enter text.

City: Click or tap here to enter text.

County: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

Industry Type:

☐ Advanced Manufacturing

☐ Building & Construction

☐ Health & Life Science

☐ Transportation & Logistics

☐ Agriculture

☐ IT & Business Services

☐ Other: Click or tap here to enter text.

Size of Organization:

☐ 1-50

☐ 51-100

☐ 101-250

☐ 251-500

☐ 501+

Point of Contact:

Contact Name: Click or tap here to enter text.

Contact Number: Click or tap here to enter text.

Contact Email: Click or tap here to enter text.

Which of the following Work-Based Learning (WBL) tools are you interested in adding to your organization?

☐ Adult State Earn and Learn (SEAL) – Indiana State Certified

☐ Adult Pre-Apprenticeship Program* – Indiana State Certified

*Name of Registered Apprenticeship Program working with: Click or tap here to enter text.

Purpose of WBL tool creation: (Check all that apply)

☐ Stronger recruitment pipeline

☐ Advancing skills of existing employees

☐ Provide promotional career pathways to employees

☐ Other: _____

☐ Skilling up new employees

☐ Higher retention rates

Pre-Apprenticeship Application – Attachment A

Training Creation

Job/Position Title for training creation: [Click or tap here to enter text.](#)

Basic job description: (detailed job description to be submitted as separate document)

Certifications/Licensures required for above position: [Click or tap here to enter text.](#)

Certifications/Licensures preferred for above position: [Click or tap here to enter text.](#)

Level of additional skills being sought:

☐ Entry level

☐ Mid-Level

☐ Mastery level

Description of additional soft skills needed (if any):

Description of additional hard skills needed: tools, machinery, leadership, etc.

[Click or tap here to enter text.](#)

Is there a specific educational attainment level preferred?

☐ Industry recognized certifications

☐ State issued license

☐ College level Certificate of Completion

☐ College level Technical Certificate

☐ Completed College Degree: what level - [Click or tap here to enter text.](#)

☐ No specific level preferred

☐ Other: [Click or tap here to enter text.](#)

Will this be a new training program or an enhanced existing program?

☐ New training program

☐ Enhancing an existing training program

Pre-Apprenticeship Application – Attachment A

Training Creation (cont.)

Do you have preferred training partners for Related Technical Instruction (RTI)?

☐ Yes

☐ No

If Yes, who: [Click or tap here to enter text.](#)

If No, list known training providers in your area:

Do you have coaches/mentors available for the On-the-Job Learning (OJL) portions of the training program? ☐ Yes ☐ No

If No, would you like information on Train the Trainer opportunities?

☐ Yes

☐ No thank you

Do you have an initial preference in total training length, includes RTI & OJL?

☐ 3-6 months

☐ 6-12 months

☐ 12 months +

☐ No preference, outcome focused

Start wage for employee: [Click or tap here to enter text.](#)

End wage for employee at training completion: [Click or tap here to enter text.](#)

Will there be a cost share with the employee?

☐ Yes

☐ No

If Yes, describe plan:

Are you interested in discussing funding availability for employer and employee?

☐ Yes

☐ No

For Office Use Only:

In good standing: (OWBLA)

☐ Yes

☐ No

ONET Code # [Click or tap here to enter text.](#)

Pre-Apprenticeship Application – Attachment A

Apprenticeship.gov occupation titles: competency list worksheets

Click or tap here to enter text.

List of available industry certifications related to training request:

Click or tap here to enter text.

Available training providers in employer's area for specified training needs:

Click or tap here to enter text.

Anticipated OJL Hours: (provide breakdown)

Click or tap here to enter text.

Anticipated RTI Hours: (provide breakdown)

Click or tap here to enter text.

Is a career pathway (advancement) present & clear? (explain)

Click or tap here to enter text.

Is needed information included to create training plan?

- | | |
|---|---|
| ☐ Purpose of training plan | ☐ Duration of training period |
| ☐ Number of On-the-Job Learning hours expected | ☐ Credentials that could be earned |
| ☐ Occupational standards and competencies | ☐ Employer responsibilities |
| ☐ Employee responsibilities | ☐ Known progressive wage scale |
| ☐ Outcomes for future growth | |

Next Steps:

WDB Region: Click or tap here to enter text.

Building Partner: ☐ Yes ☐ No

WBL PoC: Click or tap here to enter text.

Email: Click or tap here to enter text.

Additional Building Partner Click or tap here to enter text.

Pre-Apprenticeship Application – Attachment A Attachment B

Articulation Agreement

Training Provider / Pre-Apprenticeship Program

and

Employer / Registered Apprenticeship Program

Training Provider X, Pre-Apprenticeship Program Name, and Employer Y, Apprenticeship Program Name, (hereafter “Program”) enter into this Articulation Agreement on Enter Date. Training Provider X and the Program will work together to provide postsecondary opportunities for participants with the Program.

General Agreement

Up to 3 months advanced credit in the Program

Articulated Pre-Apprenticeship Program *EXAMPLE*

- The parties agree that an Employer Application/Interview and up to three (3) months of apprenticeship credit (if hired) may be earned as follows with the Program, provided a participant:
 1. Applies to the Program, meets apprenticeship eligibility criteria and is accepted into the Program;
 2. Has earned a high school diploma or HSE or provides current enrollment in Adult Education for HSE with proven required attendance completed;
 3. Has a 90% attendance or better, notwithstanding any special considerations, without precedence;
 4. Enrolls and successfully completes all required coursework and testing opportunities for Pre-Apprenticeship Program.
 5. Provides a Certificate of Completion of XX pre-apprenticeship program.

Program Responsibilities

The Program shall be responsible for:

- Ensuring that all institutional policies apply to articulated credit courses (e.g., drop/add dates, student confidentiality, faculty/student relations, student identification for distance learning, etc.).
- Registering participant in articulated credit coursework and maintaining records, including outcomes
- Tuition and other fees for courses shall be outlined in writing and provide to each participant prior to enrollment.
- Providing Pre-Apprenticeship Training Provider an Employer Staff member, who will provide coordination of the following:
 - a. Assist with the arrangement of employer/program speaker;
 - b. Facilitate tours of Employer (RAP) facilities; and
 - c. Provide enrollment assistance.

Pre-Apprenticeship Application – Attachment A
Training Provider Responsibilities

Training Provider X shall be responsible for:

- Promoting articulated credit opportunities among qualified participants and training facilities
- Scheduling at least one classroom visit per year with a representative of the apprenticeship program.

PARTICIPANTS NAME: _____

By signing below, I am certifying that the listed participant has met all of the knowledge and skill competencies listed within the course curriculum for the above listed pre-apprenticeship program.

Name: _____ Title: _____
Date: _____

Duration of Review

This Articulation Agreement shall be effective from the date of affixing signatures and is subject to annual review by all parties of signature. Any changes must be written and reflected in a new agreement. If no changes are indicated by the annual review, continuance of this Agreement will remain in effect until terminated. Either party may terminate this agreement immediately for cause or may terminate without cause on 90 days written notice. In the event this agreement is terminated, students who are impacted shall have the opportunity to obtain credit according to the terms herein.

In testimony thereof, witness the duly authorized signatures of the parties hereto:

Training Facility Pre-Apprenticeship Program

Print Name and Title

Signature

Date

Print Name and Title

Signature

Date

Employer X, ABC Registered Apprenticeship Program

Employer X Representative

Date

Region 4 WORKFORCE Board

To: Service Provider	Youth Incentive Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: To establish policy and provide direction on the implementation and allowance of incentives for young adults participating in Workforce Innovation and Opportunity Act (WIOA) programs.

REFERENCES: Workforce Innovation and Opportunity Act Section 129 and 681.640 Federal Regs 2 CFR part 200; DOL [TEGL 21-16](#), [TEGL 23-14](#); <https://youth.workforcegps.org/resources/2021/03/12/11/30/FORMS-OF-PAYMENTS-FOR-WIOA-YOUTH-PROGRAM-PARTICIPANTS>

Background:

It is important to make a positive connection with young adults from initial recruitment. This includes engaging young adults who can talk positively about programs as peer advocates and recruiters; collaborating with community and faith-based organizations that already work with disadvantaged young adults, especially out-of-school young adults; Outreach and recruitment strategies can also tap into young adult culture through public service announcements on local radio stations that appeal to young people.

WIOA allows the payment of incentives to young adult participants for recognition and achievement directly tied to training and work experiences. Since WIOA young adult programs are driven by performance outcomes, participation, and successful completion are beneficial to young adults and local areas. Based on this premise, the following young adult incentive policy and procedures are established.

POLICY: The criteria for incentive awards are tied to the young adult performance outcomes as established by WIOA. **The incentive must be linked to an achievement and must be related to a training and/or education activity that specifically addresses at least one of the fourteen (14) required Youth Program elements.** The Incentive Award Schedule provides the **maximum amount allowed** for the achievement of each successful outcome. Young adults **may** receive more than one incentive for the achievement of multiple outcomes and such incentives can also be awarded during the 12-month follow-up period. Maximum incentive amount per year is \$300. Follow-up incentives are not included in the maximum.

Other:

Other incentives may be developed on an individual basis or in conjunction with a structured youth project. Such incentives must be approved by the Region 4 Workforce Investment Board designee prior to implementation.

Case Managers will be responsible for documenting the attainment of incentives for each young adult and proper documentation to support the incentive scanned into case management system.

Note: Under 2 CFR 200, Federal funds may not be spent on entertainment costs. Therefore, incentives may not include entertainment, such as movie or sporting event tickets or gift cards to movie theaters or other venues whose sole purpose is entertainment.

PAYMENT METHOD: Incentives shall be paid to young adult in the form of gift cards/certificates matching the assigned incentive amount for each achievement or in the form of a check. When incentives in the form of gift cards/certificates are given, a receipt of such signed by the participant will be part of the case file. All incentive payments shall be described and noted in the participant's ISS and/or case management file. This shall include the amount, type of payment method, and justification. **Please note:** Incentives are not to be dispersed as payroll, and, thus, income tax is not to be withheld. Attachment A must be completed for each incentive payment.

ANNUAL REVIEW: Service Providers will annually review and determine if their WIOA young adult budget allocation can support all planned incentives. Service Providers will issue formal guidance to staff on which incentives are affordable within annual budgets.

Approved Incentive Chart

HSE Attendance – 100% attendance per month and show level gain (may receive more than one)	= \$ 50
Increase TABE assessment score by educational functioning level (max 2x)	= \$ 25
Complete WIN – Soft Skills – Obtain Certificate	= \$ 50
Complete WIN – Career Readiness level 3 - Obtain Certificate	= \$ 50
Obtain NCRC Silver certification	= \$ 50
Successful completion in 4 workshops per month (limit 4 months)	= \$ 50
Indianacareerconnect.com – Complete personal profile, self-assessment (6 areas), resume, cover letter & Indianacareerexplorer.com – Complete Assessment	= \$ 50
Complete Work Readiness Workshop Series (Attachment B) - participant may not receive incentive payments for duplicate items. Duplicate items received must be deducted from the total of the incentive i.e. Silver NCRC Certificate (-\$50), WIN Work Habits Certificate (-\$50)	= \$250
Employment portfolio, Complete Resume, Cover letter, Professional references sheet	= \$ 50
Completion of WorkOne College Prep (Attachment C)	= \$ 50

ALL INCENTIVES MUST HAVE DOCUMENTATION

WIOA Young Adult Incentives for achievement in the program tied to work experiences or training

WIOA Youth Credential Incentives

Credential attainment incentive (<i>during participation or within 12 months follow-up</i>) (High school diploma, High school equivalency diploma; must also become employed, enrolled in training or post-secondary)	= \$100
Credential attainment incentive (<i>limited to 1 incentive during participation or during 12 months follow-up</i>) (Post-secondary credential, Occupational Skills License, Occupational Skills Certificate)	= \$100

WIOA Youth Placement/Follow-Up (employment, education, and training) Incentives - Incentive award for employment or post-secondary education (youth who are in post-secondary at enrollment are not eligible for incentive for continuing post-secondary in follow-up).

Youth who maintain continuous unsubsidized employment (minimum 20 hours per week and earn a minimum of \$2,100 QTR) or are attending post-secondary education (minimum 6 credit hours or ½ time equivalency) for a period of at least 90 days after exit and remain in employment/education in the:	
1 st Qtr after exit:	= \$ 50
2 nd Qtr after exit:	= \$100
3 rd Qtr after exit:	= \$ 50
4 th Qtr after exit:	= \$100
Must provide proof within the quarter to receive incentive.	

JAG Incentives (State and WIOA)

Provide St ID, Social Security Card, Enrollment paperwork, ISS (SIGNED) by end of second week of school **(State JAG only)** = \$ 50

School Attendance (100% attendance per month) Award may be given each month – to be used for youth with attendance issues = \$ 25

Raises GPA (per grading period) at least .5 (2 per school year) = \$ 50

Completion of 37 JAG Core Competencies Level 1 & 2 = \$ 50

Completion of 37 JAG Core Competencies Level 3 = \$ 50

Increase JAG post test scores – increase by 10 = \$ 25

High School Diploma or High School Equivalency = \$100

JAG youth who overcome a significant barrier (as outlined in ISS and approved by team lead) = \$ 50

Apply for Acceptance into College/Vocational Schools (limit 3) = \$ 10

JAG student recruits an un-enrolled student who fully enrolls into JAG **(State JAG Only)** = \$ 25

JAG Follow-up Incentives *(Continuous unsubsidized employment/military minimum 20 hours per week, enrollment in post-secondary education minimum 6 credit hours a semester)*

Youth who remain employed/enrolled in post-secondary education/military during 1st quarter of follow-up = \$ 50

Youth who remain employed/enrolled in post-secondary education/military during 2nd quarter of follow-up = \$ 100

Youth who remain employed/enrolled in post-secondary education/military during 3rd quarter of follow-up = \$ 50

Youth who remain employed/enrolled in post-secondary education/military during 4th quarter of follow-up = \$ 100

Must provide proof within the quarter to receive incentive.

All incentive payments shall be described and noted in the participant's ISS. This shall include the amount, type of payment method, and justification. Documentation will be provided for all incentives. Young adults may only receive one incentive per attainment. Example: If a young adult is enrolled in WIOA and SJAG, they would not receive two awards for receiving their high school diploma.

Checklist for Youth Incentives Attachment A:

Please Check WIOA Youth Activity Completed	Date of Completion	Documentation
4 Workshops Completed		
Complete WIN Soft Skills – Obtain Certificate		
Complete WIN Career Readiness Level 3 – Obtain Certificate		
Obtain NCRC Certificate – Level 4		
Increase TABE Grade Level		
Employment Portfolio		
Indiana Career Connect –Indiana Career Explorer		
Recruitment of young adults (State JAG only)		
WorkOne College Prep Workshop		
Work Readiness Workshop Series (10 items)		
HSE Attendance		
Credential Attainment		
1 st qtr Follow-up (Employment/Training)		
2 nd qtr Follow-up (Employment/Training)		
3 rd qtr Follow-up (Employment/Training)		
4 th qtr Follow-up (Employment/Training)		

All incentive payments shall be described and noted in the participant's ISS. This shall include the amount, type of payment method, and justification. Documentation will be provided for all incentives. Young adults may only receive one incentive per attainment. Example: If a young adult is enrolled in WIOA and SJAG, they would not receive two awards for receiving their high school diploma.

JAG Incentives		
Provide required eligibility documentation and signed ISS and Application (State JAG only)		
School Attendance		
Raise GPA		
Completion of 37 competencies, Level 1 and 2		
Completion of 37 competencies, Level 3		
Increase JAG post test scores		
High School Diploma or HSE		
Overcome Barrier		
Apply for College		
1 st qtr Follow-up (Employment/Training)		
2 nd qtr Follow-up (Employment/Training)		
3 rd qtr Follow-up (Employment/Training)		
4 th qtr Follow-up (Employment/Training)		

All incentive payments shall be described and noted in the participant's ISS. This shall include the amount, type of payment method, and justification. Documentation will be provided for all incentives. Young adults may only receive one incentive per attainment. Example: If a young adult is enrolled in WIOA and SJAG, they would not receive two awards for receiving their high school diploma.

Work Readiness Workshop Series (11) items

Activity	Date	Verification of Completion
ICC registration		
ICC Resume Completed		
ICE Assessments		
Resumes 101		
Work Readiness & Back Ground Checks		
Career Interest Workshop		
TORQ Workshop		
Interviewing Workshop		
Job Search Workshop		
WIN Work Habits Certificate		
WorkKeys NCRC Silver Level		

Attachment C

Activity	College Prep Incentive Date	Verification of Completion
Proof of Filing FAFSA		
EFC Number		
College acceptance verification		
Financial aid budgeting session		
Proof of course registration		

Region 4 WORKFORCE Board

To: Service Provider	Youth Participant Payment Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019; 9/12/2023

PURPOSE: This policy covers payments to youth for supportive services and other participant payments. It also provides direction on work experience, incentives, and stipends.

REFERENCES: WIOA Final Regulations 681.570, 681.600, 681.640; [TEGL 23-14, 8-15](#) and [21-16](#); DWD [Policy 2018-01 Change 2](#)

CONTENT: This policy sets forth the rationale and procedures for providing and funding payments to youth.

IV. Youth

The maximum expenditure for services for youth will be \$5500 per individual per program year (Exceptions must be approved by the One Stop Operator). Funds may be expended for training, stipends, incentives, internships, or supportive services listed below. **Supportive services are limited to \$1,500 per person, per year.**

A. Supportive Services - Youth

Supportive services are one of the 14 program elements as options available to youth. Supportive services are services that are necessary to enable a youth to participate in program activities. These may include:

- (a) linkages to community services;
- (b) assistance with transportation;
- (c) assistance with child care and dependent care;
- (d) assistance with housing; (must receive approval from One Stop Operator)
- (e) needs-related payments, including emergency needs; (must receive approval from One Stop Operator)
- (f) assistance with educational testing;
- (g) reasonable accommodations for youth with disabilities;
- (h) legal aid services; (must receive approval from One Stop Operator)
- (i) referrals to health care, **including mental health services**
- (j) assistance with uniforms or other appropriate work attire and work- related tools, including such items as eyeglasses and protective eye gear.
- (k) assistance with books, fees, school supplies, and other necessary items for students enrolled in postsecondary education classes; and
- (l) payments and fees for employment and training-related applications, tests, and certifications.
- (m) Food for Title I Youth program participants only.
 - **Food, at a reasonable cost, may be provided to youth-serving program participants as a supportive service. Food may be provided to eligible youth when it will enable them to participate in allowable youth program activities, assist them in reaching their employment and training goals as identified on their ISS/IEP, and the participant's situation poses an immediate need for food assistance. The use of grant funds for food should be limited to reasonable and necessary purchases that are coordinated with other community, state, or federal services that provide food for low-income individuals.**

Supportive services may be in-kind aid, cash assistance, or payable through arrangements with other agencies and may also be provided during the 12 month follow-up period after exit.

All youth co-enrolled in WIOA are eligible to receive supportive services consistent with the following principles:

- The youth needs supportive services. This need must be documented through the inclusion in the ISS, a case note in ICC, AND through the development of a [youth budget](#) through a financial aid or budgeting workshop, an e-learning session or one-on-one review that identifies the specific financial need(s) being addressed.
- Supportive services MAY be provided when, in the best judgment of a team member, the service will enable the youth to take full advantage of the employment and/or training services being provided. This judgment is to be made as a result of the assessment process (which begins with an initial assessment). During the assessment process with each eligible youth, the specific issues of transportation, childcare, or other supportive services should be reviewed to determine if supportive service needs exist.
- Funding is available to support the provision of such services.
- The need for supportive services and the strategy for addressing this need are detailed in the youth's case notes attached to the appropriate supportive service. Emergency supportive service needs must be detailed in appropriate case notes.

The maximum amount that may be used to cover the costs of supportive services is \$1500- per person, per program year. To provide more than \$1,500 in supportive services or for any exception to this policy requires the approval of the Region 4 Workforce Development Board (R4WDB) designee. A request to exceed the specified limit will be forwarded to the R4WDB designee. The request should be via email and the approval shall be remitted via email.

Supportive services will be available to youth determined to be in need of such services for the duration of their participation.

1. Transportation Assistance

- Youth will be provided either bus tokens/passes, mileage reimbursement or prepaid gas cards to address transportation needs. In communities where public transportation systems exist, bus tokens/passes should be utilized if appropriate.
- For all other situations where transportation assistance is required, prepaid gas cards or mileage reimbursement should be used.
- When prepaid gas cards or mileage reimbursement are needed, staff may use up to \$.45 cents per mile of estimated travel to determine the appropriate amount of prepaid gas cards to provide the youth. The calculation used to determine the amount of gas cards provided should be reviewed in the case note.
- All staff must maintain and sign a log sheet to record the distribution of all bus tokens/passes and prepaid gas cards. In the rare event that bus tokens/passes, mileage reimbursement or prepaid gas cards are not appropriate for a youth; cab fare may be purchased if needed.
- **Youth participants must sign for the receipt of all gas cards.**

2. Automotive Repairs/Maintenance

If necessary, WorkOne West Central will assist youth with the repair of their automobile. When assisting with such a repair, the following guidelines must be followed (any deviation from this policy needs to be approved by the R4WDB designee):

- The repair amount must not exceed \$1000.00
- The youth must obtain two written estimates from two vendors regardless of amount.
- If the variance between two estimates is greater than 20%, the youth will need to obtain three estimates regardless of the repair amount.
- If the youth's vehicle is not drivable and must be towed to a service station, only one estimate is required in order to eliminate the need to pay for multiple towing charges to each vendor. However, there must be documentation attached to the estimate indicating that the vehicle was not drivable and required towing.
- Before automotive repairs can be authorized, proof of valid driver's license, car insurance, and registration must be obtained, and copies must be placed in the youth's file. Proof of registration must be in the youth's name (a parent's name may also be on the registration if the youth is a youth).
- Vehicle repair amount cannot exceed value of vehicle per vendor.

- Youth may only be provided with automotive repair assistance once during the lifetime of their participation. Additional requests must be approved by the R4WDB designee via the Regional Coordinator.
- For automotive repairs, payment will only be made to vendors, selected on the basis of the estimates provided. Payments will not be made directly to the youth.

3. Childcare Assistance Once other childcare options have been exhausted, it may be necessary to provide certain youth with child care assistance. A licensed day care facility or provider must be used. The youth must first investigate a minimum of three childcare options and review both the cost and quality of care at each facility. The service provider will reimburse the standard fee charged by the facility to a maximum of \$100/week per child. To arrange for this assistance, the team member must adhere to the following guidelines:

- A completed Child Care Agreement that has been signed by both the youth and the childcare provider. This agreement will detail the children to be covered by WorkOne West Central, the hours per week for which day care has been approved, and the amount(s) to be paid to the childcare provider.
- For each child to be covered in the Agreement, proof of the relationship of the child to the youth must also be provided. This can be documented using birth certificates, court papers, or other appropriate sources.
- To initiate the childcare service, the team member should issue a Purchase Order (PO) to the childcare vendor, with appropriate copies to their fiscal dept.
- Providers will be responsible for submitting an invoice for payment consistent with the provisions of the childcare agreement. As a reminder, the childcare provided will also need to complete a [W-9](#) form and return it to fiscal before any payments can be issued.

Childcare assistance may only be issued for up to one-month. Youth can request additional amounts after sufficient proof of attendance and progress is determined by the WorkOne team member. This can be in the form of an attendance sheet, official grades, or progress report.

4. Work Related Clothing and Equipment

As required, WorkOne West Central may assist youth with clothes and/or equipment that are required for interviews and/or work assignments. This could include interview-quality clothing, required work uniforms and shoes, and appropriate tools and safety equipment as required by employers. The maximum amount is \$1,000 per person, per program year.

- Three quotes must be obtained if \$300 or more in work tools/equipment are being purchased; however, three quotes will not be required for work/training related clothing (including work boots)

When work tools/equipment are provided to a youth, the team member must have the youth sign an agreement to return the purchased tools to WorkOne West Central in the event of job loss or separation.

Supportive services other than those mentioned above must be approved by the R4WDB designee prior to authorization

B. Stipends and Incentives – Youth

Reasonable incentives (see [youth incentive policy](#)) and stipends are allowable expenditures, provided that the provision of an incentive or stipend is included in the youth's individual assessment and service strategy. All service providers who wish to provide stipends and incentives must submit their policies for such payments to the R4WDB designee for approval prior to issuing such payments. The ability to provide stipends and incentives will be determined by funding levels on a year-to-year basis.

C. Combinations- Youth

Youth can be paid for an entire day of work if at least 51% of the youth's time is spent in work experience with the rest of the day in some other type of allowable training activity. For example, a youth spends 4 hours/day in work experience and 3 hours/day in HSE preparation. The youth can be paid for seven hours (includes paid work experience and incentive payment for HSE preparation time).

D. On-the-Job Training- Youth

This service strategy for eligible youth is allowable, when it is appropriate; based on the needs identified by the objective assessment of an individual youth.

Youth in on-the-job training shall be compensated at the same rates, including periodic increases, as trainees or employees who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills. Such rates shall be in accordance with applicable law, but in no event less than the higher of the rate specified in the Fair Labor Standards Act or the applicable state or local minimum wage law.

E. Work Experience and Internships - Youth

Work experiences, including internships and job shadowing, are one of the 14 program elements that must be made available for youth. Paid and unpaid work experiences for youth are planned structured learning experiences that take place in a workplace for a limited period of time. Work experience workplaces may be in the private for-profit sector; the non-profit sector; or the public sector. Work experiences are designed to enable youth to gain exposure to the working world and its requirements. Work experiences are appropriate and desirable activities for many youth throughout the year. Work experiences should help youth acquire the personal attributes, knowledge and skills needed to obtain a job and advance in employment. The purpose is to provide the youth with the opportunities for career exploration and skill development. The employer may benefit from the activities performed by the youth but that is not the primary goal of the work experience activity. Work experience may be subsidized or unsubsidized and may include the following elements:

- Instruction in employability skills or generic workplace skills
- Exposure to various aspects of an industry
- Progressively more complex tasks
- Internships and job shadowing
- Integration of basic academic skills into work activities
- Supported work, work adjustment and other transition activities
- Entrepreneurship
- Service learning
- Paid and unpaid community service
- Other elements designed to achieve the goals of work experiences

V. Administrative Provisions

Allowances, earnings and payments to youth participating in these activities shall not be considered as income for the purposes of determining eligibility. The amount of income transfer and in-kind aid furnished under any federal or federally assisted program based on need other than as provided under the Social Security Act shall not be considered as income for determining eligibility.

VI. Tracking and Reporting of Participant Obligations in ICC

An obligation is defined as the financial commitment made by WorkOne West Central staff person to an enrolled youth.

- Obligations must be posted for all client training and supportive services activities in ICC utilizing the ICC Fiscal module.
- General Information Tab - select an activity/service which requires an obligation and then select the appropriate Program.
- Service Provider Tab: select a service provider.
- Enrollment Cost Tab: the total amount of funds to be obligated must be recorded in the "Enrollment Cost" field
- Enrollment Budget Tab: select the appropriate account the funds are to be obligated against and enter amount; accounts for travel and child care expenses should be estimated and entered into ICC. Obligations need to be entered as transportation and child care payments are issued.
- Budget Planning Tab: create Voucher

- Obligations for emergency support services should be entered as soon as the obligation amount is known.
- Case managers must follow the service provider's fiscal policies.

If a youth is enrolled in a classroom training activity, the youth's progress in completing this activity will be reviewed on a regular basis or at midterm. When supportive services are requested, progress will be reviewed at each time of request or monthly. If a youth displays chronic attendance problems, an authorization to suspend all or part of these supportive services may be issued. The rationale for this decision should be described in the ICC case notes.

SAMPLE PROVIDER'S CHILD CARE AGREEMENT

Participant's Name: SUE SMITH

SSN XXX=XX=XXXX

Participant's Phone Number: 260-111-2222

Children Covered by Agreement:

Child/Age: Joe Smith

Child/Age: 6 Mo

Child/Age: _____

Child/Age: _____

Provider's Name: Family Day Care Center

Provider's Address: 111 Main St.

Ft. Wayne, IN 46806

Provider's Phone Number: 260-112-2222

Provider's Contact Person: Mary Doe (Program Director)

Child care Authorized to Begin on: 1/01/08 End on: 2/01/08

Circle One

Maximum Hours Per Week 40 for Child Joe Smith Authorized Rate Per (hour/week): \$2.00

Circle One

Maximum Hours Per Week _____ for Child _____ Authorized Rate Per (hour/week): _____

Circle One

Maximum Hours Per Week _____ for Child _____ Authorized Rate Per (hour/week): _____

Circle One

Maximum Hours Per Week _____ for Child _____ Authorized Rate Per (hour/week): _____

EXAMPLE

Provider Assurance:

I understand that Sue Smith is responsible for paying me for child care I provide

Before or after the approved dates and for any hours above and beyond the maximum hours identified above.

I understand that I must have the participant sign the invoice each day to confirm attendance of the child(ren).

I understand that this agreement can be canceled if I sign for the participant.

I understand that this agreement can be canceled if I claim payment for any child care hours I did not provide.

I understand that I cannot be a resident of the participant's household. If I violate this, JobWorks can take action to recover all the funds I have received and the participant may be terminated from the program.

I understand that I must submit an invoice every two weeks at the end of the two-week period for each child covered by this agreement. I understand that if I do not complete this invoice completely and correctly, it will be returned to me unpaid for the correction.

I agree not to hold JobWorks responsible for any liabilities that may arise as a result of this agreement.

I have read the above conditions and I agree to follow them.

_____	_____	_____	_____
Signature of Child Care Provider	Date	Signature of JobWorks Case Manager	Date

Printed Name: MARY DOE Street Address: 111 Main St. Ft. Wayne, IN 46806

Mailing Address: Family Day Care Center City, State, Zip: 111 Main St., Ft. Wayne, IN 46806

Last Modified: 7.1.05

PROVIDER'S CHILD CARE AGREEMENT

Participant's Name: _____

SSN _____

Participant's Phone Number: _____

Children Covered by Agreement:

Child/Age: _____

Child/Age: _____

Child/Age: _____

Child/Age: _____

Provider's Name: _____

Provider's Address: _____

Provider's Phone Number: _____

Provider's Contact Person: _____

Child care Authorized to Begin on: _____ End on: _____

Circle One

Maximum Hours Per Week _____ for Child _____ Authorized Rate Per (hour/week): _____

Circle One

Maximum Hours Per Week _____ for Child _____ Authorized Rate Per (hour/week): _____

Circle One

Maximum Hours Per Week _____ for Child _____ Authorized Rate Per (hour/week): _____

Circle One

Maximum Hours Per Week _____ for Child _____ Authorized Rate Per (hour/week): _____

Provider Assurance:

I understand that _____ is responsible for paying me for child care I provide

Before or after the approved dates and for any hours above and beyond the maximum hours identified above.

I understand that I must have the participant sign the invoice each day to confirm attendance of the child(ren).

I understand that this agreement can be canceled if I sign for the participant.

I understand that this agreement can be canceled if I claim payment for any child care hours I did not provide.

I understand that I cannot be a resident of the participant's household. If I violate this, JobWorks can take action to recover all the funds I have received and the participant may be terminated from the program.

I understand that I must submit an invoice every two weeks at the end of the two-week period for each child covered by this agreement. I understand that if I do not complete this invoice completely and correctly, it will be returned to me unpaid for the correction.

I agree not to hold JobWorks responsible for any liabilities that may arise as a result of this agreement.

I have read the above conditions and I agree to follow them.

Signature of Child Care Provider

Date

Signature of JobWorks Case Manager

Date

Printed Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Last Modified: 7.1.05

Sample JOBWOKS CHILD CARE INVOICE (1 child/invoice)

CHILD: Joe Smith

PARTICIPANT: Sue Smith

PARTICIPANT'S SSN: XXX-XX-XXXX

STATEMENT OF CHARGES

CLAIM PERIOD BEGINNING: 01/07/08

ENDING: 1/18/08

WEEK ONE

DAY	DATE	# HOURS/DAYS
SUNDAY		
MONDAY	1/07/08	8 Hrs.
TUESDAY	1/8/08	8 Hrs.
WEDNESDAY	1/09/08	8 Hrs.
THURSDAY	1/10/08	8 Hrs.
FRIDAY	1/11/08	8 Hrs.
SATURDAY		

WEEK TWO

DAY	DATE	# HOURS/DAYS
SUNDAY		
MONDAY	1/14/08	8 Hrs.
TUESDAY	1/15/08	8 Hrs.
WEDNESDAY	1/16/08	8 Hrs.
THURSDAY	1/17/08	8 Hrs.
FRIDAY	1/18/08	8 Hrs.
SATURDAY		

TOTALS	WEEK ONE TOTAL HOURS/ DAYS	40 Hrs	TOTALS	WEEK TWO TOTAL HOURS/ DAYS	40 Hrs

EXAMPLE

I CERTIFY BY MY SIGNATURE THAT THE INFORMATION IS TRUE AND CORRECT

PARTICIPANT'S SIGNATURE: _____ DATE: _____

PAYMENT REQUEST

80 x \$2.00 = \$160.00 TOTAL
 HOURS AUTHORIZED AUTHORIZED RATE PER (Hour/Week) TOTAL BILLING
Circle One

PROVIDER'S NAME: Family Day Care Center CONTACT: Mary Doe

STREET ADDRESS: 111 Main St. PHONE: 260-112-2222

CITY, STATE, ZIP: Ft. Wayne, IN 46806

PROVIDER'S SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY JOBWORK'S STAFF:

DATE RCV'D: _____ REVIEWED BY: _____

County of Primary Service Office: _____

Program: 1A 1D 1R VET 1Y-OS 1Y-IS UEA FS TANF BioTech Bound Yes BioTech Bound-Yes Other _____ Last Modified: 11.1.05

JOBWORKS CHILD CARE INVOICE (1 child/invoice)

CHILD: _____

PARTICIPANT: _____

PARTICIPANT'S SSN: _____

STATEMENT OF CHARGES

CLAIM PERIOD BEGINNING: _____

/ /

ENDING: _____

/ /

WEEK ONE

DAY	DATE	# HOURS/DAYS
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
TOTALS	WEEK ONE TOTAL HOURS/ DAYS	

WEEK TWO

DAY	DATE	# HOURS/DAYS
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
TOTALS	WEEK TWO TOTAL HOURS/ DAYS	

I CERTIFY BY MY SIGNATURE THAT THE ABOVE HOURS/DAYS/WEEKS ARE CORRECT.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

PAYMENT REQUEST

_____ X _____ = _____ TOTAL
HOURS AUTHORIZED AUTHORIZED RATE PER (Hour/Week) TOTAL BILLING
Circle One

PROVIDER'S NAME: _____ CONTACT: _____

STREET ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP: _____

PROVIDER'S SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY JOBWORK'S STAFF:

DATE RCV'D: _____ REVIEWED BY: _____

County of Primary Service Office: _____

Program: 1A 1D 1R VET 1Y-OS 1Y-IS UEA FS TANF BioTech Bound Yes BioTech Bound-Yes Other _____ Last Modified: 11.1.05

Sample PARTICIPANT'S CHILD CARE AGREEMENT

Participant's Name: Sue Smith SSN: xxx-xx-1111

Participant's Phone Number: 260-111-2222

1. I have arranged for the following child(ren) to be cared for:

Child/Age: Joe Smith Child/Age: 6 Mo

Child/Age: _____ Child/Age: _____

2. I have investigated a minimum of three child care providers and have arranged for my child(ren) to be cared for by:

Provider's Name: Family Day Care Center

Street Address: 111 Main St.

City/State/Zip: Ft. Wayne, IN 46806

3. I understand that JobWorks will only pay for childcare beginning 1/01/08 and will not pay for childcare beyond 2/01/08. I also understand that JobWorks will only pay for up to 40 hours per week of childcare at the childcare facility I have chosen.
4. I understand that JobWorks will pay \$ 2.00 per (hour/day/week) to the provider for caring for my child(ren) within the dates and maximum hours per week as identified in Number 3.
5. I understand that I am responsible for paying the provider for any childcare provided before or after the authorized dates, for any hours beyond those listed in Number 3 above, and for any hours that I am not attending the training activity.
6. I understand that I must sign the invoice where the provider has listed are correct and that the provider is to be paid by JobWorks.
7. I understand that JobWorks will no longer be paid for by JobWorks if; I sign the invoice where the provider is supposed to sign and/or I complete the provider's part of the invoice.
8. I understand that this agreement can be canceled and child care will no longer be paid by JobWorks if; I sign the invoice for any time the provider did not actually care for my child(ren) and/or I initial the invoice for time the provider did care for my child(ren) but I did not attend the training activity.

EXAMPLE

9. I understand that the provider may not be a resident of my household. If I violate this, JobWorks can take action to recover all the funds paid on my behalf for childcare and may terminate me from the program.
10. I understand that if I have any reason to change my childcare schedule, I must notify my case manger.

I have read all the conditions above. I have had the opportunity to ask any questions and I agree with the conditions. I take full responsibility for the selection of the childcare provider and for making the arrangements for childcare. I do not hold JobWorks responsible for any liabilities that may arise as a result of this agreement.

_____	_____	_____	_____
Participant's Signature	Date	Case Manager's Signature	Date

County of Primary Service Office: _____

Program: 1A 1D 1R VET 1Y-OS 1Y-IS UEA FS TANF BioTech Bound Other_____

Total Obligation: \$_____

Last Modified: 11.1.05

PARTICIPANT'S CHILD CARE AGREEMENT

Participant's Name: _____ SSN: _____

Participant's Phone Number: _____

1. I have arranged for the following child(ren) to be cared for:

Child/Age: _____ Child/Age: _____

Child/Age: _____ Child/Age: _____

2. I have investigated a minimum of three child care providers and have arranged for my child(ren) to be cared for by:

Provider's Name: _____

Street Address: _____

City/State/Zip: _____

11. I understand that JobWorks will only pay for childcare beginning _____ and will not pay for childcare beyond _____. I also understand that JobWorks will only pay for up to _____ hours per week of childcare at the childcare facility I have chosen.

12. I understand that JobWorks will pay \$_____ per (hour/day/week) to the provider for caring for my child(ren) within the dates and maximum hours per week as identified in Number 3.

13. I understand that I am responsible for paying the provider for any childcare provided before or after the authorized dates, for any hours beyond those listed in Number 3 above, and for any hours that I am not attending the training activity.

14. I understand that I must sign the provider's invoice each day to confirm that the hours the provider has listed are correct and that the provider is to be paid by JobWorks.

15. I understand that this agreement can be canceled and care will no longer be paid for by JobWorks if; I sign the invoice where the provider is supposed to sign and/or I complete any part of the provider's part of the invoice.

16. I understand that this agreement can be canceled and child care will no longer be paid by JobWorks if; I sign the invoice for any time the provider did not actually care for my child(ren) and/or I initial the invoice for time the provider did care for my child(ren) but I did not attend the training activity.

17. I understand that the provider may not be a resident of my household. If I violate this, JobWorks can take action to recover all the funds paid on my behalf for childcare and may terminate me from the program.
18. I understand that if I have any reason to change my childcare schedule, I must notify my case manger.

I have read all the conditions above. I have had the opportunity to ask any questions and I agree with the conditions. I take full responsibility for the selection of the childcare provider and for making the arrangements for childcare. I do not hold JobWorks responsible for any liabilities that may arise as a result of this agreement.

_____	_____	_____	_____
Participant's Signature	Date	Case Manager's Signature	Date

County of Primary Service Office: _____

Program: 1A 1D 1R VET 1Y-OS 1Y-IS UEA FS TANF BioTech Bound Other_____

Total Obligation: \$_____

Last Modified: 11.1.05

Region 4 WORKFORCE Board

To: Service Provider	Youth Prior Learning Assessment Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

Purpose: To provide guidance on how Workforce Innovation and Opportunity Act (WIOA) Funds may be utilized to provide prior learning assessments to eligible participants enrolled in occupational skills training.

References: [DWD Policy 2011-14](#)

Background: Prior Learning Assessment (PLA) is a process that reviews an individual's learning gained from previous experience, including work responsibilities, and military and corporate training, in order to award the individual college-level credit. Through PLA, individuals who have acquired knowledge outside of a formal classroom setting have the opportunity to have that learning reviewed for college-level equivalency; PLA can potentially save an individual time and money toward completing a degree or certificate program.

Content:

Prior Learning Assessment Models

When offering prior learning assessments and awarding prior learning credit, post-secondary institutions invariably provide PLA in one of the following models:

1. Student completes a prior learning portfolio or completes a nationally-recognized prior learning test independently. If prior learning credit is awarded, the training institution receives funding based upon the number of credits awarded.
2. Training Institution offers prior learning assessment course, where student develops a prior learning assessment portfolio with an instructor and/or completes a nationally-recognized prior learning test. Student receives credit for completing the course, and could be awarded prior learning credit based upon prior learning experiences. The training institution first receives tuition for the credit-bearing course, and following the review of the student's portfolio, additional payment based upon the number of prior learning credits awarded to the student.
3. A third-party organization or institution offers prior learning assessment courses to prospective post-secondary students. The third-party organization assists the student in developing a prior learning portfolio and awards credit to student for completing the course as well as prior learning credit based upon a review of the prior learning portfolio or completion of a nationally-recognized prior learning test. The credit earned through both the prior learning assessment course and the award of prior learning credit is (then transferred to the post-secondary institution that the student is attending for occupational skills training. The third-party organization first receives tuition for the credit-bearing course, and following the review of the student's portfolio, additional payment based upon the number of prior learning credits awarded to the student.

When appropriate, any or all of the three models may be utilized by WIOA grantees to fund PLA for eligible WIOA participants.

State Requirements for Utilizing WIOA funds for Prior Learning Assessments

The SWIC and DWD have imposed the following requirements that must be followed when WIOA funds are to be utilized for prior learning assessments:

- WIOA participant must have an Individual Employment Plan (IEP), which signifies the need for occupational skills training;
- The WIOA participant must be accepted into a program of study included on INTraining, the State of Indiana's list of WIOA eligible training providers;
- Prior learning assessment may only be utilized for programs of study which lead to an associate degree or a credit-bearing pre-baccalaureate occupational certificate;
- WIOA funds may only be utilized for prior learning credit that is applicable to the participant's program of study; and

- WIOA funds may not be utilized for fees associated with the transfer of credit from one institution to another, or in cases where an institution charges a fee for credits earned as the result of completing a nationally-recognized prior learning test, such as CLEP or DSST Credit by Exam. As examples:
 - Some institutions charge a fee to accept transferred credit. In a scenario where a third-party organization is utilized to provide PLA and award prior learning credit and credits are then transferred (with a fee) to the institution where the participant is receiving occupational skills training, WIOA funds may not be used for the transfer fee.
 - Most nationally-recognized prior learning tests (CLEP, DSST, etc.) are administered for a fee, often paid directly to the test vendor, in secure testing facilities. WIOA funds may be used to pay for the administration and scoring of the test. Some institutions of higher education charge a fee to award credit for successful outcomes on the prior learning tests. In such cases, WIOA funds may not be used for the costs associated with the award of credit as a result of the test.

Prior Learning Assessment Process

1. After a case manager has worked with the participant to develop an Individual Employment Plan, has determined that the participant is eligible to receive an Individual Training Account (ITA), and has ensured that the participant has been accepted into the associate degree or credit-bearing occupational certificate program, the case manager should work with the participant to determine if a prior learning assessment is appropriate.

When determining whether prior learning assessment is appropriate, case managers should consider a number of factors, including:

- The participant's previous experience, including,
 - Prior work experience in the occupation for which the participant will receive training.
 - For example, if the participant has worked previously as an electrician's assistant, and he/she is entering an Associate in Electrical Engineering Technology program, PLA may be appropriate.
 - Prior certifications or certificates earned by the participant in the occupation for which the participant will receive training.
 - Prior experience gained through military service that relates to the occupation for which the participant will receive training.
 - Prior experience gained through voluntary work that relates to the occupation for which the participant will receive training.
 - Prior to pursuing credit through the PLA, a customer should:
 - Take Indiana Career Explorer
 - Take TABE, if relevant to determine if remediation is necessary
 - Receive academic and career counseling
 - Does the institution in which the participant will enroll offer prior learning assessments and/or accept prior learning credit?
 - If the determination is made to utilize a third-party institution or organization (Model #3) for PLA, the case manager must ensure that the institution or organization and its PLA program is listed on INTraining.
 - Will there be tangible benefits derived from utilizing WIOA funds to pay for prior learning assessment?
 - The case manager should perform a brief cost-benefit analysis, determining how the cost of PLA and any potential prior learning credit earned may save time and/or funds. For example, would the cost of PLA be less than if the participant was required to attend and complete the course at the training institution? Would the participant be able to complete the program sooner if he/she earns prior learning credit?
 - Will the credit earned from both the prior learning assessment course and any resulting prior learning credit count towards the completion of the associate degree program or credit-bearing occupational certificate program for which the participant will receive training?
 - Does the institution charge a fee for accepting transferred credits?
2. After determining that PLA is appropriate, the case manager should document the use of PLA in the participant's IEP plan and case file, including justification for using PLA in the circumstance.
 3. The case manager issues the ITA for prior learning assessment, following local processes for issuing ITAs.

NOTE: In scenarios where the student completes a nationally-recognized prior learning test without being enrolled in WIOA training-level services, if funded by WIOA, the test would be considered as a supportive service and not occupational skills training.

Case notes will be entered in ICC providing details of the service provided to the customer.

Prior Learning Assessment Checklist

When determining whether prior learning assessment is appropriate, Case managers should consider a number of factors, including:

	Yes	No
Does the participant's previous experience relate to the training?		
• Prior work experience		
• Prior certifications or certificates earned		
• Prior experience gained through military service		
• Prior experience gained through voluntary work		
Are the institution/organization and its PLA program listed on INTraining?		
Does the institution offer prior learning assessments and/or accept prior learning credit?		
Does the prior learning credit earned save time and/or funds?		
Will there be tangible benefits derived using WIOA funds to pay for prior learning assessment		
Will the credit of the prior learning assessment count towards the completion of the program?		
Does the institution charge a fee for accepting transfer credits?		

Region 4 WORKFORCE Board

To: Service Provider	Case Closure and Exit
From: Region 4 Workforce Board	Effective Date: 07/01/2019

Purpose: To provide policy for the understanding of Exit Dates

References: WIOA, 20 CFR 681.450, [DWD Memorandum on Interim Guidance on Participation and Exit dates](#)

Case Closures

When a participant:

- completes their activities and enters employment or
- becomes disabled or
- is otherwise incapable of working, or
- voluntarily opts out of services,

the participant's case should be closed and employment information updated. Case closure should not be confused with Exit. The decision to close the case should be documented accordingly in the case notes. If participant becomes employed and activities need to remain open (ex. will continue with training), employment information should be entered in to the personal profile/employment history section in ICC.

Detailed and verified information must be provided and supported with the case note. At least one of the following forms of documentation can be used for verification:

- UI wage records from another state (if the individual was placed in another state and the wage information is available);
- a letter or document from the employer at which the individual worked which includes information on the dates the individual worked (wage information can be collected as well but is not required);
- any employer-generated record which the individual can request and forward to staff which includes information on the dates the individual worked (wage information can be collected as well but is not required);
- a case note which includes notes of a conversation with the individual or employer and which verifies employment in the proper time period (data recorded in the Follow-Up Contacts Screens shall serve as case notes for data validation documentation purposes); or
- a copy of a paycheck stub which confirms employment in the proper time period; or
- Employment Confirmation form or reasonable facsimile; or
- Agency Verification form or reasonable facsimile

While a participant's case may be closed because the participant entered employment or began post- secondary training (Youth only), the participant's case may be reopened if the participant needs services in addition to those provided through follow up services. [Attachment A](#) includes step by step instructions.

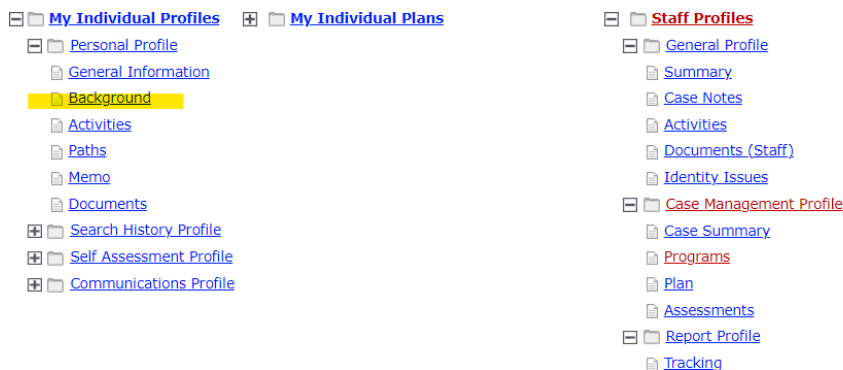
ICC Closure Screen

DWD is requiring that employment data be recorded at the time of case closure.

A benefit of completing closures is that the case manager will be notified of open activities which could aid in reducing the number of system closed completion statuses. If the exit date is determined by an activity that was system closed, there is a risk of data validation errors.

Please make sure the following, if applicable, have been completed **BEFORE** Creating a Closure:

1. Make sure the IEP/ISS has been closed
2. Make sure all services have been closed. You can do this by going to the Programs tab, click on the (+) sign on the completed WIOA Application to expand this section. Then click on Activities/Enrollments/Services. Look at the status column. If you see a green "O" that means you must close the service. Look across and click on the Close link for each service with the green "O."
3. Make sure any credential earned during the program Credential has been added to the WIOA Credential bar
4. Make sure any Measurable Skills Gains attained during the program have been added to the WIOA Measurable Skills Gain bar
5. Make sure any unsubsidized or OJT Employment entered during the program or at Closure has been added to the **Background Tab under My Individual Profile.**



Once items above have been completed then you can create the Closure for the participant.

Step 1: Once you are "Assisting" the customer, click on the Programs Link.

[Assist an individual | Staff Services | Individual Portfolio]

My Individual Profiles My Individual Plans Staff Profiles

General Profile Case Management Profile Programs Assessments Report Profile

Case Summary Programs Plan Assessments

Show Summary Tabs Jones, Amari

Filter Applications: All Filter Activities: Open Closed Voided

Step 2: Then click on the (+) next to the WIOA Application to expand the section.

Title I - Workforce Development (WIOA)				Apps: 3
Create Title I - Workforce Development (WIOA) Application Convert WIOA Pre-Application				
WIOA #3030478 - Complete				
+ LWDB: 04 - Region 4 Application Date 07/17/2019 Onestop: 36 - WorkOne Lafayette (Tippecanoe County) Participation Date: 07/17/2019 Open/Total Activities: 2 / 24 Closure Date: N/A Exit Date: N/A				

Step 3: Click on the Closure (+) to expand the section

management

Create a Marketing Lead Contacts List Marketing Leads Work items Appointments Online Surveys

Communications Messages Correspondence Alerts Email Log

Templates Job Order Skill Sets Job Order Templates Communication Templates

Eligibility Summary Participation Activities / Enrollments / Services Measurable Skills Gain Partner Programs Literacy & Numeracy Credentials Add Employment Closure Exit / Outcome Follow-ups

01/12/2018 2 0 0 0 0 1 N/A N/A 0

Step 4: Click on Create Closure

The screenshot shows a web application interface. On the left is a sidebar menu with categories: Online Surveys, Communications (Messages, Correspondence, Alerts, Email Log), Templates (Job Order Skill Sets, Job Order Templates, Communication Templates, Case Note Templates, Search List), Document Management (Search Documents), and Schedules. The main content area has a top navigation bar with links: Home, My Dashboard, Sign Out, and Services for Individuals. Below this is a table with the following rows:

Partner Programs	0
Literacy & Numeracy	0
Credentials	0
Add Employment	1
Closure	N/A
Exit / Outcome	N/A
Follow-ups	0

Below the table, there is a section for 'Generic Program' with 'Apps: 0' and a link 'Create Generic Application'. The 'Create Closure' link in the table is circled in red.

Step 5: In the General Information section, you must select the Office Location and a reason for the Accountability Closure/Exit status. Please select "Neither condition applies."

Last service date:	11/10/2018
Exit Date:	12/14/2018
Exit Reason:	Soft Exit
LWIA:	04 Region 4
* Office Location:	WorkOne Lafayette (Tippecanoe County) ▼
Case closure date:	11/16/2018
	Reset Closure Date
* Accountability Closure/Exit Status:	Neither condition applies ▼

Step 6: Please choose a Case Closure Exit reason.

General Information

Username: 255472

Name: Jones, Amari

Last service date:

Exit Date:

Exit Reason:

LWIA:

* Office Location:

Case closure date:

* Accountability Closure/Exit Status:

* Case Closure Exit Reason:

Outcome Information

* School Status at Exit:

Case Closure Exit Reason Options:

- None Selected
- Institutionalized*
- Health/Medical*
- Deceased*
- Reservist called to Active Duty*
- Foster Care - Youth Only*
- Incarcerated*
- Attained Credential/Diploma
- Cannot Locate
- Criminal Offender
- Entered Unsubsidized Employment
- Family Care
- In Foster Care and moved from area by foster care system
- Program Ended
- Attained GED/Equivalency Diploma (Youth)
- Attained High School Diploma (Youth)
- Attending Post Secondary School/College at Exit (Youth)
- Attending Secondary (High School) at Exit (Youth)
- Transferred to Other LWIA
- Other, Services Completed
- Other, Services Not Completed
- Retirement
- Entered OJT Employment
- Entered OJT-Related Employment

Step 7: In the Outcome Information section, please answer all the questions with a red asterisks from the choices below. This must be Verified.

Outcome Information

* Accountability Closure/Exit Status: Neither condition applies

* Case Closure Exit Reason: Entered Unsubsidized Employment

* School Status at Exit:

* Youth Placement at Exit:

Placement Date: (mm/dd/yyyy) Today

[Verify | Scan | Upload | Link]

Employment Information

* Entered Employment: None Selected

No employers available.

[Add Employer]

School Status at Exit Options:

- None Selected
- In-school, High School or less
- In-school, Alternative School
- In-school, post High School
- Not attending school, or H.S. Dropout
- Not attending school, H.S. Graduate

Menu

Services for Workforce Staff

Manage Individuals

Manage Employers

Manage Résumés

Manage Job Orders

Manage Labor Exchange

Manage Activities

Manage Providers

Manage Case Assignment

Manage Follow-Up

Manage Surveys

Reports

My Reports

Summary Reports

Detailed Reports

Custom Reports

Home

My Dashboard

Sign Out

Services for Individuals

* Accountability Closure/Exit Status:

Neither condition applies

* Case Closure Exit Reason:

Entered Unsubsidized Employment

Outcome Information

* School Status at Exit:

None Selected

[Verify](#) | [Scan](#) | [Upload](#) | [Link](#)

* Youth Placement at Exit:

None Selected

Entered post-secondary education

Entered Advanced training

Entered Military Service

Entered a qualified apprenticeship

None of the above

Placement Date:

Employment Information

* Entered Employment:

None Selected

No employers available.

[Add Employer](#)

Please Note: The Youth Placement will only appear for Youth customers. The Placement Date is required if Youth Placement at Exit is anything EXCEPT "None of the above."

For Youth that are being exited with Post-Secondary Education, these are the selections that should be made:

- Case Closure/Exit Reason: Attending Post-Secondary High School/College at Exit**
- School Status at Exit: In-School, Post High School**
- Youth Placement at Exit: Entered Post-Secondary Education**

Step 8: The question “Entered Employment” must be answered regardless of the exit reason for the participant.

The screenshot shows a web application interface with a sidebar menu on the left and a main content area. The sidebar menu includes options like 'Manage Labor Exchange', 'Manage Activities', 'Manage Providers', 'Manage Case Assignment', 'Manage Follow-Up', 'Manage Surveys', 'Reports', 'My Reports', 'Summary Reports', 'Detailed Reports', 'Custom Reports', 'Ad-Hoc Query Wizard', 'Federal Reports', 'Live Data', 'Customer Relationship Management', and 'Management'. The main content area has a top navigation bar with 'Home', 'My Dashboard', 'Sign Out', and 'Services for Individuals'. Below this, there are sections for 'Youth Placement at Exit' and 'Employment Information'. The 'Employment Information' section has a dropdown menu for 'Entered Employment' which is currently open, showing options: 'None Selected', 'Yes', 'Yes, Recall Employer', and 'No'. The 'Youth Placement at Exit' section has a dropdown menu for 'Youth Placement at Exit' (currently 'None Selected') and a 'Placement Date' field (currently empty). The 'Staff Information' section has a table with columns 'ID', 'Create Date', 'Subject', and 'Action'. The table is currently empty, showing 'No data found.' Below the table, there is a 'Current Case Manager' field with the text 'Case currently Not Assigned to a Case Manager'.

If the participant is exiting with employment, the job at Closure must be completed and verified in the Employment Information section.

The screenshot shows the same web application interface as the previous one, but with the 'Entered Employment' dropdown menu set to 'Yes'. The 'Youth Placement at Exit' section has a dropdown menu for 'Youth Placement at Exit' (currently 'None of the above') and a 'Placement Date' field (currently empty). The 'Staff Information' section has a table with columns 'ID', 'Create Date', 'Subject', and 'Action'. The table is currently empty, showing 'No data found.' Below the table, there is a 'Current Case Manager' field with the text 'Case currently Not Assigned to a Case Manager' and links for 'Assign Case Manager' and 'Assign Me'.

In order to select a job that has already been added to the Add Employment bar, click on the Search Individual Employment History and you can select the employment at Closure. You can also add a new job here as well. This screen works just like any other screen that allows you to add employment. This information must also be Verified.

Use this form to create or edit a new Employer.

Add/Edit Employer

Employer Information

[Search Individual Employment History](#) [Select from Internal Job Order/Placement](#)

* **Employer Name:**

Verify Employer Name: [\[Verify \]](#) [\[Scan \]](#) [\[Upload \]](#) [\[Link \]](#)

Employer FEIN:

Address Line 1:

Address Line 2:

City:

State/Province:

County/Parish:

Zipcode:

Find Zip Code: [\[USPS \]](#)

Country:

Industry Code (NAICS): [Search for NAICS Code](#)

Staff Information

[\[Add a new Case Note \]](#) [\[Show Filter Criteria \]](#)

ID	Create Date	Subject	Action
			Edit [Add]

Current Case Manager:

Case currently Not Assigned to a Case Manager

[Assign Case Manager](#)

[Assign Me](#)

[Remove Case Manager Assignment](#)

[Save](#) [Cancel](#) [Delete](#) [Print Preview](#)

Step 9: Once the job has been entered, click on "SAVE" and the participant has been Closed.

Entered Employment:

Employer Name	Job Title	Start Date	End Date	Non-Traditional	Training Related	Action
Target	Stock Clerk	02/06/2018		No	No	Edit Delete

[\[Add Employer \]](#)

Staff Information

[\[Add a new Case Note \]](#) [\[Show Filter Criteria \]](#)

ID	Create Date	Subject	Action
			Edit [Add]

Current Case Manager:

Case currently Not Assigned to a Case Manager

[Assign Case Manager](#)

[Assign Me](#)

[Remove Case Manager Assignment](#)

[Save](#) [Cancel](#) [Delete](#) [Print Preview](#)

Now the participant has been Closed and a Closure date will appear.

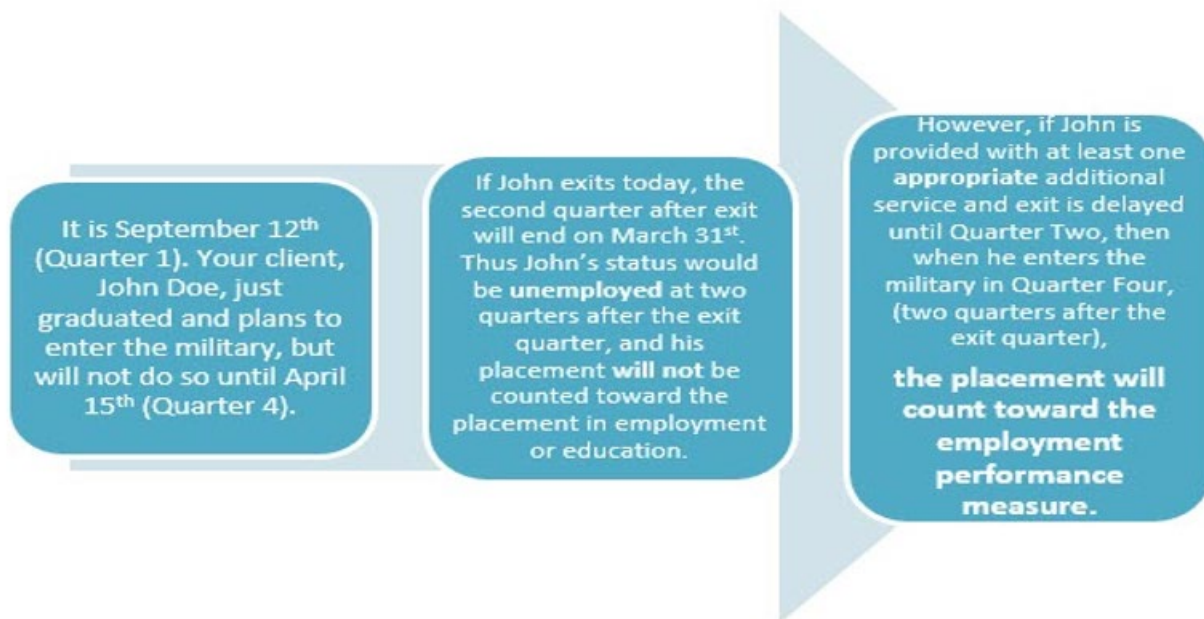
When to formally close a case -

In ICC a case closure should be completed when a participant becomes employed and activities are completed. If participant becomes employed and activities need to remain open (ex. has not completed training), employment information should be entered in to the personal profile/employment history section in ICC. Participants should be notified that their cases are being transitioned to follow up and for what reason, along with information on the type and frequency of follow-up contact to expect. The term 'exit' is not mandatory and may be found abrasive. Instead, you may wish to explain to the participant that they are transitioning to another phase of service where they will become more and more independent, but that you are still there to help them if they need it and will be in contact.

A case note should be made indicating the formal closure of the case and the reason, i.e., no longer in need of, or able to benefit from services, lack of participation, or customer requested exit.

Cases that are closed may be re-opened within 90 days if the participant needs additional assistance with support services or if the customer loses the job and needs job search assistance.

Example of closure planning:



Exits

A participant will automatically exit the program when they have not received WIOA services for 90 consecutive days. The exit date is the last date of service with no other services planned. The only way to prevent a system exit is to provide a service before the 90th day after the last service. This service **must** be appropriate for the participant.

Once a participant has not received any services funded by the program, or a partner program, for 90 consecutive calendar days, has no gap in service, and is not scheduled for future services*, the date of exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program.

- Examples of activities that do not extend the period of participation, or delay program exit, include:
 - Follow-up services which may include:
 - Additional career planning and counseling
 - Assistance with work-related problems that may arise

- Peer support groups
- Information about additional educational opportunities
- Informational mailings and
- Referral to supportive services available in the community
- Monthly Check-Ins (Non-TAA)
- Determination of eligibility to participate in the program
- Administrative case load management services that involve contact with the customer to obtain information such as employment status or educational progress
- Income maintenance or support payments such as Unemployment Insurance, TANF, Food Stamps, unsubsidized childcare, etc.

The Exit date is a critical data validation item. If the Exit date is not accurate, not only will this item fail but all other data items related to the exit date may fail.

A “hard” exit date may be entered when a participant is:

- Institutionalized
- Receiving medical treatment lasting longer than 90 days
- Deceased
- Active Duty for at least 90 days
- Relocation to a mandated program

LWIA: 04 - Region 4

Create Staff Username: 3565218

Case Manager: N/A

Onestop: 36 - WorkOne Lafayette (Tippecanoe County)

Edit Staff Username: 3565218

Temporary Case Manager: N/A

Eligibility Summary	
Participation	01/30/2017
Activities / Enrollments / Services	1
Measurable Skills Gain	0
Literacy & Numeracy	0
Credentials	0
Closure	N/A
Exit / Outcome	N/A



[Create Exit/Outcome](#)

**Note – the phrase ‘not scheduled for future services’ does not apply to an individual who voluntarily withdraws or drops out of the program.*

See additional Exit Date Guidance:

[Exit Dates and Data Validation Attachment B](#)

Attachment A

Quick Reference Guide for Case Closure

A. When a customer no longer requires training or Individualized Career level services and is employed :

1. Check status of current activity(s) (Edit-Service for actual end date)
2. If applicable, enter credential in ICC
3. Update Job History showing employment
4. Enter Closure info
5. Enter appropriate case notes
6. Enter required documentation – reference supplemental data policy
7. Follow-up on employed status on quarterly basis record contact info
8. If needed, record a Follow Up service and case note. (Individualized Category – Follow Up Service)

B. When a customer no longer wants or participates in training or Individualized Career level services and is not employed:

1. Record status of current activity(s) (Edit-Service for actual end date if service is still open)
2. If applicable, enter credential in ICC
3. Enter appropriate case notes
4. Attempt regular contacts (enter case note) & provide services as needed until client is employed
5. Enter exit case note and Follow-up on status on quarterly basis

C. When a customer in training returns to work before completing training:

1. Contact and ask customer if he/she will remain in training
 - a. If “yes”, inform customer that monthly contacts and Time and Attendance Reports (TAR), need to continue –
 - if willing, leave in OST and maintain monthly contacts and TARs.
 - if refuses, exit from OST (withdrew before completing)
 - b. If “no” exit from OST (withdrew before completing)
 - c. Record status of current activity(s) (Edit-Service for actual end date if service is still open)
2. Enter appropriate case notes
3. Enter Case Closure info and Follow-up on employed status on quarterly basis

NOTE: WorkOne staff must provide follow up services to adult and dislocated workers who are in unsubsidized employment for 12 months after first date of employment (see Follow Up policy). After all quarterly follow ups are completed on a client, case manager status in ICC should be changed to “Inactive.”

Attachment B

Exit Dates and Data Validation - Regional Guidance

To validate the exit date, there must be a MATCH by:

1. Documentation of services in case file or case notes.
2. ICC -paper or scanned documentation is not required. However, detailed information must be present in the case management system sufficient to validate the data item.

For a Service in ICC to be 'counted' as a service verified for the Exit date, **a case note must be attached**. If there is not a case note attached to the last service, the exit date will fail as it not verified. Also the Planned End date and/or the Actual End date may impact the exit (if no other services are provided beyond the Planned or Actual End dates. When a Planned End date has been entered, an Actual end date should then be entered when the service is exited/completed and a case note must be entered. Example: If you become aware on June 5th that the customer completed the training on May 22nd enter the Actual End date of May 22nd and post your case note on June 5th stating the training was completed on May 22nd. The date stated in the case note must MATCH the end date.

Please ensure actual end dates are entered and that there is a case note attached for each service and the Actual End date.

If there is a planned or actual end date after a 'last' service and there is not a case note for the planned or actual end date, the exit date is incorrect.

Examples:

Example 1

The last service posted in ICC on 1/15/2017 is 1-1 counseling service, but no case note.

If the last service provided to a customer in on 1/15/2017, but no case note is entered, the service is not verifiable, therefore it cannot be considered the 'last service' and the exit date fails data validation. **Every WIOA service must have a case note attached**

*Notes: The WIOA Monthly Check-In and Supportive Services **are not** considered a countable service and does not start or end a POP. So these services are not considered in the Exit date calculations.*

Example 2

Planned End date is past the last posted Service in ICC

The last service posted in ICC is 1-1 Counseling provided on December 29, 2015 and case note reflects customer is attending and doing well in training.

Planned end date is March 15, 2016 and the training plan shows class to end 03/15/2016

90 days have passed and the Exit date is recorded as 03/15/2016 as ICC uses Planned end date as the 'last' service. However, the Exit date will fail as no case note reflecting a service actually occurred on 03/15/2016. If staff had entered a case note on March 15th verifying the customer was still in class or had changed this to an actual end date – (when we can verify the customer completed training until March 15th) and entered a case note this would meet validation standards.

A January check in with the customer should have occurred and indicated if the customer was still attending class. If the customer can no longer be reached, then verification with the training vendor of when the customer last attended class should occur, the actual end date entered, and case note reflecting why. If the

training vendor cannot provide then the Actual End should be when you could last verify the last date of attendance, which in this case is December 29, 2015.

Note:

If the Actual End Date turns out to be a different date than the Planned End Date, then the Planned End Date should be modified to match the Actual End Date. Also, if the Planned End Date has passed but the customer is still participating in the service, the Planned End Date needs to be extended.

Region 4 WORKFORCE Board

To: Service Provider	Youth Follow-Up and Job Retention Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: Follow-up will be seen as an extension of the program during which staff help participants create their own solutions to the challenges they continue to face as they transition to employment, the military, or post-secondary education. The intensity of follow-up contacts vary based on the needs of each individual and appropriate services to help in facing challenges that come up on the job, in college, or in occupational skill training will be provided.

REFERENCES: WIOA 129, CFR 681.580, [TEGL 21-16](#), DWD [Policy 2018-01 Change 1](#)

POLICY: All youth must be offered follow-up services for not less than 12 months after the completion of participation. The goal of follow-up services for youth is to enable participants to continue lifelong learning and achieve a level of self-sufficiency to ensure job retention, wage gains, and career progress. In order to attain desired follow-up services, service providers may need to go beyond phone calls and other periodic contacts. It may be beneficial to follow-up with both participants and their employers.

CONTENT: The emphasis of follow-up services is job retention and advancement, lifelong learning and self-sufficiency. Follow-up is critical to ensure successful, long term employment. The follow-up provided must be based upon individual participant's needs. All participants must be offered follow-up services for a minimum duration of 12 months after completion of participation. Follow-up services are recorded in Indiana Career Connect (ICC).

Quarterly follow up and follow up services are not the same. Quarterly follow up is the process of checking in with the participant or employer and completing the follow up screens in ICC with details of the participant's work history or educational involvement for that quarter. Follow up services are services that are given to the participant so that they may continue towards success. These services are entered through the activities screens in ICC. Many times the services may be due to information discovered during the quarterly follow up.

Follow-up services will be discussed in the ISS (Individual Service Strategy) and signed and mutually agreed upon by both the youth provider and program participant. Follow-up services should be discussed during eligibility and participation. Program participants must agree to participate in follow-up services.

Note: Participants in the following categories, either at the time of exit or during the first three quarters following exit, will be excluded from performance. Exclusions must be recorded in ICC and written documentation must be in the file.

- Institutionalized

- Health/medical or family care
- Deceased
- Reservist Call to Active duty
- Relocated to Mandated Residential Program\Foster Care

Follow-Up Service Process for Successful Outcomes:

- Follow-up agreement completed with ISS, signed and a copy given to participant
- Build in follow-up into the service strategy from the beginning
- Maintain regular contact with participant.
- Occur a minimum of once every 3 months (more often if needed). Follow-up should occur monthly for WIOA JAG participants and entered into JAGForce.
- Occur in person, via the phone, texting, email or other forms of one on one communication. Follow up via social networking status updates, tweets or other mass communication mediums is not acceptable as a follow up service.
- Follow-ups are defined as reciprocal communication between the WorkOne staff member and customer that includes the collection of information on employment status, educational progress, the need for additional services, problems and challenges, and the assistance needed to resolve them.
 - o Additional services should be offered or recommended as appropriate.
 - o Examples of such services may include: career planning; peer support groups; support service referral, etc.
 - o Such services are provided to ensure the participant is able to retain employment, realize wage increases, and progress in his/her career.
 - o A follow-up call or e-mail is not a recordable service and should not be counted as such

If the participant cannot be located, utilize follow-up contacts listed in the participant's file and/or school/employer contact.

Opting Out

If at any point in time during the program or during the 12 months following exit the youth requests to opt-out of follow-up services, they may do so. In this case, the request to opt-out or discontinue follow-up services made by the youth must be documented in the case file in detail. **Youth may not be encouraged to opt-out.**

For purposes of WIOA youth performance calculations, **EXIT** is defined as 90 days without any services other than self-service, informational, or follow-up **AND** there are no future services planned other than follow-up.

Services that may be delivered during the 90 days that do not extend the period of participation include:

- (1) supportive services;
- (2) adult mentoring;
- (3) financial literacy education;
- (4) services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services; and
- (5) activities that help youth prepare for and transition to postsecondary education and training.

Provision of these program elements must occur after the exit date in order to count as follow-up services.

Indiana recommends that when these services are provided as follow-up services they are coded as follow-up

services in the state's case management systems as opposed to program services provided prior to program exit, so the case management system clearly differentiates follow-up services from those services provided prior to exit. In addition, such follow-up services should be documented in the case file that they were provided as follow-up services post exit.

At minimum, one year of follow-up must:

- Be based on the needs of the individual. Staff should update the participant's ISS prior to exiting to reflect the follow-up plans and strategy;
- Include collection of information on employment status, education progress, need for additional services, and problems and challenges occurring and the assistance needed to address them;
- Include reciprocal communication between staff and the participant that identifies how a participant is progressing;
- Occur in person, or via the phone, texting, email, or other forms of one-on-one communication; and
- Be recorded as a follow-up service with a detailed case note in the State's case management system.

Indiana Career Connect (ICC) Data Entry:

Follow-Up activities will be posted after participant has exited. The Follow Up activities are located under the application. Open the application by clicking on the "+". The follow-up activities are under the activity section. Activities are services that are provided to the participant. If the follow up is only gathering of information from the customer, this is not an activity.

The follow up information will be added to the follow up section in ICC. This is the last selection under the application. Follow-up information may also be entered as a post-employment service during the 90 period before ICC 'formally' exits the participant. When completing follow ups, information pertaining to employer or post-exit placement must be verified and documented in ICC.

As a reminder, if a case manager learns from communication with the youth that he/she is, at that time, not in need of additional services or assistance, **case managers must fully document the details of that conversation in the case file.** This would include documenting that the case manager determined the youth is not in need of services or assistance or the refusal to receive service.

[ICC Screenshots for quarterly follow up
Follow-Up Agreement Form](#)

ICC Screenshots

1. Open Follow Up tab

+ Participation	05/15/2017
+ Activities / Enrollments / Services	7
+ Measurable Skills Gain	1
+ Partner Programs	0
+ Literacy & Numeracy	0
+ Credentials	1
+ Closure	09/01/2017
+ Exit / Outcome	09/01/2017
+ Follow-ups	4

2. Select the follow up date that you are reporting information. The required by date is the end of that reporting quarter. Example below: The required by date of 12/31/2017 is for the months of October, November and December of 2017. Only information that is for that time period should be entered here.

Follow-ups				4
Create Local Follow Up				
Search:				
Required By	Date Complete	Status	Follow Up Type	
12/31/2017	11/01/2017	Completed	1st Quarter After Exit	
03/31/2018	03/30/2018	Completed	2nd Quarter After Exit	
06/30/2018		Required	3rd Quarter After Exit	
09/30/2018		Required	4th Quarter After Exit	

3. A. 1st Quarter Follow Up

The contact attempt section (date, time of day and type) is recorded for all customers in follow up. The Follow Up screens are completed if/when there is a response to the contact attempt from the individual or the employer. If this is the first follow up quarter and customer is employed you will enter yes and click on employer information. If the employer information has been entered previously, you will be able to import from the Individual Employment History. If not entered previously, you may enter it on the Add/Edit Employer screen. When adding an employer, if you have documentation that proves employment, you should click on verify employer name.

Contact Attempts

Attempt Number	Date	Time	Type Of Contact
No contacts have been attempted.			

[Add Contact Attempt](#) [Exit Follow-up Screen](#)

Follow-up Employment Information

Employer Name: No Employment information

* **Worked in Quarter 10/1/2017 - 12/31/2017?** ☒ Yes ☐ No

Qtr	Employer Name	Primary Employer	Job Title	Start Date	End Date	Non-Traditional	Training Related	Action
1	CTI Personnel	Yes	Production Assembler	05/18/2017	11/01/2017	No	Yes	Edit Delete

Add/Edit Employer

Employer Information

[Search Individual Employment History](#) [Select from Internal Job Order/Placement](#)

* **Employer Name:**

* **Verify Employer Name:**

[[Verify](#) | [Scan](#) | [Upload](#) | [Link](#)]

3 B. 2nd through 4th Quarter Follow Up

If customer is employed during the quarter (one day or more) enter “yes”. If employer from prior quarter is still correct, you will check the “use primary employer from previous quarter” box. If the employer has changed, click the add employer link. If the customer did not work at least one day in the quarter, you will select “no” for worked in quarter”.

Follow-up Employment Information

Employer Name: No Employment information

*Worked in Quarter 1/1/2018 - 3/31/2018? ☐ Yes ☒ No

Use primary employer from previous quarter? ☐ Yes

Qtr	Employer Name	Primary Employer	Job Title	Start Date	End Date	Non-Traditional	Training Related	Action
1	CTI Personnel	Yes	Production Assembler	05/18/2017	11/01/2017	No	Yes	Edit Delete

[[Add Employer](#)]

4. Post-Exit Placement Information is for Youth. If a youth has entered/continued training, select the appropriate response in the drop down box and enter a date that falls within the correct quarter. Example: Customer began training in September 2017 and we are working on first quarter follow for Oct- Dec 2017 – Customer is still attending school in this quarter, we will enter a date when they were attending class during this first quarter, i.e. November 17, 2017. We must show that they attended at least one day of training in the follow up quarter. If you find out in subsequent quarters that the youth attended school during this quarter, enter a date when they were attending class during this quarter and enter details regarding when you obtained this information in case notes.

Post-Exit Placement Information

Previous Follow-up Placement and Date Information: Not Applicable

*Placement in Quarter 10/1/2017 - 12/31/2017:

Date of Placement:  [Today](#)

[[Verify](#) | [Scan](#) | [Upload](#) | [Link](#)]

Follow-Up Agreement

Name: _____ **SS#:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

You are being enrolled in an employment and training program funded under the Workforce Innovation and Opportunity Act (WIOA). After you leave this program, a representative will contact you to see how you are doing and follow up on your employment/educational status. The purpose of follow-up is to provide you with assistance after completion of participation for your successful transition to employment or further education. Information you provide will be used to help us improve our services to you. The call will only take a few minutes, and all the information you provide us will be kept strictly confidential. Participation is very important to your success.

Please list two people who do not live in your household, and will know how to contact you in the event that you have moved.

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

I agree to provide information in the follow-up interviews. The information I provide will be kept strictly confidential. I also give permission to my past and present employers to release information to the _____ regarding my employment and earnings.

Applicant Signature

Date

Parent/Guardian if under 18

Date

Career Advisor Signature

Date

Region 4 WORKFORCE Board

To: Service Provider	Youth Supplemental Data Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: Under the Workforce Innovation and Opportunity Act (WIOA), many of the performance standards are calculated using available UI wage records from DWD. However, for a variety of reasons, UI wage record information is not available on some clients. When this happens, WIOA provides an opportunity to collect supplemental data which can be utilized to verify program outcomes for these clients. The purpose of this standard practice is to establish procedures for collecting and reporting information that can be used to supplement UI wage records for calculating WIOA performance.

REFERENCES: Section 116 of WIOA; [TEGL 26-16](#)

Standard Practices

1. When client has entered unsubsidized employment staff will complete the case closure screen and update the employment information. If employment is out-of-state or believed to be non-covered employment to where UI data may not be available, staff will use the following when attempting to gather supplemental data for employment.

At least one of the following forms of documentation will be collected for each individual:

- UI wage records from another state (if the individual was placed in another state and the wage information is available);
- a letter or document from the employer at which the individual worked which includes information on the dates the individual worked (wage information can be collected as well but is not required);
- any employer-generated record which the individual can request and forward to staff which includes information on the dates the individual worked (wage information can be collected as well but is not required);
- a case note which includes notes of a conversation with the individual or employer and which verifies employment in the proper time period (data recorded in the Follow-Up Contacts Screens shall serve as case notes for data validation documentation purposes); or
- a copy of a paycheck stub which confirms employment in the proper time period; or
- [Employment Confirmation form](#) or reasonable facsimile; or
- [Agency Verification](#) form or reasonable facsimile
- Follow-up survey (self-reported) from program participants. Region 4 uses Engage by Cell as one format to assist in completing quarterly follow up surveys.

Note: The above documentation is acceptable for any employment verification for case closures.

2. For self-employed individuals on the listing, at least one of the following forms of documentation must be collected for each individual:

- copies of tax records or payments which include estimated or actual wages during the proper time

period;

- copies of paycheck stubs if the self-employed individual pays themselves an actual paycheck as part of their business; or,
- a letter from the self-employed individual which includes information on the amount of work performed during the proper time period (wage information can be collected as well but is not required).

3. For certain youth customers, supplemental data may also be utilized to support youth retention in post-secondary activities, the military, or in approved apprenticeship programs. When this is necessary, the case manager must contact the post-secondary institution, the military, or the apprenticeship program to verify that the youth is actively engaged in one of these activities in the required time period. Documentation of this fact should be recorded in case notes in the customer's file.

ICC screens that must be completed for supplemental wage data are below:

Click on Create Closure

☐ Closure	N/A
Create Closure	

Enter "yes" for entered employment. Click on Add Employer.

Employment Information	
* Entered Employment:	Yes
No employers available.	
[Add Employer]	

If employment has been added earlier you may click on "search individual employment history". If employment has not been added earlier you may add information in this screen. You must verify and link the employer name in order for it to count in supplemental wages.

Employer Information

[Search Individual Employment History.](#) [Select from Internal Job Order/Placement](#)

* Employer Name:

Verify Employer Name:

[[Verify](#) | [Scan](#) | [Upload](#) | [Link](#)]

Employer FEIN:

Address Line 1:

Address Line 2:

City:

[See DWD Policy 2017-03](#)

Region 4

Employment Confirmation

Employer Name	Employer Address	Telephone Number
Customer Name	Social Security # (last 4 digits)	Staff Signature/Date
		Fax #

Dear Employer:

WorkOne West Central is a grantee of the U.S. Department of labor under the Workforces Innovation and Opportunity Act (WIOA). We provide training and other employment assistance to eligible individuals to enhance their employability and long term career goals.

The customer named above was enrolled in our program and benefited from WIOA services. We are required by regulation to report customers' employment information and provide follow-up services to them for a period of twelve months. Please take a moment to complete the section below on this form, and return it to us in the envelope provided or fax to the number listed above. Attached is release of information form.

Should you have any questions, please contact our office at the telephone number listed above.

Thank you for your assistance.

This section to be completed by Employer									
Employment Begin Date: ____/____/____ Occupation or Job Title _____ Beginning Hourly Wage: \$ _____ Current Hourly Wage: \$ _____ Hours Worked per Week _____ Benefits Available: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Health Benefits Provided () Yes () No</td> <td style="width: 50%; padding: 2px;">Telework () Yes () No</td> </tr> <tr> <td style="padding: 2px;">Vacation () Yes () No</td> <td style="padding: 2px;">Customized Employment () Yes () No</td> </tr> <tr> <td style="padding: 2px;">Sick Leave () Yes () No</td> <td style="padding: 2px;">Job Sharing () Yes () No</td> </tr> <tr> <td style="padding: 2px;">Flexible Work Schedule () Yes () No</td> <td style="padding: 2px;">Other Benefits () Yes () No</td> </tr> </table> If not longer employed, last day worked: ____/____/____ Comments:		Health Benefits Provided () Yes () No	Telework () Yes () No	Vacation () Yes () No	Customized Employment () Yes () No	Sick Leave () Yes () No	Job Sharing () Yes () No	Flexible Work Schedule () Yes () No	Other Benefits () Yes () No
Health Benefits Provided () Yes () No	Telework () Yes () No								
Vacation () Yes () No	Customized Employment () Yes () No								
Sick Leave () Yes () No	Job Sharing () Yes () No								
Flexible Work Schedule () Yes () No	Other Benefits () Yes () No								

Signature of Employer Representative

Title

Date.

Region 4

Agency Verification

Applicant Name: _____ SSN (last 4 digits) _____

Information to be verified:

☐ Telephone Contact

☐ Visual Inspection

Verifying Agency: _____
(Name) (Phone Number)

Person Contacted: _____
(Name) (Position)

Date and Time of Contact: _____ Case or ID Number: _____

Response:

I attest that the information recorded by me on this document was obtained through telephone contact or document inspection on the above date.

Staff Signature: _____ Date: ____/____/____

Region 4 WORKFORCE Board

To: Service Provider	Youth State JAG Eligibility and Compliance Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: Region 4 Workforce Board (R4WDB) will provide JAG programs in EGR 4 utilizing State JAG funds which are provided to include participants in the program who desire, need and can benefit from the program. While participants are not required to meet the (WIOA) criteria to be eligible for State JAG, **WIOA eligibility is to be determined for all JAG students.**

REFERENCES: [DWD policy 2009-12](#)

BACKGROUND: The Jobs for America's Graduates (JAG) National Model program targets youth who are at-risk of dropping out of high school due to barriers to success. The JAG program follows the same JAG National Model program standards.

- **The number one goal** of the JAG program is for participants to complete their diploma or High School Equivalency Diploma (HSE). Students receive basic skill assessment and remediation where needed.
- **The second goal** is for participants to attain employability skills. Students are taught 37 core competencies with the possibility of 87 total competencies to assure a strong attachment to the labor market. JAG teaches these skills and provides opportunities for students to practice the skills needed to enter the job market.
- **The third goal** is for the JAG graduates to receive 12 months of follow-up services which include case management and supportive services during the critical first year of post-secondary education to secure the student on a successful career pathway. Monthly contact will be maintained with students.

CONTENT: Region 4 Service Providers are responsible for understanding and ensuring that JAG National Model program compliance standards, as specified in the handbooks and the JAG Indiana procedures outlined below, are adhered to.

Service providers are required to monitor the data integrity of the JAG Regional program, conduct school site visits on a regular basis and connect the JAG participants to the appropriate WorkOne office.

Following are the Indiana Department of Workforce Development's JAG Indiana program requirements and procedures. By following these objectives, JAG Indiana will comply with JAG National Model program standards.

- Student selection and eligibility determination are made through the JAG advisory committee consisting of the JAG program Manager, JAG Specialist, school counselor(s), a school core course teacher (math, science, language, or social studies), a school vocational teacher and a school administrator.
- The JAG 37 Core Competencies, as presented in the JAG Specialist handbook and available curriculum material available online at www.jag.org, are taught and additional competencies are completed as needed for each JAG student.
- An Individual Service Strategy (ISS) for each student who is enrolled into WIOA must be completed in accordance with the Regional ISS policy. State JAG only students shall complete the IDP in [JAGForce](#).
- All daily-recorded JAG national Model program services are identified using the competency codes provided by the JAG National Curriculum in the JAG Specialist Handbook.

- A student-led Career Association and its corresponding activities are scheduled as defined in the JAG Specialist Handbook and detailed in the Career Association handbook.
- Each JAG participant is registered and submits a resume to Indiana Career Connect. All JAG are required to have a resume on Indiana Career Connect and know how to update their resume annually.
- An Employer marketing and Job Development Plan is created, written and implemented by JAG Specialist with assistance from the JAG Program Manager and the student-led Career Association.
- Accurate and timely recording in the electronic JAG Data Management System (JAGForce) is completed for all students along with quarterly case note recorded in the ICC Case Management system (WIOA enrolled only). Continuous and effective follow-up services are completed with support from WorkOne staff as needed.
- All JAG students must be enrolled into the Generic Grants section. If State JAG funds are used for activities, those will be entered under Generic Grants and include such things as: fundable services, accounts, vouchers, documents and case notes. *(If JAG student is eligible for WIOA then also follow WIOA Young Adult Eligibility/Enrollment and WIOA Young Adult/JAG ISS policies)*
- All efforts are made for timely and successful follow-up with JAG students. The JAG National goal for “unable to contact” is less than five percent of the total number of students in follow-up. “Unable to contact” is defined in the JAG Specialist Handbook.
- All JAG sites participate in the National Accreditation Review Process with JAG national reviewers at the participating schools.
- Each JAG program sends JAG staff and students to compete in the yearly Career Development Conference and/or the Leadership Development Conference sponsored by the Indiana Department of Workforce Development.
- All JAG staff attends all in-state training offered by the Indiana Department of Workforce Development.
- Service Providers plan a biannual rotating schedule to send their JAG staff to the JAG National Training Seminar at the location designated by JAG National.
- Service Providers are responsible for regularly monitoring data and model compliance. Additional resources and handbooks regarding this process are available for download from www.jag.org.
- Service Providers annually submit a copy of their JAG budget for their JAG program by July 1st of each program year.
- JAG students must visit a WorkOne Center or WorkOne Express office a minimum of two times per year, either individually or as a group. WorkOne staff must be invited at least three times a year to a JAG classroom.
- Monthly follow-up meetings must be scheduled at a WorkOne office with those students in follow-up who are not working or in post-secondary education.
- Twenty percent of JAG classroom activities per school year must include guest speakers and/or field trips with area business.

Following are the Region 4 Workforce Development Board JAG program requirements and procedures for State JAG only participants:

- Eligibility
 - Upon identification of students who may need, want, and could benefit from JAG, a Participant Profile must be completed to assist with gathering information; such as, barriers, academic records, attendance records, family dynamics, income status, etc.
 - Participants must provide a social security number for data tracking purposes to participate in the program. If no social security number, must request pseudo from JobWorks MIS
 - Participants must provide proof of age
 - Determine at least 5 JAG barriers
 - Selective service registration, if applicable
 - Target basic skills deficient
 - Target low income
 - Target free and reduced lunch
 - Enrollment case note
 - Scan I-9 documents into ICC – any exceptions must be submitted to Regional System Coordinators
- State JAG participants who meet WIOA Youth Eligibility requirements will be co-enrolled in the WIOA JAG program. See [Youth Enrollment Policy](#).
- Create Wagner-Peyser registration and add State JAG Application and documentation to scanned documents.

In JAGForce:

- Rosters may be created and participant profiles added beginning as early as July 1. All participants must be added to the roster by the time designated by the State JAG Program—usually by September 30th of the current school year. Other roster additions may be entered as students deemed eligible and added to the JAG class.
- Model Services must be entered on a daily basis and must include group activities, individual contact, and other significant JAG activities for the participant.
- Enter assessment scores within the first 60 days of school.
- Enter Pre-JAG test scores within the first month of school year.
- Post-JAG Test Score must be entered by the end of the school year.
- Student with skills deficiencies must have additional assessments and scores entered by the end of the school year.
- Graduation dates must be entered upon completion of a degree/diploma.
- Attendance must be recorded mid-year and at the end of the school year.
- Participants in follow-up must be contacted at least monthly to monitor and assist with their progress toward a positive outcome including employment or school. Follow up contacts; placement in job, school, or military must be entered into JAGForce, as they occur.

In ICC:

- Complete generic application
- Enter detailed enrollment case note
- Enter Enrolled in Secondary Education Activity- anticipated close date should be graduation date –
- Activity should be closed at time of graduation or last day of attending high school – enter case note
- Case Closure - Complete program exit at time of graduation or if not successful, last day of attending high school

Region 4 WORKFORCE Board

To: Service Provider	Accessibility Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019; 07/01/2021

No individual is to be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with, any program or activity, funded in whole or in part under WIOA, because of race, color, religion, sex (except as otherwise permitted under Title IX of the Education Amendments of 1972), national origin, age, disability, or political affiliation or belief.

Prohibition of Discrimination on the Basis of Disability

WorkOne is obligated to provide physical and programmatic accessibility and reasonable accommodation/modification in regard to the WIOA program, as required by section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as amended, and Section 188 of WIOA.

The ADA defines a “disability” with respect to an individual to mean a physical or mental impairment that substantially limits one or more of the major life activities of such individual, a record of such an impairment, or being regarded as having such an impairment.

WIOA Program Accessibility

When providing aid, benefits, or services under a WIOA Title I financially assisted program or activity, WorkOne must not directly or through contractual, licensing, or other arrangements, on the ground of disability:

- (1) Deny a qualified individual with a disability the opportunity to participate in or benefit from the aid, benefits, services, or training;
- (2) Afford a qualified individual with a disability an opportunity to participate in or benefit from the aid, benefits, services, or training that is not equal to that afforded others;
- (3) Provide a qualified individual with a disability with an aid, benefit, service or training that is not as effective in affording equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as that provided to others;
- (4) Provide different, segregated, or separate aid, benefits, services, or training to individuals with disabilities, or to any class of individuals with disabilities, unless such action is necessary to provide qualified individuals with disabilities with aid, benefits, services or training that are as effective as those provided to others;

- (5) Deny a qualified individual with a disability the opportunity to participate as a member of planning or advisory boards; or
- (6) Otherwise limit a qualified individual with a disability in enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving any aid, benefit, service or training.

Separate or different programs or services for individuals with disabilities are not prohibited under the ADA; however individuals with disabilities cannot be forced to participate in these programs instead of WIOA Title I financially assisted programs or activities.

Auxiliary Aids, Services and Assistive Technology

To afford individuals with disabilities an equal opportunity to participate in and enjoy the benefits of the WIOA Title I program or activity, WorkOne must furnish appropriate auxiliary aids or services where necessary. In determining what type of auxiliary aid or service is appropriate and necessary, WorkOne must give primary consideration to the requests of the individual with a disability. Primary consideration means honoring the choice unless WorkOne can demonstrate that another equally effective means of communication is available, or that using the means chosen would result in a fundamental alteration in the service, program, activity, or undue financial and administrative burdens.

A list of auxiliary aids and services can be found in 29 CFR § 38.4, and includes:

- Qualified interpreters, note takers, transcription services, written materials, telephone handset amplifiers, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunications devices for deaf persons (TDDs/TTYs), videotext displays, or other effective means of making aurally delivered materials available to individuals with hearing impairments;
- Qualified readers, taped texts, audio recordings, braille materials, large print materials, or other effective means of making visually delivered materials available to individuals with visual impairments;
- Acquisition or modification of equipment or devices; and
- Other similar services and actions.

IDOA has established new contracts for FACE-to-FACE Interpreter Services. There are two vendors for face to face interpreting: Language Training Center (LTC) and Luna Language Services. The contact information is listed below. These contracts are effective immediately.

Luna Language Services – covers entire region includes American Sign Language QPA 50143

LUNA Language Services Contacts and Scheduling an Appointment

Scheduling an Appointment or Setting up an Account- (Contact the DWD Regional Support Manager prior to making appointment):

Phone: 317-341-4137

state@LUNA360.com

Scheduling an Onsite Interpretation

Be prepared to answer the following (Contact the DWD Regional Support Manager prior to making appointment):

- Which agency are you calling from?
- Requestor's name, number, and email address
- What's the address of the appointment? (full address required)
- What language do you need interpreted?
- What is the name of the person needing the interpreter (non-English Speaker/Signer)?
- What is the nature of the assignment? (the more information, the better)
- What date/time (include time zone) will you need the interpreter and for approximately how long?

Be prepared to answer these billing questions before an appointment is set:

- What Indiana County will the interpreting event take place?
- Is mileage and/or travel time approved if needed?
- How would you prefer to be invoiced? (Regular mail (USPS) or e-mail).
- Are there any additional billing instruction needed? If necessary, please provide a purchase order number, office or individual identification number, and a referral ID number.

The In-Person Interpretive Services contract establishes hourly rates based on the language selected.

Note that this contract allows a minimum two-hour rate if the services are not rendered and are not cancelled 24 hours in advance. Please be certain that the language required is accurate and that all parties are present earlier than the scheduled session time. The arrival of the Interpreter begins the billable time.

Educational materials to assist those interacting with Limited English Proficient persons are available through the Contractor (for example, cards to communicate that interpretative services are being provided at no cost to the person).

Video remote interpreting services are available on request, and billable by specific language needed.

Contract Information: FACE-to-FACE Interpreter Services - Language Training Center Inc QPA 50145 (only for Warren, Tippecanoe, Clinton, Tipton, Fountain, and Montgomery Counties.

To access services:

Scheduling an Appointment or Setting up an Account (contact your RSM prior to calling the contractor):

Phone: 317-578-4577

Phone: 888-456-1626

interpreting@LTCLS.com

Be prepared to answer the questions below when scheduling an on-site interpretation (contact your RSM prior to calling the contractor):

Scheduling an Onsite Interpretation

Be prepared to answer the following:

- Which agency are you calling from?
- Requestor's name, number, and email address
- What's the address of the appointment? (full address required)
- What language do you need interpreted?
- What is the name of the person needing the interpreter (non-English Speaker/Signer)?
- What is the nature of the assignment? (the more information, the better)
- What date/time will you need the interpreter and for approximately how long?

Be prepared to answer these billing questions before an appointment is set:

- What Indiana County are you calling from?
- How would you prefer to be invoiced? (Regular mail (USPS) or e-mail).
- Are any additional billing instruction needed? If necessary, please provide a purchase order number, office or individual identification number, and a referral ID number.

Written Translation is also available. Please contact your manager for further information.

IDOA has established a contract for **Telephonic Interpreter Services**. The vendor is **PROPIO LS LLC**. QPA 50146

The contact information is listed below.

Contract Information: Telephonic Interpreter Services (PROPIO LS LLC)

The Telephonic Interpretation contract establishes hourly rates based on the language selected.

- Dial Propio's phone (unique to this contract with Indiana DWD) **1-844-246-9151**
- Enter our pin code –
 - Kokomo 3447
 - Lafayette 3448
- You will hear prompts, including
 - 1 for Spanish
 - 8 for all other languages
 - For languages other than Spanish, instead of 8, we can dial 99 here and get a call coordinator who will hook us up with an interpreter.

The live agent will ask for:

- **Caller's first and last name, including spelling**
- **Location**
- **Limited English speaker's first initial and last name**

Back-Up Interpreter Number: 1-866-386-1284

(Only use if interpreter is unavailable at primary number above)

Propio knows to bill the state directly. The state will then send the invoice to the RSM or office manager to have it signed.

Reasonable Accommodations

With regard to aid, benefits, services, training, and employment, WorkOne must provide reasonable accommodation to qualified individuals with disabilities who are applicants, registrants, eligible applicants/registrants, participants, employees, or applicants for employment, unless providing the accommodation would cause undue hardship. Definitions of the terms “reasonable accommodation” and “undue hardship” are specified in 29 CFR § 38.4.

Employment Related Placements

WorkOne must not, directly or through any contractor, use testing procedures that have an adverse impact on disabled employment applicants or subject qualified individuals with disabilities to discrimination on the ground of such disability.

WorkOne, or any contractor including on the job training contractors, shall not discriminate against an individual with a disability if the person is otherwise qualified for the job. Compliance with the Uniform Guidelines of Employee Selection Procedures, 31 CFR§ 60-3, is required.

[Attachment A: Accommodation Request](#)

1. Need Interpreter Language Sign Attachment

2. Telephonic Language Code

Customer Reasonable Accommodation Request Form

WorkOne is committed to providing an accessible and supportive environment for employees, claimants, and customers with disabilities. Equal access for qualified individuals with a disability is an obligation of WorkOne under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990. WorkOne does not discriminate on the basis of disability against qualified individuals with a disability in any program, service or activity offered by WorkOne.

Name of Person Needing Accommodation: (Please Print) _____	Name of Person Completing this Form (If different from person needing accommodation):Please Print _____	Telephone Number: _____
Last 4 of SSN:_____	Relationship:_____	
Address (Street/PO Box, City, State, Zip):		Email:
Type of Accommodation Requested:		
Please provide any additional information that may assist us in providing reasonable accommodation (specify):		

Customer Name_____
Date

For Office Use Only		
Name of Local Office:	Received by:	Date:
Action Taken:		
Note: Copies of this request go to the Regional Systems Coordinator		

An equal opportunity employer/program and auxiliary aids are available upon request to individuals with disabilities.

IF YOU NEED A FREE INTERPRETER, PLEASE POINT TO YOUR LANGUAGE



Amharic: አማርኛ አስተርጓሚ በነፃ የሚፈልጉ ከሆነ፣ እስከዎን ቋንቋዎ ላይ ያመልከቱ	Arabic: عربي إذا كنت في حاجة إلى مترجم مجاني، أشر إلى اللغة المطلوبة
Bosnian: Bosanski Ako vam je potreban besplatni prevodilac, pokažite na svoj jezik	Burmese: ဗမာစာ/ဗမာစကား အကယ်၍ သင် စကားပြန်တစ်ဦးလိုအပ်ပါက ကျေးဇူးပြုပြီး သင်၏ဘာသာစကားကို ညွှန်ပြပါ
Chin: Baungshe Holhleh piak tu na herh asi ah cun, zaangfahnak tein na holh kha rak kan chim ta.	French: Français Si vous avez besoin de l'assistance gratuite d'un interprète, indiquez votre langue.
Greek: Ελληνικά Αν χρειάζεστε έναν ελεύθερο διερμηνέα, παρακαλώ δείξτε τη γλώσσα σας	Gujarati: ગુજરાતી જો તમારે નિઃશલ્ક અનવાદિકી જરૂર હોય તો તમારી ભાષા તરફ ચીધો.
Hindi: हिन्दी Hungarian: Magyar यदि आपको एक मुक्त भाषा अनुवादिक की आवश्यकता है, तो कृपया अपनी भाषा की ओर इशारा करें	Hmong: Hmoob Yog koj xav tau tus kws pab txhais lus pub dawb, thov qhia koj hom lus.
Haitian Creole: Kreyòl ayisyen Si w bezwen yon entèprèt, montre ki lang ou pale	Italian: Italiano Se avete bisogno di un interprete gratuito, indicate la vostra lingua
Japanese: 日本語 無料の通訳が必要な場合は、言語を指し示してください	Karen: unD erh>vd.b.ySRuwdRusdmxHw>uvDM.< 0Ho;plReJ.CDRgl eusdmt.d.tvD>wuh>I
Karenni: afdgh;kyg'ku skGg aHg ;uGeGg jkGgbkGgzdkdu sf lrkGg'ugmGg'ku;fgcf jtglrkGglrkGg kJbfg. vdfiG[uh kJcug;ktxh lKj lKgGg skGg;fh'ku sxtg/	Khmer: ភាសាខ្មែរ ប្រសិនបើ អ្នកត្រូវការអ្នកបកប្រែឥតគិតថ្លៃ សូមបង្ហាញពីភាសាដែល អ្នកចង់បកប្រែសំឡេង
Kirundi: Kĩkũyũ Niwoba ukeneye umusobanuzi wa gusa, fyonda ahanditse ururimi rwawe	Korean: 한국어 무료로 통역자가 필요한시면 사용하는시는 언어를 지적해주셔요.
Nepali: नेपाली यदि तपाईंलाई निःशुल्क िभाषाे च्ादहएमा, कृपया आफ्नो भाषामा िेखाउनुहोस्	Norwegian: Norsk Hvis du trenger en gratis tolk, kan du peke på landet ditt.
Polish: Polski Jeśli potrzebujesz bezpłatnej usługi tłumacza, wskaż swój język.	Portuguese: Português Se precisa de um intérprete gratuito, aponte para seu idioma
Punjabi: ਪੰਜਾਬੀ ਜੇ ਤੁਹਾਨੂੰ ਿੱਕ ਮੁਫਤ ਦੁਆਰਾ ਿੇ ਲੋੜ ਹੈ, ਤਾਂ ਕਰਪਾ ਕਰਕੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਸੰਕੇਤ ਕਰੋ	Romanian: Română Dacă aveți nevoie de asistență gratuită din partea unui interpret, vă rugăm indicați limba dvs.
Russian: Русский Если вам нужен бесплатный переводчик, выберите ваш язык.	Serbian: Српски Ako vam je potreban besplatni prevodilac, pokažite na svoj jezik
Simplified Mandarin: 简体中文 如果您需要译员，请指向您的语言	Somali: Soomaali Haddaad u baahan tahay turjumaan bilaash ah, fadlan tilmaamo luqadaada.
Spanish: Español Si necesita un intérprete gratuito, por favor seleccione su idioma respectivo.	Swahili: Kiswahili Ikiwa unahitaji mkalimani bila malipo, tafadhali onyesha lugha yako.
Swedish: Svenska Om ni behöver tolk kostnadsfritt, var god ange ert språk.	Tagalog: Taglog Kung kailangan niyo ng libreng interpreter o tagasalin, ituro ang inyong wika
Tamil: தமிழ் இலவச மொழிபெயர்ப்பு தேவவமயனில், ேங்களினம் மொழிவயக் குறிப்பிடுவம்.	Thai: ภาษาไทย หากต้องการล่ามฟรี กรุณาไปทหาษาของณ
Tigirigna: ትግርኛ ናፃ አስተርጓሚ ትደልደ እንተኋንኩም ኣብ ቋንቋኩም ምልክት ግብሩ	Traditional Mandarin: 繁体中文如 果您需要譯員，請指向您的語言
Vietnamese: tiếng việt Nếu quý vị cần thông dịch viên miễn phí, vui lòng trở vào ngôn ngữ của quý	Urdu: اُردو اگر آپ کو ایک مفت مترجم درکار ہے، براہ کرم اپنی زبان بتائیں۔

	Simplified Chinese	Traditional Chinese
Cantonese	粵語	粵語
Chaochow	潮州話	潮州話
Fukienese	福建話	福建話
Fuzhou	福州話	福州話
Mandarin	普通话	國語
Shanghai	上海話	上海話
Taiwanese	台灣話	台語
Toishanese	台山話	台山話
Ning Po	宁波話	寧波話

Telephonic Interpreting Service Language Codes

Albanian	47
Amharic	39
Arabic	23
Armenian	59
Bangla	58
Bengali	48
Bosnian	37
Bulgarian	67
Burmese	21
Cambodian	51
Canadian French	55
Cantonese	31
Chin	32
Chin-Hakha	95
Chuukese	18
Coratian	92
Czech	91
Dari	80
Dutch	84
Farsi	33
Filipino	73

French	26
Fulani	36
Fuzhounese	20
Georgian	82
German	61
Greek	68
Gujarati	40
Hatian Creole	28
Hakha-Chin	95
Hakka-Chinese	87
Hebrew	90
Hindi	43
Hmong	44
Ibo	65
Indonesian	70
Italian	56
Japanese	63
Karen	34
Karenni	60
Kinyarwanda	94
Kirundi	53

Kiswahili	38
Korean	30
Kurdish	76
Laotian	50
Lithuanian	69
Macedonian	93
Mai Mai	78
Malayalam	75
Mandarin	24
Mandingo	89
Marshalllese	81
Mongolian	72
Nepali	25
Oromo	96
Pashto	77
Persian	74
Polish	42
Portuguese	35
Punjabi	49
Rohingya	16
Romanian	52

Russian	27
Samoan	79
Serbian	62
Serbo-Croatian	64
Somali	29
Spanish	01
Swahili	38
Tagalog	46
Tamil	85
Teddim	86
Thai	57
Tibetan	83
Tigrinya	45
Tongan	97
Turkish	54
Twi	66
Ukrainian	71
Urdu	41
Vietnamese	22
Yoruba	88
Zomi, Zou	15

Language Not Listed 99

**Communication at your
fingertips**
www.languagecodes.info

Babel Notice

English

IMPORTANT! This document or application contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document and/or application, and we will provide the information in your preferred language at no cost to you. Please contact your local Indiana WorkOne Office near you for assistance in the translation and understanding of the information in this document and/or application.

Spanish

¡IMPORTANTE! Este documento o solicitud contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es fundamental que usted entienda la información contenida en este documento y/o solicitud, y le proporcionaremos la información en su idioma preferido sin costo alguno para usted. Póngase en contacto con su oficina local de Indiana WorkOne más cercana para obtener asistencia con la traducción y comprensión de la información en este documento y/o solicitud.

Chinese – Traditional

重要信息！本文档或应用程序包含有关您的权限、责任和/或利益的重要信息。请务必理解本文档和/或应用程序中的这些信息，而我们将免费为您提供所需语言版本的这些信息。有关本文档和/或应用程序中的信息翻译和理解的事宜，请向您当地最近的印第安纳州 WorkOne 办事处寻求帮助。

Vietnamese

QUAN TRỌNG! Tài liệu hoặc đơn yêu cầu này chứa thông tin quan trọng về các quyền, trách nhiệm và/hoặc lợi ích của bạn. Việc bạn hiểu rõ thông tin trong tài liệu và/hoặc đơn yêu cầu này rất quan trọng, và chúng tôi sẽ cung cấp thông tin bằng ngôn ngữ bạn muốn mà không tính phí. Hãy liên hệ với Văn phòng WorkOne Indiana gần vị trí của bạn để được hỗ trợ về dịch thuật và hiểu rõ thông tin trong tài liệu và/hoặc đơn yêu cầu này.

Tagalog

MAHALAGA! Ang dokumentong ito o aplikasyon ay naglalaman ng mahalagang impormasyon tungkol sa iyong mga karapatan, pananagutan at/o benipisyo. Napakahalaga na nauunawaan mo ang impormasyong nasa dokumentong ito at/o aplikasyon, at ilalaan namin ang impormasyon ayon sa gusto mong wika nang wala kang babayaran. Mangyaring makipagugnayan sa inyong lokal na Opisina ng Indiana WorkOne na malapit sa inyong lugar para matulungan sa pagsasalin at pag-unawa sa impormasyong nasa dokumentong ito at/o aplikasyon.

French

IMPORTANT ! Ce document ou cette demande contient des informations importantes concernant vos droits, responsabilités et/ou avantages. Il est essentiel que vous compreniez les informations contenues dans ce document et/ou cette demande, que nous pouvons vous communiquer gratuitement dans la langue de votre choix. N’hésitez pas à contacter le bureau WorkOne Indiana proche de chez vous pour obtenir de l’aide concernant la traduction et la signification des informations contenues dans ce document et/ou cette demande.

Haitian Creole

AVI ENPÒTAN! Dokiman oubyen aplikasyon sa genyen enfòmasyon ki enpòtan konsènan dwa, responsablite, ak/oswa benefis ou yo. Li enpòtan ke ou konprann enfòmasyon ki nan dokiman ak/oubyen aplikasyon sa, e n ap bay enfòmasyon an nan lang ou prefere a, san ou pa peye anyen. Tanpri kontakte Biwo WorkOne Indiana ki toupre w la pou èd nan tradiksyon ak pou konprann enfòmasyon ki nan dokiman ak/oubyen aplikasyon sa.

Portuguese

IMPORTANTE! Este documento ou aplicativo contém Informações importantes sobre os seus direitos, responsabilidades e/ou benefícios. É importante que você compreenda as informações contidas neste documento e/ou aplicativo, e nós iremos fornecer as informações em seu idioma de preferência sem nenhum custo para você. Favor, entre em contato com o seu local Indiana WorkOne Office perto de você para obter a assistência na tradução, e compreensão das informações contidas neste documento e/ou aplicativo.

Arabic

ذل ك من أي أو إعان ات ك أو م سؤول بات ك أو ح قوق ك عن مهمة مع لومات ع لي ال ط لب أو ال و ث ي قة هذه ت ح توي إ مهم ب هذه ن زودك و سوف ال ط لب، أو/و ال و ث ي قة هذه ف ي ال م ت ضم نة ماتال م ع لو ت فهم أن ب م كان الأهمية ومن. معا م ك تب ب أقر رب الات صال يُرجى. ع ل يك ت ك ل فة أي دون ال م ف ض لة ب ل غ تك ال م ع لومات WorkOne مح لي ع ل يها ت ش تمل ت يال ال م ع لومات ت لك وف هم ت رجمة ف ي ال م ساعدة ع لي ل لح صول إن دي ان ا ولاي ة ف ي ل دي ك ال ط لب أو/و ال و ث ي قة هذه

Russian

В А Ж Н О ! В этом документе или заявлении содержится важная информация о ваших правах , обязанностях и/или льготах. Для нас очень важно, чтобы вы понимали приведенную в этом документе и/или заявлении информацию, и мы готовы бесплатно предоставить вам информацию на предпочитаемом вами языке. Обратитесь в ближайшее отделение Indiana WorkOne Office, где вам помогут с переводом и пониманием указанной в этом документе и/или заявлении информации.

Korean

중요! 이 문서 또는 신청서에는 귀하의 권리, 책임 및/또는 혜택에 대한 중요 정보가 포함되어 있습니다. 이 문서 및/또는 신청서의 정보를 반드시 이해해야 하며, 원하는 언어로 번역된 정보를 무료로 받으실 수 있습니다. 이 문서 및/또는 신청서 정보를 번역하고 이해하는 데 도움이 필요하시면 가까운 Indiana WorkOne Office에 문의하십시오.

Burmese

သတိပူရန်။ ဤစာကြွေတမ်း သို့မဟုတ် လွှဲပြောင်းမှုကို ယူဆခြင်းအရမ်း၊
တာဝန်ခံခြင်း သို့မဟုတ် ကိစ္စရပ်များအား သဘောတူညီမှုအရ ဖော်ပြသည့် အချက်အလက်များ ပါဝင်နေပါသည်။
ဤစာကြွေတမ်း ခံယူခြင်း သို့မဟုတ် လွှဲပြောင်းမှုပါ အချက်အလက်အား သဘောတူညီမှု
အခြေအနေအထားဖြင့် ပူးတွဲသည့် ကဏ္ဍသို့ ပြန်လည်သွင်းသွင်းသည့် အချက်အလက်ကို
အသေးစိတ်ဖြင့် မယူဘဲ ပုံမှန်ပေးသွင်းပါမည်။ ဤစာကြွေတမ်း ခံယူခြင်း သို့မဟုတ် လွှဲပြောင်းမှုပါ
အချက်အလက်ကို ဘာသာပြန်နှင့် နားလည်မှုရှိရန် အညီလိုပါက သင့်အား နီးစပ်သော
Indiana WorkOne Office ကို ဆက်သွယ်ပေးပါ။

RESEA Babel



IMPORTANT! This packet contains information about your rights and responsibilities regarding your required participation in the RESEA program, which could affect your Unemployment benefits. It is critical that you understand the material, and we will provide the information in your preferred language. To request an interpreter (at no cost to you) please email the RESEA Coach at the bottom of your notification letter. Rescheduling this RESEA event to schedule an interpreter will not impact your UI benefits.

Spanish

¡IMPORTANTE! Este paquete contiene información sobre sus derechos y responsabilidades con respecto a su participación requerida en el programa RESEA, lo que podría afectar sus beneficios de desempleo. Es fundamental que comprenda el material y le proporcionaremos la información en el idioma de su preferencia. Para solicitar un intérprete (sin costo alguno para usted), envíe un correo electrónico al Entrenador de RESEA en la parte inferior de su carta de notificación. Reprogramar este evento de RESEA para programar un intérprete no afectará sus beneficios de UI.

Chinese

重要的！此数据包包含有关您参与 RESEA 计划所需的权利和责任的信息，这可能会影响您的失业救济金。您理解材料至关重要，我们将以您喜欢的语言提供信息。要请求口译员（免费），请发送电子邮件至通知信底部的 RESEA 教练。重新安排此 RESEA 活动以安排口译员不会影响您的 UI 福利。

Vietnamese

QUAN TRỌNG! Tập tài liệu này chứa thông tin về các quyền và trách nhiệm của bạn liên quan đến việc tham gia bắt buộc của bạn trong chương trình RESEA, điều này có thể ảnh hưởng đến quyền lợi Thất nghiệp của bạn. Điều quan trọng là bạn phải hiểu tài liệu và chúng tôi sẽ cung cấp thông tin bằng ngôn ngữ ưa thích của bạn. Để yêu cầu thông dịch viên (miễn phí cho bạn), vui lòng gửi email cho Huấn luyện viên RESEA ở cuối thư thông báo của bạn. Việc lên lịch lại sự kiện RESEA này để lên lịch thông dịch viên sẽ không ảnh hưởng đến quyền lợi UI của bạn.

Tagalog

MAHALAGA! Ang packet na ito ay naglalaman ng impormasyon tungkol sa iyong mga karapatan at responsibilidad tungkol sa iyong kinakailangang paglahok sa programa ng RESEA, na maaaring makaapekto sa iyong mga benepisyo sa Unemployment. Mahalagang maunawaan mo ang materyal, at ibibigay namin ang impormasyon sa iyong gustong wika. Upang humiling ng interpreter (nang walang bayad sa iyo) mangyaring mag-email sa RESEA Coach sa ibaba ng iyong sulat ng abiso. Ang muling pag-iskedyul ng kaganapang ito ng RESEA upang mag-iskedyul ng isang interpreter ay hindi makakaapekto sa iyong mga benepisyo sa UI.

French

IMPORTANT! Ce paquet contient des informations sur vos droits et responsabilités concernant votre participation requise au programme RESEA, ce qui pourrait affecter vos allocations de chômage. Il est essentiel que vous compreniez le matériel, et nous vous fournirons les informations dans la langue de votre choix. Pour demander un interprète (sans frais pour vous), veuillez envoyer un e-mail au coach RESEA au bas de votre lettre de notification. La reprogrammation de cet événement RESEA pour programmer un interprète n'aura pas d'incidence sur vos avantages d'interface utilisateur.

Haitian Creole

ENPÒTAN! Pake sa a gen enfòmasyon sou dwa ak responsablite w konsènan patisipasyon w obligatwa nan pwogram RESEA, ki kapab afekte avantaj Chomaj ou. Li enpòtan pou w konprann materyèl la, epi n ap bay enfòmasyon an nan lang ou prefere. Pou mande yon entèprèt (gratis pou ou) tanpri imèl Antrenè RESEA a ki anba lèt notifikasyon w la. Si w repwograme evènman RESEA sa a pou w pran yon entèprèt, sa p ap gen enpak sou benefis UI ou yo.

Portuguese

IMPORTANTE! Este pacote contém informações sobre seus direitos e responsabilidades em relação à sua participação obrigatória no programa RESEA, o que pode afetar seus benefícios de desemprego. É fundamental que você entenda o material e forneceremos as informações no idioma de sua preferência. Para solicitar um intérprete (sem custo para você), envie um e-mail para o RESEA Coach na parte inferior da sua carta de notificação. Reagendar este evento RESEA para agendar um intérprete não afetará seus benefícios de UI.

Arabic

، والتي قد تؤثر على مزايا البطالة الخاصة بك. من RESEA معلومات حول حقوقك ومسؤولياتك فيما يتعلق بالمشاركة المطلوبة في برنامج المهم أن تفهم المادة ، وسوف نقدم المعلومات بلغتك المفضلة. لطلب مترجم (دون أي تكلفة عليك) ، يرجى إرسال بريد إلكتروني إلى مدرب هذا لجدولة مترجم فوري على مزايا واجهة المستخدم RESEA في أسفل خطاب الإخطار الخاص بك. لن تؤثر إعادة جدولة حدث RESEA الخاصة بك.

Russian

ВАЖНЫЙ! Этот пакет содержит информацию о ваших правах и обязанностях в отношении вашего обязательного участия в программе RESEA, которая может повлиять на ваши пособия по безработице. Очень важно, чтобы вы понимали материал, и мы предоставим информацию на предпочитаемом вами языке. Чтобы запросить переводчика (бесплатно для вас), пожалуйста, напишите тренеру RESEA в нижней части письма-уведомления. Изменение расписания этого мероприятия RESEA для планирования переводчика не повлияет на ваши преимущества пользовательского интерфейса.

German

WICHTIG! Dieses Paket enthält Informationen über Ihre Rechte und Pflichten in Bezug auf Ihre erforderliche Teilnahme am RESEA-Programm, die sich auf Ihre Leistungen bei Arbeitslosigkeit auswirken könnte. Es ist wichtig, dass Sie das Material verstehen, und wir werden die Informationen in Ihrer bevorzugten Sprache bereitstellen. Um einen Dolmetscher anzufordern (kostenlos für Sie), senden Sie bitte eine E-Mail an den RESEA-Coach am Ende Ihres Benachrichtigungsschreibens. Die Verschiebung dieses RESEA-Events zur Planung eines Dolmetschers hat keine Auswirkungen auf Ihre UI-Vorteile.

Korean

중요한! 이 패킷에는 귀하의 실업 수당에 영향을 미칠 수 있는 RESEA 프로그램에 대한 필수 참여와 관련된 귀하의 권리와 책임에 대한 정보가 포함되어 있습니다. 자료를 이해하는 것이 중요하며 귀하가 선호하는 언어로 정보를 제공할 것입니다. 통역사를 요청하려면(무료) 통지서 하단에 있는 RESEA Coach에게 이메일을 보내주십시오. 통역사 일정을 잡기 위해 이 RESEA 행사 일정을 변경해도 UI 혜택에는 영향을 미치지 않습니다.

Burmese

အရေးကြီးသည်။ ဤပတ်ကတ်တွင် သင်၏အလုပ်လက်မဲ့အကျိုးခံစားခွင့်များကို ထိခိုက်စေနိုင်သည့် RESEA ပရိုဂရမ်တွင် သင်၏လိုအပ်သောပီဝင်မှုနှင့်ပတ်သက်၍ သင်၏အခွင့်အရေးနှင့် တာဝန်များအကြောင်း အချက်အလက်များ ပါရှိသည်။ အကြောင်းအရာကို သင်နားလည်ရန် အရေးကြီးပြီး သင်နှစ်သက်ရာဘာသာစကားဖြင့် အချက်အလက်ကို ကျွန်ုပ်တို့ ပေးပါမည်။ စကားပြန်တစ်ဦးတောင်းဆိုရန် (သင့်အတွက် ကုန်ကျစရိတ်မရှိဘဲ) သင့်အကြောင်းကြားစာ၏အောက်ခြေရှိ RESEA Coach သို့ အီးမေးလ်ပို့ပါ။ စကားပြန်တစ်ဦးကို အချိန်ဇယားခွဲရန် ဤ RESEA အစီအစဉ်ကို ပြန်လည်စီစဉ်ခြင်းသည် သင်၏ UI အကျိုးကျေးဇူးများကို သက်ရောက်မှုမရှိပါ။

Region 4 WORKFORCE Board

To: Service Provider	Equal Opportunity and Discrimination Complaint Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019; 04/05/2022

Purpose

To provide initial guidance regarding the observance and enforcement of the nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act (WIOA) and its implementing regulations.

References: WIOA Section 188; 29 CFR Part 38, "Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act" Final Rule (January 3, 2017); [DWD policy 2016-09](#) ; [DWD Technical Assistance 2021-07](#)

Element 1. Designation of the Tecumseh Area Equal Opportunity (EO) Officer [29 CFR Part 38.28-38.33].

Mellisa Leaming, Director of Operations for Tecumseh Area Partnership, Inc., is the designated EO Officer. Her office is at 976 Mezzanine Drive, Suite C; Lafayette, Indiana 47905. She can be reached by telephone at (765) 807-0888 (Voice), (765) 471-7830 (Fax). Her E-mail address is mleaming@tap.lafayette.in.us

She reports directly to the Chief Operations Officer of Tecumseh Area Partnership, Inc.

The EO Officer is responsible for coordinating the Region 4 Workforce Development Board (R4WDB) obligations set forth in 29 CFR part 38. Those responsibilities include, but are not limited to:

- Reporting EO/Nondiscrimination matters to the State EO Officer;
- Processing and investigating regional discrimination complaints;
- Monitoring compliance of regional WIOA Title I recipients;
- Undergoing training and providing training for staff and service providers (participation required for quarterly conference calls and training sessions conducted by DWD's State EO Officer);
- Surveying WorkOne offices to ensure compliance with applicable accessibility requirements;
- Reviewing the Region's policies to ensure they are nondiscriminatory;
- Conducting outreach and education about EO and nondiscrimination requirements and how an individual may file a complaint; and
- Ensuring overall implementation of the NDP.

Element 2. Notice and Communication [29 CFR 38.34-38.40].

A copy of the R4WDB's prescribed EO Policy Assurance Notice is attached to and made a part of this policy. The EO Officer's name and contact information will be prominently posted at each WIOA Title I recipient and subrecipient office in the Economic Growth Region 4 as part of each office's EO Assurance Notice. The Notice will be posted in English and Spanish. It will contain the EO Officer's TDD/TTY/Relay Indianan telephone number to accommodate the hearing impaired.

Recipient and subrecipient recruitment brochures and other materials routinely made available to the public as well as program-related information published or broadcast in the news media will include the statements "equal opportunity

employer/program" and "auxiliary aids and services are available upon request to individuals with disabilities." Where a telephone number is included on brochures or materials, a TDD/TTY/Relay Indiana number will also be included.

Element 3. Review assurances, job training plans, contracts, and policies and procedures [29 CFR 38.25-38.27].

The R4WDB will incorporate the required EO assurance into each grant, cooperative agreement, contract or other arrangement whereby Federal financial assistance under Title I of WIOA is made available. Each application for financial assistance under Title I of WIOA will include the following assurance language:

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

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

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

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

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

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

The grant applicant also assures that it will comply with 29 CFR part 38 and all other regulations implementing the laws listed above. This assurance applies to the grant applicant's operation of the WIOA Title I-financially assisted program or activity, and to all agreements the grant applicant makes to carry out the WIOA Title I-financially assisted program or activity. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance."

Job training plans, contracts, assurances, and other similar agreements entered into by the R4WDB will be both nondiscriminatory and contain the required language regarding nondiscrimination and equal opportunity. Subrecipients will be required to assure that their issuances are not discriminatory either in intent or effect. In lieu of including the assurance language in its entirety for smaller contracts or agreements (such as OJT contracts, etc.), the following reference to the language may be used:

"The equal opportunity and nondiscrimination assurances at 29 CFR Part 38.25 apply to this contract/agreement."

Each grant applicant, and each training provider seeking eligibility, must be able to provide programmatic and architectural accessibility for individuals with disabilities.

Element 4. Affirmative Outreach (38.34-38.40)

Region 4 will ensure equal access to programs and activities by making reasonable efforts to include members of the various groups protected by Section 188, including but not limited to persons of different sexes, various racial and ethnic/national origin groups, various religions, individuals with limited English proficiency, individuals with disabilities, and individuals in different age groups. Examples of outreach efforts:

- Targeting specific populations in advertisements
- Sending information to schools or community service groups
- Consulting with community service groups on ways to improve outreach and service

Element 5. Compliance with section 504 of the Rehabilitation Act of 1973, as amended and 29 CFR part (38.32-38.38)

The R4WDB and its sub recipients will meet their obligation not to discriminate on the basis of disability by providing the following:

Region 4 complies with the disability related requirements of WIOA Section 188, Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act (ADA) of 1990, as amended, as well as implementing regulations, including, but not limited to 29 CFR Parts 32 and 38. These laws and regulations prohibit discrimination on the basis of disability in any program or activity receiving federal financial assistance. The accessibility provisions of 29 CFR Part 38 require that facilities are accessible and usable by individuals with disabilities and that programs and activities be programmatically accessible, which includes providing reasonable accommodations for individuals with disabilities, making reasonable modifications to policies, practices, and procedures, administering programs in the most integrated setting appropriate, communicating with persons with disabilities as effectively as with others, and providing appropriate auxiliary aids or services, including assistive technology devices and services, where necessary.

Element 6. Data and Information Collection and Maintenance [29 CFR 38.41 - 38.45].

The R4WDB and its sub recipients will assist the Indiana Department of Workforce Development to ensure EO compliance by ensuring the following:

- R4WDB and its sub recipients will collect EO data for applicants, registrants, eligible applicants/registrants, participants, terminees, employees, and applicants for employment and record the race/ethnicity, sex, age, and where known, disability status. Beginning on January 3, 2019, each Recipient must also record LEP and preferred language.
- Records, particularly those containing medical information, will be treated in a manner that ensures their confidentiality.
- A log of complaints that allege discrimination will be maintained and submitted to the Indiana Department of Workforce Development, as required by IDWD policy. State Form 46001 will be used for this purpose.
- All such data and records will be maintained for a period of three years from the close of the applicable program year. Records regarding complaints and actions taken on complaints will be maintained for a period of three years from the date of resolution of the complaint.
- IDWD will be notified of administrative enforcement actions and lawsuits filed that allege discrimination on one or more of the bases prohibited by WIOA section 188.

Element 7. Monitor Subrecipients for Compliance [29 CFR 38.51].

The R4WDB will establish procedures to periodically monitor all aspects of its subrecipients' compliance with WIOA section 188 and 29 CFR part 38 (e.g., assurances, notice and communication). The R4WDB will monitor programs and activities to determine whether discrimination is occurring. The monitoring of programs and activities will involve, at a minimum:

Analysis of the data and records collected by the subrecipient pursuant to 29 CFR 38 through 41, to determine whether any differences based upon race/ethnicity or sex have practical or statistical significance.

Where significant differences are found, follow-up investigations to determine, through records review, interviews, and other appropriate investigative techniques, whether the differences are due to discrimination.

Element 8. Complaint Processing [29 CFR 38.69-38.85].

A copy of the R4WDB's Complaint Procedure is attached to and made a part of this policy. Click the following link to find the [Discrimination Complaint form](#).

Element 9. Corrective Actions/Sanctions [29 CFR 38.86-38.115]

The R4WDB's grant oversight processes involve ongoing desktop and field monitoring to identify strengths and weaknesses. Deficiencies are addressed through technical assistance and corrective action requirements. In this manner, the R4WDB affords maximum opportunity to address problem areas and comply with legal mandates.

The R4WDB will assess adherence to EO requirements throughout the grant period by various review processes. The R4WDB may require sub recipients to take certain corrective actions, including the requirement to develop plans to correct deficiencies or situations which, if not corrected, could result in the subrecipient not complying with or continuing not to comply with the EO requirements.

An essential prerequisite for issuance or continuation of a grant is a good faith response by the sub recipient to the R4WDB's corrective action or clarification requirements. Failure to respond in good faith to the R4WDB's corrective action or clarification requirements will lead to progressive sanction activity.

Lack of good faith is defined as: 1) the subrecipient does not respond to the corrective action plan or clarification requirements within the timeframe allowed (or fails to negotiate an acceptable timeframe); 2) the response is inadequate and the subrecipient fails to develop an adequate response within the timeframe allowed; or 3) the response is adequate, but the subrecipient fails to fully implement the corrective action plan or implement/follow the clarification provided within the timeframe agreed upon.

Before the imposition of any sub recipient sanctions, the R4WDB will transmit a letter to the subrecipient indicating the violation. The letter will address the possible sanctions if the violation or problem is not remedied, appropriate clarifications are not submitted and adhered to, or the appropriate needed corrective action has not yet been undertaken. The letter may include a request for a meeting between the relevant parties and R4WDB staff to review the violation(s) and discuss appropriate corrective and other actions and will also include timelines for instituting corrective action. This meeting should take place within 15 working days after receipt of the letter as indicated by certified mail.

If this meeting or the subrecipient's response and corrective action plan fails to resolve the difficulty, the R4WDB will notify the subrecipient and relevant parties of its intent to impose a specific sanction. Such notification shall be received by the parties involved at least ten (10) working days before the scheduled imposition of sanctions, as evidenced by certified mail. The letter will also reiterate the violation, the corrective action needed, and the appeal process.

If satisfactory evidence of needed corrective action initiation is presented to the R4WDB within this ten (10) working day period, the R4WDB may postpone the initiation of sanctions until either the completion of the action within the R4WDB approved timelines or attainment of any IDWD imposed deadline without completion of the action. In the former case, the implementation of the sanctions may be lifted; in the latter, sanctions will be imposed.

Sanctions which may be imposed by the R4WDB upon sub recipients include the following (in order of increasing severity): Sanctions that may be imposed include, but are not limited to:

- Termination of future funding;
- Disallowance of selected costs;
- Restriction from bidding on competitive or discretionary funds; and
- Reduction in funding.

Appeals may be made to the R4WDB designee within ten (10) working days after receipt of notification of pending sanctions. Such an appeal, however, will not forestall the initiation of sanctions (unless the R4WDB designee extends the deadline).

If satisfactory evidence of needed corrective action initiation is presented to the R4WDB within this ten (10) working day period, the R4WDB may postpone the initiation of sanctions until either the completion of the action within the R4WDB approved timelines or attainment of the IDWD deadline without completion of the action. In the former case, the implementation of the sanctions may be lifted; in the latter, sanctions will be imposed.

COMPLAINT LOG

State Form 46001 (R3 / 4-16)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

[illegible]Enter Number in Discrimination Column (*if applicable*)

1. Race, 2. Color, 3. Religion, 4. Sex, 5. National Origin, 6. Age, 7. Disability, 8. Political Affiliation or Belief, 9. Citizenship, 10. Participation in WIOA Title 1

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I—financially assisted program or activity.

The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I—financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I—financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose);

Mellisa Leaming, Equal Opportunity Officer; Region 4 Workforce Board; 976 Mezzanine Drive, Suite C; Lafayette, IN 47905 or electronically at mleaming@tap.lafayette.in.us.

or

Director, Civil Rights Center (CRC), U.S. Department of Labor 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210 or electronically as directed on the CRC website at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

REGION 4 WORKFORCE DEVELOPMENT BOARD
Equal Opportunity Policy Complaint Procedures
Equal Opportunity Is the Law

The Complaint Resolution Process by Investigation

A written complaint must be signed and dated by the complainant. Sample form found [here](#). The complainant must sign and include his/her name and address, the identity of the person the complaint is made against, and a detailed description of the Complainant's allegations. The Recipient's Equal Opportunity (EO) Officer will assist the Complainant in filing his/her complaint. The Recipient will provide a written acknowledgement of receipt of the complaint to the Complainant within 7 calendar days from the date the complaint is filed. The Recipient will notify the Complainant of the following:

- His/her right to be represented in the complaint process;
- A list of the issues raised in the complaint; for each issue, a statement that the Recipient will accept the issue for investigation or reject it; and, if rejected, the reason for each rejection;
- The option of resolving the complaint by the *Alternative Dispute Resolution (ADR) or Mediation Process* instead of an investigation (see below);
- That there will be a period of 15 calendar days (Days 8 – 22) during which the EO Officer will investigate the facts underlying the complaint;
- That there will be a period of 8 calendar days (Days 23 – 30) during which the Recipient will attempt to resolve the complaint, including the ADR Process; and
- A statement that the Complainant is due a decision or *Notice of Final Action* within 60 days after receipt of the complaint.

The *Notice of Final Action* will contain, for each issue raised in the complaint, either a statement of the Recipient's decision on the issue and an explanation of the reasons underlying the decision, or a description of the way the parties resolved the issue. The *Notice of Final Action* will advise the Complainant that if he/she is dissatisfied with the decision, he/she must appeal the local decision to the Indiana Civil Rights Commission (ICRC). The *Notice of Final Action* will also advise the Complainant of his/her right to file an appeal with the Civil Rights Commission within 30 days of the date on which the Notice of Final Action was issued to his/her appeal if he/she is dissatisfied with that response.

The Complaint Resolution Process by Alternative Dispute Resolution or Mediation

If the Complainant chooses to have his/her complaint resolved by the Alternative Dispute Resolution (ADR) or Mediation process rather than by investigation, the Recipient will provide the following:

- An impartial mediator who is trained in mediation techniques and the principles of equal opportunity;
- That both parties to the complaint must sign a consent form affirming that the contents of the mediation will be kept confidential and that both parties agree not to involve the mediator in any litigation;
- That any successful resolution obtained shall be recorded in a written settlement agreement and signed by both parties. There should be no written record or other recording made of the meeting; and
- That if the parties cannot reach agreement under the ADR process, the Complainant may file directly with the Civil Rights Center (at the address provided herein) within 180 days of the alleged act of discrimination. In the event the agreement is breached, the non-breaching party may file the complaint directly with the Civil Rights Center within 30 days of the date on which the non-breaching party learns of the alleged breach.

The Recipient's EO Officer, Ms. Mellisa Leaming, can be contacted at (765) 807-0888 (Voice), Relay Indiana 800-743-3333 (TTY) for assistance in filing a complaint.



WorkOne West Central WIOA Grievance Information Form

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State, Zip _____ Cell Phone: _____

Respondent's Information: In the space provided, list the name of the individual(s) and the location of the alleged incident (if more space is needed attach additional sheets).

Date of occurrence: _____ Date of most recent incident (if more than one): _____

Please state the basis of your grievance: _____

Explain as briefly and clearly as possible what happened. Be sure to include who was involved and how other people were treated differently from you. If necessary, you may attach additional written materials pertaining to your case.

If the grievance is resolved to your satisfaction, what remedies do you seek?

Please list below any person(s) (witnesses, employees, supervisors, or others) that we may contact for additional information to further support your response.

Customer's Signature

Date

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities. A proud partner of the American Job Center network

Region 4 WORKFORCE Board

To: Service Provider	WIOA Complaint Procedure Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

Purpose

To provide initial guidance regarding the programmatic complaint procedure of the Workforce Innovation and Opportunity Act (WIOA) and its implementing regulations.

References: WIOA Section 188; 29 CFR Part 38, "Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act" Final Rule (January 3, 2017); DWD policy 2016-09

Element 1. Designation of the Tecumseh Area Complaint Officer [29 CFR Part 38)].

Mellisa Leaming, Director of Operations for Tecumseh Area Partnership, Inc., is the designated Complaint Officer. Her office is at 976 Mezzanine Drive, Suite C; Lafayette, Indiana 47905. She can be reached by telephone at (765) 807-0888 (Voice), (765) 471-7830 (Fax). Her E-mail address is mleaming@tap.lafayette.in.us

She reports directly to the Chief Operations Officer of Tecumseh Area Partnership, Inc.

Element 2. Complaint Processing [29 CFR 38].

A copy of the R4WDB's Complaint Procedure is attached to and made a part of this policy.

Element 3. Corrective Actions/Sanctions [29 CFR 38]

The R4WDB's grant oversight processes involve ongoing desktop and field monitoring to identify strengths and weaknesses. Deficiencies are addressed through technical assistance and corrective action requirements. In this manner, the R4WDB affords maximum opportunity to address problem areas and comply with legal mandates.

An essential prerequisite for issuance or continuation of a grant is a good faith response by the sub recipient to the R4WDB's corrective action or clarification requirements. Failure to respond in good faith to the R4WDB's corrective action or clarification requirements will lead to progressive sanction activity.

Lack of good faith is defined as: 1) the subrecipient does not respond to the corrective action plan or clarification requirements within the timeframe allowed (or fails to negotiate an acceptable timeframe); 2) the response is inadequate and the subrecipient fails to develop an adequate response within the timeframe allowed; or 3) the response is adequate, but the subrecipient fails to fully implement the corrective action plan or implement/follow the clarification provided within the timeframe agreed upon.

Before the imposition of any sub recipient sanctions, the R4WDB will transmit a letter to the subrecipient indicating the complaint. The letter will address the possible sanctions if the complaint or problem is not remedied, appropriate clarifications are not submitted and adhered to, or the appropriate needed corrective action has not yet been undertaken. The letter may include a request for a meeting between the relevant parties and R4WDB staff to review the complaints(s) and discuss appropriate corrective and other actions and will also include timelines for instituting

corrective action. This meeting should take place within 15 working days after receipt of the letter as indicated by certified mail.

If this meeting or the subrecipient's response and corrective action plan fails to resolve the difficulty, the R4WDB will notify the subrecipient and relevant parties of its intent to impose a specific sanction. Such notification shall be received by the parties involved at least ten (10) working days before the scheduled imposition of sanctions, as evidenced by certified mail. The letter will also reiterate the complaint, the corrective action needed, and the appeal process.

If satisfactory evidence of needed corrective action initiation is presented to the R4WDB within this ten (10) working day period, the R4WDB may postpone the initiation of sanctions until either the completion of the action within the R4WDB approved timelines or attainment of any IDWD imposed deadline without completion of the action. In the former case, the implementation of the sanctions may be lifted; in the latter, sanctions will be imposed.

Sanctions which may be imposed by the R4WDB upon sub recipients include the following (in order of increasing severity):

Sanctions that may be imposed include, but are not limited to:

- Termination of future funding;
- Disallowance of selected costs;
- Restriction from bidding on competitive or discretionary funds; and
- Reduction in funding.

Appeals may be made to the R4WDB designee within ten (10) working days after receipt of notification of pending sanctions. Such an appeal, however, will not forestall the initiation of sanctions (unless the R4WDB designee extends the deadline).

If satisfactory evidence of needed corrective action initiation is presented to the R4WDB within this ten (10) working day period, the R4WDB may postpone the initiation of sanctions until either the completion of the action within the R4WDB approved timelines or attainment of the IDWD deadline without completion of the action. In the former case, the implementation of the sanctions may be lifted; in the latter, sanctions will be imposed.

USE THE FOLLOWING INFORMATION FOR HANDLING COMPLAINTS

Program Complaint Procedure: NOT BASED ON DISCRIMINATION

- Grievances must be filed within one year of the alleged violation by certified mail.
- Written complaints must be signed and dated by the complainant and include the complainant's name and address, the identity of the respondent and a detailed description of the complainant's allegations. (Attachment A Complaint Form)
- Grant recipients are to provide a written acknowledgement of receipt of the complaint to the complainant. The acknowledgement should include a notice of the complainant's right to be represented in the complainant process; a list of the issues raised in the complaint, and for each issue a statement whether the recipient will accept the issue for investigation or reject the issue, and if rejected, the reasons for each rejection; the option of resolving the complaint by alternative dispute resolution instead of an investigation; and a statement that the complainant is due a decision or "Notice of Final Action" within 60 days after receipt of the complaint.
- The "Notice of Final Action" should inform the complainant that if he/she is dissatisfied with the decision the local decision must be appealed to the DWD EEO Officer within 10 days of receipt of adverse decision. The appeal should be sent to DWD-EO Officer, Jennifer Long, 10 N. Senate, Room SE 105, Indianapolis, IN 46204. For all complaints, DWD will issue a determination within 60 days of the filing.

RECORDKEEPING REQUIREMENTS

Complaint records must be retained for a minimum of 3 years following the resolution of the complaint. All complaints must be entered on the DWD Complaint Log (SF 46001). The logs should contain the name and address of the complainant, the grounds for the complaint, a description of the complaint, the date the complaint was filed and the disposition of the complaint.

The Region 4 Workforce Development Board (R4WDB) has delegated the authority to operate and maintain the grievance procedure to its subrecipients and vendors except for the following situations which will necessitate directly filing with the Grant Recipient:

- Issues between the R4WDB and the R4WDB designee (RO)
- Issues involving more than one of the R4WDB's sub recipients, vendors, or community based organizations.
- Complaints directly involving the operations or responsibilities of the R4WDB.

The R4WDB will assure all subrecipient service provider staff members, vendors and other organizations that they will have access to the WIOA grievance procedure.

The identity of any person who has furnished information relating to, or assisting in, an investigation of a possible violation of the Act, shall be kept confidential to the maximum extent possible, consistent with a fair determination of the issues.

COMPLAINT PROCEDURE PROCESS

Step 1: Acceptance of Complaint and Investigation by Complaint Officer

After a complaint is received by the Complaint Officer, he/she will conduct an investigation to gather relevant information and facts. The Complaint Officer will render a written decision or resolution within seven (7) calendar days of the date of the filing of the complaint. The complainant will also be notified of his/her right to appeal the Complaint Officer's decision. Complaint should be sent to: Mellisa Learning, Director of Operations, 976 Mezzanine Drive, Suite C, Lafayette, IN 47905

Phone: 765-807-0888

Step 2: Informal Hearing

If a satisfactory decision or resolution is not reached in Step One, the Complaint Officer and the complainant will attend an informal hearing with the complainant's supervisor or other relevant party connected with the grievance. If in the judgment of the Complaint Officer, a representative of the R4WDB designee or a Service Provider should be involved in the informal hearing, the attendance of that representative will be requested by the complaint Officer. This decision rests with the Complaint Officer.

The Complaint Officer will conduct the informal hearing and a resolution will be written and given to the complainant within fifteen (15) calendar days of the initial filing of the complaint. Notification of the complainant's right to appeal the decision to a formal hearing officer will also be given in writing within this same 15-day period. If a complainant fails to appear at the informal hearing, he/she will be sent a letter explaining that another informal hearing will be held at an appointed time and place. The Complaint Officer will assume the responsibility of having the informal hearing completed and proper notification being sent to the complainant within 15 calendar days of the initial filing of the complaint.

Step 3: Formal Hearing

When informal resolution is unsuccessful or upon the request of the complainant, a formal hearing before an impartial hearing officer will be provided within 30 days of the complaint filing date. The following elements will be included in the hearing process:

- Written notice of the formal hearing will be sent to both the complainant and the respondent. The notice will include the following:
 - Date, time and place of the hearing
 - Purpose of the hearing
 - Name and address of the Hearing Officer
 - Issues to be decided
 - Manner in which the hearing will be conducted
- A written decision will be rendered by both the Hearing Officer and the R4WDB designee within 60 calendar days of the date of the initial filing of the complaint.
- The hearing will take place in the locale of the complainant and respondent.
- The R4WDB designee has the final decision superceding that of the Hearing Officer.
- Hearings shall be conducted by an impartial hearing officer who shall be named by the R4WDB designee. In order to meet the requirements of impartiality, individuals selected as hearing officers may have neither direct nor indirect involvement with the ordinary application or, operation, and/or administration of the recipient's WIOA program.
- Both parties will be informed of his/her right to be represented by an attorney or other representative designated by the complainant.
- Both parties may bring witnesses and/or evidence to the hearing and question witnesses and examine evidence.
- Both parties may have access to documents relevant to the issues produced by the Service Provider.
- Interested parties supporting the complainant's position and/or affected by the outcome of the hearing may attend and will be notified to attend by the service Provider.
- Sections of WIOA or Federal regulations that are relevant will be provided by the Service Provider.
- The complainant may amend the complaint or withdraw it in writing prior to the hearing.
- Both complainant and respondent will have the opportunity to request rescheduling of the hearing for a reasonable cause.

The formal hearing itself will:

- Have due process observed to ensure fairness.
- Allow the formal hearing officer to have complete independence in obtaining facts and making decisions.

The Hearing Officer will:

- Prepare and review a file of the case prior to the hearing
- Direct parties to appear at the hearing
- Conduct the hearing
- Receive evidence
- Dispose of procedural requests
- Question witnesses and parties
- Evaluate facts and evidence
- Render a decision
- Make a complete record including any material relevant to appeal or review. The formal hearing officer will tape (audio) the proceedings in order to have a verbatim record of the proceedings.
- Determine order of proof
- Present relevant facts if the complainant does not pursue relevant questions.
- Attempt to resolve issues before the hearing ends. The decision of the hearing officer will be given in writing to the respondent and to the complainant within 60 days of the initial filing of the complaint. The formal hearing officer's decision will include, at a minimum:
 - Synopsis of the facts
 - Statement of the reason for the decision
 - Statement of applicable remedies
 - Names of people attending the hearing
 - Statement that the R4WDB designee will review the hearing officer's decision and render a written administrative decision within 60 days of the initial filing of the complaint. The R4WDB designee's decision may concur, approve or disapprove with the hearing officer's decision. The R4WDB designee's decision is binding unless appealed to the State EO Officer. The R4WDB designee's written decision will include:
 - Summary of facts
 - Statement of the decision(s) and reason(s)
 - State of remedy(ies)
 - Statement indicating that this decision constitutes the final action of the R4WDB designee
 - Instructions on how to file an appeal with the State EO Officer, including time frame

A transcript of the hearing will be kept by the hearing officer and copy of the tape will be provided the complainant and subrecipient/Service Provider upon request.

APPEAL

For local complaints, grievances may be appealed to the Indiana Department of Workforce Development when no decision is reached within 60 days or either party is dissatisfied with the local hearing decision.

- Such appeals should be made within ten (10) days of receipt of the adverse decision or within ten (10) days after expiration of the 60-day period with no decision. The appeal should be sent to the Indiana Department of Workforce Development; ATTN: **Associate Chief of Workforce Programs; 10 N. Senate Avenue; Indianapolis, IN 46204.**
- For all complaints, the Indiana Department of Workforce Development will issue a determination within 60 days of the filing of the grievance.
- Appeals of state-level decisions must be filed within 60 days of the receipt of the decision being appealed. Appeals must be submitted by certified mail, return receipt required, to the Secretary; U. S. Department of Labor; Washington, DC 20210; Attention: ASET. A copy of the appeal must be simultaneously provided to the Region V Administrator; U. S. Department of Labor; Employment and Training Administration; 230 S. Dearborn, 6th Floor; Chicago, IL 60604-1505; and the opposing party.
- A final decision on the appeal will be made no later than 120 days after receiving the appeal.

Attachment A

PROGRAMMATIC COMPLAINT LETTER

Name_____ Telephone Number_____

Home Address_____

City_____ County_____

E-Mail Address _____

Work/Training Site_____

Job Title or Training Type_____

Description of what occurred: (Please state the facts that prompted the complaint, including the name and address of the party(ies) against whom the complaint is made; the date of the incident or treatment that caused the complaint; the names of any witnesses; any documents or evidence and the remedy being requested. Attach additional sheets, if necessary.)

(Complainant's signature)_____
(Date)_____
(Equal Opportunity Officer)_____
(Date complaint received)

Region 4 WORKFORCE Board

To: Service Provider	Personally Identifiable Information (PII) Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019; 03-08-2022

PURPOSE: This policy explains the methods and responsibilities for handling Personally Identifiable Information (PII) at all WorkOne Centers and WorkOne Express sites. Indiana Department of Workforce Development staff, all employees of organizations partnered in direct or indirect contractual relationships with the State of Indiana or any of its subcontracted entitled shall adhere to the requirements of this policy.

REFERENCES: 29 CFR Part 38, [DWD Policy 2007-46](#), [DWD Policy 2007-42](#), [TEGL 39-11](#), [DWD Policy 2013-03](#); [DWD Policy 2021-10](#)

BACKGROUND: The Indiana Department of Workforce Development is entrusted with information that must be kept secure and private. If Personally Identifiable Information (PII) documents and records are not securely stored and destroyed, there is a potential danger that the records of individuals as well as businesses can be wrongfully accessed and misused for illicit purposes, such as identity theft or fraud. All individuals, organization, business entities and Department staff with access to confidential and privileged customer information have an obligation to ensure the protection and appropriate business use of the information.

DEFINITIONS:

Protected PII and/or sensitive information is information that if disclosed could result in harm to the individual whose name or identity is linked to that information. Examples of protected PII include, but are not limited to, social security numbers (SSNs), credit card numbers, bank account numbers, home telephone numbers, ages, birthdates, marital status, spouse names, education history, biometric identifiers (finger prints, voice prints, iris scans, etc.) medical history, financial information and computer passwords.

Non-sensitive PII, on the other hand, is information that if disclosed, by itself, could not reasonably be expected to result in personal harm. Essentially, it is stand-alone information that is not linked or closely associated with any protected or unprotected PII. Examples of non-sensitive PII includes information such as first and last names, email addresses, business addresses, business telephone numbers, general education credentials, gender or race. However, depending in the circumstances, a combination of these items could potentially be categorized as protected or sensitive PII.

To illustrate the connection between non-sensitive PII and protected PII, the disclosure of a name, business email address or business address mostly likely will not result in a high degree of harm to an individual. However, a name linked to a social security number, a date of birth and mother's maiden name could result in identity theft. This demonstrates why protecting the information of our program participants is so important.

CONTENT:

PII and/or sensitive information if not securely stored and shredded in accordance with this policy, can cause irreparable harm to individuals, businesses and to the Indiana Department of Workforce Development. Please note that this policy does not supersede existing record retention policies or guidelines set forth by the Indiana Commissions on Public Records. According to Commission's policies, many IDWD records must be retained for a certain number of years, such as those of the Trade Adjustment Assistance program, Unemployment Insurance claims, Unemployment Insurance tax and basic accounting records.

PII and/or sensitive information not required to be retained for a certain period of time under Indiana Commission on Public Records policies will be shredded (and recycled, where feasible).

Employees must not store PII and/or sensitive information to be shredded underneath their desks in boxes or containers. All PII and/or sensitive information must be taken to the specified locked receptacles (where feasible) or shredded as soon as possible.

Storage of PII and Sensitive Information

When an employee's desk is unattended, it is the employee's responsibility to ensure that PII and/or sensitive information is properly filed and stored. This means that all documents containing PII and/or sensitive information must not be left on desks, fax machines, printers, or photocopiers unattended. When not working directly with these documents, they must be filed or stored in drawers to prevent inadvertent disclosure of information. Examples of documents include post-it-notes, scrap pieces of paper, or files with social security numbers, names or other confidential information. Regulations in the Health Insurance Portability and Accountability Act (HIPAA) (<http://www.cms.hhs.gov/hipaa/>) limit the way in which personal health information is disclosed. Health subjects include mental and behavioral health. Such information gathered should not be added into case notes, but stored in a separate file.

Electronic Data

Any and all Confidential and/or Privileged Information containing PII transmitted via e-mail or stored on CDs, DVDs, thumb drives, mobile or portable devices, etc. must be encrypted using a Federal Information Processing Standards ("FIPS") 140-2 compliant and National Institute of Standards Technology ("NIST") validated cryptographic module. WorkOne employees or Department staff are prohibited from e-mailing unencrypted Confidential or Privileged Information containing Sensitive PII to any person or entity. See [TEGL No. 39-11](#).

Additional Security Measures

The unauthorized use of cameras, including cell phone cameras, is prohibited from use at all times while on WorkOne or Department premises. Cameras that are used for business reasons or to document special occasions, such as retirements and birthday parties, must be used with management approval and all photographs limited to the subject area. Cameras that are used in an unauthorized manner, or to collect confidential and/or privileged information, will subject the user to immediate disciplinary action.

Any employee who discovers PII and/or sensitive information unsecured, inappropriately filed, or not stored to prevent inappropriate disclosure must immediately notify a supervisor who will then contact the R4WDB designee.

Acknowledgement Release

I have reviewed and acknowledge the local workforce development board's Personally Identifiable Information Policy and agree that all necessary steps will be taken to ensure the privacy and confidential nature of all personally identifiable information to protect such information from unauthorized disclosure.

I further agree that all personally identifiable information will be stored in an area that is physically safe from access by unauthorized persons at all times, and be managed with appropriate information technology (IT) services and designated locations. Access to any personally identifiable information through program and grant activity will be restricted to only those individuals who need access in their official capacity to perform duties in connection with the scope of work.

User Signature

Supervisor Signature

Date (MM/DD/YYYY)

Users of the ICC Case Management System will also complete and sign Indiana Career Connect Case Management/Labor Exchange System Acceptable Use and Confidentiality Policy

Attachment A

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

Indiana Career Connect Staff Account Application

Indiana Career Connect Case Management/Labor Exchange System Acceptable Use and Confidentiality Policy

It is the responsibility of all authorized Indiana Career Connect (ICC) users, (which may include but is not limited to the following: Case Managers, Department of Workforce Development Staff, Regional Workforce Board Staff, Service Provider Staff, and Regional Operator Staff), to safeguard sensitive client information. This information includes all personal information obtained from those seeking assistance from the WorkOne system and its affiliates. Unless otherwise identified by DWD management, all client information entered into the ICC system is confidential and is not to be shared or disclosed to organizations, agencies or individuals outside the Indiana Department of Workforce Development, its authorized representatives/agents, the Department of Labor and/or its authorized representatives/agents, agencies or organizations within the scope of those authorized by the Client's Release forms, partner MOUs, and/or other affidavits insuring confidentiality of records, and which relate to the provision of employment, support, and training services.

One of the primary objectives under Indiana's State Plan is integrated delivery for the overall benefit of the customer. The new mandatory statewide case management/labor exchange system, ICC, is designed to support that objective by allowing for a shared case management process. ICC allows authorized users to view information on all clients who are entered into the system across the state. This information includes case notes, with the exception of those relating to domestic violence, which are required to be "locked down" in the system.

Staff entering case notes should enter complete information needed to support the employment plan, but should refrain from entering any information that is not relevant to the employment plan or that is overly graphic and/or non-essential.

This confidentiality policy will be strictly enforced: Violators will face disciplinary actions that could result in termination of employment.

I have read and understand the above ICC Case Management/Labor Exchange System Acceptable Use and Confidentiality Policy, and agree to its terms.

Please print pages, complete all fields, scan pages into PDF and send to R4WDB Elite User.

User Signature

Supervisor Signature

Date (MM/DD/YYYY)

Region 4 WORKforce Board

To: Service Provider	DWD Confidentiality Statement
From: Region 4 Workforce Board	Effective Date: 07-07-2021

Purpose

To provide updates regarding the confidentiality provisions and Confidentiality Statement required for new contract and grant templates from DWD and for all individuals not employed by DWD (hereinafter “non-DWD individuals”) accessing DWD records.

Reference: 2020-15 Confidentiality Statement Required for All Non-DWD Individuals Accessing DWD Records

Content

In the event of a data security incident, as determined by DWD, all DWD partners and grantees shall undertake appropriate mitigating actions as prescribed by applicable federal and state laws and regulations, including providing notice, where required, to the victims, state authorities, and federal authorities.

A “data security incident” occurs when there is reason to believe that there either was or may have been unauthorized access to any confidential or protected data maintained within DWD’s systems, damage cause to any of that data, or theft of any of that data. Prompt notice of any data security incident shall be reported to DWD in the manner described below:

(A) Data security incidents shall be reported to the R4WDB designee as soon as the party becomes aware.

All contractors and grantees, including sub-contractors and sub-grantees, must collect executed Confidentiality Statements and retain them for review by R4WDB upon request. A copy of the Confidentiality Statement to be signed by non-DWD individuals accessing DWD records is attached to this memo.

CONFIDENTIALITY STATEMENT

The undersigned individual, who will be given access to DWD Data, which may contain various types of confidential information, including but not limited to confidential unemployment compensation information (“CUCI”) as defined by 20 C.F.R. 603, personally identifying information, as defined by the Family Education Rights and Privacy Act (“FERPA”), 34 C.F.R. 99, and other data that is classified as confidential by state and federal laws, regulations, rules, and policies, understands and agrees with each of the following statements:

1. DWD Data contains personally identifiable information, and as such must be handled in a secure and confidential manner to mitigate the risk associated with use and dissemination of sensitive data.
2. I understand that CUCI, as set forth in Indiana Code 22-4-19-6 and 20 C.F.R. 603, is confidential. I understand that if I recklessly violate Indiana Code 22-4-19-6, I commit a Class B misdemeanor and may be imprisoned for up to 180 days and fined up to \$1000 in accordance with Indiana Code 35-50-3-2.
3. I understand that DWD Data may contain personally identifiable information under FERPA and that the disclosure of such information may constitute an invasion of privacy of a student or former student, and I agree to ensure the confidentiality of such data and not impermissibly disclose such data to a third party.
4. With regard to DWD Data, I shall maintain and use DWD Data in compliance with the Employment and Training Administration of the U.S Department of Labor’s Training and Employment Guidance Letter No. 39-11, “Guidance on Handling Protection of Personally Identifiable Information.” See https://wdr.doleta.gov/directives/attach/TEGL/TEGL_39_11.pdf
5. I shall maintain and use DWD Data in compliance with DWD Policy 2013-03 – Requirement Pertaining to Confidential and Privileged Information (or any subsequently issued DWD policy outlining requirements pertaining to confidential and privileged information). See https://www.in.gov/dwd/files/DWD_Policy_2013-03.pdf
6. I shall maintain and use DWD Data in compliance with:
 - Indiana Code 4-1-6 – Fair Information Practices; Privacy of Personal Information
 - Indiana Code 4-1-8 – State Requests for Social Security Number
 - Indiana Code 4-1-10 – Release of Social Security Number
 - Indiana Code 4-1-11- Notice of Security Breach
 - Indiana Code 5-14-3 – Access to Public Records

Indiana Code 22-4-19-6 – Records; inspection; reports; confidentiality; violations; processing fee

Indiana Code 24-4.9 – Disclosure of Security Breach

7. I agree to ensure the confidentiality of DWD Data and not allow impermissible disclosure of DWD Data to any third party.
8. I agree that DWD Data will only be used for the limited purposes authorized by law and in a manner consistent with the requirements of the DWD Data.
9. I agree to use care to protect DWD Data from unauthorized access, misuse, theft, damage, unauthorized destruction, unauthorized modification, and unauthorized disclosure.
10. I agree to immediately report any instance of unauthorized access, misuse, theft, damage, unauthorized destruction, unauthorized modification, and unauthorized disclosure with respect to DWD Data within my knowledge to my direct supervisor so that DWD can be notified as required.

Signature _____

Name (printed) _____

Employer _____

Date _____

Region 4 WORKFORCE Board

To: Service Provider	Record Retention Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: To provide guidance on procedures for the record retention and achieving of all records pertinent to all grants and agreements, including financial, statistical, property and participant records and supporting documentation.

GENERAL PROVISIONS:

I. GENERAL PROVISIONS FOR RECORD RETENTION

- A. Region 4 Workforce Development Board (R4WDB) requires that all records pertinent to all grants and agreements, including financial, statistical, property and participant records and supporting documentation be retained for three (3) years following the date on which the annual expenditure report (final report) is submitted to the Indiana Department of Workforce Development.
- B. All records shall be retained according to the prescribed periods:
 - If a claim is instituted involving the grant or agreement covered by the records, the records will be retained until the litigation, audit or claim has been resolved.
 - In the case of grievances or discrimination complaints, records must be retained for three (3) years following the date of the resolution.
 - Non-expendable property records must be retained for a period of three (3) years from the date of final disposition of property. Property records consist of purchase documents, inventory records and disposition documents.
- C. Disallowed costs can result from inadequate documentation and record retention. All service providers will be required to have a record retention procedure and R4WDB will ensure compliance through compliance assurance reviews. In the event of the termination of the relationship with a service provider, R4WDB shall be responsible for the maintenance and retention of the service provider WIOA records.

II. GENERAL PROVISIONS FOR ACCESS TO RECORDS

- A. R4WDB, and other oversight entities in coordination with R4WDB, shall have the right to timely and reasonable access to the service provider, premises, personnel, monitoring, auditing, evaluation, or interview and discussion, related to all records required to be retained which exist for the purposes of accomplishing the goals of the contract. The service provider will give the appropriate entities timely and reasonable access to copy or mechanically reproduce all reports, books, papers, documents, automated data systems and other records pertaining to contract awards through R4WDB.
- B. Timely and reasonable access to records shall be made available to the public upon request, notwithstanding provisions of State or local law. This requirement does not apply to:
 - Disclosure of information that would constitute a clear unwarranted invasion of personal privacy; or
 - Trade secrets or commercial or financial information obtained from a person that is privileged or confidential.
- C. A fee may be charged to the extent sufficient to recover the cost applicable to processing such request. The rights of access in this section are not limited to the required retention period but shall last as long as the records are retained.

III. GENERAL PROVISIONS FOR STORAGE OF RECORDS

- A. R4WDB shall implement and maintain a security system for all records and supporting documentation, with particular attention to the reasonable safeguard of confidential data.
- B. Maintenance of records must allow for reporting, monitoring, audit and evaluation activities. The records must be stored in a secure manner. Off-site storage is acceptable provided that security and facility conditions provide adequate protection for the records and the ability to access them as required.
- C. Records must be retained and stored in a manner that will preserve their integrity and admissibility as evidence in any audit or other proceeding. The burden of production and validity of authentic records shall be on the custodian of records.

IV. GENERAL PROVISIONS FOR ARCHIVING RECORDS

- A. Customers who have a hard file and received a funded service must have their hard file archived after completion of follow up.
- B. All WIOA client participant records will be housed in a central location. All client participant records to be archived must be physically delivered to R4WDB by the 15th working day of the month after the fourth quarter follow up. The Participant File Transfer Form (Attachment A) must accompany all files transferred to R4WDB as well as an electronic copy of the document sent to R4WDB (no handwritten forms). Archived files will not be released from R4WDB to service providers in the case of a new enrollment; service providers will be required to create a new case file.
- C. All archived files must be complete. Each file is to be labeled as shown below. The case note requires the Date of Archive in the case note.

The label is to be completed in the following manner, legibly, on a plain white adhesive label and affixed to the front left-hand cover of the file folder:

Last Name, First Name, MI
Last 4 of SSN
County where services provided
Provider Name
Program
Exit Date
Archived Date

Region 4 Workforce Development Board Record Retention

The chart below shows when participant records may be destroyed.

Participant Information		
-------------------------	--	--

PY 14 Exits	(7/1/2014 – 6/30/2015)	Destroy on or after 7/1/2019
PY 15 Exits	(7/1/2015 – 6/30/2016)	Destroy on or after 7/1/2020
PY 16 Exits	(7/1/2016 – 06/30/17)	Destroy on or after 7/1/2021
PY 17 Exits	(7/1/2017 – 06/30/18)	Destroy on or after 7/1/2022
PY 18 Exits	(7/1/2018 – 06/30/2019)	Destroy on or after 7/1/2023
PY 19 Exits	(7/1/2019 – 06/30/2020)	Destroy on or after 7/1/2024
PY 20 Exits	(7/1/2020 – 06/30/2021)	Destroy on or after 7/1/2025

Region 4 WORKFORCE Board

To: Service Provider	WorkOne Referral Direct Linkage Procedure
From: Region 4 Workforce Board	Effective Date: 07-01-2019

Referral Procedure: Access to career services for one-stop partner programs which are not available directly on site in a Region 4 WorkOne office will be available via a direct linkage.

In order to comply with Option 3, from USDOL Training and Employment Guidance Letter ([TEGL](#)) 16-16 regarding direct linkage (see excerpt below), Region 4 staff may utilize the [Hoosier Heartland Partnership Referral System](#). The system allows for direct linkages to partners by making direct referrals, setting appointments with partners and reviewing eligibility of programs as well as services available.

Additionally staff will still have the ability to contact the program partner by phone with the client present so the meaningful program information or services can be provided to the customer. The attached referral form (or a referral from developed in partnership with a specific partner/program) will be completed and e-mailed to the partner agency and a copy of the referral will be provided to the client. If a partner agency is not open, a voice mail message will be left and a referral form will be e-mailed to the partner agency. The WorkOne staff member will be expected to follow up with both the partner agency and client to ensure contact has been made.

It is important to note that “providing” career services in the comprehensive does not mean that each required partner must provide these services directly on-site at the comprehensive American Job Center. However, it does mean that some career services must be provided directly on-site. Career services may be provided through access to one-stop partner programs and activities, which, as described in 20 CFR 678.305(d), 34 CFR 361.305(d), and 34 CFR 463.305(d), may be delivered in one of three ways:

Option 1. Having a program staff member physically present at the American Job Center;

Option 2. Having a staff member from a different partner program physically present at the American Job Center and appropriately trained to provide information to customers about the programs, services, and activities available through all partner programs; or

Option 3. Making available a direct linkage through technology to a program staff member who can provide meaningful information or services.

Regarding option 3, a direct linkage, can take many forms as well. As described in 20 CFR 678.305(d)(3), 34 CFR 361.305(d)(3), and 34 CFR 463.305(d)(3), a “direct linkage” means providing a direct connection at the American Job Center within a reasonable time, by phone or through a real-time Web-based communication, to a program staff member who can provide program information or services, including career services, to the customer. Solely providing a phone number, Web site, information, pamphlets, or materials does not constitute a “direct linkage”.

Attachment A – Referral Form – WIOA Partner Services**REFERRAL FORM**

REFERRAL INFORMATION: When transmitting the referral form, the originating agency should give a copy of the form to the customer with the instructions to present the form to the receiving agency at the time a face-to-face contact is made. After assisting the customer, the receiving agency is to complete the referral results section of this form and return a copy to the originating agency who first initiated the service referral.

APPLICANT
Date of Referral:
Customer Name:
SS# (last 4):
Address, City, State, Zip:
Phone Number:
Customer Currently receiving: ☐ TANF ☐ WIOA Services ☐ Adult ☐ WIOA Training Service ☐ Older Work Services ☐ Other

AGENCY REFERRED TO: (Receiving Agency)
Name of agency referred to:
Contact person:
Appointment Date / Time
Address, City, State, Zip:
Purpose of referral:
Service to be provided:

REFERRED BY: (Originating Agency)
Name of referring agency:
Contact person:
Address, City, State, Zip:

Did the customer report to the agency: ☐ Yes
Date customer was seen on:
The following action was taken:

Region 4 WORKFORCE Board

To: Service Provider	Co-Enrollment of RESEA Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

Purpose: Co-enrollment of RESEA participants into WIO Youth programs. Co-enrollment will allow for participants to receive additional services that will assist them in finding gainful employment.

When to enroll a RESEA participant

RESEA participants that complete the RESEA orientation (R05) and are not waived/exempt from participating in the program may be co-enrolled into WIOA Youth.

What programs to enroll participant in

All RESEA participants are eligible for WIOA DW. However, individual circumstances and actions can impact that original eligibility determination. Therefore, to be eligible for dislocated worker services, the circumstances under which the participant was determined eligible for the RESEA or JFH program must not have changed.

Sub-RESEA participants that complete sub-reassessment orientation may be enrolled into WIOA DW. Those RESEA participants that fit WIOA Adult priority (refer to WIOA Priority of Service policy) should be enrolled into WIOA Adult and DW. A WIOA application must be completed and appropriate documentation recorded ([Region 4 Eligibility Policy](#) and [DWD Interim Guidance on Eligibility and Data Validation](#)).

What services should be entered to enroll the participant into WIOA

The initial enrollment of a RESEA participant into WIOA program will consist of the

1. Initial assessment 112
2. Career Guidance and Planning 202
3. Development of IEP/ISS 205
 - a. The RESEA IRP may take the place of the IEP until the plan changes or the participant has completed RESEA. After the RESEA IRP, the Assessment and IEP in ICC will be utilized.

If participant is being enrolled into WIOA Adult and DW, then Career Guidance and Planning will be an Adult service and the Development of an IEP/ISS will be a DW service. If only enrolled as a DW participant, then all services to DW.

Initial Case Note

A case note must be entered that states the co-enrollment into the appropriate WIOA programs. Case note should make a reference that the IRP is substituting for the IEP/ISS. If there are specific items that were discussed beyond RESEA, these should be reflected in case note.

Region 4 WORKFORCE Board

To: Service Provider	Selective Service Registration and WIOA service
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: To provide Region 4 guidance to ensure Selective Service Compliance for the provision of WIOA services.

REFERENCES: [DWD Memorandum Interim Guidance on Eligibility and Data Validation, Except Youth and Adult Education, TEGL 11-11, Change 2](#)

Applicable Programs and Services. All programs and services funded under Title I of WIOA must comply with Selective Service registration requirements.

Selective Service Registration Requirements.

Men born on or after January 1, 1960 are required to register with Selective Service within 30 days of their 18th birthday (i.e. 30 days before or 30 days after their birthday.) This includes males who are:

- Citizens of the U.S.;
- Non-citizens, including illegal aliens, legal permanent residents, seasonal agricultural workers, and refugees, who take up residency in the U.S. before their 26th birthday; and/or
- Dual nationals of the U.S. and another country regardless of whether they live in the U.S.

For U.S. citizens, Selective Service registration is not required if the man falls within one of the following categories:

- Men who are serving in the military on full-time active duty;
- Men attending the service academies;
- Disabled men who are continually confined to a residence, hospital or institution; and/or
- Men who are hospitalized, institutionalized, or incarcerated are not required to register during their confinement; however, they must register within 30 days after being released if they have not yet reached their 26th birthday.

For non-U.S. citizens, Selective Service registration is not required for women or for men that fall within one of the following categories:

- Non-U.S. male who came into this country for the first time after his 26th birthday. Acceptable forms of supporting documentation include:
 1. Date of entry stamp in his passport;
 2. I-94 with date of entry stamp on it; or
 3. Letter from the U.S. Citizenship and Immigration Services (USCIS) indicating the date the man entered the United States presented in conjunction with documentation establishing the individual's age
 - Non-U.S. male who entered the U.S. illegally after his 26th birthday. He must provide proof that he was not living in the U.S. from age 18 through 25
 - Non-U.S. male on a valid non-immigrant visa
- 4. Transgender
 - Individuals who are born female and have changed their gender to male.

This list is not intended to be exhaustive. The Selective Service System also provides a quick [reference chart](#) showing who must register.

Ensuring Selective Service Compliance in the Public Workforce System. In order to participate in any Individualized Career Services or training program under WIOA, all males born on or after January 1, 1960 must present documentation showing compliance with the Selective Service registration requirement. Acceptable documentation to determine a person's Selective Service registration status includes:

- Selective Service Acknowledgement letter;
- Form DD-214 "Report of Separation";
- **Screen printout** of the Selective Service Verification site: <https://www.sss.gov/Home/Verification>. Be certain to **scan the printout into the ICC record**. For males who have already registered, this website can be used to confirm their Selective Service number as well as the date of registration, by entering a last name, social security number, and date of birth;
- Selective Service Registration Card;
- Selective Service Verification Form (Form 3A); and/or
- Stamped Post Office Receipt of Registration.

Registration Requirements for Males Under 26

Before being enrolled in WIOA Title I-funded services, all males who are not registered with the Selective Service and have not reached their 26th birthday must register through the Selective Service website at <https://www.sss.gov/Home/Registration>. If a male turns 18 while participating in any applicable services, registration with Selective Service must be completed no later than 30 days after he becomes 18 in order to continue to receive WIOA Title I-funded services. *If a man under the age of 26 refuses to register with the Selective Service, WIOA Title I-funded services must be suspended until he registers.*

Registration Requirements for Males 26 Years and Over

Before enrolling in WIOA Title I-funded services, all males, 26 years of age or older, must provide (1) documentation of compliance with the Selective Service registration requirement; (2) documentation showing they were not required to register; or (3) if they were required to but did not register, documentation establishing that their failure to register was not knowing and willful.

The service provider that enrolls individuals in WIOA Title I-funded activities may require that males 26 years and over, who failed to comply with the Selective Service registration requirement, request a Status Information Letter before making a determination that the failure to register was knowing and willful.

Requesting a Status Information Letter. An individual may obtain a *Status Information Letter* from Selective Service if he (1) believes he was not required to register; or (2) did register but cannot provide any of the documentation listed above. The *Request for Status Information Letter* form can be accessed at <https://www.sss.gov/Registration/Status-Information-Letter>. The individual will need to describe, in detail, the circumstances that prevented him from registering (e.g., hospitalization, institutionalization, incarceration, and/or military service from age 18 through 25.) and provide documentation of those circumstances. The documentation should be specific as to the dates of the circumstances.

If the *Status Information Letter* indicates that an individual was not required to register for the Selective Service, then he is eligible to enroll in services authorized or funded by Title I of WIOA.

If the Status Information Letter indicates that the individual was required to and did not register, he is presumed to be disqualified from participation in WIOA Title I-funded activities and services until it can be determined that his failure to register was not knowing and willful. All costs associated with grant-funded services provided to non-eligible individuals may be disallowed.

Determining Knowing and Willful Failure to Register. If the individual was required but failed to register with the Selective Service as determined by the *Status Information Letter* or by his own acknowledgment, the individual may only receive services if he can establish by a preponderance of the evidence that the failure to register was not knowing and willful. **Upon receipt of the Status Information Letter**, the service provider that enrolls individuals in WIOA Title I-funded activities is responsible for evaluating the evidence presented by the individual and determining whether the failure to register was a knowing and willful failure.

Evidence presented may include the individual's written explanation and supporting documentation of his circumstances at the time of the required registration and the reasons for failure to register. The individual should be encouraged to offer as much evidence and in as much detail as possible to support his case. The following are examples of documentation that may be of assistance in making a determination in these cases:

1. Service in Armed Forces. Evidence that a man has served honorably in the U.S. Armed Forces such as DD Form 214 or his Honorable Discharge Certificate. Such documents may be considered sufficient evidence that his failure to register was not willful or knowing.
2. Third Party Affidavits. Affidavits from parents, teachers, employers, doctors, etc. concerning reasons for not registering, may also be helpful to grantees in making determinations in cases regarding willful and knowing failure to register.

In order to establish consistency regarding the implementation of the requirement, the Service Provider should consider the following questions when determining whether a failure to register is knowing and willful.

In determining whether the failure was “**knowing**,” the Service Provider organization should consider:

- Was the individual aware of the requirement to register?
- If the individual knew about the requirement to register, was he misinformed about the applicability of the requirement to him (e.g., veterans who were discharged before their 26th birthday were occasionally told that they did not need to register)?
- On which date did the individual first learn that he was required to register?
- Where did the individual live when he was between the ages of 18 and 26?
- Does the status information letter indicate that Selective Service sent letters to the individual at that address and did not receive a response?

In determining whether the failure was “**willful**,” the Service Provider organization should consider:

- Was the failure to register done deliberately and intentionally?
- Did the individual have the mental capacity to choose whether or not to register and decided not to register?
- What actions, if any, did the individual take when he learned of the requirement to register?

If the Service Provider organization determines it was not a knowing and willful failure and the individual is otherwise eligible, services may be provided. If the Service Provider organization determines that evidence shows that the individual's failure to register was 'knowing and/or willful', WIOA services must be denied. Individuals denied services must be advised of available WIOA grievance procedures. Service Providers must keep documentation related to evidence presented in determinations related to Selective Service and all denials and supporting statements must be sent to the One Stop Operator.

WorkOne West Central

Supplement to Status Information Letter

Failure to Selective Service Register – Not Knowingly or Willfully Refused

I, _____, am not Selective Service registered. I am completing the Selective Service Status Information letter and herein offer evidence that the failure to register was not knowing or willful.

NOT KNOWING

Did you know you were required to register? Yes _____ No _____

If you knew about this requirement, but were

Misinformed about this applying to you (e.g,

veteran discharged after age 26)? Yes _____ No _____

When did you learn you were required to register? Date _____

Where did you live between ages of 18 & 25? _____

Does Status Information Letter indicate Selective

Service sent letter(s) to individual at that address

and applicant did not receive a response? Yes _____ No _____

NOT WILLFUL

Was the failure to register done deliberately and

intentionally? Yes _____ No _____

Did you have the mental capacity to choose whether

or not and decided not to register? Yes _____ No _____

What actions, if any, have you taken when you

Learned of the requirement to register? _____

Documentation offered to support the above statements: _____

Applicant's Name

Date

WorkOne Staff Member

Date

WorkOne West Central

Selective Service – Not Required to Register

I, _____, am not Selective Service registered and not required to be registered due to the following circumstances:

U.S. Citizen

I am currently serving in the military on full-time activity duty. Yes _____

I am a student at one of the US service academies.

Name the academy: _____ Yes _____

I was disabled and continually confined to a residence, hospital, or institution between the ages of 18 and 26.

Actual ages of confinement: _____ Yes _____

I was hospitalized, institutionalized, or incarcerated between ages of 18 and 26.

Actual ages of confinement: _____ Yes _____

Non-U.S. Citizen

I entered this country for the first time after my 26th birthday. Yes _____

Documentation: (circle one)

Date of entry stamp in passport, or

I-94 with date of entry stamp, or

Letter from US Citizenship and Immigration Services indicating the date the man entered the United States with documentation of his age

I entered the U.S. illegally after my 26th birthday.

Must prove he was not living in U.S. from age 18 to 25. Yes _____

I am in U.S. on valid non-immigrant visa

Diplomatic or consular personnel & families, student visa,

Tourists with unexpired Form I-94, Border Crossing

Document DSP-150, or special agricultural workers (I-688A) Yes _____

Documentation provided (copied and to be part of record):

Application Name

Date

WorkOne Staff Member

Date

Region 4 WORKFORCE Board

To: Service Provider	Veterans' Priority of Service
From: Region 4 Workforce Board	Effective Date: 07-01-2019; Rev 05.07.2021

PURPOSE: This policy addresses Priority of Service for Veterans and Eligible Spouses under the Workforce Innovation and Opportunity Act (WIOA).

REFERENCES: 38 United States Code, Chapter 42, Section 4211 and Section 4215

- Federal Register Part VIII, Department of Labor, Veterans' Employment and Training Service, 20 CFR Part 1010, Priority of Service for Covered Persons (Dec. 19, 2008)
- Jobs for Veterans Act, [Public Law 107-288](#) (Nov. 7, 2002)
- [Veterans' Program Letter \(VPL\) No. 07-09](#), "Implementing Priority of Service for Veterans and Eligible Spouses in all Qualified Job Training Programs Funded in Whole or in Part by the U.S. Department of Labor"
- USDOL/Employment and Training Administration (ETA) Training and Employment Guidance Letter [\(TEGL\) No. 10-09](#), "Implementing Priority of Service for Veterans and Eligible Spouses in all Qualified Job Training Programs Funded in Whole or in Part by the U.S. Department of Labor"
- [Training and Employment Notice \(TEN\) 15-10a](#), "A Protocol for Implementing Priority of Service for Veterans and Eligible Spouses"

Priority of Service

WorkOne offices are required to ensure that Priority of Service is observed. To further improve service to veterans, the Priority of Service to Veterans and Eligible Spouses Federal Regulations, effective January 19, 2009, TEN 15-10, and DWD policy 2015-08, provides specific guidance on how One-stop Career Center providers, Wagner-Peyser staff, DVOPs, and LVERs are to serve veterans with respect to priority of service.

Veteran and eligible spouse customers should be identified upon entry at a WorkOne and allowed to move to the front of the waiting line. To assist with identifying veterans and eligible spouses, Priority of Service signs have been developed and are posted in all WorkOne offices where veterans are served. Signs will be displayed in a manner where the public and especially veteran and eligible spouse customers can easily see them. In accordance with the priority of service sign, eligible veterans and eligible spouses should notify staff upon entry into the facility. Typically, this will be near the entry point. Customers with visual impairments must be asked if they are a veteran or eligible spouse.

As defined in Section 2(a) of the JVA (38 U.S.C. 4215(a)), **priority of service means**, with respect to any qualified job training program, that a covered person shall be given priority over a non-covered person for the receipt of employment, training, and placement services provided under that program, notwithstanding any other provisions of the law.

Priority in the context of providing priority of service to veterans and other covered persons in qualified job training programs means the right to take precedence over non-covered persons in obtaining services.

Depending on the type of service or resource being provided, taking precedence may mean:

- The covered person receives access to the service or resource earlier in time than the non-covered person; or
- If the service or resource is limited, the covered person receives access to the service or resource instead of or before the non-covered person.

Priority of service applies to every qualified job training program funded, in whole or in part, by the Department of Labor, including:

- Any such program or service that uses technology to assist individuals to access workforce development programs (such as job and training opportunities, labor market information, career assessment tools, and related support services); and
- Any such program or service under the public employment service system, One-stop Career Centers, the Workforce Innovation and Opportunity Act, a demonstration, or other temporary program; any workforce development program targeted to specific groups; and those programs implemented by States or local service providers based on Federal block grants administered by the Department.

Identifying and Informing Covered Persons

Priority of Service Signs will be displayed in a manner where the public and especially veteran and eligible spouse customers can easily see them. In accordance with the priority of service sign, eligible veterans and eligible spouses should notify staff upon entry into the facility. When greeters are used in the Center, they will ask customers entering if they are veterans and if so, provide them immediate priority in the delivery of service. WorkOne Intake staff will use the developed Veteran Intake form to identify veterans. All staff in our Centers will receive training on identifying veterans and ensuring they are provided priority of service.

These processes shall ensure that covered persons are aware of:

- Their entitlement to priority of service;
- The full array of employment, training, and placement services available under priority of service; and
- Any applicable eligibility requirements for those programs and/or services.

Point of entry may include reception through a One-stop Career Center established pursuant to the Workforce Innovation and Opportunity Act, as part of an application process for a specific program, or through any other method by which covered persons express an interest in receiving services, either in-person or virtually.

Verification

- Basic Career Services – No source documentation needed for eligibility when these services are accessed or provided unless the individual who self-identifies ([Self-Attestation Form](#)) as a veteran or eligible spouse:
 - Is to immediately undergo eligibility determination and be registered or enrolled in a program; and
 - The applicable federal program rules require verification of a veteran or eligible spouse status at that time.
- Programs or Services that cannot rely on self-attestation – verification only needs to occur at the

point at which a decision is made to commit outside resources to one individual over another for these programs or services.

- When verification of eligibility is required in these instances, a veteran or eligible spouse should be enrolled, provided immediate priority, and be permitted to follow-up subsequently with any required verification of his or her status as a veteran or eligible spouse.
- Labor Exchange System Reporting— Federal regulations require that all individuals who are veterans be identified as veterans in the Wagner-Peyser labor exchange system, regardless of eligibility requirements.
- Verification of veteran status or eligible spouse—When verification is required, the following official documents may be used:
 - A DD 214 (issued following separation from active duty);
 - An official notice issued by the Department of Veterans Affairs that establishes entitlement to a disability rating or award of compensation to a qualified dependent;
 - An official notice issued by the Department of Defense that documents the eligibility of an individual, based on the missing or detained status of that individual's active duty spouse; or
 - An official notice issued by a State veterans' service agency that documents veteran status or spousal rights, provided that the State veterans' service agency requires Federal documentation of that information.

Definitions

- **Covered Person**-A veteran who is eligible or the spouse of an eligible veteran who is entitled to receive priority of service as a person who has served at least one day in the active military, naval, or air service and who was discharged or released from service under any condition other than a condition classified as dishonorable. This definition includes Reserve units and National Guard units activated for Federal Service.
- **Qualified job training program** -Any workforce preparation, delivery program, or service that is directly funded, in whole or in part, by the Department of Labor and includes the following:
 - Any such programs or services that use technology to assist individuals to access workforce development programs (such as job and training opportunities, labor market information, career assessment tools, and related support services).
 - Any such program or service under the public employment system, One-stop Career Centers, the Workforce Innovation and Opportunity Act of 2015, a demonstration or other temporary program, and/or those programs implemented by States or local service providers based on Federal block grants administered by the Department of Labor.
 - Any such program that is a workforce program targeted to specific groups.
- **Veteran**- A person who served at least one day in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable, as specified in 38

U.S.C. 101(2).

- **Active duty**- Full-time duty in the Armed Forces, other than active duty for training. This definition of "active service" does not include full-time duty performed strictly for training purposes, (i.e., that which often is referred to as "weekend" or "annual" training), nor does it include full-time active duty performed by National Guard personnel who are mobilized by State rather than Federal authorities. (State mobilizations usually occur in response to events such as natural disasters.)
- **Armed Forces**- United States Army, Navy, Marine Corps, Air Force, and Coast Guard.
- **Eligible spouse**- means the spouse of any of the following:
 - Any veteran who died of a service-connected disability;
 - Any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
 - Missing in action;

- Captured in line of duty by a hostile force; or
 - Forcibly detained or interned in line of duty by a foreign government or power;
- Any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs; or
- Any veteran who died while a disability was in existence.
- **NOTE:** A spouse whose eligibility is derived from a living veteran or service member would lose his or her eligibility if the veteran or service member were to lose the status that is the basis for the eligibility (e.g. if a veteran with a total service-connected disability were to receive a revised disability rating at a lower level). Similarly, for a spouse whose eligibility is derived from a living veteran or service member, that eligibility would be lost upon divorce from the veteran or service member.

Veteran Self-Attestation

ELIGIBILITY TRIAGE FORM 04-2021

SECTION A

Have you or your spouse ever served in the United States Military? ☐ Yes ☐ No

Name _____ City/State where residing _____ Cell/Home Phone _____

Email Address _____ Dates Served: from _____ to _____ ; from _____ to _____

What was your Character of Service at discharge? ☐ Honorable ☐ Dishonorable ☐ Other _____

What brings you into an American Job Center today?

☐ Employment ☐ Unemployment ☐ Shelter ☐ Training ☐ Benefits (State, VA) ☐ Other _____

SECTION B

Are you an eligible Veteran who served between the years 1961-1975 and meets one of the following:

☐ I served in the Republic of Vietnam between 2/28/1961 and 5/7/1975

☐ I served (regardless of location) between 8/5/1964 and 5/7/1975

Are you an eligible Veteran aged 18 to 24? ☐ Yes ☐ No

Are you a Transitioning Service Member who attended a Transition Assistance Program (TAP) workshop and:

☐ Are between the ages of 18-24 years old?

☐ An active duty service member being involuntarily separated through a service reduction-in-force?

☐ Do not meet career readiness standards (CRS)?

Are you a wounded, ill, or injured Service Member, receiving care at a Warrior Transition Unit (WTU) or Military Treatment Facility (MTF)? ☐ Yes ☐ No

Are you a caregiver for a wounded, ill, or injured Service Member, receiving care at a WTU or MTF? ☐ Yes ☐ No

If you checked any of the boxes or answered "yes" to any of the questions in this section, you may be referred for additional services if desired. If you did not answer "yes" or did not check a box to any of the questions above, please proceed to Section C.

SECTION C

Are you a Veteran who (check all that apply):

☐ Served on active duty for a period of more than 180 consecutive days? (This includes Title 10 orders.)

☐ Was discharged or released from active duty because of a service-connected disability?

☐ Served in support of a conflict or campaign?

☐ Was released from service under a Sole Survivorship discharge?

Are you a Spouse of a Veteran who:

☐ Died of a service-connected disability, or while a disability was being evaluated?

☐ Has been classified as a missing, captured, or detained Service Member?

☐ Is 100% Total and Permanent Disabled?

If you checked any of the boxes in this section, please proceed to Section D and mark all applicable options.

SECTION D

Are you an eligible Veteran or eligible Spouse (check all that apply):

☐ Receiving VA disability compensation or have a claim pending to receive compensation?

☐ Who is Homeless/At Risk – or lacks fixed, regular nighttime residence or fleeing a violent situation?

☐ Recently-separated service member unemployed for 27 or more weeks in the previous 12 months?

☐ Who is incarcerated or has ever been incarcerated?

☐ Who lacks a High School Diploma or equivalent certificate?

☐ Who is low income, receiving public assistance, housing, food, TANF, or other programs?

If you checked any of the boxes in this section, you may be referred for additional services if desired.

Customer Participant Statement

By signing below, customer has self-attested and acknowledges their status as listed in the sections above.

Customer Signature/Initials _____

Date: _____

Do Not Write – Staff Use Only

Referred to (Vet Staff Name) _____

Referred by (Your Name): _____

Date: _____

Region 4 WORKFORCE Board

To: Service Provider	DVOP/LVERS Roles and Responsibilities
From: Region 4 Workforce Board	Effective Date: 07-01-2019 Rev 08-13-2019

PURPOSE: To explain the required roles and responsibilities of Disabled Veterans' Outreach Program (DVOP) specialist and Local Veterans' Employment Representatives (LVER) in Integrated WorkOne Offices and serving Veterans with Significant Barriers to Employment. The local board adopts the policy of the DWD.

References

- [Training and Employment Guidance Letter 20-13 Change 2](#)
- 38 United States Code, Chapter 42, Section 4211 and Section 4215
- Federal Register Part VIII, Department of Labor, Veterans' Employment and Training Service, 20 CFR Part 1010, Priority of Service for Covered Persons
- [Jobs for Veterans Act, Public Law 107-288](#)
- [Veteran Program Letter 03-14 Jobs for Veterans State Grants \(JVSG\) Program Reforms and Roles and Responsibilities of American Job \(AJC\) Staff Serving Veterans](#)
- [Veteran Program Letter 03-14 change 1 Expansion and Clarification of Definition of Significant Barriers to Employment for Determining Eligibility for the Disabled Veterans' Outreach Program \(DVOP\)](#)
- [Veteran Program Letter 03-14 Change 2 Expansion and Clarification of Homeless Definition as a Significant Barrier to Employment \(SBE\)](#)
- [Veteran Program Letter 07-14 American Job Center \(AJC\) participation in Capstone Activities and other Outreach to Transitioning Service Members](#)
- [Veteran Program Letter 01-18 Exception of Jobs for Veterans State Grant \(JVSG\), Local Veterans' Employment Representative \(LVER\) Duty Roles](#)
- DWD Policy 2019-03 Required Responsibilities of DVOP and LVER Specialists in DWD's Integrated WorkOne Offices
- The Consolidated Appropriations Act of 2014

Definitions

- **Eligible Veteran**, as defined by the United States Code Title 38 Veterans' Benefits, Chapter 4211, paragraph (4), subparagraph (A) (B), is a person who:
 - served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge;
 - was discharged or released from active duty because of a service-connected disability; or as a member of a reserve component under an order to active duty pursuant to section 12301(a), (d), or (g), 12302, or 12304 of title 10, 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.
- **Eligible Spouse**, as defined by the United States Code Title 38 Veterans' Benefits, Chapter 4101, means:
 - the spouse of any person who died of a service-connected disability;
 - the spouse of any member of the Armed Forces serving on active duty who, at the time of application for assistance under this chapter, is listed, pursuant to section 556 of title 37 and regulations issued thereunder, by the Secretary concerned in one or more of the following categories and has been so listed for a total of more than ninety days:
 - missing in action,
 - captured in line of duty by a hostile force, or
 - forcibly detained or interned in line of duty by a foreign government or power; or
 - 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.
- **Additional Service Populations**, as defined in The Consolidated Appropriations Act of 2014 and **VPL 03-19**, are populations receiving support services funded by Jobs for Veteran State grants (JVSG) grants under this Act. Those populations include:
 - transitioning members of the Armed Forces who have been identified as in need of intensive services;
 - members of the Armed Forces who are wounded, ill, or injured and receiving treatment in military treatment facilities or warrior transition units; and
 - the spouses or other family caregivers of such wounded, ill, or injured members.
- **Family caregiver**, with respect to an eligible veteran, means a family member who is a caregiver of the veteran.
- **Caregiver** with respect to an eligible veteran, means an individual who provides personal care services to the veteran.
- **Family member**, with respect to an eligible veteran, means an individual who—
 - Is a member of the of the veteran's family, including—
 - A parent;
 - A spouse;
 - A child;
 - A step-family member; or
 - An extended family member; or
 - lives with, but is not a member of the family of the veteran.
- **Transitioning Service Members (TSM)** according to VPL 07-14, are those members falling within the three categories below and are therefore eligible for DVOP services:
 - Service members who receive a warm handover, or who produce a DD-2958 signed by their commander documenting that they have not met Career Readiness Standards;
 - Transitioning service members ages 18-24, regardless of whether they meet Career Readiness Standards; or
 - Active duty service members being involuntarily separated through a Service reduction- in-force.

- **Vietnam Era Veteran**, served any part of active duty military, naval, or air service during the Vietnam Era (02/28/1961 – 05/07/1975).

General Roles and Responsibilities of WorkOne Staff Serving Veterans

- **Welcome Team Staff** – Identify those eligible veterans or eligible spouses with significant barriers to employment (SBE) and direct those veterans to the Disabled Veterans' Outreach Program Specialist (DVOPs) for assistance for intensive services and case management. In the event that a DVOP Specialist is not available, the veteran or spouse should be referred to the appropriate Wagner-Peyser or WIOA staff in addition to scheduling or referring to an available DVOP Specialist by appointment. Under normal operating circumstances, all WorkOne customers are greeted by the welcome team and moved on to the appropriate staff for assistance.
- **Wagner-Peyser Staff**—The majority of veterans should be served by Wagner-Peyser or WIOA staff rather than the JVSG Veteran staff.
- **Veteran staff (DVOPs)**—Efforts of veteran staff should be focused on veteran customers with Significant Barriers to Employment (SBE) in accordance with Veterans Program Letter 03-14 and 03-14, Change 1 and Change 2. *The six significant barriers to employment (SBE) and five other associated factors for DVOP services, as identified by the Department of Labor* are:
 1. A special disabled or disabled veteran, defined in 38 U.S.C § 4211(1) and (3); Special disabled and disabled veterans are those:
 - who are entitled to compensation (or who would be entitled to compensation but for the receipt of military retired pay) under laws administered by the Secretary of Veterans Affairs; or,
 - were discharged or released from active duty because of a service connected disability;
 2. A Homeless person, as defined in Section 103(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302(a) and (b), as amended);
 3. A recently-separated service member, as defined in 38 U.S.C § 4211(6), who has been unemployed for 27 or more weeks in the previous 12 months, i.e. the term of unemployment over the previous 12 months remains 27 weeks; however, the requirement of 27 consecutive weeks is eliminated;
 4. An offender, as defined by WIOA Section 3 (38) 1, who is currently incarcerated or who has been released from incarceration, i.e. the expanded definition of SBE includes any eligible veteran or eligible spouse who is currently or was formerly incarcerated, removing the “within the last 12 months” requirement;
 5. Lacking a high school diploma or equivalent;
 6. Low-income individual (as defined by WIOA Section 3 (36));
 7. A Veteran between the ages of 18-24;
 8. A Veteran Affairs Vocational Rehabilitation and Employment Chapter 31 Veteran;
 9. A Transitioning Service Member in need of intensive services;
 10. Wounded, ill, or injured Service Member receiving treatment at a military facility, or Warrior Transition Unit (MTF/WTUS); or
 11. Spouses and family care-givers of such wounded, ill, or injured service members.
 12. Served any part of active duty military, naval, or air service during the Vietnam era (02/28/1961 – 05/07/1975).

Disabled Veterans' Outreach Program Specialist Roles

In Veterans' Program Letter 03-14 and 03-19, DVOP specialists facilitate intensive services to veterans with barriers to employment and/or special training needs which include:

- Conducting a comprehensive assessment (minimum requirement)
- Developing an individual employment plan that is documented (minimum requirement)
- Chapter 31 Vocational Rehabilitation & Employment Case Management
- Coordinating supportive services
- One-on-One Career Counseling
- Providing short term pre-vocational services
- Group Counseling

Case Management and Tracking

The DVOP specialist is the DWD case tracker for veterans in the United States Department of Veterans Affairs Vocational Rehabilitation and Employment Program (Title 38, Code of Federal Regulations, and Chapter 31). This program requires extensive follow-up and the DVOP specialist must be allowed sufficient time to do the case management and intensive services to meet these requirements. The DVOP specialist should work closely with the LVER & WorkOne Business Service Team (BST) to ensure that veterans in Chapter 31 programs who are "job ready" receive priority in their job search, as determined by the Vocational Rehabilitation Counselor (VRC) at the VA.

In accordance with Department of Labor Veterans' Employment and Training Service (DOL-VETS) Technical Assistance Guide dated December 2008, DVOPs are required to complete a service every two weeks for the Chapter 31 Veterans that they are case managing. Typically, this service will also be recorded in the current State client tracking systems under the Chapter 31 Case Management selection.

The DVOP specialist is the resident expert on programs available to assist SBE veterans in improving their skills so they can take the next step up in their careers. This would include workshops the DVOP may present and other staff services available at the WorkOne office as well as the programs available through the Veterans' Administration, such as Vocational Rehabilitation and Employment Program Services (VOC REHAB) and other WIOA training programs. The DVOP specialist is required to do outreach to target all veterans. DVOPs will coordinate outreach activities with their formal and functional managers to ensure maximum efficiency of the event.

In the event that a DVOP specialist does not have a full case-load of eligible veterans and eligible spouses, the DVOP specialist may perform additional outreach activities. For example, at such locations:

- Vocational Rehabilitation & Employment (VR&E) Services
- Homeless Veterans Reintegration Program (HVRP)
- VA Medical and other Centers
- Veterans' Administration Community Based Outpatient Clinic (CBOC)
- Homeless shelters
- Civic and service organizations
- Community Stand Downs
- Military installations
- WIOA partners
- State Vocational Rehabilitation Services
- County Service Veterans Service Officer

Case Noting

Case notes for veterans in the Chapter 31 program are confidential and must be kept separate from other case management files. Specific veterans' disability data may not be recorded in any computer system. The only data that can be recorded is the percentage of disability rated by the US Department of Veterans Affairs.

Rapid Response for Dislocated Veterans

At a minimum, the DVOP should be a part of the Rapid Response Team at selected Rapid Response events for dislocated veterans, ensuring that SBE veterans are offered JVSG services.

Local Veterans' Employment Representative (LVER) Roles

In Veterans' Program Letter 03-14 and 01-18, the following are the mandated functions for the Local Veterans' Employment Representative Staff:

1. As an integral part of the State's Labor Exchange System, LVER staff work with employers to promote veterans as job seekers who have highly marketable skills and experience.
2. LVER staff advocate for veterans to gain employment and training opportunities with business, industry, and community-based organizations. To accomplish this, LVER staff participates in a variety of outreach activities including, but not limited to:
 - a. Planning and participation in job fairs.
 - b. Coordinating with unions, apprenticeship programs, and business organizations to promote employment and training opportunities for veterans.
 - c. Promoting credentialing and training opportunities for veterans with training providers and licensing agencies.
3. LVER staff establishes, facilitates, and/or maintains regular contact with employers to include federal contractors. They should coordinate with employer relations representatives as part of the WorkOne system to include veterans in their marketing efforts.
4. LVER staff provides and facilitates a full range of employment, training, and placement services to meet the needs of priority veterans in targeted categories identified and approved in the State Plan. These services may include, but are not limited to:
 - Conducting job search assistance workshops in conjunction with employers
 - Providing job development opportunities
5. LVERs serving in Federally Declared Major Disaster areas by the President of the United States and where VETS Assistant Secretary has determined circumstances appropriate are authorized temporary exception to the restricted LVER roles and responsibilities as outlined in VPL 03-14 and may provide direct individualized career services to disaster-affected veterans.

The LVER should be integrated into the WorkOne Employment Team or Business Services Team (or equivalents). The difference between the LVER and any other member of the team is that the LVER advocates for veterans for employment and training opportunities with businesses, industries, unions, and apprenticeship programs. They may ask employers specifically to seek veterans for positions in their companies. Optimally, the employer would target specific positions for veterans with certain skills (based on the veterans' military training/military occupational specialty). Under no circumstances will the LVER provide related services to non-veteran customers unless the customer is an eligible spouse covered by priority of service.

The LVER staff must be able to inform the community of Veteran services. LVER staff should be encouraged to attend meetings of the local Chamber of Commerce, area Unions, and Hiring Events to promote all the WorkOne services; both as a networking tool and for the opportunity to speak about veterans' programs.

Joint Responsibilities of DVOPs and LVERs

Outreach Accountability

In order to maintain accountability for time spent on outreach, each LVER and DVOP shall report the results of their outreach activities, including but not limited to travel logs in writing via e-mail or Outlook Calendar Shares to their WorkOne local management staff. If necessary, copies of these documents and schedules will be provided to formal State Managers, and/or functional managers when applicable.

These reports will be used by the LVER staff, Regional Operators, and the Workforce Development Boards (WDB's), to produce the required quarterly reports for the State Veterans Coordinator and U.S. Department of Labor Veterans' Employment and Training Services as required in Public Law 107-288 and VPL 01-15. Outreach activities will be reviewed by supervisors and those that are determined by the management team to be unproductive may be discontinued.

National Veterans Training Institute (NVTI)

All DVOPs and LVERs are required to attend veteran related courses at NVTI within 18 months of assignment or hire. Typically, most veteran representatives will attend at least two courses offered by NVTI. In some instances, the DWD State Veterans Coordinator may elect to send veterans' representatives to additional courses based on career development.

Indiana Seamless Transition Program

In some instances, LVERs and DVOPs will be called upon to assist with the State of Indiana Seamless Transition Program for State Guard and Reservists returning from deployment. This may include the Yellow Ribbon Program for returning deployed service members.

Negotiated Performance Measures

The State of Indiana Veterans Program negotiates Performance Targets with the USDOL/VETS for the JVSG programs which uses **data metrics retrieved from Participant Individual Record Layout (PIRL)** to report outcomes. The following entities are charged with the responsibility of meeting the VETS Negotiated Performance Targets: Indiana Department of Workforce Development, the State's regional Workforce Development Boards (WDBs), the State Workforce Innovation Council (the State's Workforce Investment Board), Regional Workforce

Board Chairs, and Regional Operators. Indiana's Veterans' Performance Targets are typically negotiated annually with the U.S. Department of Labor's Veterans Employment and Training Service.

Region 4 WORKFORCE Board

To: Service Provider	Weapons and Safety Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: To re-enforce DWD's position on the presence of weapons in WorkOne facilities

REFERENCES: [DWD Policy 2010-05](#)

BACKGROUND: Every employee of the WorkOne system has the right to work in a safe and non-threatening environment.

CONTENT:

In order to diminish the possibility of workplace violence, the Region 4 Workforce Development Board (WDB) and Tecumseh Area Partnership, Inc. reiterates the prohibition against weapons within any WorkOne facility and administrative office. The nature of our business makes it imperative that every possible precaution be taken to ensure the safety and welfare of WorkOne staff, administrative staff, and their customers.

The R4WDB and R4WDB designee recognize that the nature of our services may expose employees to situations that could put them at risk; however, **at no time are employees expected to put their personal safety in jeopardy.**

It is impossible to predict every type of workplace violence incident that may occur. Effective handling of these situations requires WorkOne System staff to use good judgment and common sense in every situation. It is vitally important to identify any threatening or disruptive actions early and deal with them right away.

Due to the nature of federal and state statutorily-created benefits and services the Department provides to the public, it is not prudent to restrict customer access to its physical facilities, except in situations that challenge safety, well-being, or security at WorkOne Centers, WorkOne Express sites and DWD offices. In these situations, WorkOne System staff should contact law enforcement immediately for assistance. The law enforcement official may immediately remove the threatening individual from the premises or prohibit a customer's future access to the WorkOne Center, WorkOne Express site or DWD office.

Examples of situations that challenge safety, well-being, or security may include but are not limited to:

- Carrying or displaying an unauthorized weapon;
- Written or verbal threat to harm or in any way endanger the safety of an individual;
- Physical contact such as hitting, pushing, shoving, sexual harassment or inappropriate touching whether physical or implied;
- Obscene, profane, or abusive language which interrupts the ability to conduct business; or threatening gestures (i.e. shaking fist at others) or remarks;
- Throwing, kicking or pounding on objects in a manner reasonably perceived to be threatening;
- Inappropriate bodily exposure;
- Theft or attempted theft of WorkOne or DWD property;
- Written, verbal or perceived threat to destroy property;
- Possession or use of alcohol or illegal drugs;
- Suspected intoxication or actions that indicate impairment;
- Entry into an unauthorized area;
- Stalking (repeated unwanted attention or contact by participants or customers).

Since it is impossible to know with any certainty whether a threat is going to be carried out, all threats should be treated in a serious manner. The following are suggested responses for WorkOne System staff to use if confronted with a situation that challenges the safety, well-being or security of an individual. Examples of such a situation include an immediate threat of violence, a verbal threat, a written threat, other non-violent incident placing the staff member or a member of the public in fear of harm, or a suicide threat

Immediate Threats and Imminent Danger

If a WorkOne System employee encounters an immediate threat such as a person with a gun, knife or other weapon:

- Stay calm and non-confrontational. Do not argue with, touch or attempt to physically restrain an individual because this may further incite the individual's anger.
- Move and speak slowly, quietly and confidently.
- Be courteous, listen attentively and encourage the individual to talk.
- Do not attempt to bargain with the individual.
- Try to arrange yourself so that you have an avenue of exit from the immediate area. Try to maintain three (3) to six (6) feet between you and the individual.
- Try to remember a description of the individual such as gender, race, approximate age, height and weight, hair color and style, tattoos or piercings, type of clothing, etc.
- Signal on site security personnel for assistance. If on site security is not available, signal a co-worker or supervisor that you need help and have the co-worker or supervisor call the police or 911.
- Do not call for help yourself if the individual is directly confronting you.
- As soon as safely possible, remove yourself and other individuals to a safe environment.
- Follow the instructions given by police when they arrive.

Verbal Threats

If a WorkOne System employee receives a telephone call, voice mail message, or is confronted by an individual who makes a verbal threat to harm any person or damage WorkOne or DWD property:

- Listen carefully and write down the date and time of the call as well as everything the individual says.
- Describe any background noise you may have heard such as airplane sounds, machinery, voices, crying, traffic noise, etc.
- Notify a supervisor immediately.
- The supervisor will decide if it is appropriate to contact police.
- If the call was left on voicemail, do not erase the telephone message until it is reviewed by police.
- Follow the instructions given by police when they arrive.

Written Threats

If a WorkOne System employee receives a written document such as a letter, postcard, facsimile or e-mail from an individual who makes a threat to harm any person or damage WorkOne or DWD property:

- Notify a supervisor.
- The supervisor should contact police if specific information is provided: name of person making the threat, when and how the threat will be carried out, name of specific person against whom the threat is made.
- Do not allow anyone to handle the document; protect the document and/or envelope by placing it and the envelope it came in into a file folder or larger envelope and turn it over to police when they arrive.

Non-violent Incidents

- If a WorkOne System employee receives a telephone call from or is confronted by an individual who is using offensive, profane or vulgar language or yelling, but does not make a verbal threat to harm any person or damage WorkOne or DWD property:
- Stay calm and do not take it personally.
- Listen attentively. Do not interrupt. Do not argue with the individual.
- Attempt to de-escalate the situation by being courteous, empathetic and patient, and express a willingness to calmly discuss the matter with the individual. Try to affect a solution to the individual's problem and/or concern at that time.
- Speak slowly, softly and clearly. If the individual is yelling, gradually bring your voice down to a soft volume level.
- If the interaction is in person, alert a supervisor and ask for assistance in trying to calm the individual down and assist the individual. If the individual does not calm down and is disrupting business, the supervisor should ask for assistance from contracted security staff or determine whether or not to contact police if security is not immediately available.
- Follow the instructions given by police when they arrive.
- If the interaction is on the telephone and the individual does not calm down, inform the individual that if the abusive or profane language continues you are required to terminate the call and report it to your supervisor. Provide a second warning, and if not heeded, then terminate the phone call.

- Immediately inform a supervisor of the terminated phone call.
- If there is any threat of harm to a person or damage to WorkOne or DWD property during these interactions, refer to the Verbal Threats section of this policy.

Suicide Threats

If a WorkOne System employee receives a telephone call from or is confronted by an individual who is threatening to commit suicide:

- If in the employee's judgment, there exists an imminent danger situation that the individual may attempt suicide, call 911. Make certain to provide the 911 operator with the address of the individual's current location and all other information about the situation that you may possess.
- If in the employee's judgment there is not an imminent danger that the individual may attempt suicide and the individual is on the telephone, call and transfer the individual to a suicide prevention phone number provided/posted at your work location. If interacting with the individual in person, locate a more private area with a telephone in the work location. Call a suicide prevention phone number and hand the telephone to the individual.
 - Inform a supervisor.

Incident Reporting Procedures

Once the incident is brought to a closure and as soon as possible thereafter, a WorkOne System supervisor must ensure that a DWD Incident Report is completed. Incident forms and instructions are located on the department's website at <http://www.in.gov/dwd/2429.htm>. All WorkOne System employees involved in the incident should be consulted and any information they provide should be included in the report. The report must be detailed and include all information relevant to the incident. Human Resources must also be notified of any incidents involving DWD employees.

Destruction of WorkOne or DWD Office Property

DWD may take civil action against an individual who willfully and maliciously damages or destroys property that exceeds an estimated value of \$500. A DWD Incident Report must be submitted and a WorkOne System supervisor should contact the DWD Legal Section immediately.

Region 4 WORKFORCE Board

To: Service Provider	Workstation and Office Appearance Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

PURPOSE: To ensure a professional workstation and office atmosphere for staff and for the purpose of delivering services to WorkOne customers efficiently and effectively.

BACKGROUND: With the inception of a WorkOne Integrated System, office layouts have become much more open and free-flowing. Cubicles and high walls will be replaced by open workstations and better customer flow. WorkOne centers will transform to a more interactive environment, where customers can visually see the staff there to serve them. Customers are shared across team members and are escorted across teams and workshop space. In an effort to keep a safe environment, staff should keep their personal belongings out of public reach. An organized and professional office is intended to keep the “look and feel” of the new, improved Integrated System.

CONTENT:

- All areas are to be kept neat, clean, and professional in appearance.
- No personal items are to be placed in the aisles or on file cabinets and bookcases in the common areas.
- Work surfaces should be kept neat, dusted, and clear of excess clutter. A few well selected personal items are acceptable as long as the items do not interfere with the organization and flow of the employee's work.
- Only one plant per work station is permissible. No plant shall be hung from the ceiling or walls. Plants must not be placed on or on window ledges.
- With the exception of guide animals, no fish or other animals are permitted in the common area or work stations.
- No flower stands or other personal furniture is permitted.
- No adhesives are to be used on the walls or furniture. Magnets may be used on metal portions of furniture.
- Nothing is to be placed on top of any open or closed bins or file cabinets that can be seen above the cabinet /partition walls.

Region 4 WORKFORCE Board

To: Service Provider	Social Media Policy
From: Region 4 Workforce Board	Effective Date: 12.16.2019

PURPOSE

This policy establishes guidelines for the use of social media at WorkOne Career Centers.

RESCISSION

DWD Policy 2012-02

CONTENT

When used correctly, social media can vastly improve the reach and efficiency of communication by allowing direct contact to individuals seeking information. The Department of Workforce Development (DWD) encourages workforce investment boards, regional workforce boards, regional operators, and service providers to use social media tools to reach a broader audience. Social networks such as Facebook, Twitter, YouTube, Instagram and LinkedIn will be used to expand outreach capabilities and improve DWD and WorkOne's ability to interact with and serve the public where appropriate.

DWD has an overriding interest and expectation in deciding what is "said" on behalf of the department and its WorkOne Centers on social media sites. In addition, WorkOne Operators will need to review the "Social Media Standards" attachment for further review prior to uploading a social media web page.

Note: Throughout this policy, workforce investment boards, regional workforce boards, regional operators, and WIOA service providers are referred to collectively as "WorkOne Operators."

General Guidelines for Social Media Tools

1. Any program or department that wants to create and run its own social media account(s) will first need to contact the DWD Communications Department for discussion and approval.
2. DWD websites (www.in.gov/dwd, indianacareerready.com, etc.) will remain DWD's primary and predominant internet presences
3. The best, most appropriate uses of social media tools fall generally into two categories:
 - a. Channels for disseminating time-sensitive information as quickly as possible.
 - b. Marketing/promotional channels to increase DWD and WorkOne's ability to broadcast their messages to the widest possible audience.
4. Each full-service WorkOne Career Center may have its own social media site.
5. Wherever possible, content posted to WorkOne Operator's social media sites should contain links directing users back to DWD's official websites for in-depth information, forms, documents, or online services necessary to conduct business with DWD.

6. The WorkOne Operator or a designee will be responsible for the content and upkeep of any social media sites created. One person should oversee the WorkOne Operator's social media site(s). All information posted must go through the WorkOne Operator or designee.
7. Social media sites are subject to State of Indiana public records laws. Any content maintained in a social media format related to DWD business, including a list of subscribers and posted communication, is public record. Content related to DWD business shall be maintained in an accessible format so it can be produced in response to a request.
8. Users and visitors to social media sites shall be notified that the intended purpose of the site is to serve as a mechanism for communication between WorkOne and members of the public. Social media site articles and comments containing any of the following forms of content shall not be allowed:
 - a. Comments in support of or opposition to political campaigns or ballot measures;
 - b. Profane language or content;
 - c. Content that promotes, fosters, or perpetuates discrimination on the basis of race, creed, color, age, religion, gender, marital status, status with regard to public assistance, national origin, physical or mental disability or sexual orientation;
 - d. Sexual content or links to sexual content;
 - e. Solicitations of commerce;
 - f. Conduct or encouragement of illegal activity;
 - g. Information that may tend to compromise the safety or security of the public or public systems; or
 - h. Content that violates a legal ownership interest of any other party.
9. DWD is a government agency, so hiding and deleting comments violates a person's (the commenter) First Amendment rights because social media is viewed as a limited public forum, and the person who hid/deleted that comment could be sued. Your default position should be not to hide or delete any comments; however there are exceptions. The following has no First Amendment protection and therefore those comments can be hidden or deleted:
 - a. Obscenity
 - i. (Filter your profanity settings to "strong" so that these comments get filtered out automatically)
 - b. Defamation
 - c. Actual threat
 - i. (If a commenter communicates intent to inflict specific harm on someone and could be charged criminally)
 - d. Spam/solicitation
 - e. Illegal activities
 - i. (i.e., Encouraging others to commit a crime)
 - f. Promotes illegal discrimination
 - g. Copyrighted content
10. When it makes sense to do so, respond or like a person's comment. Engage in dialogue with them or answer their question as that makes commenters feel valued and heard which in turn fosters trust.

These guidelines must be displayed to users or made available by hyperlink. Any content removed based on these guidelines must be retained, including the time, date, and identity of the poster when available. The following disclaimer must be included on the site: "WorkOne reserves the right to restrict or remove any content that is deemed in violation of this social media policy or any applicable law."

Administration of the Department of Workforce Development's social media sites.

The Communications and Marketing team will maintain a list of social media tools that are approved for use by

WorkOne Operators or other DWD program areas. For each of the social media tools approved for use by DWD, the following documentation will be developed and adopted:

- Operational and use guidelines;
- Standards and processes for managing accounts on social media sites; and
- Standards for the administration of social media sites.

EFFECTIVE DATE

Immediately

END DATE

Upon Rescission

OWNERSHIP

Chief Communications Officer
Indiana Department of Workforce Development
10 North Senate Avenue
Indianapolis, IN 46204

ACTION

Workforce investment boards, regional workforce boards, regional operator and service providers shall follow the guidelines established in this policy and subsequent guidelines and standards for the usage of social media tools issued by the Department of Workforce Development.

ATTACHMENTS

Attachment A - WorkOne Operators will need to review the "Social Media Standards" attachment for further review prior to uploading a social media web page.

Attachment A

Social Media Standards

Workforce investment boards, regional workforce investment boards, regional operators, and service providers must follow the standards outlined below for the following social media tools, which have been approved for use by the Indiana Department of Workforce Development (DWD):

- Facebook
- Twitter
- LinkedIn
- YouTube
- Instagram

NOTE: Within this document, workforce investment boards, regional operators, and service providers are collectively referred to as “WorkOne Operators.”

FACEBOOK STANDARDS

Each full-service WorkOne center may elect to create a regional Facebook page to connect with its users. WorkOne Operators will use this standard in conjunction with DWD's Social Media Use Policy.

WorkOne Operators will be creating a Facebook page, not a profile. Pages are for public organizations or businesses to allow viewers to access information without request. A profile is geared toward individuals, requiring a request to view content and always allowing viewers to post comments.

Understanding the purpose of the Facebook page

The WorkOne Operator's Facebook page shall serve two primary purposes:

- Promote WorkOne activities, events, and programs
- Refer followers to content hosted at www.in.gov/dwd, indianacareerready.com or the WorkOne Operator's website

Establishing a page

When a WorkOne Operator determines it has a business need for a Facebook page, the operator will need to submit a request to DWD's Communication Department. All branding images must meet the DWD Brand Policy guidelines.

Note: You need a personal Facebook account in order to create or add admins for a business Facebook page.

Content

1. Type of ‘pages’
 - a. WorkOne Operators will create ‘pages’ in Facebook, not ‘groups.’ These pages offer distinct advantages, including greater visibility, customization, and measurability.
 - b. Under ‘type’ description, choose ‘government.’
2. About section
 - a. Regional Facebook pages must use the WorkOne logo as the page's image.
 - b. WorkOne Operators will include a mission introduction on the About section.
 - c. WorkOne Operators will post their WorkOne Career Centers' hours and address(es), and update as necessary.
 - d. WorkOne Operators will link to their website in the About section.
3. Page Naming
 - a. The page name must be the WorkOne region. Example: WorkOne Southeast

4. Page Administrators
 - a. A successful page requires persistent oversight. Each WorkOne Operator is responsible for monitoring the Facebook page.
 - b. The WorkOne Operator will designate an administrator and a back-up administrator in designated poster's absence to post content on the Facebook page.
 - c. All posts must be approved by the designated poster or designated alternate.
 - d. The DWD Communications Department will frequently check content on Facebook pages to ensure content is updated and accurate, and will contact the operator with any comments or concerns.
5. Posting
 - a. Posting consistently (at least four times a week, but ideally at least once a day) is necessary for growing and maintaining an audience.
 - b. Always include either a non-copyrighted image or a hyperlink in each post.
 - c. Hashtags on Facebook no longer work so don't use them.
 - d. When possible, tag a business, agency or person you mention in the post as this will further your post's reach.
 - e. If someone posts a difficult question, message that person directly to take that question to a more private forum. Answer all private messages in a timely manner.
6. Style
 - a. Facebook is more casual than other forms of communication, but the page still represents WorkOne. Therefore, WorkOne Operators will use proper grammar, avoiding jargon and abbreviations, at all times.
7. Applications
 - a. Thousands of Facebook applications are available, allowing users to stream video and music, post photos and view/subscribe to RSS feeds, but they cause clutter and security risks.
 - b. Applications should not be used unless it serves a business purpose, adds to the user experience, comes from a trusted source, and is approved by the DWD Communications Department.
 - c. An application may be removed at any time if there is a significant reason to think it is causing a security risk or spreading viruses.

TWITTER STANDARDS

Twitter is a micro-blogging tool that allows account holders to tweet up to 280 characters of information to followers. Each full-service WorkOne Career Center may elect to create a Twitter account. WorkOne Operators will use these standards in conjunction with DWD's Social Media Use Policy.

Understanding the purpose of the Twitter account

The WorkOne Operator's twitter account shall serve three primary purposes:

- Get information out quickly
- Promote WorkOne events
- Refer followers to content hosted at www.in.gov/dwd, indianacareerready.com or the WorkOne Operator's website

Establishing a page

When a WorkOne Operator determines it has a business need for a Twitter account, the center will submit a request to DWD's Communication Department. All branding images must meet the DWD Brand Policy guidelines.

Content

1. Twitter Administrators
 - a. A successful page requires persistent oversight. Each WorkOne Operator is responsible for monitoring their Twitter account.

2. Account Naming
 - a. Twitter name must be WorkOne Regions. Example: WorkOne Southeast
3. Logo
 - a. Regional Twitter account backgrounds will use the WorkOne regional logo.
4. Posted Information
 - a. All posts must be approved by the designated poster or a designated alternate.
 - b. All information will be relevant, timely and informative.
 - c. All information posted on Twitter shall conform to the policies and procedures of DWD and WorkOne.
 - d. Twitter content shall mirror information presented on www.in.gov/dwd and other existing information dissemination mechanisms.
 - e. The DWD Communication Department will frequently check content on Twitter pages to ensure content is updated and accurate, and will contact the operator with any comments or concerns.
5. Posting
 - a. If the Regional Twitter page is added as an account next to your private Twitter page, please be aware that you are posting on the correct page.
 - b. Posting consistently (ideally at least once a day due to the nature of Twitter) is necessary for growing and maintaining an audience. However, posting excessively (i.e., several times each hour) can negatively affect the profile's growth.
 - c. Always include either a non-copyrighted image or a hyperlink in each post.
 - d. Use but don't over-use hashtags. Note: A hashtag will become broken with a space or special character.
 - e. When possible, tag a business, agency or person you mention in the post as this will further your post's reach.
 - f. Answer all direct messages in a timely manner.
6. Editing
 - a. Communications personnel must ensure that information is correct the first time before posting because Twitter does not allow editing to occur once the tweet goes live.
7. Style
 - a. Twitter is more casual than other forms of media or communication, but the posted tweet still represents WorkOne. Therefore, WorkOne Operators will use proper grammar, avoiding jargon and abbreviations, at all times.

LINKEDIN STANDARDS

LinkedIn is a professional social networking site. Full-service WorkOne Operators may elect to create a LinkedIn page to promote professional services offered by WorkOne and DWD.

Understanding the purpose of a LinkedIn page

The WorkOne Operator's LinkedIn page shall serve two primary purposes:

- Promote WorkOne activities, events, and programs
- Refer followers to content hosted at www.in.gov/dwd, indianacareeready.com or the WorkOne Operator's website

Establishing a page

When a WorkOne Operator determines it has a business need for a LinkedIn account, it will submit a request to DWD's Communication Department. All branding images must meet the DWD Brand Policy guidelines.

Note: You need a personal LinkedIn account in order to create or add admins for a business LinkedIn page.

Content

1. Boilerplate
 - a. LinkedIn accounts must use the WorkOne regional logo as the accounts image.
 - b. WorkOne Operators will include information on WorkOne services for employees and job seekers.
2. Account Name
 - a. The account name must be WorkOne region. Example: WorkOne Southeast.
3. Page Administration
 - a. WorkOne Operators or a designee are responsible for maintain the region's LinkedIn account.
 - b. All posts or updates to the account must be approved by the designated poster or designated alternate.
 - c. The DWD Communication Department will frequently check content on LinkedIn pages to ensure content is updated and accurate, and will contact the operator with any comments or concerns.
4. Style
 - a. WorkOne Operators will use proper grammar, avoiding jargon and abbreviations, at all times.
5. Posting
 - a. Posting consistently (at least four times a week, but ideally at least once a day) is necessary for growing and maintaining an audience.
 - b. Always include either a non-copyrighted image or a hyperlink in each post.
 - c. Use but don't over-use hashtags. Note: A hashtag will become broken with a space or special character.
 - d. When possible, tag a business, agency or person you mention in the post as this will further your post's reach.
 - e. LinkedIn does not have a messaging feature, so foster positive discussion with your commenters if it makes sense to do so.

YOUTUBE STANDARDS

YouTube is a video-sharing platform. Each full-service WorkOne center may elect to create a regional YouTube account to connect with its users. WorkOne Operators will use this standard in conjunction with DWD's Social Media Use Policy.

Understanding the purpose of the YouTube account

The WorkOne Operator's YouTube account shall serve two primary purposes:

- Promote WorkOne activities, events, and programs
- Highlight success stories

Establishing a page

When a WorkOne Operator determines it has a business need for a YouTube channel, the operator will need to submit a request to the DWD Communications Department. All branding images must meet the DWD Brand Policy guidelines.

Content

1. Setting up the channel
 - a. To create a YouTube channel, a Gmail address is required. The WorkOne Operator should first create a general WorkOne Gmail account, if one has not already been created.
2. About section
 - a. WorkOne Operators must use the WorkOne regional logo as the page's image.
 - b. A banner image also can be uploaded, and should reflect the WorkOne brand.
 - c. WorkOne Operators will include a mission introduction on the About section's Channel Description.
 - d. If a general email is available, that should be added next to "For business inquiries:"
 - e. WorkOne Operators will link to their website and other social media pages in the About section.
3. Channel Naming

- a. The channel name must be the WorkOne region. Example: WorkOne Southeast
 - b. In the Creator Studio under Channel, you may elect to create a custom URL which should reflect the channel's name.
4. Page Administrators
 - a. A successful page requires persistent oversight. Each WorkOne Operator is responsible for monitoring the YouTube channel.
 - b. The WorkOne Operator will designate an administrator and a back-up administrator in designated poster's absence to upload videos and monitor comments.
 - c. All videos must be approved by the designated poster or designated alternate.
 - d. The DWD Communications Department will frequently check content on YouTube channels to ensure content is updated and accurate, and will contact the operator with any comments or concerns.
5. Posting
 - a. Posting consistently (at least a couple times a month, but ideally at least once a week) is necessary for growing and maintaining an audience.
 - b. Always include a description and keywords in the Tag section to each video.
 - i. You may link to your website in the description if it is relevant to do so.
 - c. When uploading a video, decide and choose if it should be listed as public, private or unlisted.
 - i. Public: This is the default setting for YouTube videos. Anyone can search for, view or share a public video.
 - ii. Private: These videos can only be viewed by those *invited* to view them by the uploader, and there are a limited number of invitees. These videos are not searchable, nor do they appear on the channel's page.
 - iii. Unlisted: These videos can be viewed and shared by anyone with the video link. These videos are not searchable, nor do they appear on the channel's page.
6. Style
 - a. In the video description box, WorkOne Operators will use proper grammar, avoiding jargon and abbreviations, at all times.
7. Comments
 - a. To be in accordance with the law, all videos should have comments enabled.
 - b. YouTube does not have a messaging feature, so foster positive discussion with your commenters if it makes sense to do so.

INSTAGRAM STANDARDS

Instagram is a photo and video-sharing mobile application, and therefore must be created and posted through a phone or tablet. Each full service WorkOne center may elect to create a regional Instagram page to connect with its users. WorkOne Operators will use this standard in conjunction with DWD's Social Media Use Policy.

Understanding the purpose of the Instagram page

The WorkOne Operator's Instagram page shall serve two primary purposes:

- Promote WorkOne activities, events, and programs
- Highlight success stories

Establishing a page

When a WorkOne Operator determines it has a business need for an Instagram page, the operator will need to submit a request to DWD's Communication Department. All branding images must meet the DWD Brand Policy guidelines.

Content

1. Creating an account

- a. An account must be created on a state-given work phone, and it can be linked to the WorkOne Facebook page.
2. About section
 - a. Regional Instagram pages must use the WorkOne regional logo as the page's image.
 - b. WorkOne Operators will include a mission introduction in the Bio section.
 - c. WorkOne Operators will link to their website in the About section.
3. Page Naming
 - a. The page name must be the WorkOne region. Example: WorkOne Southeast
4. Page Administrators
 - a. A successful page requires persistent oversight. Each WorkOne Operator is responsible for monitoring the Instagram page.
 - b. The WorkOne Operator will designate an administrator and a back-up administrator in designated poster's absence to post content on the Instagram page.
 - c. All posts must be approved by the designated poster or designated alternate.
 - d. The DWD Communications Department will frequently check content on Instagram pages to ensure content is updated and accurate, and will contact the operator with any comments or concerns.
5. Posting
 - a. If the Regional Instagram page is added as an account next to your private Instagram page, please be aware that you are posting on the correct page.
 - b. Posting consistently (at least four times a week, but ideally at least once a day) is necessary for growing and maintaining an audience.
 - c. Posts must be visual and edited/cropped in an aesthetic manner as this is a photo and video platform. You may post multiple photos in one post.
 - d. Videos can be up to 60 seconds long.
 - e. A caption should accompany each post.
 - f. Use but don't over-use hashtags. Note: A hashtag will become broken with a space or special character.
 - g. When possible, tag a business, agency or person you mention in the post as this will further your post's reach.
 - h. Hyperlinks do not work on Instagram, so do not use them.
 - i. If someone posts a difficult question, message that person directly to take that question to a more private forum. Answer all private messages in a timely manner.
6. Style
 - a. WorkOne Operators will use proper grammar, avoiding jargon and abbreviations, at all times.
7. Applications
 - a. While there are a ton of cropping applications made for Instagram, these applications should not be used unless it serves a business purpose, adds to the user experience, comes from a trusted source, and is approved by the DWD Communications Department.
 - b. An application may be removed at any time if there is a significant reason to think it is causing a security risk or spreading viruses.

Region 4 WORKFORCE Board

To: Service Provider	Migrant Seasonal Farmworker Complaints
From: Region 4 Workforce Board	Effective: 07/01/2021

Action on Complaints for Migrant/Seasonal Farmworkers

- Whenever an individual indicates an interest in filing a complaint under this subpart with an ES office or SWA representative, or an outreach worker, the individual receiving the complaint must offer to explain the operation of the Complaint System and must offer to take the complaint in writing.
- Make every effort to obtain all the information he/she perceives to be necessary to investigate the complaint.
- Request that the complainant indicate all the physical addresses, email, and telephone numbers through which he/she might be contacted during the investigation of the complaint; and
- Explain the need to maintain contact during the investigation.
- Provide the Farmworker with SMA contact: (p): 765-416-2158 & (e): Jgarciahobbs@dwd.in.gov

What is my role as an AJC Representative?

- ***If the complaint was received at a One-Stop center staff should:***
 1. Ensure MSFW is entered in the VOS greeter with an appropriate ICC registration.
 2. Listen to the MSFWs needs. Provide the ETA 8429 to the farmworker and assist if necessary.
 3. Gather all necessary information and log the complaint or apparent violation on the MSFW complaint/apparent violation log.
 4. Ensure the 8429 is signed and provide a copy of the form to the MSFW.
 5. Refer the MSFW to the Office Manager or complaint system representative
 6. And remember to offer the full range of employment and training services.

What is my role as an office manager/ complaint system representative?

- Take from the MSFW or his/her representative, in writing (hard copy or electronic), the complaint(s) describing the alleged violation(s) of the employment-related law(s); and
- Attempt to resolve the issue informally at the local level, except in cases where the complaint was submitted to the SWA and the SMA determines that he/she must take immediate action and except in cases where informal resolution at the local level would be detrimental to the complainant(s).
- Refer the MSFW to other employment services at the AJC should the MSFW be interested.



U.S. Department Labor
Employment and Training Administration

OMB Approval No. 1205-0039
Expiration Date: 12/31/2022

For Official Use Only Complaint/Apparent Violation Form¹

Complaint/Apparent Violation No.		Date Received
Part I. Contact Information²		Respondent's Information³
1. Name of Complainant (Last, First, Middle Initial) ⁴		4. Name of Person, Company, or Agency the Complaint is Made Against
2a. Permanent Address (No., St., City, State, ZIP Code)		5. Name of Employer (if different from Part I #4 above) /One-Stop Office
b. Temporary Address (if Appropriate)		6. Address of Employer/One-Stop Office
3a. Permanent Telephone () -	b. Temporary Telephone () -	7. Telephone Number of Employer/One-Stop Office () -
8a. Description of Complaint or Apparent Violation (If additional space is needed, use separate sheet(s) of paper and attach to this form)		

8b. ☐ I hereby give authorization to: _____ to act on my behalf regarding this complaint.
Phone #: _____ Address: _____

Certification

I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of this information to other enforcement agencies for the proper investigation of my complaint. I UNDERSTAND that my identity will be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of my complaint.

9. Signature of Complainant ⁵	10. Date Signed / /
--	------------------------

¹ For information regarding complaints that are covered through the Employment Service and Employment-Related Law Complaint System see 20 CFR 658 Subpart E.

² If the Complaint/Apparent Violation Form is used to submit an Apparent Violation, the name of the Complainant is not necessary and may remain anonymous. Parts 2a and 2b also do not need to be filled out if the form is used for an Apparent Violation.

³ For definition of "Respondent" see 20 CFR 651.10.

⁴ Pursuant to 658.400(d), "A complainant may designate an individual to act as his/her representative." If the complainant has a designated representative, the name and contact information of the designated representative must be provided in 8b.

⁵ No signature is required at Part 9 if this form is submitted as an Apparent Violation. If the form is submitted as a complaint and a designated representative is acting on behalf of the complainant, the designated representative must sign here.

Region 4 WORKFORCE Board

Purpose

To remind WorkOne staff of the requirement and procedures to offer voter registration to clients, and to provide the new IN DWD Voter Registration Information sheet and new Indiana Voter Registration Application (VRG-7) form. *Change 1* removes all references to Uplink, as this option is not currently available.

Rescission DWD Memorandum 2019-02 Voter Registration

References [The National Voter Registration Act of 1993 \(PL 103-31\)](#)

Content

The National Voter Registration Act of 1993 (NVRA) is a federal law designed to increase citizen's access to voter registration opportunities. DWD, in accordance with the NVRA, is designated as a voter registration agency. As a voter registration agency, DWD will offer voter registration services to persons applying for, recertifying, renewing or changing an address related to assistance and/or services provided by the agency. Voter registration will be offered at all WorkOne locations. This is to be done through WorkOne public access computers with a link to the Indiana voter registration website or paper applications (when requested). At the official website customers may register to vote, check and/or update their voter registration and find polling locations.

WorkOne staff must:

1. Ensure a link to the Indiana voter portal website (<https://indianavoters.in.gov/>) is on the desktop of each public access computer;
2. Ask each customer if they would like to register to vote or update their voter registration during their visit, and if so provide a copy of the DWD Voter Registration Information sheet (*Attachment A*);
3. Direct them to the link on one of the public access computers to register to vote or update their voter registration;
4. If a customer requests to use a paper application, provide a printed voter registration application (VRG-7, *Attachment B*) to the customer along with a blue or black ink pen;
5. Separate the voter registration application at the perforated line located in the center of the voter registration form, complete the date, name and residence address section in the bottom right corner and provide the top portion to the customer as a receipt;
6. Keep the bottom portion of the VRG-7 (this is the voter registration application) and place it in a secure location, as Personally Identifiable Information (PII) is contained on this part of the document;
7. Mail all voter registration applications to the appropriate county voter registration office (see page 2 of the VRG-7 voter registration application, *Attachment B*) every 5 business days¹.

WorkOne staff are prohibited from:

- Seeking to influence an applicant's political preference or party registration;
- Displaying any political preference or party allegiance;
- Taking any action or making any statement to an applicant to discourage the applicant from registering to vote;
- Taking any action or making any statement that may lead an applicant to believe that the

decision to register or not has any bearing on the availability of services or benefits; or

Attachment A

Voter Registration Information

In addition to employment and education services, the Indiana Department of Workforce Development offers voter registration services at our WorkOne Offices.

Please let a staff member know if you would you like to apply to register to vote or update your voter registration here today.

Disclosures

Failure to advise staff of your decision is deemed a declination to register for purposes of receiving assistance in registration but is not deemed a declination to receive an application. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you register to vote, information submitted will be used only for voter-registration purposes. No information relating to a declination to register to vote may be used for any purpose other than voter registration.

You may request a paper voter registration application, should this be your preference. If you would like help in filling out the voter registration application form, whether the online or paper version, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Indiana Election Division.

Indiana Election Division
302 W. Washington St., Rm E204
Indianapolis, IN 46204
(800) 622-4941
(Toll free in IN)

For additional information on registering to vote, updating your registration to vote and/ or elections in Indiana please use the following resources:

Website: <https://indianavoters.in.gov>
Telephone: (866) IN-1-VOTE / (866) 461-8683
E-mail: elections@iec.in.gov

DWD 11/1/19



INDIANA VOTER REGISTRATION APPLICATION

State Form 50504 (R18 / 3-19)
Indiana Election Division

(VRG-7)

For election info, see: www.indianavoters.com

You can use this application to: Apply to register to vote in Indiana or change your name and address on your record or transfer your registration if you move out of your precinct.

To register you must: Be a citizen of the United States; be at least 18 years old on the day of the next general or municipal election; have lived in your precinct for at least 30 days before the next election; and not currently be imprisoned after being convicted of a crime.

If you are registering to vote in Indiana for the first time, and send this application by mail, you must provide additional residence documentation before voting. If the county is able to match your driver's license number or social security number with an existing Indiana identification record bearing the same number, name and date of birth you provide on the application, you have met the requirement. You can also meet this requirement by submitting proof of residence with this application or anytime up until election day. Proof of residence can be met by submitting either: (1) a COPY of your current and valid photo identification or (2) a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address at the address you provided on this application. Please do not send originals. Cover any account information with a permanent marker.

FILL IN ALL APPLICABLE BOXES IN BLUE OR BLACK INK. DO NOT FAX OR EMAIL FORM AFTER COMPLETING IT.

Mail or hand deliver the completed application to your county registration office (addresses on reverse side) or the Indiana Election Division.

Box 4: Residence Address Print the address where you live. If your address is a rural route, include the box number. If your residence has no address or street number, write a short description of its location in Box 4 or attach a map.

Boxes 10 or 11: If you check "no" in response to either question in Boxes 10 or 11, do not complete this application.

Box 12: Voter Identification Number: You are required to provide your Indiana driver's license number as issued by the Indiana Bureau of Motor Vehicles. *If you do not have an Indiana driver's license*, provide the last four digits of your social security number. If you do not have an Indiana driver's license number, or a social security number, you must indicate "None".

Box 14: This application cannot be processed without the voter's original signature in this section.

Registration Deadline: This application must be postmarked or hand delivered to your county voter registration office no later than 29 days before the next election. If you miss this deadline, your application will be processed when registration reopens.

Box 15: If you or the Indiana Election Division do not file this application with the county voter registration office, the person who accepts custody of the application (with the exception of a member of the same household) must complete this certification before filing the application with the county voter registration office or the Indiana Election Division by noon 10 days after receipt or the registration deadline, whichever occurs first.

Acknowledgment Notice: You will be sent a notice from your county voter registration office acknowledging receipt of your application. The notice informs you whether your application was approved by the county voter registration office. If your application is incomplete, you will be asked to provide additional information. *If you do not receive a notice within 30 days of filing this application, contact your county voter registration office.*

Indiana Election Division
302 West Washington Street, Room E204
Indianapolis, IN 46204-2743
Telephone: (317) 232-3939
Toll-free (Indiana only): (800) 622-4941
www.in.gov/sos/elections

APPLICANT'S RECEIPT FROM INDIVIDUAL ACCEPTING CUSTODY OF A COMPLETED VOTER REGISTRATION FORM (not a receipt from the county for voter registration purposes)

NOTE: If you accept a completed form from another person, in order to submit his or her registration for consideration, you must submit the completed form to the county voter registration office or Indiana Election Division by noon 10 days after receipt or the registration deadline, whichever occurs first.

I accepted custody of this completed application on ____/____/20____.

Printed Name _____

Residence Address _____

Please detach and give the receipt above to the applicant if you are accepting custody of a completed application.

1	Check boxes that apply: ☐ New registration ☐ Address change (See Box 6) ☐ Name change (See Box 13)	2	Indiana county where you live:	COUNTY USE ONLY	Date processed	Township / precinct	County tracking number
3	Gender ☐ Female ☐ Male	Last Name		First Name	Middle Name or Initial		Suffix Jr. Sr. II III IV
4	Residence Address (No Post Office Boxes) <i>if no address, write short description or attach map.</i>			Apartment Number	City / Town	State IN	ZIP Code
5	Mailing Address, if different from Box 4, <i>if same, print "SAME"</i>			Apartment Number	City / Town	State	ZIP Code
6	Previous Voter Registration Address			County	Apartment Number	City / Town	State ZIP Code
7	Date of Birth (mm/dd/yy)		8	Telephone number (Optional)		9	E-mail (Optional)
10	Are you a citizen of the United States of America? ☐ Yes ☐ No	11	Will you be at least 18 years of age on or before election day? ☐ Yes ☐ No	12 Establish a Voter Identification Number—Applicant must provide a number or indicate "None". Provide your 10-digit Indiana issued driver's license number. If you do not possess an Indiana driver's license, then provide the last 4 digits of your social security number here. If you have none of these, check "None". ☐ Indiana Driver's License Number or Bureau of Motor Vehicles ID Card Number ☐ Last 4 Digits of Social Security Number ☐ None			
13	If you changed your name, what was your name before you changed it? <i>If you have not changed your name, skip this question.</i>		Last Name	First Name	Middle Name or Initial		Suffix Jr. Sr. II III IV
14	I authorize my voter registration at any other address to be cancelled. I swear or affirm that: • I am a citizen of the United States. • I will be at least 18 years of age at the next general or municipal election. • I will have lived in my precinct for at least 30 days before the next election. • I am not currently in prison after being convicted of a crime. • All the above information and all other statements on this form are true. I understand that if I sign this statement knowing that it is not true I am committing perjury and can be fined up to \$10,000, jailed for up to three years or both.			15 CERTIFIED STATEMENT OF ACCEPTANCE To be completed by a person who accepts custody of the completed application before filing with a county voter registration office or Indiana Election Division. Does not apply to a person accepting a form from member of household. I affirm under the penalties for perjury that I accepted custody of this completed application from the applicant on (insert date): ____/____/20____ Printed Name _____ Residence Address _____ Signature _____			
Signature of Applicant				Date (mm/dd/yy)			
If applicant is unable to sign the application due to a disability, the person who wrote the applicant's name on the line above at the applicant's request, must provide his/her name and address below.							
Name		Address		Telephone number (Optional)			

If you accept a completed form from another person, you must submit it to the county voter registration office or Indiana Election Division by noon 10 days after receipt or the registration deadline, whichever occurs first.

50504

Indiana County Voter Registration Offices

Sign and Mail this Completed Voter Registration Application to the county where you live or to the Indiana Election Division.

ADAMS Adams County Circuit Court Clerk 112 S 2nd St Rm A Decatur, IN 46733-1618 (260) 724-5300 ext. 2104 ALLEN Allen Co. Voter Registration Rousseau Centre 1 East Main Street, Suite 176 Fl. Wayne, IN 46802 (260) 449-7154 BARTHOLOMEW Bartholomew County Clerk P.O. Box 924 Columbus, IN 47202 (812) 379-1604 BENTON Benton Co. Circuit Court Clerk 706 E. 5th Street, Suite 37 Fowler, IN 47944-1556 (765) 884-0930 BLACKFORD Blackford Co. Circuit Court Clerk 110 West Washington Street Hartford City, IN 47348-2298 (765) 348-7217 BOONE Boone County Voter Registration Office Lebanon, IN 46052-2126 (765) 463-5251 BROWN Brown County Voter Registration 20 East Main Street P.O. Box 85 Nashville, IN 47448 (812) 988-5511 CARROLL Carroll County Voter Registration 101 W. Main Street, Ste. 206 Delphi, IN 46923 (765) 564-6795 CASS Cass Co. Circuit Court Clerk 200 Court Park, Room 103 Logansport, IN 46947-3192 (574) 753-7870 CLARK Clark Co. Circuit Court Clerk 501 E. Court Avenue, Room 139 Jeffersonville, IN 47130-4090 (812) 285-6329 CLAY Clay Co. Circuit Court Clerk 609 E. National Ave., Room 211 Brazil, IN 47834-0033 (812) 448-9023 CLINTON Clinton Co. Circuit Court Clerk 265 Courthouse Square Frankfort, IN 46041-1993 (765) 659-6337 CRAWFORD Crawford Co. Circuit Court Clerk 715 Judicial Plaza Drive P.O. Box 375 English, IN 47118 (812) 338-2565 DAVIESS Davies County Voter Registration Office 200 East Walnut, P.O. Box 739 Washington, IN 47901-0739 (812) 254-8679 DEARBORN Dearborn County Election Clerk 165 Mary Street Lawrenceburg, IN 47025 (812) 637-8867 DECATUR Decatur Co. Circuit Court Clerk 150 Courthouse Square, Suite 244 Greensburg, IN 47240-2080 (812) 663-8223 DEKALB DeKalb Co. Circuit Court Clerk 100 S. Main Street P.O. Box 230 Auburn, IN 46706-0230 (260) 925-9787 DELAWARE Delaware Co. Board of Voter Registration 100 West Main Street, Room 104 Muncie, IN 47305-2836 (765) 747-7812	DUBOIS Dubois Co. Circuit Court Clerk One Courthouse Square Jasper, IN 47546-3058 (812) 481-7035 ELKHART Elkhart Co. Voter Registration Office 117 North 2nd Street, Lower Level Goshen, IN 46826 (574) 635-6775 FAYETTE Fayette Co. Circuit Court Clerk 401 Central Avenue Connerville, IN 47331 (765) 825-1813 FLOYD Floyd Co. Circuit Court Clerk 311 Hauss Square, Rm. 235 New Albany, IN 47150 (812) 948-5419 FOUNTAIN Fountain Co. Circuit Court Clerk 301 4th Street, P.O. Box 183 Covington, IN 47932 (765) 793-2192 FRANKLIN Franklin County Voter Registration 459 Main Street Brookville, IN 47012-1486 (765) 647-5111 ext. 3 FULTON Fulton Co. Circuit Court Clerk 815 Main Street Rochester, IN 46975-0524 (574) 223-4824 GIBSON Gibson Co. Circuit Court Clerk 101 N. Main St., P.O. Box 630 Princeton, IN 47670-0630 (812) 385-2541 GRANT Grant Co. Circuit Court Clerk Courthouse Suite 9-9 101 E. 4th Street Marion, IN 46952-4055 (765) 664-9880 GREENE Greene County Voter Registration 1 E. East Main St Bloomfield, IN 47424 (812) 384-2015 HAMILTON Hamilton County Voter Registration Office 1 Hamilton County Square, Suite 13 Noblesville, IN 46060-2219 (317) 776-9632 HANCOCK Hancock County Voter Registration 9 East Main Street, Room 213 Greenfield, IN 46140-2320 (317) 477-1171 HARRISON Harrison Co. Circuit Court Clerk Courthouse, Room 203 300 North Capitol Avenue Corydon, IN 47112-1155 (812) 738-8790 HENDRICKS Hendricks Co. Voter Registration Office Election Supervisor 355 S. Washington St. #120 Danville, IN 46122 (317) 745-9243 HENRY Henry County Voter Registration Office 1215 Race St., Suite 130 New Castle, IN 47362 (765) 529-9310 HOWARD Howard County Voter Registration 104 N. Buckeye Street Room 104B Kokomo, IN 46901 (765) 456-2219 HUNTINGTON Huntington Co. Circuit Court Clerk 201 North Jefferson Street P.O. Box 228 Huntington, IN 46750 (260) 359-4820 JACKSON Jackson Co. Voter Registration 109 S. Sugar St., Suite 130 Brownstown, IN 47220 (812) 359-6120 JASPER Jasper Co. Circuit Court Clerk 115 W. Washington Rensselaer, IN 47978 (219) 866-4929	JAY Jay Co. Circuit Court Clerk 120 North Court Street, Ste. 209 Portland, IN 47371 (260) 726-4951 JEFFERSON Jefferson County Voter Registration Courthouse, Room 203 300 E. Main Street Madison, IN 47250-3594 (812) 265-8926 JENNINGS Jennings County Election Office 24 Pike St., P.O. Box 385 Vernon, IN 47282-0385 (812) 352-3080 JOHNSON Johnson Co. Voter Registration P.O. Box 451 Franklin, IN 46131-0451 (317) 346-4467 KNOX Knox County Voter Registration 111 N. 7th Street, Suite 27 Vincennes, IN 47591-2022 (812) 895-4927 KOSCIUSKO Kosciusko Co. Circuit Court Clerk 121 N. Lake Street, D162 Warsaw, IN 46580-2788 (574) 372-2332 LAGRANGE LaGrange County Voter Registration 105 North Detroit Street LaGrange, IN 46761-1801 (260) 499-6392 LAKE Lake Co. Board of Elections and Registration 2293 N. Main Street, A-205 Crown Point, IN 46307 (219) 755-3795 LAPORTE LaPorte Co. Board of Voter Registration 813 Lincolnway, Suite 103 LaPorte, IN 46350-3401 (219) 326-6808 EXT 2250 LAWRENCE Lawrence Co. Circuit Court Clerk 916 15th Street, Room 11 Bedford, IN 47421-3800 (812) 277-2036 MADISON Madison Co. Board of Voter Registration 16 East 8th Street, Suite 208 Anderson, IN 46016-1988 (765) 641-3657 MARION Marion Co. Board of Voter Registration 200 East Washington, W131 Indianapolis, IN 46204 (317) 327-5040 MARSHALL Marshall Co. Circuit Court Clerk 211 West Madison Street Plymouth, IN 46563-1762 (574) 935-8713 MARTIN Martin Co. Circuit Court Clerk 129 Main Street P.O. Box 120 Shoals, IN 47581 (812) 247-3651 MIAMI Miami County Voter Registration 25 N. Broadway, Room 108 Peru, IN 46970-0184 (765) 472-3995 MONROE Monroe Co. Voter Registration 401 W. 7th Street, Suite 100 Bloomington, IN 47404 (812) 349-2690 MONTGOMERY Montgomery Co. Circuit Court Clerk 100 East Main Street, Room 203 P.O. Box 768 Crawfordsville, IN 47933-0768 (765) 364-6437 MORGAN Morgan County Election Division 180 S. Main St., Suite 1 Martinsville, IN 46151-1556 (765) 342-1029 NEWTON Newton Co. Circuit Court Clerk P.O. Box 49 Kertland, IN 47951-0049 (219) 474-6881	NOBLE Noble Co. Circuit Court Clerk 101 North Orange Street Albion, IN 46701-1092 (260) 636-2736 ext. 1806 OHIO Ohio Co. Circuit Court Clerk P.O. Box 185 Rising Sun, IN 47040-0185 (812) 438-2610 ORANGE Orange Co. Circuit Court Clerk Orange County Courthouse 1 Court Street Paoli, IN 47454-9632 (812) 723-2649 OWEN Owen Co. Circuit Court Clerk 60 S. Main St. Spencer, IN 47460-0146 (812) 829-5028 PARKE Parke Co. Circuit Court Clerk 116 West High St., Room 204 Rockville, IN 47872-1781 (765) 569-5132 PERRY Perry Co. Circuit Court Clerk 2219 Payne Street Tell City, IN 47586-2832 (812) 547-3741 PIKE Pike Co. Circuit Court Clerk 801 Main St., 2nd Floor, P.O. Box 125 Petersburg, IN 47567-1298 (812) 354-6025 PORTER Porter Co. Board of Voter Registration Administration Center 155 Indiana Avenue, Ste. 105 Valparaiso, IN 46383-5555 (219) 465-3484 / (219) 465-3486 POSEY Posey Co. Circuit Court Clerk 300 Main Street, Rm 115 Mt. Vernon, IN 47620 (812) 838-1339 PULASKI Pulaski Co. Circuit Court Clerk 112 E. Main Street, Room 230 Winamac, IN 46996-1394 (574) 946-4401 PUTNAM Putnam County Voter Registration 1 W. Washington St., Room 21, P.O. Box 546 Greencastle, IN 46135-0546 (765) 655-1538 RANDOLPH Randolph Co. Circuit Court Clerk 100 S. Main St., P.O. Box 230 Winchester, IN 47394 (765) 584-4717 RIPLEY Ripley Co. Circuit Court Clerk 115 N. Main Street P.O. Box 177 Versailles, IN 47042 (812) 689-4783 RUSH Rush Co. Circuit Court Clerk 101 East 2nd Street, Rm 209 Rushville, IN 46173-0429 (765) 932-2086 SCOTT Scott County Voter Registration 1 East McClain Avenue, Suite 120 Scottsburg, IN 47170 (812) 752-9420 SHELBY Shelby Co. Circuit Court Clerk 407 S. Harrison Street P.O. Box 198 Shelbyville, IN 46176-0198 (317) 392-6324 SPENCER Spencer County Voter Registration 200 Main Street, Ste. 5 P.O. Box 523 Rockport, IN 47635 (812) 649-6017 ST. JOSEPH St. Joseph Co. Board of Voter Registration City-County Building, 4th Floor 227 West Jefferson Blvd South Bend, IN 46801-1871 (574) 235-9520	STARKE Starke County Election 53 East Washington Street, P.O. Box 395 Knox, IN 46534-1197 (574) 772-9160 STEBEN Steuben Co. Circuit Court Clerk 55 South Public Square Angola, IN 46703-1945 (260) 668-1000 EXT 2220 SULLIVAN Sullivan Co. Circuit Court Clerk Courthouse, Room 370 100 Courthouse Square Sullivan, IN 47882-0370 (812) 268-4657 SWITZERLAND Switzerland Co. Circuit Court Clerk Courthouse 212 West Main Street Vevay, IN 47043-1180 (812) 427-4415 TIPPECANOE Tippecanoe Co. Board of Elections & Registration 20 N. 3rd Street P.O. Box 619 Lafayette, IN 47902 (765) 423-9316 TIPTON Tipton Co. Circuit Court Clerk 101 East Jefferson Street Tipton, IN 46072-1901 (765) 675-2795 UNION Union Co. Circuit Court Clerk 26 West Union Street Liberty, IN 47353-1396 (765) 458-6121 VANDERBURGH Vanderburgh Co. Voter Registration Civic Center Complex, Room 214 1 NW Martin Luther King Jr. Blvd. Evansville, IN 47708-1828 (812) 435-5222 VERMILLION Vermillion Co. Circuit Court Clerk 255 S. Main Street, Room 304 P.O. Box 10 Newport, IN 47966 (765) 492-5350 VIGO Vigo Co. Board of Voter Registration Courthouse, Room 3 33 South 3rd Street Terre Haute, IN 47808-3472 (812) 462-3393 WABASH Wabash County Voter Registration 69 West Hill Street Wabash, IN 46992-3151 (260) 563-0661 EXT 1238 WARREN Warren County Voter Registration 125 N. Monroe Street, Suite 11 Williamsport, IN 47993-1198 (765) 762-2834 WARRICK Warrick Co. Election Office 1 County Square, Suite 220 Boonville, IN 47601-1594 (812) 897-6161 WASHINGTON Washington County Justice Center 801 S Jackson St Salem, IN 47167-2098 (812) 863-5748 WAYNE Wayne Co. Circuit Court Clerk 301 East Main Street Richmond, IN 47374 (765) 973-9304 WELLS Wells Co. Clerk 102 W. Market St., Suite 201 Bluffton, IN 46714-2091 (260) 824-6479 WHITE White Co. Circuit Court Clerk 110 Main Street P.O. Box 350 Monticello, IN 47960-0350 (574) 583-1531 WHITLEY Whitley Co. Circuit Court Clerk 101 W. Van Buren Street Columbia City, IN 46725-2087 (260) 248-3164
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Lists of Acceptable Documents
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that 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	AND	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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOTVALIDFOREMPLOYMENT (2) VALIDFORWORKONLYWITH INS AUTHORIZATION (3) VALIDFORWORKONLYWITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

ICC Activity Matrix - Youth/ State JAG

WIOA Enrolled

6.5.19

Code	Activity	What
Initial Enrollment Activities		Entered in ICC After RO Confirmation Returned
412	Objective Assessment	Required activity for all WIOA Youth
413	IEP / ISS Development	Required activity for all WIOA Youth
417	Comprehensive Guidance & Counseling (E10)	OSY Required Enrollment Activity – In WIOA performance
410	Leadership Development Services (E6)	JAG ISY Required Enrollment Activity – In WIOA performance
429	Enrolled in Secondary School (E1)	JAG ISY Required Enrollment Activity – In WIOA performance
Activities After Enrollment		
400	Youth Summer Employment (E3)	
401	Pre-Employment Trng/Work Maturity (E3)	
402	Financial Literacy (E11)	
403	Entrepreneurial Skills Trng (E12)	
404	Labor Market and Employment Info (E13)	
405	Transition to Post-Secondary Ed/Trng (E14)	
406	Tutoring Study Skills Trng & Instruction (E1)	
408	Youth – Internships – Un-Paid (E3)	
409	Youth – Job Shadowing (E3)	
411	Adult Mentoring (E8)	
415	Enrolled in Alternative Secondary Education (E2)	Dropout re-engagement programs such as the Excel Center
416	OST Training – ETPL Approved Provider (E4)	
418	Adult Education (E2)	ABE enrollee / HSE test taker - Needed to capture credential
425	Work Experience Paid (E3)	WEX Start

Documentation/Scanning Reminder

A single file should be created/scanned into documents in ICC

Label the scan: *Documentation Last Name, First Initial Last 4 SSN*

MIS Confirmation Request

When requesting eligibility confirmation, an email should be sent to MIS4@jobworksinc.org notifying MIS a packet is ready for review.

The appropriate checklist can be attached to the email or scanned to ICC

WIOA Youth Enrollments – **Send for MIS approval**

1. Date of Birth
2. Selective Service (if applicable)
3. Public Assistance if receiving (SNAP or TANF)
4. Citizenship/Right to Work
5. DD214 (if applicable)
6. Family income 26 wks, annualized. Family Income worksheet
7. Signed application, grievance page, LKE release
8. Detailed case note: Family size/Members, low income status, disability status, Free/Reduced lunch, employment status, BSD status, and barrier(s) used to establish WIOA eligibility

WIOA Youth 14 Elements

1. Tutoring, study skills training, instruction, and dropout prevention
2. Alternative secondary school services or dropout recovery services
3. Paid and unpaid work experience
4. Occupational skills training

428	Youth On-The-Job Training age 18-24 (E3)	OJT Start
430	Youth OST – Non Approved Provider (E4)	
480	SS – Child/Dependent Care (E7)	
481	SS – Transportation (E7)	
483	SS – Temporary Shelter (E7)	
484	SS – Incentives / Bonuses (E7)	Incentives for Goal Attainment
485	SS – Other (E7)	Includes HSE test fee payment – also enroll in activity 418
486	SS – Counseling (E7)	
488	SS – Work-Related Uniforms/Attire (E7)	
F1-19 codes	Follow-up Services (E9)	Available for 12 months after Exit

5. Education offered concurrently with workforce preparation and training for a specific occupation (E2, E3, and E4)
6. Leadership development opportunities
7. Supportive services
8. Adult mentoring
9. Follow-up services: Supportive Services/Incentives, Adult Mentoring, Financial Literacy, Labor Market and Employment Info, and Postsecondary Preparation/Transition activities
10. Comprehensive guidance and counseling
11. Financial literacy education
12. Entrepreneurial skills training
13. Services that provide labor market information (includes career and employment counseling)
14. Postsecondary preparation and transition activities

All youth program elements trigger participation following eligibility determination, objective assessment and completion of the IEP/ISS

EVERY WIOA ACTIVITY REQUIRES A MATCHING CASE NOTE**MIS Eligibility Confirmation Required for all Youth Program Enrollments**

Sequence for ICC activity entry: Step 1 – Enter the Objective Assessment as the first ICC WIOA youth activity in order for the IEP/ISS activity to display
 Step 2 – Enter the IEP/ISS as the second ICC WIOA youth activity in order for other youth activities to display

OSY WIOA Youth Enrollment

- 412 Objective Assessment (enter/exit activity)
- 413 IEP/ISS – enter/exit activity
- 417 Comprehensive Guidance and Counseling (enter/exit activity)
- CM Determines appropriate services

ISY WIOA JAG Enrollment

- 412 Objective Assessment (enter/exit)
- 413 IEP/ISS (enter/exit activity)
- 410 Leadership Development (leave activity open; projected end date is end of program year)
- 429 Enrolled Secondary Ed (leave activity open with projected end date as end of program year)
- CM Determines appropriate services

State JAG (Generic) Enrollment

- 429 Enrolled Secondary Ed (leave activity open; projected end date is end of program year)
- CM Determines appropriate services

OST Enrollment

- 412 Objective Assessment
- 413 IEP/ISS
- 417 Comprehensive Guidance/Counseling
- 416 OST Approved or 430 OST Non-approved

OJT Enrollment

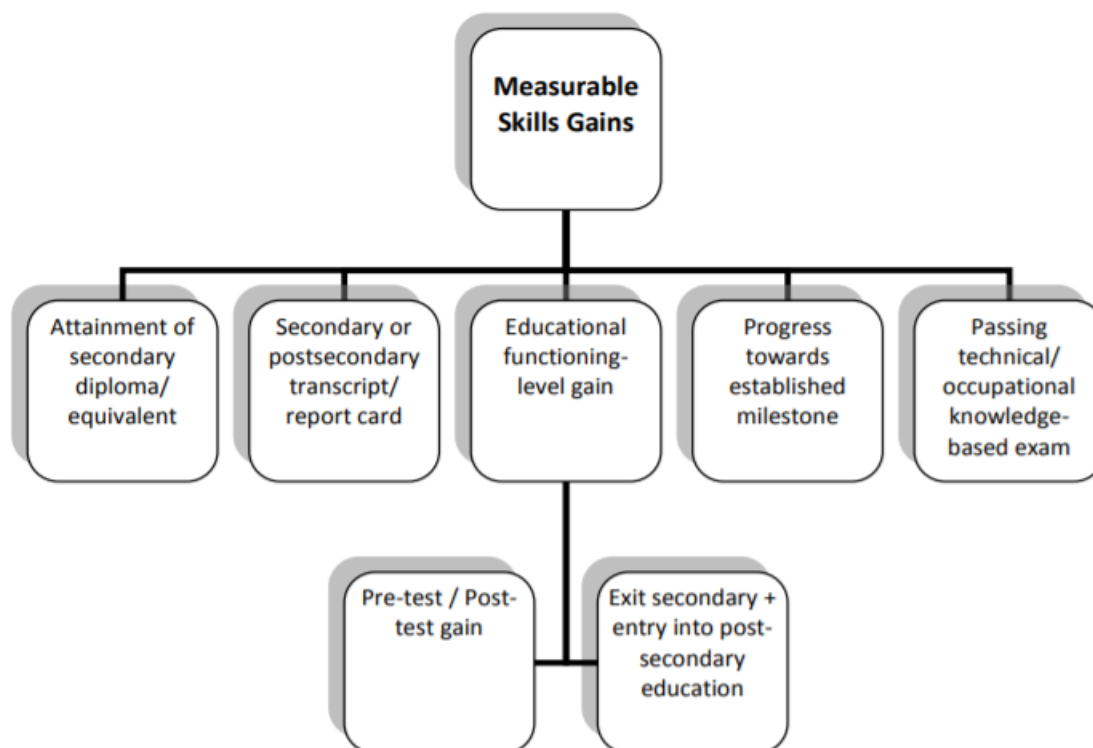
- 412 Objective Assessment
- 413 IEP/ISS
- 417 Comprehensive Guidance/Counseling
- 428 OJT Enrollment

WEX Enrollment

- 412 Objective Assessment
- 413 IEP/ISS
- 108 Drug Screen (only if required by worksite)
- 417 Comprehensive Guidance/Counseling
- 425 WEX paid Enrollment

Measurable Skills Gain Tracking Procedure

WIOA participants receiving an educational or training service who progress satisfactorily must have a measurable skill gain (MSG) entered into Indiana Career Connect each program year that they receive an educational or training service. The case manager does not need to enter multiple measurable skills gain for a program year but at least one per program year. MSG must be earned and entered during time of participation in the training or education activity.



All WIOA participants with an in-school status on their application will be included in the performance regardless of services received. School status included are:

School status =1, in-school, secondary school
School status =2, in-school, alternative school
School status=3, in-school, post-secondary

WIOA Youth Services that require a measurable skills gain include:

Activity #	Activity
403	Entrepreneurial Skills Training
415	Enrolled in Alternative Secondary Education
416	Occupational Skills Training - Approved Provider
418	Adult Education (GED)
429	Enrolled in Secondary School (H.S.)- All secondary in-school youth must be enrolled in this activity

430 Youth Occupational Skills Training - Non-Approved Providers

Select the skill type depending on the activity and review steps;

- Participants that are in post-secondary school select Post-secondary Transcript/Report Card (ex. B)
- Participants that are in secondary school select Secondary Transcript/Report Card or enter in High School Diploma to Credential (ex. C)
- Participants in Adult Basic Education enter in EFL (ex. A) for improved TABE scores or enter in HSE Credential (ex. C)
- Participants that are in OJT/Apprenticeships select Training Milestone (ex. B)
- All other educational or training services select Skills Progression (ex. B)

Data must be entered in the following areas to count in measurable skills gain.

- A. For Participants Attaining One Educational Functioning Level** – Data must be entered into the literacy/numeracy screen
- Comparing post test score with the pre-test or the latest score from the previous PY to see if there was an EFL gain in the current PY
 - **Path-** Assist an Individual → Staff Profile → Programs → WIOA Application (+) → Literacy & Numeracy

Eligibility Summary	
Participation	01/23/2017
Activities / Enrollments / Services	5
Measurable Skills Gain	0
Partner Programs	0
Literacy & Numeracy	0


[Create Literacy & Numeracy Records](#)

There are no records to display.

Credentials	0
Closure	N/A

B. For participants enrolled into training (other than secondary or post-secondary traditional training), making satisfactory or better progress toward established milestones from an employer/training provider (OJT completion, 1 year apprenticeship completion) and successful passage of an exam required for a particular occupation- Data must be entered into the Measurable Skills Gain Screen

- Any skills gains staff has recorded on this tab in the PY
- **Path-** Assist an Individual → Staff Profile → Programs → WIOA Application (+) → Measurable Skills Gain
-

Participation	01/23/2017
Activities / Enrollments / Services	5
Measurable Skills Gain	0
Create Measurable Skills Gain	
There are no records to display.	
Partner Programs	0
Literacy & Numeracy	0
Credentials	0
Closure	N/A
Exit / Outcome	N/A
Follow-ups	0

Measurable Skills Dropdown

Skill Attainment Information

Fill in the following information for the skill achievement.

Program:

Workforce Innovation and Opportunity Act (WIOA)

* Skill Type:

None Selected

None Selected

Post-Secondary Transcript/Report Card

Secondary Transcript/Report Card

Training Milestone

Skills Progression

* Date Skill Attained:

* Type of Achievement:

*

[Verify](#) | [Scan](#) | [Upload](#) | [Link](#)

C. For participants attaining secondary school diploma or its equivalent- data must be entered into the Credential Screen

- Looking for a HS diploma attainment within the reported PY
- **Path-** Assist an Individual → Staff Profile → Programs → WIOA Application (+) → Credentials

Eligibility Summary	
Participation	01/23/2017
Activities / Enrollments / Services	5
Measurable Skills Gain	0
Partner Programs	0
Literacy & Numeracy	0
Credentials	0
Create Credential	
There are no records to display.	
Closure	N/A
Exit / Outcome	N/A
Follow-ups	0

• [8000000/vosnet/staff/templates/casenotetemplateslist.aspx](#)

Region 4 WORKFORCE Board

To: Service Provider	Dress Code
From: Region 4 Workforce Board	Effective: 07/01/2021

Purpose

All WorkOne staff are expected to present a professional appearance and agency image by wearing appropriate dress and always maintaining proper grooming and hygiene habits.

Content

This dress code reflects the allowance that some departments may have alternate dress code guidelines that may require a more professional attire (e.g., more business professional for community representatives and leadership) or different than the organization-wide policy.

This policy contains the minimum standards that must be followed by all Workforce partners located in WorkOne offices. It is the responsibility of managers and supervisors to ensure that all employees adhere to this policy. If an employee is dressed inappropriately, the manager or supervisor will inform the employee of the inappropriateness and the reason it is deemed to be so. If the employee's appearance is unduly distracting or inappropriate, the employee may be sent home to take the appropriate corrective action and then return to work. An employee who is sent home to correct their appearance may use personal leave time to cover the time that she/he is away from the office to change into proper attire. Repeated violation of the dress code policy may result in disciplinary action.

This policy is intended to be as comprehensive as possible, however managers, with counsel from their Human Resources departments, have the final discretionary authority.

Appropriate dress, proper grooming and hygiene are essential to ensure all employees portray a positive and professional image of the agency. Employee appearance should reflect professionalism and respect.

- Hair should be workplace appropriate.
- Body piercing jewelry may only be worn on the ear. No other areas of the body should be visible with body piercing jewelry.
- Tattoos must be appropriate in content with minimal exposure to maintain a professional image. Facial tattoos are unacceptable. Tattoos cannot depict violence; be violent in nature; portray obscene pictures or gestures; spell obscenities; or promote drug and alcohol paraphernalia.
- All clothing including denim should be in good condition, meaning not torn, ripped, or soiled.
- Jeans and tennis shoes will be permitted on Fridays.
- Denim jackets are allowed.

Not permitted:

- Attire that would normally be considered "leisure", "work-out", or "recreational" in nature. This includes stretch or spandex pants, cargo pants, sweatpants, sweatshirts, flip-flops, house

- slippers, Croc clogs, Birkenstocks, tennis shoes, or athletic sandals.
- Leggings unless accompanied by a dress
- Shorts and skorts
- Clothing that is too revealing including bare midriffs and muscle tops
- No spaghetti straps, visible undergarments, and halter tops
- T-shirts that display any graphic or offensive content
- Hats or head covers (head covers that are required for religious purposes may be approved by Human Resources)

Exceptions for the wearing of tennis shoes may be made by providing Human Resources proper documentation from a health care professional.

If staff members are scheduled to meet with employers, staff must follow all safety requirements.

Identification Badges

All staff are required to display their WorkOne identification in a visible manner when interfacing with visitors.

Other Exceptions to this Policy

At the discretion of Board staff, formal business attire may be required of all WorkOne staff, including those employed by the State of Indiana, within a region.

Employees, at times, may be in situations requiring more formal business attire (employees conducting business or attending meetings, seminars, etc., or those who have regular contact with other business professionals) and should dress accordingly to both represent the Agency and interact with the other agency as appropriate. This includes, but is not limited to, staff attending work-related meetings in the community, business seminars, and regional/state trainings. If you have a question regarding appropriate business attire, you should speak with your supervisor.

This policy is effective immediately.