

# Adult And Dislocated Worker



## Manual

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## Overview of Workforce Innovation and Opportunity Act (WIOA) Adult and Dislocated Worker (DW) Program

The Workforce Innovation and Opportunity Act calls for collaboration with partners, business, industry, education, state and local governments to strategically manage resources and achieve program performance, accountability, and customer satisfaction.

The WIOA Adult program improves the quality of the adult workforce, reduces welfare dependency, and enhances the productivity and competitiveness of Region 4's workforce. The program provides adults with workforce preparation, career services, training services and job placement assistance needed to increase occupational skill attainment, obtain industry recognized credentials, and secure a good job that provides earnings that lead to self-sufficiency.

All applicants may be considered eligible for services with priority given to recipients of public assistance, other low-income individuals, veterans, and individuals who are basic skills deficient.

The purpose of the dislocated worker program is to provide services to individuals who have been terminated or laid off, or have received notice of termination or layoff, from employment generally due to plant closures or downsizing; or who meet the dislocated worker definition of a displaced homemaker.

Career and training services are available to assist dislocated workers transition from layoff to work in the least amount of time possible. If workers have skills that are in demand in the labor market, simply accessing the core services of job search and placement assistance and useful labor market information may be sufficient to help them get back into the workforce quickly. Workers are retrained with skills that are in demand by Region 4 employers which help the Region's economy to grow.

Program performance is measured by participant entry into unsubsidized employment, retention in unsubsidized employment, earnings received in unsubsidized employment and the rate of industry recognized credentials earned by participants.

### WIOA Adult Performance Results for PY '21

- 503 Adult participants served
- 84.3% 2nd Qtr after exit in employment/education rate compared to goal of 79.1%
- 76.5% 4th Qtr after exit in employment/education rate compared to goal of 77.6%
- 75% Credential Earned compared to goal of 66.8%
- \$9,184 Median Earnings compared to goal of \$6,184
- 75.4% Measurable Skills Gains rate compared to goal of 69.5

### WIOA Dislocated Worker Performance Results for PY '21

- 267 DW participants served
- 75% 2nd Qtr after exit in employment/education rate compared to goal of 75.9%
- 66.3% 4th Qtr after exit in employment/education rate compared to goal of 75.8%
- 80.4% Credential Earned compared to goal of 61.1%
- \$7,591 Median Earnings compared to goal of \$7,130
- 82.4% Measurable Skills Gains rate compared to goal of 62.7

### WIOA Adult Performance Goals PY'23

- 80.2% 2nd Qtr after exit in employment/education rate
- 76.35% 4th Qtr after exit in employment/education rate
- 73.2% Credential Earned rate
- \$7,377 Median Earnings
- 63% Measurable Skills Gain

### WIOA DW Performance Goals PY'23

- 70.15% 2nd Qtr after exit in employment/education rate
- 70% 4th Qtr after exit in employment/education rate
- 70.75% Credential Earned rate
- \$7,334.50 Median Earnings
- 63% Measurable Skills Gain

# Region 4 WORKFORCE Board

To: Service Provider	Customer Flow Orientation Informational Workshop Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

## **PURPOSE:**

To provide Region 4 guidance regarding orientation, informational workshops and Customer Flow.

**Our One-Stop Centers will Provide Excellent Customer Service to Job Seekers, Workers and Businesses.** Meeting the needs of job seekers, workers and businesses is important in developing thriving communities where all citizens succeed and businesses prosper. The mission of the West Central WorkOne System is to greet all customers promptly, listen and gather information, reviews skills and needs, and to direct customers to appropriate services and opportunities that capture their interests. The WorkOne [referral procedure](#) provides information for providing access to partner services.

## **Orientation of Services**

All customers should have the opportunity to learn what services are offered at the WorkOne and how to access those services. Staff at all WorkOne offices shall provide both a verbal orientation on services and an informational brochure of services. The WorkOne Magazine is a comprehensive resource describing services offered in the WorkOne system. Orientation should be documented in case notes.

Staff should encourage customers to take advantage of the WorkOne's services as appropriate to their needs. A customer's demographic information should be used to make service recommendations.

## **Informational Workshops**

Basic Career Services workshops will be offered on a number of topics that may include but are not limited to: resume writing, interview skills, discovering career interests, job search, digital literacy, financial literacy, and work readiness. The information provided in these workshops should be informational in nature and readily available to customers and presented in a workshop format for ease of understanding and access. Staff will be well versed on the information and present it in a consistent and competent manner. Technology should be used when available to aid the presentation and handouts available when appropriate. A list of informational workshops and the location/date/times will be shown in the WorkOne magazine and local website.

## **Training**

Create opportunities for individuals at all levels of skill and experience by providing customers, including those with disabilities, timely labor market and job-driven information as possible related to education and training, careers. Customer will receive information on career choices and service delivery options. Customers will have the opportunity to receive both skill-development and job placement services as needed.

Whether training is delivered through an [Individual Training Account](#) (ITA) or through a Training Contract, R4WDB is committed to honoring the value of informed customer choice. Therefore, when an eligible participant has been determined to have the ability to benefit and qualifications to successfully participate in more than one program of training services, we will provide an opportunity for the consumer to make an informed choice of training programs / providers.

## **Customer Flow**

Procedural manuals have been established for all teams working in WorkOne offices. Each team has a developed customer flow to best serve customers. Guidance and flowcharts to ensure excellent customer service and how customers would access services are contained in the Region 4 procedures.

# Region 4 WORKFORCE Board

To: Service Provider	Eligibility Policy – Adult/DW
From: Region 4 Workforce Board	Effective Date: 07-01-2019; 07-01-2021;04-28-2022

## PURPOSE:

To provide Region 4 guidance regarding eligibility criteria and data element validation requirements for WIOA. WorkOne offices are to ensure that Priority of Service to Veterans and eligible spouses is observed (See Region 4 Workforce Board [Veteran policy](#)). Staff should review and follow [DWD Policy 2021-03](#) for all eligibility documentation and data validation.

Eligibility for services relates to local determinations about the individual's need for and ability to benefit from services. Registration is the process of collecting information to support a determination of eligibility. This information may be collected through methods that include electronic data transfer, personal interview, or an individual's application. A WIOA participant is an individual determined to be eligible to participate and who receives one or more WIOA-funded service(s) in a WorkOne Office.

**REFERENCES:** Workforce Innovation and Opportunity Act (WIOA) Section 134, [DWD Policy 2021-03 WIOA Adult and Dislocated Worker Program Eligibility](#), DWD policy 2021-08 Co-Enrollment and Common Exit, DWD TA 2021-20 Income and Definition of Family for Adult and DW; WIOA Regulations, Sections 361.150, 651.10, 678.430, 680.110-130, 680.210, 680.220 and [Training and Employment Guidance Letter, No. 26-13](#); [TEGL 19-16](#), [TEGL 10-09](#);

WIOA clarifies that there is no sequence of service requirements in order to receive training. Training is made available to individuals after an interview, assessment, or evaluation determines that the individual requires training to obtain employment or remain employed. WIOA establishes two levels of employment and training services for adults: Career services and Training services.

Consistent with WIOA, priority for **Career and Training** services to Adults must be given to recipients of public assistance and other low-income individuals, and for individuals who are basic skills deficient. Under WIOA priority access to services by members of this group applies automatically. **Priority of Service is no longer contingent on funds being limited.** Adults must meet basic eligibility requirements and any service priority criteria in effect for the Board.

## WIOA Adult Eligibility

To be eligible to receive WIOA services in the adult program, an individual must:

- be 18 years of age or older;
- meet Military Selective Service registration requirements (males only);
- be a citizen or noncitizen authorized to work in the United States (see below)



There are no additional eligibility criteria for the Adult Program. However, as required by WIOA 134(c)(3)(E), priority for career and training services funded by and provided through the adult program shall be given to veterans and recipients of public assistance, other low-income individuals, individuals who are basic skills deficient, for receipt of career and training services determined appropriate to obtain or retain employment. Priority of service status is established at the time of eligibility determination and does not change during the period of participation.

For all participants, the following items must be verified and documented:

- Age/Date of Birth
- Employment Authorization - Right to Work
- Selective Service Registration for Males
- Social Security Number

Additional documentation, as appropriate, is required for participants that receive services beyond basic services:

- Low Income Individual
- Family Income
- Cash Public Assistance
- Other Public Assistance (Food Assistance, Refugee Assistance)
- Supplemental Security Income
- Social Security Disability Income
- Homeless Individual
- Disabled Individual
- Dislocated Worker Criteria, including Date of Dislocation
- Termination/Layoff
- Plant Closure/Substantial Layoff
- Self-employed, but now Unemployed
- Displaced Homemaker

### Eligibility to Work in the United States

US citizenship and/or eligibility-to-work in the US are not program eligibility requirements for WIOA Title I. While citizenship does not need to be validated, ***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 adults and dislocated workers and TAA clients prior to the receipt of supportive services and/or training services.

Guidance on Validating Eligibility-to-Work:

- The customer “self-declares” when he/she enters 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 adults and dislocated workers and Trade Act customers who do **NOT** receive training or supportive services.
- Eligibility to work in the United States must be validated for any WIOA Title I adult or dislocated worker or Trade Act client who receives any type of supportive service and/or training service (i.e., occupational skills training).

See Federal Form I-9 for a list of acceptable documents for employment eligibility. A copy must be maintained or scanned into State’s participant reporting system. <http://www.uscis.gov/i-9>

### **Service Priority for Individualized Career Services and Training Services**

Individualized career services and training services must be given on a priority basis, regardless of funding levels, to:

- public assistance recipients and other low-income adults; and
- individuals who are basic skills deficient.

#### Priority of Service:

Priority for individualized career and training services must be given to recipients of public assistance, other low-income individuals, and/or individuals who are basic skills deficient. It is not necessary to determine that an adult is eligible in accordance with the priority of service until it is determined that the individual is in need of individualized career or training services. Veterans and eligible spouses continue to receive priority of service. When programs are statutorily required to provide priority for a particular group of individuals, priority must be provided in the following order:

- First, to veterans and eligible spouses who are also funded in the groups given statutory priority for the WIOA Adult formula funds. This means that veterans and eligible spouses who are also recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient would receive first priority for services funded with the WIOA Adult formula funds for individualized career services and training services.

1) Recipients of public assistance.

2) Other low income individuals. The term “low income individual” is defined at Section 3(36) means an individual who:

- Receives, or in the past 6 months has received or is a member of a family that is receiving or has received in the past six months, assistance through the supplemental nutrition program (SNAP), TANF, supplemental security income under title XVI of the Social Security Act, or a state or local income-based public assistance program; or
- Is in a family with total family income that does not exceed the higher of:
  - The poverty line or
  - 70% of the lower living standard income level or
- Is a homeless individual or
- Is an individual with a disability whose own income meets the income requirements above, but who is a member of family whose income does not meet this requirement.

3) Individuals who are basic skills deficient. The term “basic skills deficient” is defined at Section 3(5) to mean means a youth or adult who 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. The Department of Workforce Development (DWD) is providing guidance for making this determination by defining it as an individual who meets ANY ONE of the following:

- Lacks a high school diploma or equivalency and is not enrolled in secondary education; or
- Scores 8.9 or below on the TABE; or
- Is enrolled in Title II adult education (including enrolled for ESL); or
- Has poor English language skills (and would be appropriate for ESL even if the individual isn’t enrolled at the time of WIOA entry into participation); or

- Is WorkINDiana eligible (Title II participants are eligible for WorkINDiana up to a year after exit); or
  - The case manager makes observations of deficient functioning and records those observations as justification in a case note.
- Second, to non-covered persons (that is, individuals who are not veterans or eligible spouses) who are included in the WIOA's priority groups.
  - Third, to veterans and eligible spouses who are not included in the WIOA's priority groups.
  - Fourth, to priority populations established by the Governor and/or local Workforce Development Board. For Regional priority of service populations, review [priority of service policy](#).
  - Last, to non-covered persons outside the groups given priority under the WIOA.

Note: When past income is an eligibility determinant for federal employment or training programs, any amounts received as military pay or allowances by any person who served in active duty, and certain other specified benefits must be disregarded for the veteran and for other individuals for whom those amounts would normally be applied in making an eligibility determination. Military earnings are not to be included when calculating income for veterans or transitioning service members for this priority, in accordance with 38 U.S.C. 4213.

The statutory requirement applies to Adult program funds for individualized career and training services. Funds allocated for the Dislocated Worker program are not subject to this requirement.

Priority of service status is established at the time of eligibility determination for WIOA Title I **Adult** Registrants and does not change during the period of participation. Customers should complete the Family Size and Income Statement attached.

Eligibility for the WIOA Title I services incorporates the definition of family where low-income priority of service is a consideration. Consistent with the ETA's policy, same sex spouses are included within the definition of family. Family is defined in 20 CFR 675.300 as:

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.

Priority does not apply to the dislocated worker population.

Providing priority of service does not preclude serving other individuals as long as no 'priority individual' will be placed on a wait list or fail to be served.

### **Low-Income Individuals**

An individual who meets any *one* of the following criteria satisfies the low-income requirement for WIOA adult services:

- Receives, or in the past six months has received, or is a member of a family that is receiving or in the past six months has received, assistance through SNAP, TANF, or the Supplemental Security Income (SSI) program, or state or local income-based public assistance;
- Receives an income or is a member of a family receiving an income that, in relation to family size, is not in excess of the current combined U.S. Department of Labor (DOL) 70 percent Lower Living Standard Income Level and U.S. Department of Health and Human Services (HHS) Poverty (see [Economically Disadvantaged Criteria](#))
- Is a homeless individual
- Receives or is eligible to receive a free or reduced-price lunch
- Is a foster youth, on behalf of whom state or local government payments are made; or
- Is an individual with a disability whose own income meets:
  - WIOA's income requirements, even if the individual's family income does not meet the income requirements; or
  - the income eligibility criteria for payments under any federal, state, or local public assistance program.

The documents used to calculate an individual's or family's income level are generally valid for a one-month period. All eligibility documentation must be maintained within the DWD's case management system. Once low-income eligibility has been established for an adult income-based program, the customer must receive a service under the funding source within 30 calendar days.

### **Unemployed**

When determining unemployed status, note the following situations:

- A full-time student who was available for work during this seven-day period may be classified as unemployed.
- Time spent in national guard, military, naval, or air force reserve activities is not to be counted as employment.
- A person who is working part-time is considered employed.
- A veteran who has not obtained permanent unsubsidized employment since being released from active duty shall be considered as having met "unemployed" requirements regardless of the specific term of unemployment required.
- Persons institutionalized in a prison, jail, or similar correctional institution are to be considered "unemployed" only when such persons have a reasonable expectation of release within 12 months of enrollment in activities under the Act.
- Time spent in the WIOA On-the-Job Training (OJT) and Work Experience is considered employment for application/reporting purposes. Time spent in classroom training services or holding may or may not be considered employment depending on the specific situation.
- A person may meet the "made specific efforts to find a job" provision of the definition of "unemployed" by seeking either part-time or full-time work.

## **Underemployed**

In addition to providing career and training services to individuals who are unemployed, there remains a significant population of job seekers who are underemployed. Individuals who are underemployed may include:

- Individuals employed less than full-time who are seeking full-time employment.
- Individuals who are employed in a position that is inadequate with respect to their skills and training.
- Individuals who are employed who meet the definition of a low-income individual in the WIOA Section 3(36).
- Individuals who are employed, but whose current job's earnings are not sufficient compared to their previous job's earnings from their previous employment, per state and/or local policy.

Individuals who are underemployed and meet the definition of low income may receive career and training services under the Adult program on a priority basis as a low-income participant. Individuals who meet the definition of an individual with a barrier to employment, per the WIOA Section 3(24) who are unemployed, may also be served in the Adult program. Individuals who were determined eligible for the Dislocated Worker program and who are determined by state and/or local policies to be underemployed, may still be considered eligible for career and training services.

### **Career Services**

Career services for adults must be available in at least one full service WorkOne Office in each local workforce development area. There are three types of career services:

- Basic career services;
- Individualized career services; and
- Follow-up services.

#### **Basic Career Services:**

Basic career services must be made available and, at a minimum, include the following services:

- Determinations of whether the individual is eligible to receive assistance from the adult program;
- Outreach, intake (including worker profiling), and orientation to information and other services
- Initial assessment of skills levels, as well as aptitudes, abilities (including skills gaps), and support service needs;
- Labor exchange services, including:
  - job search and placement assistance, and, including the provision of information on nontraditional employment and in-demand industry sectors and occupations; and
  - appropriate recruitment and other business services on behalf of employers
- Provision of referrals to and coordination of activities with other programs and services and when appropriate, other workforce development programs. The Hoosier Heartland Partner Referral System assists partners in receiving and making referrals between agencies electronically. The system also provides information on partner services and allows for direct access/referrals; Orientation to information and other services available through the One-Stop system. For the TANF program, states must provide individuals with the opportunity to initiate an application for TANF assistance and non-assistance benefits and services which could be implemented through the provision of paper application forms or links to the application website.

Provision of workforce and labor market employment statistics information, including information relating to local, regional, and national labor market areas, such as:

- job vacancy listings in labor market areas;
- information on job skills necessary to obtain the vacant jobs listed; and
- information relating to local occupations in demand and the earnings, skills requirements, and opportunities for advancement in those jobs;
- Provision of performance information and program cost information on eligible providers of training services by program and provider type;
- Provision of information relating to the availability of support services or assistance, and appropriate referrals to those services and assistance, including:
  - child care;
  - child support;
  - medical or child health assistance available through the state's Medicaid program and Children's Health Insurance Program;
  - benefits under the Supplemental Nutrition Assistance Program (SNAP);
  - assistance through the earned income tax credit; and
  - assistance under a state program for Temporary Assistance for Needy Families (TANF), and other support services and transportation provided through that program;
- Provision of information and assistance regarding filing claims for unemployment compensation, by which the Board must provide assistance to individuals seeking such assistance.
- Assistance in establishing eligibility for programs of financial aid assistance for training and education programs not provided under WIOA.

### **Individualized Career Services**

Career services for adult and dislocated workers must be available through the local one-stop delivery system. Individuals enrolled in and provided individualized career services through the WIOA Adult and Dislocated Worker programs must meet the previously stated general eligibility criteria and any eligibility requirements associated with those services.

These services, which must be available in all comprehensive One-Stop centers, include:

- Comprehensive and specialized assessments of the skill levels and service needs of adults and dislocated workers, which may include:
  - Diagnostic testing and use of other assessment tools.
  - In-depth interviewing and evaluation to identify employment barriers and appropriate employment goals.
- Development of an IEP to identify the employment goals, appropriate achievement objectives, and the appropriate combination of services for the participant to achieve his or her employment goals, including a list of, and information about, eligible training providers.
- Group counseling, which involves two or more participants addressing certain issues, problems, or situations that may be shared by the group members.
- Individual counseling, which is a one-on-one session that may go into greater detail for a participant regarding certain issues, problems, or situations.
- Career planning, e.g., case management.
- Short-term pre-vocational services, including development of learning skills, communication

skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct services to prepare individuals for unsubsidized employment or training. In some instances, pre-apprenticeship programs may be considered as short-term pre-vocational services.

- Internships and paid or unpaid work experiences that are linked to careers. Internships and work experiences may be arranged within the private for-profit sector, the non-profit sector, or the public sector.
- Transitional jobs, which are to include all of the following:
  - Time-limited work experiences that are subsidized and are in the public, private, or non-profit sectors for individuals with barriers to employment who are chronically unemployed and/or have an inconsistent work history.
  - Designed to assist individuals with barriers to employment to establish a work history, demonstrate success in the workplace, and develop the skills that lead to entry and retention into unsubsidized employment.
  - Must be combined with comprehensive career services and supportive services.
- Workforce preparation activities, including programs or services designed to help an individual acquire a combination of basic academic skills, critical thinking skills, digital literacy skills, and self-management skills, including competencies in utilizing resources, using information, working with others, understanding systems, and obtaining the skills necessary for a successful transition into and completion of post-secondary education or training, or employment.

### **Training Services**

Training services may be made available to employed and unemployed adults and dislocated workers. In addition to general program eligibility requirements, participants also must meet the following to be eligible to receive training services:

WIOA is designed to increase participant access to training services. Training services are provided to equip individuals to enter the workforce and retain employment. Training is made available to individuals after an interview, assessment, or evaluation determines that the individual requires training to obtain employment or remain employed. For greater detail of training services, please visit the [Individual Training Policy](#).

Examples of training services include:

- occupational skills training, including training for nontraditional employment;
- on-the-job training (OJT), including registered apprenticeship;
- incumbent worker training in accordance with WIOA §134(d)(4);
- workplace training and cooperative education programs;
- private sector training programs;
- skills upgrading and retraining;
- entrepreneurial training;
- transitional jobs in accordance with WIOA §134(d)(5);
- job readiness training provided in combination with other training described above;
- adult education and literacy activities, including activities of English language acquisition and integrated education and training programs, in combination with training; and

- customized training conducted with a commitment by an employer or group of employers to employ an individual upon successful completion of the training.

WIOA funding for training is limited to participants who:

- are unable to obtain grant assistance from other sources to pay training costs; or
- require assistance beyond that available under grant assistance from other sources to pay training costs and related support services.

Boards and training providers must coordinate funds available to pay for training and must consider the availability of other grant assistance to pay for training costs, such as TANF, state-funded training funds, and federal Pell Grants, so that WIOA funds supplement other sources of training grants.

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 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.

Service Provider must ensure that WIOA funds are not used to pay:

- for any portion or term of training for which the participant has signed a loan as part of financial aid; or
- that were paid by the participant (or other source) prior to WIOA program registration

### **Eligibility for Training Services**

Training services may be made available to employed and unemployed adults who:

- after a determination of need is made using an employment plan:
  - are 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;
  - are in need of training services to obtain or retain employment leading to economic self-sufficiency or wages comparable to or higher than wages from previous employment; and
  - have the skills and qualifications to participate successfully in training services;
  - have selected a program of training services that is directly linked to:
    - occupations that are on the Occupations in Demand list, or are on the targeted occupations list for another local workforce development area (workforce area) to which an adult is willing to commute or relocate; or
    - occupations that have been determined on a case-by-case basis to have a high potential for sustained demand and growth in the workforce area, based on sufficient and verifiable documentation and approved by the One Stop Operator
  - The participant is unable to obtain grant assistance from other sources to pay the cost of such training, including such sources as state-funded training funds, Trade Adjustment Assistance, and Federal Pell Grants established under Title IV of the Higher Education Act of 1965, or requires the WIOA assistance in addition to other sources of grant assistance, including Federal Pell Grants; and
    - Veterans Affairs (VA) benefits for education and training services do not constitute "other grant assistance" under the WIOA's eligibility requirements. Therefore, eligibility for VA benefits for education or training services do not preclude a veteran or the veteran's eligible spouse from receiving the WIOA-funded services, including training



funds. Similarly, the WIOA program operators may not require veterans or spouses to exhaust their entitlement to the VA-funded training benefits prior to allowing them to enroll in the WIOA-funded training.

- If training services are provided through the WIOA Adult program, the participant has been determined eligible in accordance with the state and local priority system, if any, in effect for adults under the WIOA.

An individual must, at minimum, receive either an interview, evaluation or assessment, and career planning, or any other method through which the One-Stop operator or partner can obtain enough information to make an eligibility determination to be eligible for training services. Where appropriate, a recent interview, evaluation, or assessment may be used.

The case file must contain a determination of the need for training services as determined through the interview, evaluation, or assessment, and career planning or any other career service received. Refer to [Individual Training Policy](#).

- |   |
|---|
| <ul style="list-style-type: none"><li>○ As a reminder, the determination of the need for training services must be documented as part of the participant's Individual Employment Plan and/or case notes. Refer to <a href="#">IEP Policy</a>.</li></ul> |
|---|

**C. The R4WDB considers self-sufficiency income for adults as such:**

Employment is not a guarantee of self-sufficiency. **R4WDB further defines *Self-sufficiency*** for individuals participating in training under the WIOA *Adult* Program is 200% of the economically Disadvantage Criteria level based on family size.

**Follow-Up Services:**

Follow-up services must be made available, as appropriate—including counseling regarding the workplace—for participants in adult activities who are placed in unsubsidized employment for a minimum of 12 months after the first day of employment. Refer to [Follow Up Policy](#).

**Dislocated Workers:**

Participants in the WIOA Title I Dislocated Worker program must meet the following criteria:

- U.S. citizen or otherwise legally entitled to work in the United States;
- Age 18 or older; • Selective Service Registration; and
- Meet one of the following categories:

Category	Eligibility Definition
<b>Category A<sup>5</sup></b>	<p>An individual who:</p> <ul style="list-style-type: none"> <li>(i) has been terminated or laid off, or who has received a notice of termination or layoff, from employment;</li> <li>(ii) (I) is eligible for or has exhausted entitlement to unemployment compensation; or (II) has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center referred to in section 121(e), attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a state unemployment compensation law; and</li> <li>(iii) is unlikely to return to a previous industry or occupation.</li> </ul>
Category	Eligibility Definition
<b>Category B</b>	<p>An individual who:</p> <ul style="list-style-type: none"> <li>(i) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise;</li> <li>(ii) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or</li> <li>(iii) for purposes of eligibility to receive services other than training services described in section 134(c)(3), career services described in section 134(c)(2)(A)(xii), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.</li> </ul>
<b>Category C</b>	An individual who was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed because of general economic conditions in the community in which the individual resides or because of natural disasters.
<b>Category D</b>	An individual who is a displaced homemaker.
<b>Category E</b>	<p>An individual who:</p> <ul style="list-style-type: none"> <li>(i) is the spouse of a member of the Armed Forces on active duty (as defined in section 101(d)(1) of title 10, United States Code), and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; or</li> <li>(ii) is the spouse of a member of the Armed Forces on active duty and who meets the criteria described in paragraph (16)(B).</li> </ul>

## **Additional Guidance for Category “A”**

Dislocated worker, as defined in WIOA sec. 3(15), outlines five criteria for which an individual is eligible to receive WIOA funding. Most requests for clarity that the state has received pertain to Category A (see table above); many of those are outlined below.

### **Previous Occupation/Industry**

For the purposes of WIOA dislocated worker program eligibility, the previous occupation or industry relates directly to the job of dislocation, not the most recent job if the most recent job is considered intervening or stopgap employment (described in more detail below). The job of dislocation is the job that qualifies the individual under one of the dislocated worker definition eligibility categories. The previous occupation or industry should be established by the individual's work history provided in their application and supported with any other applicable documentation to satisfy the data validation requirements.

### **Intervening or Stopgap Employment**

Intervening or stopgap employment describes work that an individual accepts, either prior to or during participation in WIOA services, for the purpose of income maintenance because they have lost the customary work for which their training, experience, and work history qualifies them. DWD considers employment as “intervening” or “stopgap” if the salary is substantially below the salary of the individual's previous occupation and/or if they are working substantially under the skill level of their previous occupation (determined at the local level). However, intervening or stopgap employment may constitute a new primary occupation/industry in circumstances where the individual has not made any verifiable efforts to seek more permanent and appropriate employment and has been employed in intervening or stopgap employment for an extended amount of time (determined at the local level). The previous occupation or industry should be established by the individual's work history provided in their application and supported with any other applicable documentation to satisfy data validation requirements.

### **Look-Back Period**

Historically, the “look-back period” was used to limit the amount of time an applicant could qualify as a dislocated worker after they were dislocated from their previous industry/occupation. The vision of WIOA supports more integrated and comprehensive dislocated worker services and, therefore, the mandatory look-back period for dislocated workers under Title I of WIOA has been eliminated. However, LWDBs may elect to establish a look-back period via local policy. Please note, the elimination of the mandatory look-back period does not change the requirement to determine and validate dislocated worker eligibility.

### **Veteran Dislocated Workers**

If the separating service member is separating from the Armed Forces with a discharge that is anything other than dishonorable, the separating service member qualifies for dislocated worker activities based on the following criteria:

- a) The separating service member has received a notice of separation, a DD-214 from the Department of Defense, or other documentation showing a separation or imminent separation from the Armed Forces to satisfy the termination or layoff part of the dislocated worker eligibility criteria in WIOA sec. 3(15)(A)(i);
- b) The separating service member qualifies for the dislocated worker eligibility criteria on

eligibility for or exhaustion of unemployment compensation in WIOA sec. 3(15)(A)(ii)(I) or (II); and,

- c) As a separating service member, the individual meets the dislocated worker eligibility criteria that the individual is unlikely to return to a previous industry or occupation in WIOA sec. 3(15)(A)(iii).

Stopgap or intervening employment will not disqualify a separated military service member from receiving dislocated worker services.

A military service member who has been discharged under a dishonorable discharge would not qualify as a dislocated worker but may still qualify under WIOA adult.

### **Profiled Unemployment Insurance Claimants**

Recipients who receive either a Reemployment Services and Eligibility Assessment (RESEA) or Jobs for Hoosiers (JFH) letter may qualify for dislocated worker services under WIOA sec. 3(15)(A). At the time of program selection, these recipients were identified as being laid off (i), eligible for unemployment insurance (ii), and unlikely to return to a previous industry/occupation (iii).

However, individual circumstances and actions can impact that original eligibility determination. Therefore, in order 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.

If the recipient meets the above requirement, then the RESEA or JFH letter may serve as adequate eligibility verification documentation.

### **Long-Term Unemployed**

National Dislocated Worker Grants (DWGs) provide resources to states and other eligible applicants to respond to large, unexpected layoff events causing significant job losses. There are two types of DWGs: Employment Recovery DWG and Disaster Recovery DWG. Individuals eligible to receive services under DWGs differ by grant type.

Eligibility categories under the Disaster Recovery DWG include *long-term unemployed* workers. Indiana has defined “*long-term unemployed*” as an individual that has not worked for twenty-seven or more weeks in aggregate over the past year.

### **Locally Defined Dislocated Worker Guidelines**

#### **A. The Region 4 Workforce Board (R4WB) defines “unlikely to return to a previous industry or occupation” as:**

- Leaving an occupation which is not on the Occupation in Demand list for the local region. Specific occupations are identified in the Growth & Demand Occupations list. Exceptions must be approved by WDB Designee.
- Has antiquated skills that would hinder return to occupation even if occupation is on the Occupation in Demand list
- Must be documented in case notes.

**The R4WB considers self-sufficiency income for adults and dislocated workers as such:**

1. Employment is not a guarantee of self-sufficiency. Therefore, all Hoosiers seeking assistance through the WorkOne system employed or not, are considered to lack self-sufficiency.

**R4WIB further defines:**

2. **Self-sufficiency** for individuals participating in training under the WIOA *Adult* Program is 200% of the economically Disadvantage Criteria level based on family size.  
**Self-sufficiency** for individuals participating in training under the *Dislocated Worker* Program is the higher of at least 80% of the participant's wage at layoff or the Economically Disadvantage Criteria level, and the participant is in permanent employment. An eligible Dislocated Worker who is in stopgap or temporary employment following economic dislocation shall not be considered self-sufficient even though the prevailing wage proves otherwise

**Selective Service:**

- In order to participate in a program established by or receiving assistance under Title I of WIOA, all males born on or after January 1, 1960 must present documentation showing compliance with the Selective Service registration requirement. Refer to Regional [Selective Service policy](#) for additional guidance and required documentation.

***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. The grantee, sub-grantee, or contractor 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, grantees should consider the following questions when determining whether a failure to register is knowing and willful. In determining whether the failure was "knowing," the authorized 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 authorized 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 an authorized organization determines it was not a knowing and willful failure and the individual is otherwise eligible, services may be provided. If the authorized organization determines that evidence shows that the individual’s failure to register was knowing and willful, WIOA services must be denied. Individuals denied services must be advised of available WIA grievance procedures. Authorized organizations must keep documentation related to evidence presented in determinations related to Selective Service.

## 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 last 4 SS# \_\_\_\_\_

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: • spouses and dependent\* children • a parent or guardian and dependent\* children • spouses

### **\*\* 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 (last 6 mos x 2)
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> X2	_____

If no income is reported, explain source of support. \_\_\_\_\_

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 individual 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: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2023 Economically Disadvantaged



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 29694<sup>1</sup>
- *Annual Update of the HHS Poverty Guidelines*, Federal Register / Vol. 88, No. 12 / Thursday, January 19, 2023 / Notices 3424<sup>2</sup>
- *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, 2020<sup>3</sup>

### 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](mailto:policy@dwd.in.gov).

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

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

<sup>3</sup> <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* <sup>4</sup>
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

<sup>4</sup> 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**

<b>Family Size</b>	<b>Metropolitan</b>	<b>Non-Metropolitan</b>
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)**

<b>Family Size</b>	<b>Income Level</b>
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)**

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

## 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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>U.S. Passport or U.S. Passport Card</li> <li>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>Employment Authorization Document that contains a photograph (Form I-766)</li> <li>For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>Foreign passport; and</li> <li>Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>The same name as the passport; and</li> <li>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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>School ID card with a photograph</li> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> <li>Native American tribal document</li> <li>Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>School record or report card</li> <li>Clinic, doctor, or hospital record</li> <li>Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>NOT VALID FOR EMPLOYMENT</li> <li>VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>Native American tribal document</li> <li>U.S. Citizen ID Card (Form I-197)</li> <li>Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/I-9-central">uscis.gov/I-9-central</a>.  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</li> </ol>
<p style="text-align: center;"><b>Acceptable Receipts</b></p> <p style="text-align: center;">May be presented in lieu of a document listed above for a temporary period.</p> <p style="text-align: center;">For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<ul style="list-style-type: none"> <li>Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>		<ul style="list-style-type: none"> <li>Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>

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

**WIOA APPLICATION**  
**Indiana Career Connect**

<b>General Information</b>				
Application Status:				
Name:		SSN:		
AppID:		WIA Converted App ID: Not Applicable		
State ID:		User ID:		
LWIA:		Office: Office of Responsibility: )		
Assigned Case Manager:				
Application Date:		Login Name:		
<b>Eligibility Dates</b>				
Basic Core Date:	Adult Date:	Dislocated Worker:	Youth Date:	Incumbent Worker Date:
<b>Contact Information</b>				
Current Address:		County:		
Mailing Address:				
Eligibility Address:		County:		
Primary Phone: Phone Type:		Alternate Phone: Phone Type:	Fax:	
Phone Mode:		Phone Mode:		
Email:				
<b>Demographic Information</b>				
Date of Birth:	Age:	Gender:		
Selective Service:		Authorized to work in US:		
Selective Service Registration Number:		Alien Registration Number:		
Selective Service Registration Date:		Alien Registration Expiration Date:		
Hispanic:		Race:		
<b>Spouse or Caregiver of a Military Memeber</b>				
Are you the spouse of a member of the armed forces who is on active duty?				
<b>Military Service</b>				
Are you currently in the U.S. Military or a Veteran?				
Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?				
<b>Veteran Information:</b>				
Most recent Active Duty Begin Date:		Most recent Active Duty End Date:		
Do you have prior service dates?				
Disabled Veteran:				
Homeless Veteran:		Enrolled in Homeless Veterans' Reintegration Program:		
Veteran Status:				

**WIOA APPLICATION**  
**Indiana Career Connect**

<b>Employment Information</b>		
Employment Status:	If employed, under-employed:	
Unemployment Eligibility Status:	UI Referred By:	
Claimant has been exempted from work search:	Date claimant exempted from work search:	
Number of weeks Unemployed:	Meets Long Term Unemployed Definition:	
Current or most recent Hourly Wage:	Occupation of Most Recent Employment Prior to WIOA Participation:	
<b>Termination/Layoff Information</b>		
Reason for Layoff:		
Is unemployed due to general economic conditions in the community lived in, or worked in, or related to a military installation realignment:		
Is unemployed as result of an emergency or natural disaster in the community lived in, or worked in:		
Is considered long term unemployed, as defined by the state in the NDWG grant:		
Actual Layoff Date:	Projected Layoff Date:	
Dislocation Employer Name:	Employer Address:	
Dislocation Hourly Wage:		
Attended Group Orientation:		
Most Recent Date Attended Rapid Response Service:	Rapid Response Event:	
<b>Education Information</b>		
School Status:		
Highest School Grade Completed:		
High School Diploma or Equivalent received:		
Highest Educational Level Completed:		
<b>Education Partner Services</b>		
Receiving services from Adult Education (WIOA Title II):		
Receiving services from YouthBuild:	YouthBuild Grant Number:	
Receiving services from Job Corps:		
Receiving Services from Vocational Education (Carl Perkins):		
Individualized Education Program Participant:		
<b>Barriers</b>		
English Language Learner:	Basic Skills Deficient/Low Level of literacy:	Homeless:
	Ex-Offender:	
<b>Barriers to Employment</b>		
Displaced Homemaker:	Within 2 years of exhausting TANF lifetime eligibility:	
Hawaiian Native:	American Indian/Alaskan Native:	
Cultural barriers:	Eligible migrant and seasonal farmworker as defined in WIOA Sec. 167(i) :	Meets Governors special barriers to employment:
Eligible Migrant and Eligible Farmworker Status:	National Farmworker Grant Number:	
<b>Public Assistance</b>		
Temporary Assistance for Needy Families (TANF):	TANF Recipient:	

### WIOA APPLICATION Indiana Career Connect

General Assistance (GA):	GA Recipient:
Refugee Cash Assistance (RCA):	RCA Recipient:
Supplemental Nutrition Assistance Program (SNAP):	Receiving services under SNAP Employment & Training Program:
Foster Child (state or local payments are made for applicant):	Youth currently living in high-poverty area:
Youth currently receives, or is eligible to receive free or reduced lunch under the Richard B. Russell National School Lunch Act :	Receiving or been notified will receive any Pell Grant Monies:
<b>Income Information</b>	
Annualized Family Income:	Family Size:
<b>Miscellaneous Employment</b>	
Prison to employment participant:	
Type of :	
Post Release Classification:	
Type of supervision:	

<b>Eligibility</b>	
Applicant meets the definition for Low Income:	Youth applicant meets low income based upon living in a high poverty area or free/reduced school lunch:
Dislocated Worker Eligibility: Adult Eligibility:	Youth Eligibility: Youth exception:
<b>WIOA Grant Eligibility</b>	
National Dislocated Work Grant NDWG (formerly NEG):	Statewide Adult Eligibility:
Statewide Dislocated Worker Eligibility:	Statewide Youth Eligibility:
Incumbent Worker Eligibility:	Statewide Rapid Response Additional Assistance:
<b>Non-WIOA Program Eligibility</b>	
Non-WIOA Special Grants:	
Local Funded Grants:	

Grants Attached To This Application				
Grant Type	Grant ID	Grant Name	ETA/Local Grant Code	Date Added
			/	
			/	
			/	

<b>WIOA Miscellaneous Information</b>
Meets the Additional Priorities established by the Governor and/or Local Board:
Youth of Incarcerated Parent:
Substance Abuse:
Lacks Transportation:
Lacks Child Care:

<b>Staff Eligibility Information</b>
Comments: usp_capp_save_intro



**WIOA APPLICATION  
Indiana Career Connect**

<b>Adult Review: Met Requirements :</b>	<b>Adult Review Date:</b>	<b>Adult Review Staff:</b>
<b>Dislocated Worker Review: Met Requirements :</b>	<b>Dislocated Worker Review Date:</b>	<b>Dislocated Worker Review Staff:</b>
<b>Youth Review: Met Requirements :</b>	<b>Youth Review Date:</b>	<b>Youth Review Staff:</b>

Applicant Certification Statement: (Not to be signed and dated until all documentation has been provided.) I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law.

**Signatures**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**WIOA APPLICATION  
Indiana Career Connect**

**CONSENT TO RELEASE:**

I \_\_\_\_\_ give WorkOne and the Department of Workforce Development (DWD) permission to gather and share information (Oral or Written) on me relating to the design, delivery and receipt of employment and training services. I understand that my records are protected under confidentiality laws and information about my family or me cannot be disclosed without my written consent. I authorize employees and representatives of WorkOne and/or DWD to gain access to any and all confidential files about myself and/or family which may be in the possession of Division of Family Resources or any other related party, including the agency which referred me to WorkOne/DWD. I also make the same consent for exchange of information with any training institute I am enrolled in through WorkOne/DWD, and my employer. This consent will include information placed in my records after the date signed below.

This consent will remain in effect for the period of my participation with WorkOne/DWD. Consent may be terminated at any time upon receipt of a Withdrawal of Consent letter to the assigned program manager.

Signature for Confirmation:

I understand that the information obtained, gathered, discussed, and shared to assist me with attaining my vocational goals. I further understand that such actions are part of the development, design, and delivery of employment and training services as a participant of the WorkOne/DWD workforce development program. I hereby certify that I understand this consent and that I have signed it of my own free will.

_____	_____
Applicant Signature	Date

_____	_____
Staff Signature	Date

**WIOA APPLICATION  
Indiana Career Connect**

## **EQUAL OPPORTUNITY IS THE LAW**

It is against the law for agencies affiliated with this site 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 I of the Workforce Innovation and Opportunity Act of 2014 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity.

Additionally, agencies affiliated with this site comply 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, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against beneficiaries on the basis of either citizenship status 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 Act of 1975, as amended, which prohibits discrimination on the basis of age; and
- Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

## **WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think that you have been subjected to discrimination, you may file a complaint within 180 days from the date of the alleged violation with either the agency's Equal Opportunity Officer (or the person whom the agency has designated for this purpose); or The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

For more information on filing a discrimination claim, visit <https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/external/how-to-file-complaint>.

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

---

**Applicant Signature**

---

**Date**

**Applicant Statement**

I hereby certify under penalty of perjury that I \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Signature (If applicant under 18 years of age)
_____	_____
_____	_____
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

Eligibility Item	Eligibility Definition	Source Documentation
<b>Age</b>	Age 18 or older	<p>No source documentation is needed for Basic Career Services</p> <p>If Individualized Career Services are provided one of the following must be obtained:</p> <ul style="list-style-type: none"> <li>• Driver's License</li> <li>• Baptismal Record</li> <li>• Birth Certificate</li> <li>• DD-214</li> <li>• Report of Transfer or Discharge Paper</li> <li>• Federal, State or Local Identification Card</li> <li>• Passport</li> <li>• Hospital Record of Birth</li> <li>• Public Assistance/Social Service Records</li> <li>• School Records or ID Cards</li> <li>• Work Permit</li> <li>• Family Bible</li> </ul> <p>A copy must be saved to the participant's electronic file.</p>
<b>Military Selective Service</b>	<p>All males born after December 31, 1959, must be registered with the US Military Selective Service.</p> <p>Section 189(h) of WIOA requires customers to be in compliance with Section 3 of the Military Selective Service Act (50 USC Appr.452) in order to participate in WIOA Title I adult ad dislocated worker funded programs.</p> <p>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 US Military Selective Service. This includes local management coordinating and publishing a policy for non-registered males, age 26+ and born after December 31, 1959.</p>	<p>Verifying SS Registration:</p> <ul style="list-style-type: none"> <li>• Acknowledgement letter from the Selective Service</li> <li>• Form DD-214</li> <li>• Screen printout of the Selective Service Verification site: <a href="http://www.sss.gov/RegVer/wfVerification.aspx">www.sss.gov/RegVer/wfVerification.aspx</a>. (Staff enters last name, SSN and date of birth at the website. Printout includes Selective Service number and date of birth as confirmation for data validation)</li> <li>• Selective Service Registration Card</li> <li>• Selective Service Verification Form (form 3A)</li> <li>• Stamped Post Office Receipt of Registration</li> </ul> <p>A copy must be saved to the participant's electronic file.</p>

Eligibility Item	Eligibility Definition	Source Documentation
<b>U.S. citizen or Otherwise Legally Entitled to Work in the United States</b>	While citizenship does not need to be validated, Indiana has determined that an individual's eligibility-to-work in the United States (regardless of citizenship) must be validated for all WIOA Adult, Dislocated Worker, and TAA program participants prior to the receipt of supportive services and/or training services.	<p><b>Validating Eligibility-to-Work:</b></p> <ul style="list-style-type: none"> <li>Self-attestation is an acceptable source of documentation, and no further validation is required for WIOA Adult, Dislocated Worker, and TAA program participant who do <b>not</b> receive training or supportive services.</li> <li>Eligibility to work in the United States must be validated for any WIOA Adult, Dislocated Worker, and TAA program participant who receives any type of supportive service and/or training service. <ul style="list-style-type: none"> <li>See the "Lists of Acceptable Documentation" page of the Employment Eligibility Verification Form I-9.</li> </ul> </li> </ul>
<p><b>DW: Category A</b></p> <p>Laid Off; Unlikely to Return to Previous Occupation</p>	<p>The customer has been terminated or laid off, or has received a notice of termination or layoff, from employment or has been honorably discharged (whether voluntary or involuntary); <b>AND</b></p> <ol style="list-style-type: none"> <li>Is eligible for or has exhausted entitlement to unemployment compensation, <b>OR</b></li> <li>Has been employed for a duration sufficient to demonstrate attachment to the workforce but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that was not covered under a state unemployment compensation law; <b>AND</b></li> </ol> <p>must be "unlikely to return to a previous industry or occupation" as defined through local policy and the determination by the local workforce board.</p>	<p>One of the following:</p> <ul style="list-style-type: none"> <li>Verification from Employer</li> <li>Rapid Response List</li> <li>Notice of Layoff</li> <li>Public Announcement with Follow-Up</li> <li>Cross-Match with UI Database</li> <li>A RESEA or JFH letter issued by DWD</li> <li>Self- Attestation</li> </ul> <p>A copy must be saved to the participant's electronic file.</p>

Eligibility Item	Eligibility Definition	Source Documentation
<p><b>DW:</b> <b>Category B</b></p> <p>Plant, Facility or Enterprise Closure</p>	<p>1. Terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; <b>OR</b></p> <p>2. Employed at a facility where the employer has made a general announcement that such facility will close within 180 days; <b>OR</b></p> <p>3. For purposes of eligibility to receive services other than training services described in WIOA Section 134(c)(3), career services described in section 134(c)(2) (A)(xii), or job seeker supports, is employed at a facility at which the employer has made a general announcement that such facility will close.</p>	<p>One of the following:</p> <ul style="list-style-type: none"> <li>• Verification from Employer</li> <li>• Rapid Response List</li> <li>• Notice of Layoff</li> <li>• Public Announcement with Follow-Up</li> <li>• Cross-Match with UI Database</li> <li>• A RESEA or JFH letter issued by DWD</li> <li>• Self- Attestation</li> </ul> <p>A copy must be saved to the participant's electronic file</p>
<p><b>DW:</b> <b>Category C</b></p> <p>Self-Employed</p>	<p>Self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the customer resides or because of natural disasters.</p>	<p>One of the following:</p> <ul style="list-style-type: none"> <li>• UI wage data match</li> <li>• Paycheck stubs, tax records, W2 form</li> <li>• Quarterly tax payment forms, such as an IRS form 941</li> <li>• Self-employment worksheets signed and attested to by program participants</li> <li>• Detailed case notes verified by employer and signed by the counselor</li> <li>• Electronic records</li> </ul> <p>A copy must be saved to the participant's electronic file.</p>

Eligibility Item	Eligibility Definition	Source Documentation
<p><b>DW:</b> <b>Category D</b></p> <p>Displaced Homemaker</p>	<p>The customer has been providing unpaid services to family members in the home</p> <p>AND</p> <p>1) has been dependent on the income of another family member but is no longer supported by that income;</p> <p>OR</p> <p>Is the dependent spouse of the Armed Forces on active duty and whose family income is significantly reduced because of deployment or call to active military duty, a permanent change of station, or the service-connected death or disability of a member</p> <p>AND</p> <p>2) Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment</p>	<p>One of the following:</p> <ul style="list-style-type: none"> <li>• Self-attestation</li> <li>• Signed Intake Application or Enrollment Form</li> <li>• Cross-Match with Public Assistance Records</li> <li>• Copy of Spouse's Layoff Notice</li> <li>• Copy of Spouse's Death Record</li> <li>• Copy of Spouse's Permanent Change of Station (PCS)</li> <li>• Orders (for a military move or assignment)</li> <li>• Copy of Divorce Records</li> <li>• Copy of Applicable Court Records</li> <li>• Copy of Bank Records (showing financial dependence on spouse, no separate individual income support, or no employment income earned)</li> <li>• Needs Assessment</li> <li>• Signed Individual Employment Plan</li> </ul> <p>A copy must be saved to the participant's electronic file.</p>
<p><b>DW:</b> <b>Category E</b></p> <p>Military Spouse</p>	<p>Is the spouse of a member of the Armed Forces on active duty and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member <b>OR</b></p> <p>Is the spouse of a member of the Armed Forces on active duty and who meets the criteria for displaced homemaker.</p>	<p>One of the following:</p> <ul style="list-style-type: none"> <li>• DD-214</li> <li>• Cross-Match with Department of Defense Records</li> <li>• Cross-Match with Veterans' Service Database</li> <li>• A Letter from the Veterans' Administration</li> </ul> <p>A copy must be saved to the participant's electronic file.</p>



## Selective Service – Who Must Register

Category	Yes	No
All male U.S. citizens born after Dec. 31, 1959, who are 18 but not yet 26 years old, except as noted below:	Yes	
<b>Military Related</b>		
Cadets at the Merchant Marine Academy	Yes	
ROTC Students	Yes	
National Guardsmen and Reservists not on active duty / Civil Air Patrol members	Yes	
Delayed Entry Program enlistees	Yes	
Men rejected for enlistment for any reason before age 26	Yes	
Separates from Active Military Service, separated for any reason before age 26	Yes*	
Members of the Armed Forces on active duty (active duty for training does not constitute “active duty” for registration purposes)		No*
Students in Officer Procurement Programs at the Citadel, University of North Georgia, Norwich University, Virginia Military Institute, Texas A&M University, Virginia Polytechnic Institute and State University		No*
Cadets and Midshipmen at Service Academies or Coast Guard Academy		No*
<b>Immigrants**</b>		
Permanent resident immigrants (USCIS Form I-551)	Yes	
Refugee, parolee, and asylum immigrants	Yes	
Undocumented immigrants	Yes	
Dual national U.S. citizens	Yes	
Lawful non-immigrants on current non-immigrant visas. A complete list of acceptable documentation for exemption may be found at <a href="https://www.sss.gov/Portals/0/PDFs/DocumentationList.pdf">https://www.sss.gov/Portals/0/PDFs/DocumentationList.pdf</a> .		No
Seasonal agricultural workers (H-2A Visa)		No
<b>Confined</b>		
Incarcerated, or hospitalized, or institutionalized for medical reasons		No*
<b>Handicapped, Physically or Mentally</b>		
Able to function in public with or without assistance	Yes	
Continually confined to a residence, hospital, or institution		No
<b>Transgender People</b>		
U.S. citizens or immigrants who are born male and have changed their gender to female	Yes	
Individuals who are born female and have changed their gender to male		No

**NOTE:** With only a few exceptions, the registration requirement applies to all male U.S. citizens and male immigrants residing in the United States who are 18 through 25 years of age.

\*Must register within 30 days of release unless already age 26. NOTE: To be fully exempt you must have been on active duty or confined continuously from age 18 to 26.

\*\*Residents of Puerto Rico, Guam, Virgin Islands, and Northern Mariana Islands are U.S. citizens. Citizens of American Samoa are nationals and must register when they are habitual residents in the United States or reside in the U.S. for at least one year. Habitual residence is presumed and registration is required whenever a national or a citizen of the Republic of the Marshall Islands, the Federated States of Micronesia, or Palau, resides in the U.S. for more than one year in any status, except when the individual resides in the U.S. as an employee of the government of his homeland; or as a student who entered the U.S. for the purpose of full-time studies, as long as such person maintains that status.

**NOTE:** Immigrants who did not enter the United States or maintained their lawful non-immigrant status by continually remaining on a valid visa until after they were 26 years old, were never required to register. Also, immigrants born before 1960, who did not enter the United States or maintained their lawful non-immigrant status by continually remaining on a valid visa until after March 29, 1975, were never required to register.

# Region 4 WORKFORCE Board

To: Service Provider	Priority of Service Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019 Update: 03/03/2020; 11/24/20;03/23/2022;7/1/2023

DOL has established the goal that at least 75 percent of the participants in the WIOA Title I Adult program who receive individualized career and training services are to be from at least one of the identified priority groups. DOL expects the POS rate will be no lower than 50.1 percent. DOL intends to phase-in the state-level goal, with encouragement to states to consider establishing additional benchmarks for local areas as a way to recognize whether priority is being provided to these populations

## Purpose

This policy discusses priority of service requirements for Workforce Innovation and Opportunity Act (WIOA) Title I Adults for both Career Services and Training Services. Priority applies for low-income individuals, participants on public assistance, and individuals who are basic skills deficient. Veterans (and eligible spouses) continue to receive priority of service for all DOL-funded training programs.

## References

- WIOA Sections 3, 134
- 20 CFR 680.600, 680.780, 675.300
- 38 U.S.C. 3500, 38 U.S.C. 4213
- TEGL 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 (DOL)*, November 10, 2009
- TEGL 19-16, *Operating Guidance for the Workforce Innovation and Opportunity Act*, March 1, 2017
- TEGL 7-18, Attachment 1 *Guidance for Validating Jointly Required Performance Data Submitted under the Workforce Innovation and Opportunity Act (WIOA)*, December 19, 2018
- DWD Policy 2015-08, *Priority of Service for Veterans and Eligible Spouses in Indiana DWD's Integrated WorkOne Offices*, May 4, 2016
- WIOA Desk Reference: Priority of Service for WIOA Adult Funds:  
<https://ion.workforcegps.org/resources/2017/10/05/14/01/WIOA-Desk-Reference>
- DWD 2019-04 Change 2, WIOA Title 1 Adult Priority of Service
- TEGL 7-20 *Effective Implementation of Priority of Service Provisions for Most in Need Individuals in the Workforce Innovation and Opportunity Act (WIOA) Adult Program*
- DWD Technical Assistance 2021-09 **Change 1** Locally Established Priority of Service Group Data Entry Instructions

## Content

WIOA focuses on serving “individuals with barriers to employment<sup>1</sup>” and seeks to ensure this population has increased access to quality services and opportunities for employment, education, training, and support. To prioritize services

for those who have the most need for and who would benefit from employment and training services, WIOA sec. 134(c)(3)(E) identifies three groups with barriers to employment and requires priority be given to these individuals. Priority of service must be given to public assistance recipients, other low-income individuals, and individuals who are basic skills deficient when providing individualized career services and training services using WIOA Title I Adult program funds.

This priority requirement must be followed in the local area regardless of the amount of funds available for providing services. Veterans and eligible spouses of veterans continue to receive priority of service for all job training programs funded by the Department of Labor (DOL), including WIOA programs<sup>2</sup>.

### **Priority of Service Groups and Eligibility**

Priority status for WIOA Title I Adult participants is determined during eligibility and enrollment. Status does not change during the period of participation. When providing individualized career and training services in the Title I Adult program, local areas must give priority of service to participants who receive public assistance, are low-income individuals, and are basic skills deficient. The three priority groups are described below. Acceptable documentation for verifying eligibility is provided in **Attachment A**.

**Recipients of public assistance**, defined by WIOA sec. 3(50), includes individuals who receive cash payments from Federal, State, or local government for which eligibility is determined by a needs or income test.

**Low-income individuals**, defined by WIOA sec. 3(36), describes individuals who meet one of the following criteria<sup>3</sup>:

- Receives, or in the past six months has received, or is a member of a family that is receiving or has received in the past six months, assistance through the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), or a state or local income-based public assistance program;
- In a family with total family income that does not exceed the higher of:
  - the poverty line or
  - 70 percent of the Lower Living Standard Income Level (LLSIL);
- A homeless individual<sup>4</sup>; or
- An individual with a disability whose own income meets the income requirements above, but is a member of a family whose total income does not meet this requirement.

**Basic Skills Deficient**, defined by WIOA sec. 3(5), describes an individual who meets at least one of the following criteria as basic skills deficient:

- 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. (The United States Department of Labor (USDOL) Employment and Training Administration (ETA) includes English language learners in the basic skills deficient group.)

DWD provides the following criteria for determining basic skills deficiency. An individual must meet at least one of the following:

- Lacks a high school diploma or equivalency and is not enrolled in secondary education;
- Scores 8.9 or below on the Tests of Adult Basic Education (TABE);
- Enrolled in a Title II Adult Education/Literacy Program;
- Has poor English language skills (includes English Language Learners);
- Is eligible for WorkINDiana; or
- The individual's case manager makes observations of deficient functioning and records justification in a case note.

## Eligibility Determinations for Veterans

When determining priority of service eligibility for WIOA Title I Adult employment or training programs, the following cannot be included in past income calculations<sup>5</sup>:

- Military pay received while serving on active duty
- Allowances provided while on active duty
- Compensation for service-connected disability or death or vocational rehabilitation
- Benefits for education and training services funded by the Department of Veterans Affairs (VA)
- Compensation received by an eligible dependent or indemnity compensation for service-connected deaths
- Educational assistance for eligible dependents and survivors of veterans under 38 U.S.C. 3500

WIOA program operators may not require veterans or their spouses to exhaust their entitlement to VA-funded training benefits prior to allowing them to enroll in WIOA-funded training.

## Veterans and Adult Priority

As described in TEGL 19-16<sup>6</sup>, when programs such as the WIOA Title I Adult program are statutorily required to provide priority for a particular group of individuals, priority must be provided in the specific order listed below. Veterans and eligible spouses of veterans continue to receive priority of service in all DOL-funded training programs. Veterans and their spouses must still meet the eligibility criteria for the WIOA Adult program.

### a) **Priority for the WIOA Title I Adult program MUST be provided in the following order:**

1. Veterans and eligible spouses who are also recipients of public assistance, other low-income individuals, or individuals who are basic skills deficient.
2. Individuals who are not veterans or eligible spouses of veterans, but are a recipient of public assistance, other low-income individuals, or individuals who are basic skills deficient.
3. Veterans and eligible spouses who are not included in a WIOA priority group but meet Title I Adult program eligibility.
4. Additional priority populations identified by the Governor or Local WDBs.
5. Other individuals who are not included in any priority group but meet WIOA Title I Adult program eligibility.

## Additional Priority of Service Groups

Region 4 Board has approved the following additional priority groups.

- Individuals 55 years of age and older

## Priority of Service Documentation Table

Local areas are required to use the following sources of documentation to verify whether an adult participant qualifies for priority of service under WIOA. **If Self-Attestation is utilized for documentation, case note must be entered showing that other documentation was requested and was unable to be received:**

Priority of Service Criteria	Acceptable Documentation
<b>Recipient of Public Assistance</b>	<ul style="list-style-type: none"> <li>• Copy of authorization to receive cash public assistance</li> <li>• Copy of public assistance check</li> <li>• Medical card showing cash grant status</li> <li>• Public assistance records</li> <li>• Refugee assistance records</li> <li>• <b>Self-Attestation as a last resort<sup>9</sup></b></li> </ul>
<b>Low-Income</b>	<ul style="list-style-type: none"> <li>• Alimony Agreement</li> <li>• Award letter from veteran's administration</li> <li>• Bank statements</li> <li>• Compensation award letter</li> <li>• Court award letter</li> <li>• Pension statement</li> <li>• Employer statement/contact</li> <li>• Family or business financial records</li> <li>• Housing authority verification</li> <li>• Pay stubs</li> <li>• Public assistance records</li> <li>• Quarterly estimated tax for self-employed persons</li> <li>• Social Security benefits</li> <li>• Unemployment Insurance documents</li> <li>• <b>Self-attestation as a last resort<sup>9</sup></b></li> </ul>
<b>Basic Skills Deficient</b>	<ul style="list-style-type: none"> <li>• School records in the form of a referral or records from a Title II Basic Adult Education program or English Language Learner program</li> <li>• Results of academic assessment</li> <li>• <b>Self-attestation<sup>10</sup></b></li> <li>• Case notes<sup>11</sup></li> </ul>
<b>55 years and older</b>	<ul style="list-style-type: none"> <li>• Driver's License</li> <li>• Birth Certificate</li> <li>• Report of Transfer or Discharge Paper</li> <li>• Hospital Record of Birth</li> <li>• School Records or ID Cards</li> <li>• Federal, State or Local Identification Card</li> <li>• Public Assistance/Social Service Records</li> <li>• Baptismal Record</li> <li>• DD-214</li> <li>• Passport</li> <li>• Family Bible</li> <li>• Work Permit</li> </ul>

### **Participant WIOA Self Attestation**

I hereby certify under penalty of perjury that I am:

**Priority of Service Groups**

- ☐ Age 55 and older
- ☐ Receiving Public Assistance
- ☐ Low Income
- ☐ Basic Skills Deficient

Other self-attestation items:

I hereby certify under penalty of perjury that I:

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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 Signature  
(If applicant under 18 years of age)

\_\_\_\_\_  
\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Witness' Relationship to Applicant

\_\_\_\_\_

#### **Office Use Only**

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

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Signature of Certifying Official and Date \_\_\_\_\_

# Region 4 WORKFORCE Board

To: Service Provider	Adult/DW Assessment Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019;07/01/2021;9/20/2022;9/13/2023

**PURPOSE:** To provide participant assessment processes which comply with federal law and state policy.

**REFERENCES:** The Workforce Innovation and Opportunity Act (WIOA); [DWD Policy 2017-13 Change 1: TEGL 19-16](#)

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

## II. Assessment

- A.** 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. Assessment results are to be recorded in Indiana Career Connect (ICC).

The Department of Workforce Development has procured four assessments for statewide use: Tests of Adult Basic Education (TABE) is the assessment for educational attainment; Indiana Career Explorer is the career interest, aptitude, and values inventory; and WorkKeys is the workplace skills assessment. Each assessment should be used for customers, as appropriate, following the guidelines outline below.

### TABE as the Ability to Benefit Assessment

- TABE versions 11-12 should be given prior to customers enrolling in occupational skills training based upon the case managers review of individuals education level or prior assessments or for referral to Adult Education.
- Customers who intend to enter a post-secondary institution that requires an entrance/placement exam should not be referred to the institution until their scores on TABE are high enough to indicate reasonable success in entering post-secondary credit bearing courses.
  - In most cases, a customer's score should be 11-12.9 before such a referral; however, staff member providing academic and career counseling should be allowed the discretion to decide whether an individual is ready to sit for an entrance or placement exam.
  - If the customer takes an entrance or placement exam and does not score high enough to enter non-developmental or non-remedial courses the individual should be referred to an Adult Education provider for remediation
- Ability to benefit scores on the TABE should be determined by a staff member providing counseling for pre-post-secondary study, such as HiSET, Certified Nurse Aide (CNA), or Commercial Drivers Licenses (CDL) programs.
  - If an individual has already taken WorkKeys, a WorkOne staff member could also utilize an individual's WorkKeys scores to determine if an individual is prepared to enter occupational training. The individual should not be required to take WorkKeys in lieu of taking TABE as the ability to benefit test.
  - For instance, if a customer wishes to enter training to become a bookkeeper s/he must have received minimum WorkKeys scores for applied math, locating information, and reading for information of 4, 4,

4, respectively. Minimum WorkKeys scores for occupations can be found at:

[http://profiles.keytrain.com/profile\\_search/](http://profiles.keytrain.com/profile_search/)

○ **Exceptions to Using Tests of Adult Basic Education (TABE)**

Customers who have:

1. taken the entrance or placement exam for the post-secondary institution that they intend to attend and passed with scores sufficient to enter non-developmental or non-remedial courses in their chosen area of study; and provided such documentation do not have to take the TABE.
2. Customers who have a high school diploma or HiSET may present their transcript and a staff member may determine that the customer does not need to take the TABE based on their grades.
3. Customers who already have college credit and who intend to return to the same post-secondary institution may present their transcripts to a staff member who may determine that the customer does not need to take the TABE.
4. Customers who are entering WIOA On-the-Job Training do not need to be TABE tested.
5. If the WorkOne is working with an employer for on-site incumbent worker training, employees are not required to take the TABE.
6. Customers who either have successfully earned their HSE certificate or who have assessed at an Adult Education program with a TABE score sufficient to enter an occupational training program should not be required to retake the TABE assessment.

Customers who have not passed with sufficient scores should be referred to Adult Education after taking the appropriate sections of the TABE as described below.

**TABE Administration**

Starting July 1, 2012, each DWD designated Economic Growth Region (EGR) may choose to administer the TABE. This decision must be made in conjunction with the Adult Education programs that are a part of their consortium.

- A TABE Locator must be administered prior to administering the TABE.
- Based on the results of the Locator, the customer must be assessed with the appropriate level of TABE (Easy [E], Medium [M], Difficult [D], or Advanced [A]).
- A TABE Locator and the appropriate assessments in the areas of Math, Reading and Language must be administered following test-publisher guidelines.
- WorkOne staff who administers TABE must have successfully completed training on its use.
  - Training must be provided by those who have been certified by the test publisher or who have received advanced training on the assessment instrument.
  - TABE should be provided online if at all possible, although a paper/pencil version is available.

**Audience for TABE**

- Any customer who is interested in pursuing Adult Education or occupational skills training must take the TABE Locator and the TABE assessment.
  - For customers who intend to enter Adult Education, all testing sites should use the appropriate level of the Math, Reading and Language sections based on the customer's Locator.
  - For customers who intend to enter occupational skills training, all testing sites should use the appropriate level of the Math, Reading and Language sections based on the customer's Locator.
- Customers should be assessed in Reading, Language and Math.

**Interpretation of TABE**

- TABE must be interpreted for customers.
- TABE should only be interpreted by staff that are trained to do so.
- TABE should be interpreted in a one-on-one setting.



The test suite (reading, language, and math) 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.

### **Indiana Career Explorer**

Indiana Career Explorer is available for use by all Indiana residents 18 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 Basic service. Additionally, Basic 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 Basic 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.

### **WorkKeys**

WorkKeys assessments measure foundational skills required for success in the workplace and help measure the workplace skills that affect job performance.

Appropriate use of WorkKeys at the **Self Service** level includes:

- Assessment areas in the combination identified for a particular occupational profile at a WorkKeys participating employer, or for the National Career Readiness Certificate (NCRC) if required by the employer. Customers should receive information regarding additional services available through the WorkOne system.
  - Activities entered in ICC should be:
    - Wagner-Peyser 131 Testing as required by an employer and,
    - Wagner-Peyser 101 Outreach/Intake/Orientation
  - Case notes should be entered identifying employer that is requiring WorkKeys assessment, assessment results and information was shared regarding additional services offered through WorkOne.

Appropriate use of WorkKeys at the Individualized Career Services level includes:

- Use as the Core Career Readiness assessments of Applied Math, Graphic Literacy, and Workplace Documents (which may lead to a NCRC).
- Interpretation and recommendations based on scores for career guidance.
  - Entry into ICC should include:
    - WIOA 112 initial assessment and,
    - WIOA 202 Career Guidance and Planning.
  - Case note should be entered showing assessment results and career guidance regarding those results.

#### *Administration of Work Keys*

- The Worldwide Interactive Network (WIN) Locator Placement Tests should be given for each subject area prior to administering the full WorkKeys battery to determine the ability to receive a measurable score on the WorkKeys assessments. **NOTE:**
  - Individuals whose scores on the WIN Locator Placement Tests indicate that they are not prepared to sit for the full WorkKeys should be encouraged to take the TABE and enter Adult Education, as necessary.
  - Individuals who do not wish to attend Adult Education for remediation, or who only wish to improve their WorkKeys scores, should be advised to utilize WIN for remediation.
  - DWD recommends that all customers use WIN to practice and improve their skills prior to sitting for the full WorkKeys battery.
- WorkKeys assessments must be proctored by staff that are trained in the WorkKeys administration procedures.
  - Proctors must have participated in one of the following training scenarios: an on-site assessor training session, completing the ACT -provided online test administrator modules, or have been trained by an experienced assessor to follow the procedures outlined in *WorkKeys Supervisors Manual*.
  - Proctors must complete the appropriate agreement(s):
    - Third Party Administrator Agreement for non-DWD staff
    - The Designated Entity form for the agency or supervisor of the third party assessor/administrator
    - Requirements for Administrator of Work Keys assessments form for DWD assessors/administrators
- WorkKeys assessments should be provided online preferably, although a paper/pencil version is available.

#### *Audience for WorkKeys*

Any individualized customer who wishes to know or to prove his/her work readiness skills.

#### *Interpretation of WorkKeys*

- WorkKeys Score Reports identify the skill level(s) achieved and provide descriptive information of the abilities of the level scored. The meaning of the score and how it can be used should be explained to customers.
- If the score indicates that a customer might benefit from further assistance, appropriate guidance should be provided, and the Individual Employment Plan should be amended as necessary.

#### **Additional Assessments**

Assessments aside from the three assessments procured and described above should not be used without Board approval.

# 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,<sup>1</sup> this strategy is highly encouraged and supported under the Workforce Innovation and Opportunity Act (WIOA) and Indiana's WIOA Combined State Plan.<sup>2</sup>

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*

## Definitions<sup>3</sup>

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:

<sup>1</sup> 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.

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

<sup>3</sup> 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-service<sup>4</sup>:** 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.

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<sup>4</sup> 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)<sup>5</sup>

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)

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.

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<sup>5</sup> 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.

# Region 4 WORKFORCE Board

To: Service Provider	Case Note and 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:** DWD Technical Assistance 2021-20, [TEGL 10-16](#); The Workforce Innovation and Opportunity Act (WIOA) Section 3(27), 3(46), 129(2) WIOA regulations sections 681.200 through 681.310.

**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 customers, their progress, and the process and rationale for providing services to customers. Case notes provide information regarding the importance and value of services offered to customers 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 Eligibility & DEV guidance](#))
- 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 a customer should provide the following information:

- History and details of the customer'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 customer's participation in WIOA activities, including:

- Details of significant events in the customer's WIOA participation.
- The customer's participation in WIOA activities and progress removing barriers or progress toward goals.
- The customer'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 customer'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 customer 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 or 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-individuals/guidance-materials-for-consumers/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: Customer may receive Counseling, IEP Development and assessment on same day. One case note could be entered that contained the information for all services. 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 customer 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.**

#### **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 Customer 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://www.in.gov/dwd/career-training-adult-ed/intraining/>.) 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 because 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.

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

**III. Eligibility and Case Record checklist for Training and/or Supportive Service**

A clear and consistent approach will be used by all WorkOne staff to ensure eligibility and data validation requirements are met. Consistent approach 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.

## Attachment A

Case File Organization Check List – <b>all documents are to be scanned into ICC</b>	
<u>MEDICAL INFORMATION MUST BE KEPT IN A SEPARATE FILE AND NOT SCANNED IN THE CUSTOMER'S RECORD.</u>	
APPLICATION/ ELIGIBILITY VERIFICATION	
<a href="#">Signed application</a> - (If under 18, requires parent signature)	<input type="checkbox"/>
<a href="#">Signed EOE/Grievance Procedure as part of the application</a> (If under 18, requires parent signature)	<input type="checkbox"/>
<a href="#">Citizenship/Eligible to Work/ I-9 documentation</a> Verified in ICC	<input type="checkbox"/>
Proof of Birthdate Verified in ICC	<input type="checkbox"/>
<a href="#">Selective Service information</a> – Verified in ICC	<input type="checkbox"/>
TANF/Public Assistance	<input type="checkbox"/>
<a href="#">Low Income</a> verification for priority of service to Adults	<input type="checkbox"/>
income information - <a href="#">Income Calculation Form</a> or other (poverty area/ free reduced lunch, etc)	<input type="checkbox"/>
Dislocated worker verification – ( See DWD Eligibility & DEV guidance )	<input type="checkbox"/>
Copy of <a href="#">applicant statement</a> - when applicable if documentation is not available (See DWD Eligibility & DEV guidance)	<input type="checkbox"/>
Copy of Disability Information – Customers Income must be included	<input type="checkbox"/>
Veteran Self Attestation form as applicable	<input type="checkbox"/>
ASSESSMENT DOCUMENTS	
Work History – verify completed in ICC	<input type="checkbox"/>
Education History – verify completed in ICC	<input type="checkbox"/>
TABE, WorkKeys, Interest Surveys, (Indiana Career Exploration system) results and/or reports –scanned or case note for WorkKeys scores.	<input type="checkbox"/>
Work Readiness Pre-Assessment/Post Assessment when applicable	<input type="checkbox"/>
Other Assessment information – copy or case note documentation in ICC	<input type="checkbox"/>
BUDGET INFORMATION	
Budget Worksheet	<input type="checkbox"/>
Pell Grant Statement	<input type="checkbox"/>
Customer Employment Plan (IEP)/Customer Service Strategy (ISS)	
Completed IEP/ISS in ICC	<input type="checkbox"/>
Statement about providing training for Occupations in Demand & Program number	<input type="checkbox"/>
Verify Case note documenting customer agreement with IEP/ISS	<input type="checkbox"/>
Drug Screen – (if required)	<input type="checkbox"/>
Verify Program is WIOA approved and on Eligible Training Provider List – provide program # in case note	<input type="checkbox"/>

FISCAL INFORMATION	
Completed Financial Award Analysis for those attending training	<input type="checkbox"/>
Work Experience/OJT/Internships Paperwork	<input type="checkbox"/>
Agreements, Time sheets	<input type="checkbox"/>
I-9	<input type="checkbox"/>
Tax Forms	<input type="checkbox"/>
Childcare agreement – if needed	<input type="checkbox"/>
Gas Card sign off sheets – located in locked file cabinet	<input type="checkbox"/>
Incentive Documentation (Youth only)	<input type="checkbox"/>
All other Supportive Services must have signed receipt and signed voucher	<input type="checkbox"/>
ATTENDANCE	
Signed attendance reports for supportive services related to classroom training	<input type="checkbox"/>
Semester Grades and/or Transcripts	<input type="checkbox"/>
Licenses/certifications/degrees	<input type="checkbox"/>
Measurable skills gain documentation	<input type="checkbox"/>
FOLLOW UP	
Printed email correspondence	<input type="checkbox"/>
Pay Stubs or other documents	<input type="checkbox"/>
MISC	
Other correspondence	<input type="checkbox"/>
JAG/ Scholarship/ OSY etc.	<input type="checkbox"/>

## Naming files in ICC

**2.28.23**

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

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

RESEA naming convention is Claimant Name, Program Name, PY, Document Type, and date of event. Example:  
Smith,James\_InitialRESEA\_PY22\_IRP\_13JAN2022

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
POS	Priority of Service documentation
POSL	Priority of Service Local documentation
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
VSA	Veteran 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

## **Addendum 1 Adult/DW:**

### **What to Include in Case Notes**

Case notes should be individualized and 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 customer, as well as the purpose of meetings, and where, why, and how contact took place.

In general, case notes resulting from interactions with the participant should include the following elements:

- Description of the context of the interaction (i.e. participant dropped by office after school, participant responded to case manager's request for meeting, etc.);
- Purpose of the interaction;
- Observations (appearance, seating, manner, etc.);
- Content of the conversation;
- Outcome of the interaction (i.e. was the purpose achieved? Were other objectives achieved?);
- Impression and assessment; and
- 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 customer.

### **What to Leave Out of Case Notes**

In your case notes, you are not just representing yourself and your interactions with a 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 customer'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 customer's participation in WIOA activities.



## Case Note Examples:

### Poor example:

08/19/18 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:

08/19/18 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.

### Next Steps:

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:

09/30/18 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 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:

9/30/18 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.

### Next Steps:

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:

I met with Sue today (August 18<sup>th</sup>) and she is interested in going back to school to earn her CNA license. She is no longer employed as a waitress. She has her HSE but feels she needs training to secure steady employment. She is interested in working in healthcare and wants to start as a CNA. I reviewed her income information (scanned in ICC) and she meets the low-income requirements and is priority of service. CNA positions are on the occupations in demand list, so we will move forward with our enrollment process.

Next Step: Sue is schedule for the TABE test on Friday (August 21<sup>st</sup>) to see if she meets the requirements to benefit from the training.

# Region 4 WORKFORCE Board

To: Service Provider	Individual Employment Plan Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

**PURPOSE:** An Individual Employment Plan (IEP) is an individual plan for a participant which includes an employment goal, appropriate achievement objectives and the appropriate combination of services for the participant based on the assessment. The IEP 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.

**REFERENCES:** WIOA sec. 134(c)(2)(A)(xii)(II); :WIOA § 680.170

**BACKGROUND:** The individual employment plan (IEP) is an individualized career service that is developed jointly by the participant and the career planner when determined appropriate by the one-stop center or one-stop partner. The plan is an ongoing strategy to identify employment goals, achievement objectives, and an appropriate combination of services for the participant to achieve the employment goals.

The Individual Employment Plan (IEP) identifies employment goals, appropriate achievement objectives, and appropriate combination of services for the participant to reach the goals. The IEP should be based on the assessment and should reflect the expressed interests and needs of the participant. The goals identified must be mutually agreed upon between the case manager and the participant to ensure positive performance. The IEP is a “living document” and the actual plan remains open during participation until exit. The IEP Development activity should be opened and exited on the same day.

**CONTENT:** An IEP is a specific plan developed for each participant that is based on the assessment and identifies an employment goal (including, in appropriate circumstances, nontraditional employment), an educational goal, appropriate achievement objectives, and appropriate services for the participant.

- A. **Developing an IEP and Participation** - The IEP shall be developed in partnership (mutually agreed) with the participant. The IEP is the framework for justifying decisions concerning the appropriate service mix and sequence of services. The IEP must be signed by both the staff member and customer. The IEP 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. IEPs are one of the most effective ways to serve individuals with barriers to employment, and to coordinate the various services, including training services, they may need to overcome these barriers. **See [attachment A](#) for IEP.** Case notes may provide additional clarification regarding progress of plan.

**In general the IEP should:**

- Identify employment goals, training and educational goals, needs and barriers, assessment results including testing information, and appropriate services for the participant. Both initial goals (ex. part-time employment, training) and long-term goals (Career) should be included.
  - **Employment Goal** - The employment goal is determined as a result of an assessment consisting of an interview, evaluation, and/or testing. Determination of the employment goal will ensure participants are being trained in demand occupations that lead to self-sufficient wages.
  - **Needs and Barriers** - The assessment identifies potential needs and barriers that hinder the participant from achieving the selected employment goal. Needs and barriers may include, but are not limited to,

assistive technology needs, supportive service needs, and skills gaps (including job search skills, job readiness skills, and job retention skills) with appropriate justification for all services to be provided.

- **Training Services:** When needed to achieve employment goals – the criteria in ITA policy must be met. The case file must contain a determination of the need for training services as determined through the interview, evaluation, or assessment, and career planning or any other career service received.

- As a reminder, the determination of the need for training services must be documented as part of the participant's Individual Employment Plan and/or case notes.

- **Action Plan** - The action plan outlines the participant's steps to complete their employment goal. This will include such things as job search activities, training and educational needs to assist them in attaining their employment goal through licensure, certification and/or skills development. The plan will be include measurable steps and include timelines and who is responsible for completion of each step.

- Be based on the 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. Participant must sign IEP.
- It is a living document that should be added to or adjusted as the participant and case manager deem necessary.
- When reviewing the IEP, case managers should document a participant's progress, activities completed, benchmarks reached, and any other accomplishments. Case notes may provide information on progress.
- The IEP must be updated to reflect changes in long-term or short term goals, newly identified or changed barriers that would change objectives, or other life changes that may affect goal attainment.

**Note:** All participants who have received funding must have a signed copy of the IEP in their paper or scanned file.

- B. **Update the IEP** –Review and update the IEP whenever there are significant changes in the participant's circumstances, goals or plan of action. Be sure to involve the participant in any modification of the IEP. Case manager and participant need to sign modification of IEP. A case note must be entered regarding the updated IEP.

Once an IEP is developed and approved, it can be used in the ongoing process of reevaluating the participant's progress toward his or her employment and educational goals. Case notes may be utilized to report on progress or areas of concern in meeting the goals of the IEP.

- C. **Guidance on IEP Activity in Indiana Career Connect (ICC)**
  - a. The initial IEP activity should be completed in ICC.
  - b. Development of an IEP 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 IEP to be open for a short period of time. (note: select provider of service that you are employed by i.e. JobWorks, DWD)
  - c. Updates of the IEP activity should be documented through a case note – a new ICC Development of an IEP should NOT be added.

# IEP Form

Region 4 Individual Employment Plan			
*Customer Name:		*Last 4 SS#	*Date
*Program Enrollment: Adult <input type="checkbox"/> DW <input type="checkbox"/>			
Assessments and Testing			
*Assessment Interview/Evaluation	WorkKeys if provided		Other – identify
Date:	Date:		
Basic Employment Plan			
*Employment Status:			
Work History: see ICC Work History information			
*Goals:			
*Action Plan: (Measurable steps to employment, responsible party, start and anticipated end dates)			
Goals:			
Action Plan: (Measurable steps to employment, responsible party, start and anticipated end dates)			
*Needs and/or Barriers: (Transportation, Work Clothing, Child Care, training, etc.) Enter NA if no needs or barriers.			
*Plan to Overcome: Enter NA if no plan required.			

### Training Plan

Occupational Skill 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:

Training will lead to self-sufficiency or wages comparable or higher than wages from previous employment: Yes ☐ No ☐ Average Wage of Training Occupation:

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 Actual End Date \_\_\_\_\_ OST Planned 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: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Significant Modifications/changes:

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Region 4 WORKFORCE Board

To: Service Provider	Individual Training Accounts Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019; 07/01/2021

**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 2017-09 Guidance Related to WIOA Individual Training Account Funding](#); [TEGL 19-16](#)

## 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.

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 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 adult and dislocated worker customers and shall conform to the following requirements:

Before receiving training services under WIOA:

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

Staff must determine whether or not training services are appropriate 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
- Existing credential for occupation in demand

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
- If included in training vendors cost the below items may be included:
  - 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.

### **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/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 for WIOA ICC Training Activity Codes](#)

<b>Demand and Growth Occupations 2023</b>	
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, Behavioural Disorder and Mental Health Counslors	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

# 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)				
<b>Total Projected Cost of Training</b>				

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

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Provider's Signature

Date

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Regional Staff Signature

Date



## 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 pursuant 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*

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: <a href="https://www.in.gov/dwd/career-training-adult-ed/adult-ed/locations/">https://www.in.gov/dwd/career-training-adult-ed/adult-ed/locations/</a>
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 <a href="http://ivytech.edu/academics">ivytech.edu/academics</a> .
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.

<b>National Farmworker (Proteus)</b>	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.
<b>WorkOne: Adult &amp; Dislocated Worker Employment and Training</b>	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.
<b>WorkOne: Youth</b>	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.
<b>Temporary Assistance for Needy Families (TANF)</b>	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.
<b>IMPACT (DFR) Indiana Manpower Placement and Comprehensive Training</b>	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: <a href="https://www.areaivagency.org/">https://www.areaivagency.org/</a>	Information & Referral, telephone assessments, outreach, resource guide, caregiver services in Benton, Warren, Fountain, Montgomery, White, Tippecanoe, Carroll, and Clinton counties. <b>NOT ALL SERVICES ARE AVAILABLE IN ALL COUNTIES:</b> 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.

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



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

## TECHNICAL ASSISTANCE

**Date:** 5/16/2022

**Contact:** [policy@dwd.in.gov](mailto: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

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### 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.<sup>1</sup> 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**

<b>Program Funding</b>	<b>WIOA Funded Training Activity Code</b>
<b>Adult or DW</b>	<b>300</b> - Occupational Skills Training – ITA Approved Provider
<b>OSY</b>	<b>416</b> - 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**

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

<sup>1</sup> 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**

<b>Non-WIOA Funded Training Activity Code</b>	<b>Partner</b>
<b>328</b> - Occupational Skills Training – Non-Approved Providers	Choose the appropriate partner funding
<b>430</b> - 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](mailto:policy@dwd.in.gov).



# Region 4 WORKFORCE Board

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

**PURPOSE:** To establish Region 4 Workforce Development Board (WDB) policy concerning Workforce Innovation and Opportunity Act (WIOA) funded work experience training, except for On-the-Job Training (OJT) that is covered under separate policy.

**REFERENCES:** WIOA Section 134(c)(2)(A)(xii)(VII), NPRM 680.170

**BACKGROUND:** Internships/Work experience is a paid/non-paid concerning 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.

**POLICY:** Internships and work experiences are services that may be provided. The need for the internship or work experience must be documented in a case note entered into ICC. These activities are planned structured learning experiences that take place in a workplace for a limited period of time and may be paid or unpaid, as appropriate. A work experience or internship maybe in the private for profit sector, the non-profit sector, or the public sector. It is determined that such experiences shall not be provided in the WorkOne centers or by the Service Provider agency. Labor standards apply in any work experience or internship where an employee/employer relationship exists, as defined by the Fair Labor Standards Act. Interns must be paid the prevailing wage within the employer's job classification system. The duration of an internship or work experience shall not exceed 6 months or 500 hours, if working part time, per participant. Exceptions must be approved by R4WDB designee.

An internship or work experience for a participant in WIOA is classified as an Individualized Career Service as described in § 678.430(b). Internships and work experiences provide a helpful means for an individual to gain experience that leads to unsubsidized employment.

All [work experience agreements](#) (attachment A) must be approved by the Service Provider Regional Coordinator and/or designee. Participants cannot take part in a work based activity until the "Internship/Work Experience Agreement" has been approved.

The 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.

The selection of a worksite for a paid and/or unpaid work based activity 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 service provider. The employer must observe and comply with applicable safety and health standards; observe Workers Compensation and Labor Laws of Indiana and the Federal Government; adjust to other conditions as stated in the worksite agreement.



Internships and 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.

Internship/Work Experience Process: When a service provider identifies a potential worksite match between a participant and employer, the service provider staff will review the work based opportunity with the participant and evaluate the participant's interest. The Service Provider Regional Coordinator or designee authorizes all Internships and Work Experience."

For the internship/work experience, the provider will:

- Arrange worksite interview(s) with the employer
- Complete an [Internship/Work Experience Agreement, I-9, W4, WH4 forms,](#)
- 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 customer's overall goals, occupational training, etc?
  -

ICC Documentation: The service provider will record all work based activities into ICC. Participant scan records must contain the required internship/work experience documentation. Required forms are attached.



## 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: 1<sup>st</sup> page filled out by Participant Only. 2<sup>nd</sup> 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 Agreement

THIS AGREEMENT is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between JobWorks (employer of record) and \_\_\_\_\_ (called "worksites").

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.
4. The WORKSITE shall provide and explain written work rules to each PARTICIPANT placed at the worksite. These rules will contain, at a minimum, the expectations for time and attendance, unexcused absence policies, and all safety policies.

5. JOBWORKS 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 JOBWORKS will work with the WORKSITE in the scheduling and delivery of this counseling to ensure minimal disruption of the work environment.
6. Both JOBWORKS 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 JOBWORKS 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 JOBWORKS 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 JOBWORKS 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 Documentation

### 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		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		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.

# Time and Attendance Report

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

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



<b>WORKSITE/JOB DUTIES</b>
----------------------------

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



## Employee's Withholding Certificate

OMB No. 1545-0074

**2021**

- ▶ **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.**

<b>Step 1:</b> <b>Enter</b> <b>Personal</b> <b>Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> 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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), 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) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or  
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . ▶ ☐

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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.)

<b>Step 3:</b> <b>Claim</b> <b>Dependents</b>	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 and enter the total here . . . . .	3	\$
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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) <b>Deductions.</b> 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) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c)	\$

<b>Step 5:</b> <b>Sign</b> <b>Here</b>	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
<b>Employers</b> <b>Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



Form WH-4  
State Form 48845  
(R7 / 9-20)

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

8. 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: \_\_\_\_\_



## 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		
12. County of Service		13. Circle <b>ONLY</b> One Funding Stream: 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				
<p style="text-align: center;">Below Indicated Change(s) EFFECTIVE DATE : _____</p> <p>[ ] EXTENSION: Extend End Date to _____</p> <p>[ ] INCREASE: Total number of hours per agreement to _____</p> <p>[ ] INCREASE: Rate of pay to _____</p> <p>[ ] CHANGE OF ADDRESS _____</p> <p style="text-align: center;">_____</p>				
Case Manager Signature: _____ Date: _____				

Effective 07.01.2021

# Region 4 WORKFORCE Board

To: Service Provider	Apprenticeship Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019; 04/03/2023

## **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 2022-10, Change 1
- DWD Policy 2022-09 Change 1
- DWD Technical Assistance 2022-17 ABA Grant Guidance
- 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;<sup>7</sup>
- (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,<sup>8</sup> 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

**Attachment E** – DWD Technical Assistance Apprenticeships Building America (ABA) Grant Guidance



## 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.

**Apprenticeship Grant Eligibility Documentation**

Eligibility Criteria	Eligibility Definition	Source Documentation
<b>Age</b>	Age 16 or older	<p>If Supportive Services and/or Training services are provided one of the following must be obtained:</p> <ul style="list-style-type: none"> <li>• Driver's License</li> <li>• Baptismal Record</li> <li>• Birth Certificate</li> <li>• DD-214</li> <li>• Report of Transfer or Discharge Paper</li> <li>• Federal, State or Local Identification Card</li> <li>• Passport</li> <li>• Hospital Record of Birth</li> <li>• Public Assistance/Social Service Records</li> <li>• School Records or ID Cards</li> <li>• Work Permit</li> <li>• Family Bible</li> <li>• Cross-Match with State Agency Records</li> <li>• Justice System Records</li> <li>• Selective Service Registration</li> <li>• Signed Letter from a parent or guardian</li> <li>• Medical Records</li> <li>• Self-Attestation (to be used as a last resort only if allowable by the individual grant)</li> </ul> <p>A copy must be saved to the participant's electronic file in DWD's case management system.</p>
<b>U.S. citizen or Otherwise Legally Entitled to Work in the United States</b>	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	<p>Validating Eligibility-to-Work:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• See the "Lists of Acceptable Documentation" page of the Employment Eligibility Verification Form I-9.</li> </ul> <p>A copy of valid documentation used for the above verification must be saved to the participant's electronic file.  <a href="http://www.uscis.gov/i-9">http://www.uscis.gov/i-9</a></p>

Eligibility Criteria	Eligibility Definition	Source Documentation
<b>Approved DOL Registered Apprenticeship Program</b>	Registered Apprenticeship must be an approved program through the Federal Department of Labor	<p>Verification of Approved Program:</p> <ul style="list-style-type: none"> <li>• Copy of Registered Apprenticeship Standards, 671 section I, to include DOL's approval and signature.</li> </ul> <p>A copy of documentation used for above verification must be saved to the participant's <i>electronic file</i>.</p>
<b>Actively Participating Apprentice</b>	Individual participant understands and agrees to participate in the prescribed DOL Registered Apprenticeship Program	<p>Verification of Individual's Participation:</p> <ul style="list-style-type: none"> <li>• Fully completed and signed Apprentice Agreement form 671 section II</li> </ul> <p>A copy of documentation used for above verification must be saved to the participant's electronic file.</p>

## Attachment D

### DOL Apprenticeship Resources

<b>TEGL 23-19</b> , 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	<a href="https://www.dol.gov/agencies/eta/advisories/tegl-23-19-change-1">https://www.dol.gov/agencies/eta/advisories/tegl-23-19-change-1</a>	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.
<b>29 CFR Part 29 Subpart A</b> Registered Apprenticeship Programs	<a href="https://www.ecfr.gov/current/title-29/subtitle-A/part-29?toc=1">https://www.ecfr.gov/current/title-29/subtitle-A/part-29?toc=1</a>	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.
<b>TEGL 13-16</b> - Guidance on Registered Apprenticeship Provisions and Opportunities in WIOA	<a href="https://www.dol.gov/agencies/eta/advisories/training-and-employment-guidance-letter-no-13-16">https://www.dol.gov/agencies/eta/advisories/training-and-employment-guidance-letter-no-13-16</a>	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.
<b>2 CFR 200</b> – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards	<a href="https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1">https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1</a>	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.
<b>2 CFR 2900</b> – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards	<a href="https://www.govinfo.gov/app/details/CFR-2016-title2-vol1/CFR-2016-title2-vol1-part2900/context">https://www.govinfo.gov/app/details/CFR-2016-title2-vol1/CFR-2016-title2-vol1-part2900/context</a>	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	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		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)

**Date** \_\_\_\_\_

**Reviewed by** \_\_\_\_\_

(Grant 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: <a href="mailto:tlong@jobworksinc.org">tlong@jobworksinc.org</a>	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**

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 training contract.
2. 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.
3. The Employer assures that no incumbent worker training funds will be used to assist, promote, or deter union organizing.
4. 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.
5. 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 equal opportunity and nondiscrimination assurances at 29 CFR Part 38.25 apply to this contract/agreement. The United States has the right to seek judicial enforcement of this assurance.
6. The Employer assures that it has not received payment for these incumbent worker training activities from any other state or federal source.
7. 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**

1. The Employer agrees that JobWorks, Inc and/or their designee may visit the worksite for the purposes of reviewing the progress of the trainees.
2. 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.
3. 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.
4. 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

**Date:** 04/03/2023

**Program:** Office of Work-Based Learning and Apprenticeship (OWBLA)

**Subject:** DWD Technical Assistance 2022-10, Change 1  
Indiana Career Connect Data Entry for DOL Apprenticeship Grants

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## Purpose

To provide guidance to local areas on participant enrollment and data entry for DOL Apprenticeship Grants. This guidance is designed to provide general information that is applicable to Apprenticeship Grants sub-awarded to local areas by DWD. Additional technical assistance may be issued to provide guidance on requirements specific to a new grant or modifications to an existing apprenticeship grant.

This guidance is intended to supplement DWD Policy 2022-09, Change 1 *United States Department of Labor (DOL) Apprenticeship Grants* and support any future grant-specific guidance.

### Change 1 Summary

This technical assistance document is being updated to reflect a change in the Indiana Career Connect System (ICC). Prior to this change, ICC's code for Related Technical Instruction stated: "Occupational Skills Training-ITA Approved Provider." Because Related Technical Instruction for Registered Apprenticeships is not required to be funded through an Individual Training Account (ITA), this ICC code no longer includes the reference to the Individual Training Account and instead states "Occupational Skills Training- Approved Provider." As a reminder, the term "Individual Training Account" is specific to the Workforce Innovation and Opportunity Act (WIOA). As such, the ICC codes in this technical assistance document have been updated and the screenshots below have been streamlined to focus on Apprenticeship Grants.

### References

- DWD Policy 2022-09, Change 1 *United States Department of Labor (DOL) Apprenticeship Grants*
- DWD Policy 2021-02 *Workforce Innovation and Opportunity Act (WIOA) Supportive Services*
- DWD TA 2021-21 *Indiana Career Connect (ICC) Training Activity Codes*

# Indiana Career Connect (ICC) Data Entry Requirements

## Application and Enrollment

To meet all data elements of apprenticeship grant reporting, participants are required to be fully enrolled into both **Wagner-Peyser (WP)** and the **Agency Defined Programs (ADP, as described in ICC) Apprenticeship Grant**.

**NOTE: When completing the WP application, the “Special Project Indicator” must be selected for the Apprenticeship Grant program in which the individual will be enrolled.**

## *Activity Codes*

There are three (3) ICC activities that can be used to access apprenticeship grant funding.<sup>1</sup>

1. Occupational Skills Training (OST)
  - This activity is entered for the “related technical instruction” (RTI) component.
2. On-the-Job Training (OJT)
  - This activity is entered for the “on-the-job learning” (OJL) component.
3. Supportive Services
  - These activities are used to support the apprentice’s needs in removing barriers that may prevent successful outcomes.

The OST (RTI) program funded by the apprenticeship grant must be on the Eligible Training Provider List.<sup>2</sup> Table I provides the ICC activity code that must be used for this component.

**Table I**

Program Funding	Training Activity Code
Apprenticeship eligible grant	<b>300</b> – Occupational Skills Training – Approved Provider

Table II provides the activity code for work-based training activity OJT (OJL).<sup>3</sup> Registered Apprenticeship OJL providers are not required to be on the ETPL but are required to be added as a provider in ICC. The correct provider must be selected when creating the OJT activity in ICC.

**Table II**

Program Funding	Training Activity Code
Apprenticeship eligible grant	<b>301-</b> On the Job Training

<sup>1</sup> NOTE: there are no unique activity codes specific to apprenticeships. WDBs will utilize the same activity codes that are used for other programs offering similar services.

<sup>2</sup> DWD’s *IN*Training and Eligible Training Provider List (ETPL) Eligibility and Establishment Under the Workforce Innovation and Opportunity Act (WIOA) Title I policy.

<sup>3</sup> DWD’s *Workforce Innovation and Opportunity Act (WIOA) Title I Adult and Dislocated Worker On-the-Job Training (OJT)* policy.



Supportive services are provided to grant participants when it is necessary to ensure an individual's continued successful participation in an approved DOL RAP. Supportive services may include, but are not limited to, the following:

- (a) Linkages to community services;<sup>4</sup>
- (b) Assistance with transportation;<sup>5</sup>
- (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,<sup>6</sup> for students enrolled in postsecondary education classes; and
- (j) Payments and fees for employment and training-related applications, tests, and certifications.

Table III provides the activity codes for supportive services.

**Table III**

Program Funding	Supportive Service Activity Codes
Apprenticeship eligible grant	<b>180</b> – Supportive Service Family Care <b>181</b> – Supportive Service – Transportation Assistance <b>185</b> – Supportive Service – Other <b>188</b> – Supportive Service – Work-Related Uniforms/Attire <b>183</b> - Supportive Service – Tools/Equipment

Staff should follow local processes and enter the appropriate activity for the service provided. Supporting case notes and applicable documentation must be maintained in the participant's electronic file.

### Case Management and ICC Participant Files

Apprenticeship grant participant files must be regularly updated, including but not limited to following the steps included in Attachment A to reflect the individual's progress, needs, and achievements. As a best practice, staff should follow Workforce Innovation and Opportunity Act data entry practices as well as the federal Standards of Apprenticeship, Program Performance Standards, and Apprenticeship Agreement standards when entering program data (29 CFR 29.5, 29.6, & 29.7). Updates include, but are not limited to, the following:

- Enter appropriate services (activities) when provided;

<sup>4</sup> Referrals to other programs would be facilitated through Wagner-Peyser.

<sup>5</sup> Examples of transportation assistance include mileage reimbursement, bus pass purchases, or vehicle registration fees.

<sup>6</sup> Examples of electronic devices include computers, laptops, tablets, phones, and portable Wi-Fi if needed.

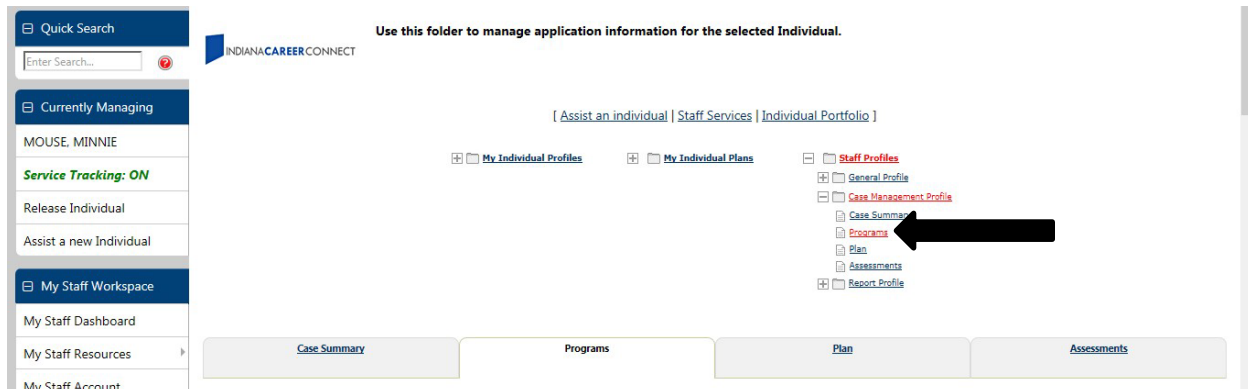
- Enter companion detailed case notes that match the service provided and/or when staff have contact with the participant;
- The employment and credential sections;
- Upload supporting documents as applicable.

## ICC Data Entry Screenshots

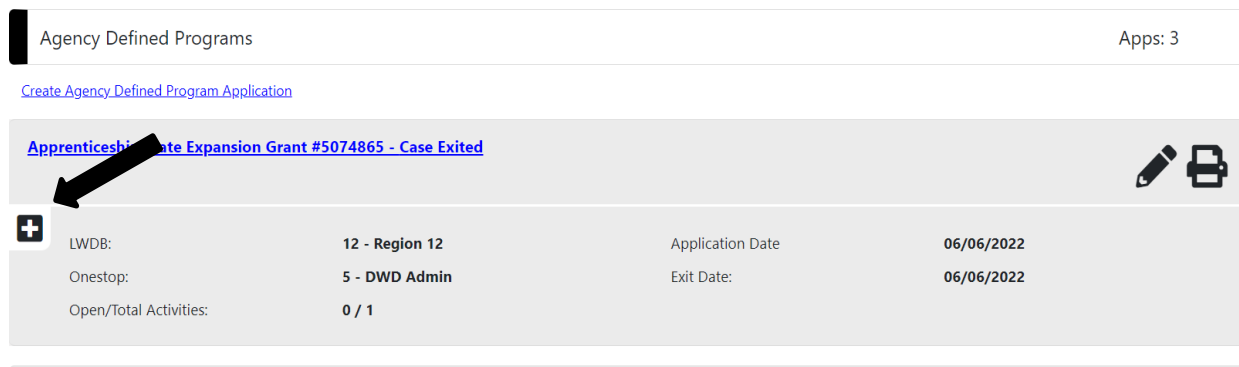
### ADDING/UPDATING EARNED CREDENTIALS

Assist an Individual

Staff Profiles **7** Case Management Profile **7** Programs



Expand (+) the Agency Defined Program Application.



LWDB:	12 - Region 12	Application Date	06/06/2022
Onestop:	5 - DWD Admin	Exit Date:	06/06/2022
Open/Total Activities:	0 / 1		


Expand (+) Credentials Tab and click Create Credential.

This is where staff can attach the credential to appropriate activity code. Click on Search Activities.

My Staff Workspace

My Staff Dashboard
My Staff Resources
My Staff Account
Directory of Services

Services for Workforce Staff

Manage Individuals
Manage Employers
Manage 
Manage Job Orders
Manage Labor Exchange
Manage Activities
Manage Providers
Manage Case Assignment

Application Date: 8/9/2016  
Program Participation Date: 8/9/2016  
Exit Date: Not Applicable  
Maximum date to record after exit: Not Applicable  
\* LWIA/Region: Region 12  
\* Office Location: WorkOne Indianapolis East (Marion County)

Credential Information

\* Credential Received: Occupational Skills License  
Other Credential:  
Credential Verification: [ Verify | Scan | Upload | Link ]  
✓ School Records  
\* Date Credential Received: 06/08/2017 (mm/dd/yyyy) Today  
Associated to Activity: [ Search Activities ]

Click Select under action column for the activity to which the credential should be attached.


Activity	Provider	Service/Course	Actual Begin Date	Projected End Date	Actual End Date	Completion Status	Action
102 – Initial Assessment	Department of Workforce Development	Initial Assessment	05/12/2017	05/12/2017	05/12/2017	Successful Completion	<a href="#">Select</a>
300 – Occupational Skills Training - Approved Provider	Ivy Tech Community College	Chef Training	05/05/2017	06/19/2017	06/06/2017	Successful Completion	<a href="#">Select</a> 
301 – On-The-Job Training	GSI Pete Provider	GSI Test OJT Contract #1	09/29/2016	10/15/2016	06/06/2017	Successful Completion	<a href="#">Select</a>

Click Save.

Credential Verification: [ Verify | Scan | Upload | Link ]

\* Date Credential Received: (mm/dd/yyyy) Today  
Associated to Activity: 300 – Occupational Skills Training - Approved Provider  
Enrollment – 28548  
[ Search Activities ]

Office Check-Ins List



Save Cancel

## ADDING/UPDATING EMPLOYMENT INFORMATION

Assist an Individual  
Staff Profiles ⑦ Case Management Profile ⑦ Programs

Use this folder to manage application information for the selected Individual.

[ Assist an individual | Staff Services | Individual Portfolio ]

☐ My Individual Profiles ☐ My Individual Plans ☐ Staff Profiles

- ☐ General Profile
- ☐ Case Management Profile
  - ☐ Case Summary
  - ☐ Programs
  - ☐ Plan
  - ☐ Assessments
  - ☐ Report Profile

Case Summary Programs Plan Assessments

Show Summary Tabs

Mouse, Minnie

Filter Applications: All

Filter Activities: ☒ Open ☒ Closed ☒ Voided

Filter Programs: All Programs

Expand appropriate Agency Defined Program Application (+).

Agency Defined Programs Apps: 3

[Create Agency Defined Program Application](#)

[Apprenticeship State Expansion Grant #5074865 - Case Exited](#)

**+**

LWDB:	12 - Region 12	Application Date	06/06/2022
Onestop:	5 - DWD Admin	Exit Date:	06/06/2022
Open/Total Activities:	0 / 1		

Scroll down and click on “Add Employment.”

Credentials 0

Add Employment 0

[Add Employment](#)

There are no records to display.

Exit / Outcome 06/06/2022

Fill in all required fields to reflect the needed information.

### 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:

Once all data is entered, click save.

\* Is this considered  
Non-Traditional Employment? ☐ Yes ☐ No

\* Is this considered Training Related  
Employment?

[Recheck Training Related Employment](#)

Add to Employment History: ☐ Yes ☐ No



Save

Cancel



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

## TECHNICAL ASSISTANCE

**Date:** 05/26/2023

**Contact:** [WBL@dwd.in.gov](mailto:WBL@dwd.in.gov)

**Program:** Office of Work-Based Learning and Apprenticeship (OWBLA)

**Subject:** DWD Technical Assistance 2022-17  
Apprenticeship Building America Grant Guidance

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### Purpose

To provide supplementary apprenticeship guidance specific to the United States Department of Labor (DOL) Apprenticeship Building America (ABA) grant to assist local workforce development boards (referred to within this guidance as local boards or local areas) and other stakeholders with the implementation, administration, and management of the ABA grant. This guidance is intended to supplement DWD Policy 2022-09, Change 1 and DWD TA 2022-10, Change 1.

### References

- 29 CFR Part 29
- FOA-ETA-22-06 NOTICE OF AVAILABILITY OF FUNDS AND FUNDING OPPORTUNITY ANNOUNCEMENT FOR: Apprenticeship Building America (ABA) Grant Program<sup>1</sup>
- TEGL 13-16 Guidance on Registered Apprenticeship Provisions and Opportunities in the Workforce Innovation and Opportunity Act (WIOA)
- TEN 13-12 Defining a Quality Pre-Apprenticeship Program and Related Tools and Resources
- DWD Policy 2022-09, Change 1 United States Department of Labor (DOL) Apprenticeship Grants
- DWD TA 2022-10, Change 1 Indiana Career Connect Data Entry for DOL Apprenticeship Grants

### Content

#### Grant Overview

The ABA grant program is intended to support a coordinated, national investment strategy that aims to strengthen and modernize the Registered Apprenticeship Program (RAP) system centered on equity and promote Registered Apprenticeship as a workforce development solution. DWD's ABA grant will expand opportunities in RAPs and Certified Pre-Apprenticeship programs that lead to RAP enrollment during the grant period of performance through state apprenticeship system building and modernization.

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<sup>1</sup> [https://www.dol.gov/sites/dolgov/files/ETA/grants/pdfs/ABA\\_FOA-ETA-22-06.pdf](https://www.dol.gov/sites/dolgov/files/ETA/grants/pdfs/ABA_FOA-ETA-22-06.pdf).

Through this funding, DWD seeks to:

- Expand RAPs in target industries;
- Provide solutions for network coordination around data collection, data sharing, system change, and community of practice;
- Continue to integrate use of RAPs with other partner program resources, particularly with supportive services;
- Diversify RAP design and talent pipelines, with an emphasis on equity; and
- Bring local boards into the scaling of the existing Certified Pre-Apprenticeship framework in Indiana.

DWD has established ABA sub-awards with several local areas, with the sub-award period of performance being July 1, 2022, through May 15<sup>th</sup>, 2026. Milestones specific to each local area are included in the local areas' statements of work.

#### ***ABA Period of Performance***

The table below outlines DWD's ABA award period of performance. As mentioned in the section above, local areas have slightly different period of performance dates than DWD's overall period of performance.

<b>ABA Grant Period of Performance: July 01, 2022, thru June 30, 2026 (Sixteen quarters)</b>			
End of 4 <sup>th</sup> Quarter POP (25%)	End of 8 <sup>th</sup> Quarter POP (50%)	End of 12 <sup>th</sup> Quarter POP (75%)	End of 16 <sup>th</sup> Quarter
July 1, 2022- June 2023	July 2023- June 2024	July 2024- June 2025	July 2025- June 30, 2026

#### ***Grant Performance Goals<sup>2</sup>***

OWBLA's overarching goal is to significantly expand both certified pre-apprenticeships as well as apprenticeship opportunities within Indiana's DOL approved RAPs. Local areas are to prioritize the following objectives when implementing the ABA grant:

- **Engagement:** Activities that advance equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.
- **Service Delivery, Marketing, and Targeted Outreach:** Service to all eligible individuals. Local areas should ensure that their services align with their goals of effectively serving a diverse population of eligible individuals. In implementing the ABA grant, local areas are to remain cognizant of equity and civil rights to diligently serve underrepresented populations and underserved communities.
- **Expansion:** Expand apprenticeship opportunities in new industries.

<sup>2</sup> NOTE: local areas will be provided individualized metric information based on their grant's statement of work.



### Statewide Participant Outcomes

Participant Outcomes	Performance Goal
Total Participants Served	1619
Total Participants who Enroll in a RAP	1119
Total Number of Participants who Complete a RAP	45%
Total Number of Participants who Enroll in a Pre-Apprenticeship Served by ABA Grant Funding	500

### Statewide Program Outputs

Program Outputs	Performance Goal
Total RAPs created as a result of ABA grant funding	25
Total RAPs expanded as a result of ABA grant funding	50

### Target Industries and Key Occupations

RAPs and pre-apprenticeship programs related to the ABA grant must be centered on the following target industries that have been identified as part of Indiana's strategic priorities:

Industry	Example of Key Occupations and Subindustries
Advanced Manufacturing	Industrial Maintenance, Machinist, Robotics, Engineering Technician
Health & Life Science	Registered Nurses, Nursing Assistants, Medical Assistants
IT & Business Service	Software Developer, Computer Systems Analyst, Systems Security, Business Management
Agriculture	Precision & Sustainable Agriculture
Transportation & Logistics	Warehousing, Truck Driver, Supply Chain Manager
Building & Construction	Electrician, Plumbers/Pipefitters, Carpenters,
Growth or Emerging Industry	Teaching & Education, Biotechnology, Electric Vehicle

### Program Target Participant Populations<sup>3</sup>

Target populations for both RAPs and pre-apprenticeship programs are as follows:

- **Underrepresented populations:** This may include women, people of color, and persons with disabilities, as established in 29 CFR Part 30, where that population's participation in RAPs is less than would be reasonably expected given the availability of such individuals for apprenticeship in the relevant industry, occupation, or recruitment area.
- **Underserved communities:** Veterans, formerly incarcerated individuals, and youth. Within this population of youth, applicants may serve a wide range of individuals, such as high school and opportunity youth, youth who are employed or unemployed, justice-involved youth, underrepresented populations (i.e., people of color, women, persons with disabilities), and other youth with barriers to employment including foster youth, parenting youth, and housing insecure youth.
- **Unemployed workers:** An unemployed worker is an individual who is without a job, is seeking employment, and is available to work.

<sup>3</sup> [https://www.dol.gov/sites/dolgov/files/ETA/grants/pdfs/ABA\\_FOA-ETA-22-06.pdf](https://www.dol.gov/sites/dolgov/files/ETA/grants/pdfs/ABA_FOA-ETA-22-06.pdf).

- **Underemployed workers:** This term refers to individuals who are not currently connected to a full-time job commensurate with the individual's level of education, skills, or wage and/or salary earned previously, or who have obtained only episodic, short-term, or parttime employment. The RAPs must include components that will assist those who do not have particular educational prerequisites and/or experience.

***Note: Local areas are to strive to increase equity of local apprenticeship offerings and must work with equity partners to increase participation among veterans, BIPOC, women, low-income individuals, individuals in rural areas, LGBTQ+ persons, persons with disabilities, and second chance populations.***

### ***Program Framework Overview<sup>4</sup>***

#### **RAPs**

A RAP is an industry-driven, high-quality career pathway where employers can develop and prepare their future workforce, and individuals can obtain paid work experience, receive progressive wage increases, classroom instruction, and a portable, nationally recognized credential.<sup>5</sup> All RAPs contain the following five key elements:<sup>6</sup>

- Direct Industry Involvement;
- Structured On-the-job Learning (OJL);
- Related Technical Instruction (RTI);
- Progressive Wage Increase; and
- National Industry-Recognized Credential.

#### **Pre-apprenticeship Programs**

Quality pre-apprenticeship programs can play a valuable role in preparing qualified entry-level workers for Registered Apprenticeship careers while contributing to the development of a diverse and skilled workforce. For the purposes of the ABA grant, pre-apprenticeship programs must include the following five elements to be considered a quality pre-apprenticeship program:<sup>7</sup>

1. Designed in collaboration with RAP sponsors;<sup>8</sup>
2. Meaningful hands-on training that does not displace paid employees;
3. Facilitated entry and/or articulation;
4. Sustainability through partnerships; and
5. Access to appropriate supportive services.<sup>9</sup>

<sup>4</sup> See TEN 13-12 *Defining a Quality Pre-Apprenticeship Program and Related Tools and Resources* for additional guidance.

<sup>5</sup> See DWD's *United States Department of Labor (DOL) Apprenticeship Grants* policy for additional RAP information.

<sup>6</sup> Per FOA-ETA-22-06 *NOTICE OF AVAILABILITY OF FUNDS AND FUNDING OPPORTUNITY ANNOUNCEMENT FOR: Apprenticeship Building America (ABA) Grant Program*.

<sup>7</sup> See **Attachment A** for additional information on the pre-apprenticeship program framework.

<sup>8</sup> A sponsor, as defined by APPRENTICESHIPUSA (<https://www.apprenticeship.gov/help/what-apprenticeship-program-sponsor>) is any employer, association, committee, or organization that operates a 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.

<sup>9</sup> See DWD's *United States Department of Labor (DOL) Apprenticeship Grants* policy for additional guidance on apprenticeship grant supportive services.

Pre-apprenticeship programs funded through this grant must directly lead to RAPs during the grant period of performance. Pre-apprenticeship programs funded under this grant are to ensure that the skills and competencies being developed align with community industry needs including but not limited to the Target Industries in the table above.

### ***Program Validation/Certification***

#### **RAPs**

Registered Apprenticeships are industry-vetted and approved and validated by DOL or a State Apprenticeship Agency and must abide by the DOL Standards of Apprenticeship and Program Performance Standards.<sup>10</sup>

#### **Pre-apprenticeship Programs**

To ensure that pre-apprenticeship programs are high quality and provide a clear path to a RAP, an ABA funded pre-apprenticeship program must be certified through Indiana's DWD Office of Work-Based Learning and Apprenticeship (OWBLA).<sup>11</sup> The certification process for both existing and newly developed pre-apprenticeship programs will be completed through the use of the Next Level Jobs Portal. Certified Pre-Apprenticeship Program information and data will be housed within the Customer Relationship Manager (CRM).

### ***Program Participant Eligibility***

Eligibility for both RAPs and pre-apprenticeship programs are as follows:

- Individuals served must be at least 16 years of age who are not already enrolled in a RAP at the time of initial grant service;<sup>12</sup>
- Legally entitled to work in the United States;<sup>13</sup> and
- Participants must be enrolled in a RAP or Certified Pre-Apprenticeship prior to end of the grant's period of performance.

***NOTE: Veterans and eligible spouses must receive priority of service for all DOL funded job training programs.<sup>14</sup> Veterans must meet each program's eligibility criteria to receive services under the respective employment and training program.***

### ***Use of Funds and Maximum Allowable Amounts***

The following activities may be provided with grant funds for RAP and pre-apprenticeship participants:

#### **Related Technical Instruction (RTI)**

ABA Grant funds can be used to fund RTI for both RAP and Certified Pre-Apprenticeship programs.

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<sup>10</sup> 29 CFR Part 29 provides additional guidance.

<sup>11</sup> Additional DWD guidance that details the pre-apprenticeship program certification process is under development.

<sup>12</sup> Local area outreach should focus on engaging and serving targeted participant populations.

<sup>13</sup> See DWD's *United States Department of Labor Apprenticeship Grants* policy for additional guidance on eligibility to work in the U.S.

<sup>14</sup> See DWD's *Priority of Service for Veterans and Eligible Spouses in Indiana Department of Workforce Development's Integrated WorkOne Offices* policy for additional guidance.

- RTI providers identified within an approved RAP and/or OWBLA Certified Pre-Apprenticeship programs must be listed on DWD's INTraining and Eligible Training Provider Lists (ETPL).<sup>15</sup>
  - These approved programs will be identified as Apprenticeship or Certified Pre-Apprenticeship.
- ABA Grant funds may be used in RTI course work as defined within approved RAP or Certified Pre-Apprenticeship Program.
- All RTI training funded by the ABA grant must be recorded within Indiana Career Connect (ICC) following applicable DWD guidance.

### **On the Job Learning (OJL)**

ABA Grant funds can be used with OJL for RAP and Certified Pre-Apprenticeship programs.

OJL is provided by an employer to a paid participant while engaged in productive work in a job as part of a RAP or Certified Pre-Apprenticeship Program. ABA funds may be used to provide reimbursement to the employer of up to 50% of the wage rate of a participant for the extraordinary costs of providing the training and additional supervision related to the training. OJL programs must:

- Provide knowledge or skills essential to the full and adequate performance of the job; and
- Be limited in duration as appropriate to the occupation being trained, and as defined within the RAP or Certified Pre-Apprenticeship program.

***Note: RAP OJL providers (employers) are not required to be on the ETPL, unless they are providing RTI, but are required to be added as a provider in ICC.***

### **Supportive Services<sup>16</sup>**

ABA Grant funds can be used for supportive services in both a RAP and Certified Pre-Apprenticeship programs. Local areas may use up to 20% of total grant funds to provide supportive services to individuals who are participating in education and training activities provided through the grant, **only** when such services:

- Cannot be obtained through other programs; and
- Necessary to enable individuals to participate in education and training activities under the grant.

***Note: where stipends for supportive services are provided, the stipend amount must be for costs of a specific supportive service (e.g., childcare), rather than simply based on an unidentified need.***

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<sup>15</sup> See DWD's INTraining and Eligible Training Provider List (ETPL) Eligibility and Establishment Under WIOA Title I policy for additional guidance.

<sup>16</sup> See DWD's United States Department of Labor (DOL) Apprenticeship Grants policy and Indiana Career Connect Data Entry for DOL Apprenticeship Grants technical assistance for additional supportive service and data entry guidance for DOL apprenticeship grants.

### Maximum Allowable Amounts

Category/Service	Maximum
Administrative Costs	Up to 5% of award
Program Maintenance and Support	Up to 20% of award
Supportive Service Costs	Up to 20% of award
RTI/OJL Costs for Certified Pre-Apprenticeship	Up to 10% of award
RTI with RAP	No percentage limit of award
OJL with RAP	No percentage limit of award

### DWD Grant Performance Management

Apprenticeship grant performance is managed by the DWD OWBLA. To ensure data entry is timely and reported activities and outcomes are accurately supported with the appropriate source documentation, performance outcomes will be reviewed and compared to established milestones at least quarterly. OWBLA's grant performance management process may include, but is not limited to, review of the following:

- Case management and Client Relationship Manager (CRM) system reports;
- Electronic participant records; and
- Financial records.

### Technical Reviews

In the event that a local area does not meet established performance milestones for a particular quarter, OWBLA will request a one-on-one meeting with the LWDB and staff delivering the ABA grant activities. Potential interventions include but are not limited to the following:

- Provide additional technical assistance;
- Provide strategy suggestions; and
- Provide insight to Federal Regulations and DWD policy.

The ABA grant is non-formula funded and will be subject to applicable 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.

### Local Board Grant Expectations

Participating boards are to ensure their grant activities address program goals which must include, at a minimum, the following activities:

- Expand RAPs in target sectors.
- Provide solutions for network coordination around data collection, data sharing, system change, and community of practice.

- Continue to integrate use of RAP with local area partners and resources.
- Diversify RAP design and talent pipelines, with an emphasis on equity.
- Scale the existing Pre-Apprenticeship framework in Indiana.

Overall, grant activities must align with Indiana's WIOA State Plan goals, while grant strategies are to result in improved performance outcomes as identified in and mutually agreed upon in each local area's respective statement of work.

The local board will adhere to applicable state and federal laws and regulations as well as all applicable DWD policies and technical assistance issuances during the execution of the grant.

#### **Data Collection and Eligibility Documentation<sup>17</sup>**

The local board, as a grant recipient, will be required to collect and record participant data services and outcomes into DWD's electronic information systems accurately and timely. Participants and employers served by the ABA grant must be fully documented in ICC and the CRM system. Certified Pre-Apprenticeship Program's information and data will be housed within the CRM.

States are required to submit individual participant records that include information on demographics, services received, and resulting outcomes. Program eligibility must be verified through the collection and maintenance of supporting documentation within DWD information systems.

All workforce staff must access, maintain, and store participant information in a manner that ensures confidentiality in accordance with all federal and state guidance related to confidentiality and the handling of protected information.<sup>18</sup>

#### **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.

Additionally, local areas are expected to follow DWD's *Co-enrollment and Common Exit* policy to improve participant outcomes through strategic co-enrollment as well as leverage other funding sources to provide braided and comprehensive service delivery.<sup>19</sup> Programs potentially eligible for co-enrollment include but are not limited to Workforce Innovation and Opportunity Act programs, state funded programs, and programs funded through philanthropy.

#### **Quarterly Progress Reports and Invoicing**

Local areas will be required to report grant activities, expenditures, and performance outcomes on a quarterly basis with the first report due to the OWBLA Grants Manager electronically by the dates outlined in the LWDB's statement of work.

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<sup>17</sup> See DWD's *Indiana Career Connect Data Entry for DOL Apprenticeship Grants* technical assistance for additional data entry guidance and **Attachment C** of DWD's *United States Department of Labor (DOL) Apprenticeship Grants* policy for a list of acceptable eligibility documentation.

<sup>18</sup> See DWD's *Safeguarding Protected Information and DWD User Accounts Management* policy for additional guidance.

<sup>19</sup> DWD's *Co-enrollment and Common Exit* policy for additional guidance.



Local areas must prepare and electronically submit the following quarterly grant progress reports<sup>20</sup> to the OWBLA Grant Manager at [WBL@dwd.in.gov](mailto:WBL@dwd.in.gov):<sup>21</sup>

- ABA Grant - Quarterly Narrative Report
- ABA Grant - Quarterly Staffing, Time Charging and Point of Contact (POC)
- ABA Grant Invoice<sup>22</sup>
- ABA Grant - Quarterly Productivity Report

#### ABA Grant Quarterly Report Due Dates

ABA Grant Timeline and Quarters - Reports Due <sup>23</sup>					
Quarters	Quarter Begins	Quarter Ends	Quarterly Reports Due	Years	# Of Quarters
Jan, Feb, March	January 1st	March 31st	<b>April 15th</b>	2023, 2024, 2025, and 2026	4
April, May, June	April 1st	June 30th	<b>July 15th</b>	2023, 2024, 2025, and 2026	4
July, Aug, Sept	July 1st	September 30th	<b>October 15th</b>	2023, 2024, and 2025	4
Oct, Nov, Dec	October 1st	December 31st	<b>January 15th</b>	2023, 2024, and 2025	4
<b>Total Quarters</b>					<b>16</b>

#### Local-Level Oversight & Monitoring

Local boards must include their apprenticeship grants in local 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.

#### Performance

Local boards are expected to meet their established goals as defined in the statement of work section of their grant agreement. Failure to meet performance milestones for two consecutive quarters may result in, at DWD OWBLA's discretion, ABA funds being returned to re-distribute appropriately.

#### Attachments

**Attachment A** - Quality Framework for Pre-apprenticeship Programs

**Attachment B** - Examples of the ABA Grant's Quarterly Reports

#### Additional Information

Questions regarding the content of this publication should be directed to [WBL@dwd.in.gov](mailto:WBL@dwd.in.gov).

<sup>20</sup> See **Attachment B** for examples of each of the ABA Grant's quarterly progress reports.

<sup>21</sup> Original report templates and instructions will be provided to the local area by the OWBLA Grant Manager.

<sup>22</sup> Significant changes in services or programs (such as overbilling or contract amendments) will require prior approval by DWD OWBLA.

<sup>23</sup> **Note:** If the Quarterly Reports due date is on a weekend or Holiday, submit on the next regularly scheduled workday.

## Attachment A<sup>24</sup>

### Quality Framework for Pre-apprenticeship Programs<sup>25</sup>

- 1. Designed in collaboration with RAP sponsors.<sup>26</sup>**
  - a. 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 RAPs. 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. Ideally, pre-apprenticeship programs provide an industry-recognized credential and possibly stipends or wages.
- 2. Approved training and curriculum.**
  - a. Training and curriculum based on industry standards and approved by the documented Registered Apprenticeship partner(s) that will prepare individuals with the skills and competencies needed to enter one or more Registered Apprenticeship program(s);
- 3. Strategies for long-term success.**
  - a. Strategies that increase Registered Apprenticeship opportunities for under-represented, disadvantaged, or low-skilled individuals, such that, upon completion, they will meet the entry requirements, gain consideration, and are prepared for success in one or more Registered Apprenticeship program(s) including the following:
    - i. Strong recruitment strategies focused on outreach to populations underrepresented in local, state, and national Registered Apprenticeship programs;
    - ii. Educational and pre-vocational services that prepare individuals to meet the entry requisites of one or more Registered Apprenticeship programs (e.g. specific career and industry awareness workshops, job readiness courses, English for speakers of other languages, Adult Basic Education, financial literacy seminars, math tutoring, etc.); and
    - iii. Assists in exposing participants to local, state and national Registered Apprenticeship programs and provides direct assistance to participants applying to those programs;
- 4. Access to appropriate supportive services.**
  - a. Quality pre-apprenticeship programs facilitate access to appropriate supportive services during the program; these supportive services may continue after the participant leaves the pre-apprenticeship program and enters a RAP. Services may include counseling, transportation assistance, childcare, and rehabilitative services, among others.
- 5. Sustainability through partnerships.**
  - a. To support the ongoing sustainability of a quality pre-apprenticeship partnership, such partnerships collaboratively promote the use of RAPs as a preferred means for industry to develop a skilled workforce and to create career opportunities and pathways leading to RAP enrollment for individuals.

<sup>24</sup> **Note:** items 1, 4, 5, 6, & 7 are specific to the ABA Grant.

<sup>25</sup> TEN 13-12.

<sup>26</sup> A sponsor, as defined by APPRENTICESHIPUSA (<https://www.apprenticeship.gov/help/what-apprenticeship-program-sponsor>) is any employer, association, committee, or organization that operates a 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.



**6. Meaningful hands-on training that does not displace paid employees.**

- a. Quality pre-apprenticeship programs provide hands-on training to individuals in 1) a workplace, 2) simulated lab experience, or 3) work-based learning environment, and also do not supplant a paid employee, while accurately simulating the industry and occupational conditions of the partnering RAPs, which includes observing proper supervision and safety protocols; and

**7. Facilitated entry and/or articulation.**

- a. 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. Whenever possible, formalized agreements exist with RAPs that enable individuals who have successfully completed the pre-apprenticeship program to enter directly into a RAP. These may also include articulation agreements that allow the individual to earn advanced credit/placement for skills and competencies already acquired.

**Attachment B**  
**Examples of the ABA Grant's Quarterly Reports**

ABA Grant - Quarterly Narrative Report	
<b>Author:</b>	
<b>LWDB:</b>	
<b>Quarter Ending:</b>	
<b>Date Submitted:</b>	
<p>Please provide an executive summary of all ABA Grant activities within your local area for the current quarter while addressing the following: Outreach efforts, employer engagement, registered apprenticeship expansion, and any partnership development or related work in addressing DEIA.</p>	
<p>Please summarize how the local area is leveraging their resources and funding to support the implementation of the grant. Leveraged resources may include monetary support or in-kind donations.</p>	
<p>Please summarize what activities, events, meetings and/or efforts were taken by the local area this quarter to meet or exceed the LWDB's performance metrics. If metrics were not met, please summarize what measures will be implemented to meet performance metrics next quarter.</p>	
<p>Please summarize this quarter's supportive services and/or any specialized participant services provided to the participants of the ABA Grant. Please include a description of the type(s) of services offered, how they were delivered, and how they contributed to a participant's ability to fully participate in grant-funded activities.</p>	

Describe in detail any promising practices, innovative processes, lessons learned, and success stories during this quarter. If appropriate, please highlight one or two grant or participant-level success stories from this quarter (with the participant's permission).
Please provide or describe any Technical Assistance (TA) needed, and/or how better OWBLA may support your local area.

ABA Grant - Quarterly Staffing, Time Charging and Point of Contact (POC)				
<b>Point of Contact for the ABA Grant</b>				
Individual Name, Title, and all contact information	Name:	Title	Phone:	Email:
Main Contact				
Back Up Contact				
<b>Time charged to the ABA Grant</b>				
Below: List all staff charging time to the ABA Grant this quarter.				
Individual Name and Title	Activity	Total Monthly Hours	Cost Per Hour	Program Funds
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Cumulative Total Cannot Exceed 20% of Program award			<b>Total</b>	\$0.00
<b>Travel charged to the ABA Grant</b>				
Below: List all staff charging travel costs to the ABA Grant this quarter.				
Individual Name	Purpose of Travel	Quarterly Mileage	Cost of Travel	Program Funds
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Cumulative Total Cannot Exceed 20% of Program award				\$0.00
<b>Quarter Ending - Total Time and Travel</b>				<b>\$0.00</b>



ApprenticeshipUSA

**INVOICE**

To:  
Indiana Department of Workforce  
Development  
Attn: Chris Schmitt

10 N. Senate Ave  
Indianapolis, IN 46204

[cschmitt@dwd.in.gov](mailto:cschmitt@dwd.in.gov)

Invoice Request  
Period:

Invoice #:

Invoice Date:

Grant Name: ABA Grant IN AP-38633-22-60-A

### Contract

Number:

PO Number:

Sub-

Grantee:

	<b>Expenditures</b>			
<b>Budget Categories</b>	<b>Current</b>	<b>Cumulative</b>	<b>Total Budget</b>	<b>Balance Remaining</b>
<u>Administration</u>				\$ -
<u>Program</u>				\$ -
Supportive Services				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Total</b>	\$ -	\$ -		\$ -

Total Due This Invoice:	\$ -
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**Grantee Approval:**

I certify to the best of my knowledge that the above information is correct and represents expenditures for the invoice request period.

Printed Name

Signature \_\_\_\_\_

Title

Date \_\_\_\_\_

DWD Approval:

Printed Name

Signature

Title

Date \_\_\_\_\_

Invoice #: 0  
 Invoice Date: 0  
 Grant Name: ABA Grant IN AP-38633-22-  
 60-A  
 Contract Number: 0  
 PO Number: 0  
 Sub-Grantee: 0  
 Invoice Request Period: Jan-00

**Department of Workforce Development Grant Invoice Expense Detail - ABA Grant**

Budget Categories	Expense Amount	Expense Description - Please provide a brief description of the expenses included in the submitted grant invoice.
Administration Costs		
Program		
Maintenance and Support Program		
Contracted Services		
OIL/RTI		
Training		
Miscellaneous/Supplies and Materials		
Supportive Services		
Pre-Apprentice(ship)		

ABA Grant - Quarterly Productivity Report			
<b>Local Workforce Development Board Number:</b> <b>Submitted by:</b> <b>Completed by (if submitted is different):</b> <b>Contact Information for Completed by person:</b> <b>Date Submitted Electronically/email to OWBLA Grants Manager:</b>			<b>Enter Quarter Ending Date</b>
US DOL Approved Registered Apprenticeship Programs (RAPs) and Certified Pre-Apprenticeships			
<b>1</b>	Local Workforce Development Board's   Created and/or Expansion of DOL RAPs		
	1a	Total Number of New - DOL Approved RAPS created	
	1b	Total Number of Expanded DOL Approved RAPS	
	1c	Total Number of Certified Pre-Apprenticeships created	
	1d	Total Number of Expanded Certified Pre-Apprenticeships created	
	1e	Completed and Continued into Registered Apprenticeship Program (RAP)	

# Region 4 WORKFORCE Board

To: Service Provider	II. 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 programs 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.
    - **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?**

- |   |   |
|---|---|
| <input type="checkbox"/> Purpose of training plan                     | <input type="checkbox"/> Duration of training period      |
| <input type="checkbox"/> Number of On-the-Job Learning hours expected | <input type="checkbox"/> Credentials that could be earned |
| <input type="checkbox"/> Occupational standards and competencies      | <input type="checkbox"/> Employer responsibilities        |
| <input type="checkbox"/> Employee responsibilities                    | <input type="checkbox"/> Known progressive wage scale     |
| <input type="checkbox"/> 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.

## **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.



## **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	On the Job Training (OJT) Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019;07/29/2022;9/14/2022

## **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: WIOA Sections 3, 134, 181, and 194; [DWD Policy 2022-02 Change 1](#); [TEGL 19-16](#);

## **SELECTION OF TRAINEES**

*Trainees who are eligible for OJT must meet program eligibility requirements* for each funding source, i.e. WIOA Adult, Dislocated Worker, Youth, National Emergency Grants (NEG), or Trade Act eligible, etc.

Participants must meet eligibility requirements and have received an assessment resulting in the development of an Individual Employment Plan (IEP for WIOA Adult and Dislocated Worker participants) or 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 as a dislocated worker or adult.** 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.*

### **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 \$13.50 per hour, or \$35,360 annually for Adult or Dislocated Worker, 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 is in need of 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](#)



<b>EMPLOYER ON-THE-JOB-TRAINING (OJT) PRE-AWARD REVIEW</b>
--

**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**

8. 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.
9. 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.
10. The Employer assures that trainees will not fill positions which will infringe upon the promotional opportunities of current employees.
11. 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.
12. 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.
13. The Employer assures that no job training funds will be used to assist, promote, or deter union organizing.
14. 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.

15. The Employer assures that trainees will not be employed in jobs which involve political or lobbying activities.
16. 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)
17. 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.
18. 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.
19. 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.
20. 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.
21. The Employer assures that it has not received payment for these on-the-job training activities from any other state or federal source.
22. 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**

5. The Employer agrees that WorkOne and/or Service Provider staff may visit the worksite for the purposes of reviewing the progress of the trainees.
6. 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.
7. 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.
8. 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

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 Reimbursement	
Trainee Name		Email		Telephone #		Starting Wage	Reimbursement Rate		
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									
<input type="radio"/> Not Skilled (100%) <input type="radio"/> Some Skills (50%) <input type="radio"/> Skilled (0%) <input checked="" type="radio"/> NA				0	#VALUE!	<input type="radio"/> Satisfactory Progress <input type="radio"/> Unsatisfactory Progress <input type="radio"/> No Training to Date		<input type="radio"/> Exceeds Expectations <input type="radio"/> Meets Expectations <input type="radio"/> Does Not Meet Expectations	
<input type="radio"/> Not Skilled (100%) <input type="radio"/> Some Skills (50%) <input type="radio"/> Skilled (0%) <input checked="" type="radio"/> NA				0	#VALUE!	<input type="radio"/> Satisfactory Progress <input type="radio"/> Unsatisfactory Progress <input type="radio"/> No Training to Date		<input type="radio"/> Exceeds Expectations <input type="radio"/> Meets Expectations <input type="radio"/> Does Not Meet Expectations	
<input type="radio"/> Not Skilled (100%) <input type="radio"/> Some Skills (50%) <input type="radio"/> Skilled (0%) <input checked="" type="radio"/> NA				0	#VALUE!	<input type="radio"/> Satisfactory Progress <input type="radio"/> Unsatisfactory Progress <input type="radio"/> No Training to Date		<input type="radio"/> Exceeds Expectations <input type="radio"/> Meets Expectations <input type="radio"/> Does Not Meet Expectations	
<input type="radio"/> Not Skilled (100%) <input type="radio"/> Some Skills (50%) <input type="radio"/> Skilled (0%) <input checked="" type="radio"/> NA				0	#VALUE!	<input type="radio"/> Satisfactory Progress <input type="radio"/> Unsatisfactory Progress <input type="radio"/> No Training to Date		<input type="radio"/> Exceeds Expectations <input type="radio"/> Meets Expectations <input type="radio"/> Does Not Meet Expectations	
<input type="radio"/> Not Skilled (100%) <input type="radio"/> Some Skills (50%) <input type="radio"/> Skilled (0%) <input checked="" type="radio"/> NA				0	#VALUE!	<input type="radio"/> Satisfactory Progress <input type="radio"/> Unsatisfactory Progress <input type="radio"/> No Training to Date		<input type="radio"/> Exceeds Expectations <input type="radio"/> Meets Expectations <input type="radio"/> Does Not Meet Expectations	
<input type="radio"/> Not Skilled (100%) <input type="radio"/> Some Skills (50%) <input type="radio"/> Skilled (0%) <input checked="" type="radio"/> NA				0	#VALUE!	<input type="radio"/> Satisfactory Progress <input type="radio"/> Unsatisfactory Progress <input type="radio"/> No Training to Date		<input type="radio"/> Exceeds Expectations <input type="radio"/> Meets Expectations <input type="radio"/> Does Not Meet Expectations	
<input type="radio"/> Not Skilled (100%) <input type="radio"/> Some Skills (50%) <input type="radio"/> Skilled (0%) <input checked="" type="radio"/> NA				0	#VALUE!	<input type="radio"/> Satisfactory Progress <input type="radio"/> Unsatisfactory Progress <input type="radio"/> No Training to Date		<input type="radio"/> Exceeds Expectations <input type="radio"/> Meets Expectations <input type="radio"/> Does Not Meet Expectations	
<input type="radio"/> Not Skilled (100%) <input type="radio"/> Some Skills (50%) <input type="radio"/> Skilled (0%) <input checked="" type="radio"/> NA				0	#VALUE!	<input type="radio"/> Satisfactory Progress <input type="radio"/> Unsatisfactory Progress <input type="radio"/> No Training to Date		<input type="radio"/> Exceeds Expectations <input type="radio"/> Meets Expectations <input type="radio"/> Does Not Meet Expectations	
<input type="radio"/> Not Skilled (100%) <input type="radio"/> Some Skills (50%) <input type="radio"/> Skilled (0%) <input checked="" type="radio"/> NA				0	#VALUE!	<input type="radio"/> Satisfactory Progress <input type="radio"/> Unsatisfactory Progress <input type="radio"/> No Training to Date		<input type="radio"/> Exceeds Expectations <input type="radio"/> Meets Expectations <input type="radio"/> Does Not Meet Expectations	
<input type="radio"/> Not Skilled (100%) <input type="radio"/> Some Skills (50%) <input type="radio"/> Skilled (0%) <input checked="" type="radio"/> NA				0	#VALUE!	<input type="radio"/> Satisfactory Progress <input type="radio"/> Unsatisfactory Progress <input type="radio"/> No Training to Date		<input type="radio"/> Exceeds Expectations <input type="radio"/> Meets Expectations <input type="radio"/> 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!	?	SVP Hours		
						#VALUE!	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 of time 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 is in need of 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	<input type="checkbox"/>
Statement about OJT being for an Occupation in Demand	<input type="checkbox"/>
Determination of Need of training ( part of IEP)	<input type="checkbox"/>
Job Description	<input type="checkbox"/>
Individual Training Plan (includes skill gaps and length of training)	
OJT Pre-Award Form	<input type="checkbox"/>
Master/Individual Contract	<input type="checkbox"/>
On-The-Job Training Report and Reimbursement Request Form	<input type="checkbox"/>
+Supporting Records	<input type="checkbox"/>
Monthly Check-in's for Duration of OJT – Documented in ICC – Case Manager	<input type="checkbox"/>
Quarterly Check-in's for Six Months Following Completion of OJT – Documented in ICC – Case Manager	<input type="checkbox"/>
OJT Monitoring Report –	<input type="checkbox"/>
+Periodic Check-In with Employer	<input type="checkbox"/>
+One Documented Visit during OJT	<input type="checkbox"/>
+Written Documentation to WDB of Deficiencies w/Corrective Action and Follow Up Visit	<input type="checkbox"/>
	<input type="checkbox"/>
Monitoring Template	<input type="checkbox"/>
Other correspondence	<input type="checkbox"/>

## 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**

☐ **Assessment:** 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 CFR680.220\(b\)](#) 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	Incumbent Worker Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

**Purpose:** The Workforce Innovation and Opportunity Act (WIOA) allows Workforce Development Boards (WDBs) to expend up to 20% of their Adult and Dislocated Worker funds for training workers who are already employed. This policy provides guidance regarding Participant Eligibility for Incumbent Worker Training and Employer Eligibility for Incumbent Worker Training Reimbursement.

**References:** Workforce Innovation and Opportunity Act (WIOA) Section 134(d)(4), Section 181(d)(2), and Section 194(13). WIOA Proposed Regulations §§ 680.780 – 680.820; § 683.200(c)(9); § 680.320(a)(1); and § 680.530

Incumbent worker training is allowed under WIOA Section 134(d)(4). The following points provide overall guidance for funding this activity:

- Local areas may use up to 20 percent of their local **adult and dislocated worker** funds to pay for the **federal** share of incumbent worker training. Employers participating in the program are required to pay for the **non-Federal** share of the cost of the training. See Cost Sharing Section below for more information on the non-Federal share. The maximum expenditure per individual will be \$5,000. Exceptions may be requested from the board designee.
- The training should, wherever possible, allow the participant to gain industry-recognized training experience, and ultimately should lead to an increase in wages.
- Local areas may contract for incumbent training rather than use Individual Training Accounts (ITAs) [§ 680.320(a)(1)], or may use the ITA process to pay the federal share if it is more expedient to meet the employer's and the workers' training needs. Agreements with employers regarding incumbent worker training must be in writing.
- Providers of incumbent worker training are not subject to the same requirements as entities listed on the Eligible Training Provider List (ETPL), but, as outlined at § 680.530, one-stop operators must collect any performance information the Governor may require to determine whether the providers meet the Governor's performance criteria. For Indiana, performance information that may be collected on providers of incumbent worker training includes:
  - (A) **The number** of incumbent workers **engaged** in training for the project (by employer when there are multiple employers involved);
  - (B) The **percent** of incumbent workers engaged in training for each employer who **completed** the training;
  - (C) The **skills** for which the incumbent workers were trained, by employer;
  - (D) The **percent** of incumbent workers who completed training who attained an **industry recognized credential**, by credential type and by employer;
  - (E) The **percent** of incumbent workers by employer who completed the training and received a **pay increase** within 60 days of the end of training as a result of gaining skills;
  - (F) Of those incumbent workers who completed the training and received a wage increase, the **average hourly wage increase** by employer.

Services to incumbent workers must be recorded in the state case management system.

- In accordance with WIOA Section 181(d), incumbent worker funds may **not** be used:
  - For any business or part of a business that has relocated, until 120 days after the date on which the business commences operations at the new location,
  - If the relocation of the business or part of a business results in a loss of employment for any employee of the business at the original location and the original location is within the United States.

### Eligibility of Participants

To receive incumbent worker training under WIOA, a worker must:

- Be employed with the company when the incumbent worker training starts;
- Have an employer-employee relationship. that the individual must have an established employment history with the employer of at least 6 months \*; and
- Be determined to be in need of incumbent worker services to retain employment. **(see attachment A)**  
**\*The agreement with the employer must include the 6 month work history verification (see attachment B)**

### Eligibility of Employers

Contract funds are paid to the employer for incumbent worker training to either:

- Avert a lay-off; or
- Otherwise help workers retain employment. This determination of need is at the discretion of the WDB and may include consideration of whether the employing firm(s) would likely be unable to remain sufficiently competitive to retain workers unless the workers receive the training.

An ideal incumbent worker training would be one where a participant acquires new skills allowing him or her to move into a higher skilled and higher paid job within the company, thus allowing the company to hire a job seeker to backfill the incumbent worker's position. An intent to backfill is not a requirement of receiving incumbent worker training funds.

For the purpose of determining the eligibility of an employer to receive funding, several factors must be taken into account (Sec. 134(d)(4)(A)(ii) and § 680.810):

- The characteristics of the participants in the program;
- The relationship of the training to the competitiveness of a participant and the employer; and
- Other factors may include the number of employees participating in the training, the wage and benefit levels of those employees (at present and anticipated upon completion of the training), and the existence of other training and advancement opportunities provided by the employer.

### Cost Sharing

Employers participating in the program are **required** to pay for the non-Federal share of the cost of the training.

Pursuant to Sec. 134(d)(4)(D)(i) & (ii), the Region 4 Workforce Development Board established that the non-Federal share may not be less than:

- 10 percent of the cost for employers with not more than a total of 50 employees or less (regardless of the number enrolled in training);
- 25 percent of the cost for employers with a total of more than 50 employees but not more than 100 employees; and
- 50 percent of the cost for employers with a total of more than 100 employees.

#### Calculation of the Non- Federal Share:

Pursuant to Sec. 134(d)(4)(D)(iii) The non-Federal share provided by an employer participating in the program **may** include the amount of the wages paid by the employer to a worker while the worker is attending the training program. The Region 4 Workforce Development Board has determined that the nature of the non-federal share of the employer may be provided by wages paid by the employer to a worker while in training, by cash, or by local (non-federal) grants available.

#### Scenario:

Training vendor ABC provides incumbent worker training to 5 eligible employees of the Acme Co. The training vendor cost is \$1500 per employee for a total cost of \$7500. Acme Co. paid their employees' wages of \$800 each (total \$4000) while in training. The Acme Co. employs 45 employees so their non-federal share is 10% or \$ 750 in this scenario. The employer may use the amount paid in wages (\$4000) to cover their non-federal share. WIOA funds will reimburse the employer \$7500 for the training vendor cost.



**Attachment A**

**WIOA Incumbent Worker – Employee Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_M \_\_\_\_\_F

Highest Education Level, please circle:

1. attained secondary school diploma
2. attained secondary school equivalency
3. participant with disability receives a certificate of attendance/completion
4. completed one or more years of post-secondary
5. attained a post-secondary technical or vocational certificate
6. attained an associated degree
7. attained a bachelor's degree
8. attained a degree beyond bachelors
0 no educational level completed

Registered with Selective Services: Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

Current Wage: \_\_\_\_\_ Current Position: \_\_\_\_\_ Employment start Date: \_\_\_\_\_

Type of Training: \_\_\_\_\_ Trng Start Date: \_\_\_\_\_ Trng End Date: \_\_\_\_\_

Why taking the training? \_\_\_\_\_

\_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_



## Employer Eligibility

### I. Identifying Information:

Company:

Address:

City:

State:

Zip:

Contact Person (name & title):

Contact Phone:

Contact Email:

Other names (including successors) under which the above company has conducted or is currently conducting business.

### II. Employer 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 ☐
- What is the company's current employment level? ☐ 50 or less ☐ 51-99 ☐ 100 +
- Have the employees who will be trained been **employed with the company for at least 6 months**?  
☐ Yes ☐ No

### III. Describe the Training that is Requested

- Course title: \_\_\_\_\_ Number of employees: \_\_\_\_\_  
Does this training result in a certification?  
What is the name of the credential?  
Cost of training: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Training provider: \_\_\_\_\_

### IV. Explain Why this Training is Needed

- Is this training needed to prevent a layoff?
- Is training is needed to upskill workers for company to remain competitive?
- Will the trainee(s) move into a higher skilled position as a result of this training?  
If answered Yes, what will the new job title be?
- Will the trainee(s) receive a wage increase within 6 months of completing the training?  
If answered Yes, what will the new wages be?
- Is this training required for the company to be sufficiently competitive to retain workers?  
If answered Yes, please provide an explanation. Please be as detailed as possible.

### V. Cost Sharing

Employers participating in the program are **required** to pay for the non-Federal share of the cost of the training.

Pursuant to Sec. 134(d)(4)(D)(i) & (ii), the Region 4 Workforce Development Board established that the non-Federal share may not be less than:

- 10 percent of the cost for employers with not more than a total of 50 employees or less (regardless of the number enrolled in training);
- 25 percent of the cost for employers with a total of more than 50 employees but not more than 100 employees; and
- 50 percent of the cost for employers with a total of more than 100 employees.

The Region 4 Workforce Development Board has determined that the nature of the non-federal share of the employer may be provided by wages paid by the employer to a worker while in training, by cash, or by local (non-federal) grants available.

**\*\*Please Note** – Employer must pay training provider for training costs up front, the Fiscal Agent will reimburse employer for the federal share of the training costs after training has been completed.

## Reimbursement and Performance

### I. Terms

1. JobWorks, Inc. is a service provider for the Region 4 Workforce Development Board and is the Fiscal Agent for the Incumbent Worker Training Program. Payments to the employer by JobWorks shall not exceed the total amount of reimbursement due employer listed in the Cost Sharing Calculation.
2. Reimbursement for training will be provided after trainees have completed training and copies of invoices and proof of training payment (checks, e-payment) are submitted to JobWorks exhibiting that the employer has paid for the training.

### II. Performance Data

1. The State requires that the Regional Workforce Board track performance criteria of Incumbent Worker Training programs. Within 90 days of completion of training, employer agrees to provide the following performance data:
  - (G) **The number** of incumbent workers **engaged** in training for the project.
  - (H) The **percent** of incumbent workers engaged in training for each employer who **completed** the training;
  - (I) The **skills** for which the incumbent workers were trained.
  - (J) The **percent** of incumbent workers who completed training who attained an **industry recognized credential**, by credential type.
  - (K) The **percent** of incumbent workers by employer who completed the training and received a **pay increase** within 60 days of the end of training as a result of gaining skills;
  - (L) Of those incumbent workers who completed the training and received a wage increase, the **average hourly wage increase**.

### Attestation and Validation:

The company official hereby attests, under penalty of perjury, that the information provided to determine eligibility for the reimbursement of training costs is correct.

---

Name and Title of Company Official (Printed)

---

Signature of Company Official

---

Date

### Approval

---

Name and Title of WorkOne Staff Approving Request (printed)

---

WorkOne Staff Signature

---

Date

# Region 4 WORKFORCE Board

To: Service Provider	Supportive Service Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019; 10-08-2021; 10-15-21

**PURPOSE:** This policy covers payments to customers for supportive services and other participant payments.

**REFERENCES:** DWD Memorandum, July 2, 2015, Interim Guidance on the Delivery of WIOA Title I Adult and Dislocated Worker Services and the Impact on Participation and Exit Dates; TEGL 19-16; [DWD Policy 2021-02 WIOA Supportive Services for Adult and Dislocated Workers](#); [TEN 12-21 Practitioners Guide to Supportive Service](#)

**CONTENT:** This policy sets forth the rationale and procedures for providing and funding payments to customers through the WorkOne System. [TEN 12-21 Practitioners Guide to Supportive Service](#)

## I. Supportive Services - Adults and Dislocated Workers

Supportive Services are for participants in Career Services or Training Services and who are unable to obtain such services through other programs. Supportive services include such things as: transportation, childcare, dependent care and housing payments.

**WIOA allows for the provision of supportive services to enable an individual to participate in career services and training services.** Supportive services such as transportation, child care, dependent care, and housing, may be necessary to enable an individual to participate in activities authorized and consistent with the provisions of the WIOA Title I-B.

**Note: Follow up career service are not a qualifying service for the receipt of supportive services; therefore, an individual who is only receiving follow up services may not receive supportive services.**

- Supportive services will be available for:
  - (a) Assistance with transportation;
  - (b) Assistance with childcare and dependent care;
  - (c) Assistance with housing;
  - (d) Needs-related payments;
  - (e) Assistance with educational testing;
  - (f) Reasonable accommodations for individuals with disabilities;
  - (g) 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;
  - (h) Assistance with books, fees, school supplies, and other necessary items for students enrolled in postsecondary education classes; and
  - (i) Payments and fees for employment and training-related applications, tests, and certifications.
- Supportive services that are related to training services must be added to the ITA in ICC. The supportive service vouchers supporting training (excluding mileage or childcare) will be entered under the ITA activity.
- If customer has completed training, cost of license, certifications, etc. should be funded through supportive services.
- If the customer is in need of supportive services, this need must be documented through the inclusion of a case note in ICC and through the development of a [customer budget worksheet](#) (see attachment A) that

identifies the specific financial need(s) being addressed. A budget will be developed with the customer to determine supportive service need.

- Supportive services may be provided when, in the best judgment of a team member, this service will enable the customer to successfully participate in their career or training program. During program participation, the specific issues, such as transportation, child care, or other supportive issues should be reviewed to determine if supportive service needs exist.
- Other resources must be sought (e.g., partners, Trustees, etc.) before supportive services can be provided. A statement of the effort to examine such other resources must be reflected in appropriate ICC case notes.

The Local WDB, in consultation with the one-stop partners and other community service providers developed a guide to additional resources that may be available to assist. See Attachment B [WIOA Partner Resource Guide](#), developed with partners for additional resources that may be available to assist the participant.

- Assure WIOA funding is available to support the provision of such services.
- Customers must sign receipt for all items received such as: gas cards, books, clothes, boots, and vehicle repairs. If there is not a receipt available, customer must sign voucher.

The maximum amount that may be used to cover the costs of supportive services for an individual customer is \$750 per person, per program year. The combined amount for supportive services and training costs shall not exceed \$5750 per year.

To provide more than \$750 in WIOA 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 from the Regional Coordinators. The request should be via email and the approval shall be remitted via email.

If a customer is enrolled in a classroom training activity, the customer's progress in completing this activity will be reviewed when supportive services are requested. If a customer 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.

*As a reminder, supportive services are not entitlements and should be provided on the basis of a documented financial assessment, individual circumstances, the absence of other resources, and funding limits.*

## II. Supportive Services Available in WorkOne West Central for Participants in WIOA

### A. Transportation Assistance

- Customers will be provided bus tokens/passes, mileage reimbursement or prepaid gas cards to address transportation needs (**not more than one month's worth at a time**). In communities where public transportation systems exist, bus tokens/passes should be utilized if appropriate. **For circumstances where training/internships are at different locations one or more of the above options may be needed to assist the customer.**
- 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 customer. The calculation used to determine the amount of gas cards provided should be indicated in the case note
- All staff must maintain a record of 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 customer; cab/uber type fare may be purchased if needed.
- **Customers must sign for receipt of all gas cards, bus tokens/passes.**

## **B. Automotive Repairs/Maintenance**

If necessary, WorkOne West Central will assist customers 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 \$750.00
- The customer must obtain two written estimates from two vendors regardless of amount.
- If the variance between two estimates is greater than 20%, the customer will need to obtain three estimates regardless of the repair amount.
- If the customer's vehicle is not drivable and must be towed to a service station, only one estimate is required 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 customer's file. Proof of registration must be in the customer's/spouse's name (a parent's name may also be on the registration if the customer is a youth being served as an adult under this policy).
- Vehicle repair amount cannot exceed value of vehicle per vendor.
- Customers 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 based on the estimates provided. Payments will not be made directly to the customer.

## **C. Childcare Assistance**

Once other childcare options have been exhausted, it may be necessary to provide certain customers with childcare assistance. A licensed day care facility or provider must be used. The customer 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 **Childcare Agreement** that has been signed by both the customer 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 customer must also be provided. This can be documented using birth certificates, court papers, or other appropriate sources.
- 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. Customers 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.

## **D. Work Related Clothing & Equipment**

As required, WorkOne West Central may assist customers 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. Clothing and equipment directly related to training should be funded under the occupational skills training activity (refer to ITA policy)

- 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 customer, the team member must have the customer sign an agreement to return the purchased tools to WorkOne West Central in the event of job loss or separation.

**E. Emergency Aid** (with approval of board designee)

Emergency Aid is a one time or rare expense paid to continue participating in WIOA activities such as training, work experience, OJT, etc. If the customer is having extreme difficulty, staff should be assisting him/her with financial information (development of a budget, credit counseling, debt management, etc.) Emergency aid payments must be well documented in Service Notes. **As with all other WIOA funding, all other options should be sought first.**

Examples include:

- Payment of utility bills (electric, water, heating, etc.)
- A car insurance payment
- A rent payment
- Vehicle repairs during the same timeframe as mileage reimbursement (only in cases where it is necessary to allow participation in WIOA activities.)

Rent can only be provided if the address is used as the primary residence and allows for the participant to take part in the allowable WIOA activities. The participant must provide appropriate documentation for proof of residency and proof of ownership by the landlord. All documentation must provide proof that the participant lives at the address, proof that the landlord owns the property, and the amount that is past due. The landlord is to be paid directly for the rent, not the participant. Allowable documentation to show proof of residency may include a lease, a phone bill, cable bill, voting registration card, driver's license, etc. Allowable documentation to show proof of ownership by the landlord may include a lease, a property tax receipt, a title, a trash, or sewer receipt, etc.

Vehicle repairs can only be provided on the vehicle used as the primary transportation for the participant to take part in the allowable WIOA activities. The participant must provide appropriate documentation for proof of ownership. Repair costs must be directly linked to an authorized activity. The vendor is to be paid directly for the repair, not the participant.

As with all other WIOA funding, all other options must be sought first. For example, heating and cooling assistance could be pursued through resources such as: Low Income Home Energy Assistance Program through a CAP agency or faith-based organizations. Rent assistance could possibly be obtained through the U.S. Department of Housing and Urban Development (HUD).

**III. Needs Related Payments- See **Region 4 Needs Related Policy****

**IV. Administrative Provisions**

Allowances, earnings, and payments to customers participating in adult and dislocated worker 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.

Supportive Services **are not** available for incumbent workers.

**Attachment A**  
**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 B [Resource Guide](#) Click link

## 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 \_\_\_\_\_

Circle One

Maximum Hours Per Week \_\_\_\_\_ 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

Sample JOBWORKS 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
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**EXAMPLE**

I CERTIFY BY MY SIGNATURE THAT ABOVE HOURS/DAYS/WEEKS ARE 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

1. 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.
2. 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.
3. 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.
4. I understand that I am responsible for ensuring that the hours the provider has listed are correct and that the provider is to be paid by JobWorks.
5. 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.
6. 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.
7. 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.

**EXAMPLE**



8. 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: \$ 320.00

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: \_\_\_\_\_

3. 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.

4. 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.

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 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.

7. 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.

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.

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

# Region 4 WORKFORCE Board

To: Service Provider	Case Closure and Exit Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

**Purpose:** To provide policy for the understanding of case closures and 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 (see [exit procedures](#) below). 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. has not completed 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.

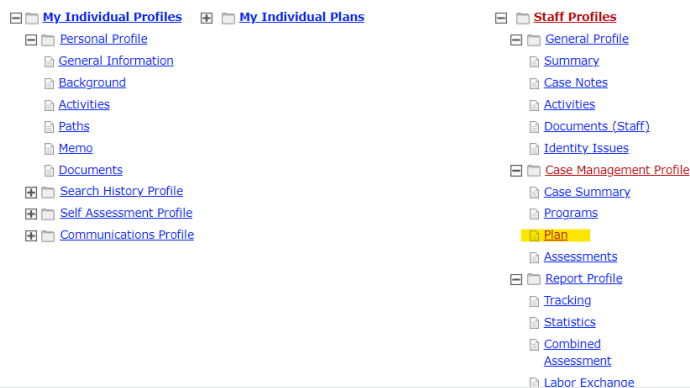
## Closure Screen

DWD is requiring that employment data be recorded at the time of case closure.

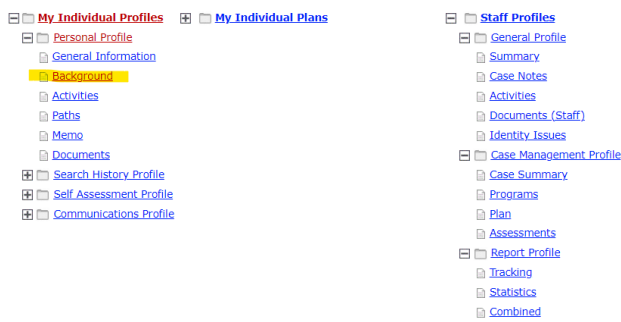
A benefit of completing closures is that the case manager will be notified of open activities which could aid in reducing the number of system closed completion statuses. If the exit date is determined by an activity that was system closed, there is a risk of data validation errors.

Please make sure the following, if applicable, have been completed **BEFORE** Creating a Closure:

### 1. If ISS/IEP has been completed in ICC it must be 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 "Individual Profile/Background Employment History"



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.

**Step 2:** Then click on the (+) next to the WIOA Application to expand the section.

Title I - Workforce Development (WIOA)			Apps: 3	
<a href="#">Create Title I - Workforce Development (WIOA) Application</a> <a href="#">Convert WIOA Pre-Application</a>				
<b>WIOA #3030478 - Complete</b>				
<div> <div>+</div> <div> <div>LWDB:</div> <div>04 - Region 4</div> <div>Application Date</div> <div>07/17/2019</div> </div> </div> <div> <div>Onestop:</div> <div>36 - WorkOne Lafayette (Tippecanoe County)</div> <div>Participation Date:</div> <div>07/17/2019</div> </div> <div> <div>Open/Total Activities:</div> <div>2 / 24</div> <div>Closure Date:</div> <div>N/A</div> </div> <div> <div></div> <div></div> <div>Exit Date:</div> <div>N/A</div> </div>				

**Step 3:** Click on the Closure (+) to expand the section

#### 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 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), and Follow-ups (0). The 'Create Closure' link is circled in red. Below the table is a section for 'Generic Program' with 'Apps: 0' and a link 'Create Generic Application'.

#### 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."

<b>Last service date:</b>	11/10/2018
<b>Exit Date:</b>	12/14/2018
<b>Exit Reason:</b>	Soft Exit
<b>LWIA:</b>	04 Region 4
<b>* Office Location:</b>	WorkOne Lafayette (Tippecanoe County) ▼
<b>Case closure date:</b>	11/16/2018
	<a href="#">Reset Closure Date</a>
<b>* Accountability Closure/Exit Status:</b>	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:

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.

**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

\* Accountability Closure/Exit Status: Neither condition applies

\* Case Closure Exit Reason: Entered Unsubsidized Employment

**Outcome Information**

\* School Status at Exit:

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

\* 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 ]

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.

Menu

Home

My Dashboard

Sign Out

Services for Individuals

Quick Search

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

Create a Marketing Lead

Contacts List

Marketing Leads

Verify

Scan

Upload

Link

Youth Placement at Exit:

None Selected

Placement Date:

(mm/dd/yyyy)

Today

Verify

Scan

Upload

Link

Employment Information

Entered Employment:

None Selected

Yes

Yes, Recall Employer

No

No employers available.

Add Employer

Staff Information

Add a new Case Note

Show Filter Criteria

ID	Create Date	Subject	Action
No data found.			

Current Case Manager:

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.

Menu

Home

My Dashboard

Sign Out

Services for Individuals

Quick Search

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

Create a Marketing Lead

Contacts List

Marketing Leads

Verify

Scan

Upload

Link

Youth Placement at Exit:

None of the above

Placement Date:

(mm/dd/yyyy)

Today

Verify

Scan

Upload

Link

Employment Information

Entered Employment:

Yes

No employers available.

Add Employer

Staff Information

Add a new Case Note

Show Filter Criteria

ID	Create Date	Subject	Action
Edit			Edit

Current Case Manager:

Case currently Not Assigned to a Case Manager

Assign Case Manager

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
			<a href="#">Edit</a>

**Current Case Manager:**

Case currently Not Assigned to a Case Manager

[Assign Case Manager](#)

[Assign Me](#)

[Remove Case Manager Assignment](#)

**Action**

[Edit](#) [\[ Add Employer \]](#)

**Step 9:** Once the job has been entered, click on "SAVE" and the participant has been Closed. Creating the Closure automatically Exits the customer from WIOA. Use the "Print Preview" button at the bottom of the Closure screen to print the Closure information and save it in the customer's file.

**Entered Employment:**

Employer Name	Job Title	Start Date	End Date	Non-Traditional	Training Related	Action
Target	Stock Clerk	02/06/2018		No	No	<a href="#">Edit</a> <a href="#">Delete</a>

[\[ Add Employer \]](#)

**Staff Information**

[\[ Add a new Case Note \]](#) [\[ Show Filter Criteria \]](#)

ID	Create Date	Subject	Action
			<a href="#">Edit</a>

**Current Case Manager:**

Case currently Not Assigned to a Case Manager

[Assign Case Manager](#)

[Assign Me](#)

[Remove Case Manager Assignment](#)

**Action**

[Save](#) [Cancel](#) [Delete](#) [Print Preview](#)

Now the participant has been Closed and a Closure date will appear.

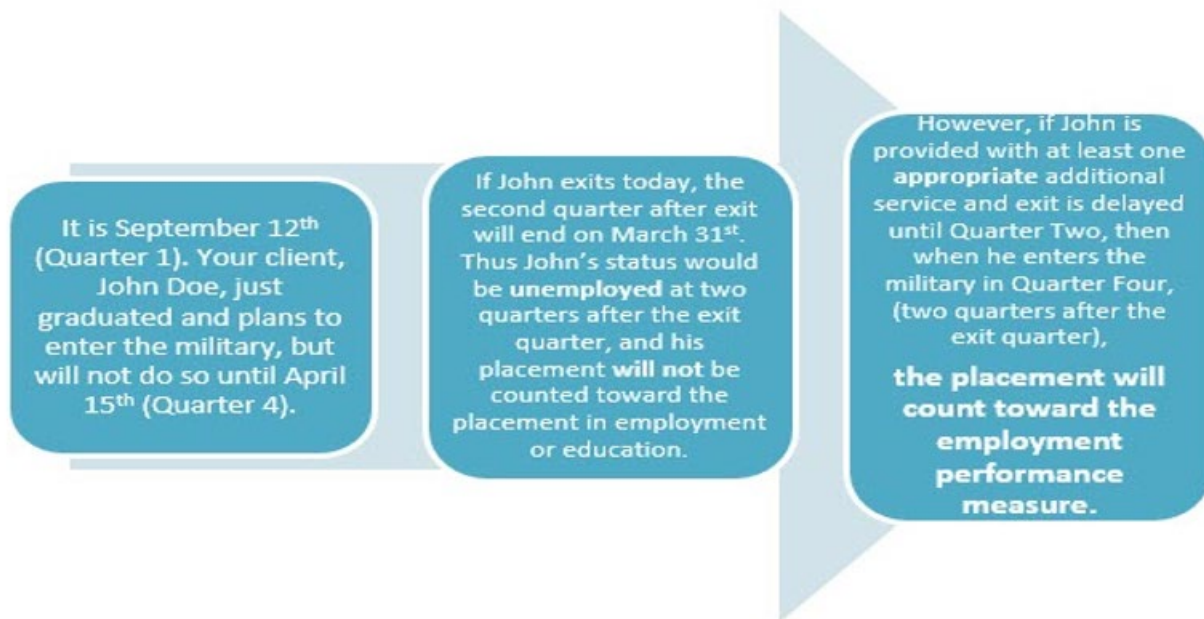
### When to formally close a case -

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.

**Note: Setting the WIOA Soft Exit alert will assist staff in monitoring upcoming exits.**



## 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.

*\*Note – the phrase ‘not scheduled for future services’ does not apply to an individual who voluntarily withdraws or drops out of the program.*

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](#)

See additional [Exit Date Guidance](#)

### 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 5<sup>th</sup> that the customer completed the training on May 22<sup>nd</sup> enter the Actual End date of May 22<sup>nd</sup> and post your case note on June 5<sup>th</sup> stating the training was completed on May 22<sup>nd</sup>. 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 15<sup>th</sup> 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 15<sup>th</sup>) 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	Follow Up Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019

**Purpose:** To provide policy for the provision of follow-up services to adult who enter unsubsidized employment.

**REFERENCES:** WIOA 129, WIOA Sec. 134 CFR 681.580, [TEGL 19-16](#)

## Follow-Up Services

Follow-up services must be provided, as appropriate, including counseling regarding the workplace, for participants in adult activities who are placed in unsubsidized employment, for up to 12 months after the first day of employment. While follow-up services must be made available, not all of the adults who are registered and placed into unsubsidized employment will need or want such services. Also, the intensity of appropriate follow-up services may vary among different participants. Participants who have multiple employment barriers and limited work histories may require significant follow-up services to ensure long-term success in the labor market.

**POLICY:** The goal of follow-up services is to enable participants 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, 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 should 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 IEP (Individual Employment Plan) and signed and mutually agreed upon by both the case manager 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 IEP, 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).
- 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 participant 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. **Participants may not be encouraged to opt-out.**

**For purposes of WIOA** 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:

- Follow-up services could include, but are not limited to:
  - o Additional career planning and counseling;
  - o Contact with the participant's employer, including assistance with work-related problems that may arise;
  - o Peer support groups;
  - o Information about additional educational opportunities, and referral to supportive services available in the community.

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 IEP 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.

The goal of follow-up services is to ensure job retention.

Follow-up services must be made available for a minimum of 12 months following the first day of employment.

**Note: Individuals in follow-up may not receive supportive services.**

See Attachment A for guidance of ICC data entry

## Attachment A

### Follow Up 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-ups4

Create Local Follow Up

Search:

Required By	Date Complete	Status	Follow Up Type
12/31/2017	11/01/2017	Completed	<a href="#">1st Quarter After Exit</a>
03/31/2018	03/30/2018	Completed	<a href="#">2nd Quarter After Exit</a>
06/30/2018		Required	<a href="#">3rd Quarter After Exit</a>
09/30/2018		Required	<a href="#">4th Quarter After Exit</a>

### 3. A. 1<sup>st</sup> 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	<a href="#">Edit</a> <a href="#">Delete</a>

#### 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. 2<sup>nd</sup> through 4<sup>th</sup> 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	<a href="#">Edit</a> <a href="#">Delete</a>

[ [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](#) ]

5. Complete the current status at follow up

Enter actual date of follow up and contact type.

If the customer is employed or in training (youth only), you may skip the status at follow up section. If the customer *is not* employed or not in training (youth only), the status at follow up should be completed.

At the bottom of this section you may enter your follow up case note.

Current Status at Follow-up

Follow-up Information:

\* Actual Date of Follow-Up:   [Today](#)

\* Contact Type:

Other (specify):

Follow-up Status

*This section is required only when no employment, no youth placement and no youth diploma/credential is recorded on the follow-up screen.*

Status at Follow-Up:

Other (specify):

Comments:

Staff Information

\* LWIA/Region:

\* Office Location:

Staff User Create: GSISOFTEXIT

Create Date: 12/03/2017

Staff User Edit: 3544207

Edit Date: 01/31/2018

[ [Add a new Case Note](#) | [Show Filter Criteria](#) ]

ID	Create Date	Subject	Action
No data found.			

# Region 4 WORKFORCE Board

To: Service Provider	Accessibility Policy
From: Region 4 Workforce Board	Effective Date: 07-01-2019; 02-22-2021

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](mailto: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](mailto: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.

WorkOne must not place a surcharge on a particular individual with a disability, or any group of individuals with disabilities, to cover the costs of measures associated with providing auxiliary aids, services, or assistive technology, that are required to provide that individual or group with the nondiscriminatory treatment required by WIOA Title I.

This obligation does not require WorkOne to provide personal devices, such as wheelchairs; prescribed devices, such as prescription eyeglasses or hearing aids; or readers for personal use or study.

If an individual with disabilities elects not to participate in an available separate or different program or service, and instead chooses to participate in available WIOA Title I financially assisted programs and activities, the obligations regarding auxiliary aids, services, and assistive technology still apply.

**a) 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.

**b) 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](#)

[8. Need Interpreter Language Sign Attachment](#)

[9. Telephonic Language Codes](#)



## 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:
<b>Type of Accommodation Requested:</b>		
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.



<b>Amharic:</b> አማርኛ አስተርጓሚ በነፃ የሚፈልጉ ከሆነ፣ እባክዎን ቋንቋዎ ላይ ያመልከቱ	<b>Arabic:</b> عربي إذا كنت في حاجة إلى مترجم مجاًل، أشر إلى اللغة المطلوبة
<b>Bosnian:</b> Bosanski Ako vam je potreban besplatni prevodilac, pokažite na svoj jezik	<b>Burmese:</b> ဗမာစာ/ဗမာစကား အကယ်၍ သင် စကားပြန်တစ်ဦးလိုအပ်ပါက ကျေးဇူးပြုပြီး သင်၏ဘာသာစကားကို ညွှန်ပြပါ
<b>Chin:</b> Baungshe Holhleh piak tu na herh asi ah cun, zaangfahnak tein na holh kha rak kan chim ta.	<b>French:</b> Français Si vous avez besoin de l’assistance gratuite d’un interprète, indiquez votre langue.
<b>Greek:</b> Ελληνικά Αν χρειάζεστε έναν ελεύθερο διερμηνέα, παρακαλώ δείξτε τη γλώσσα σας	<b>Gujarati:</b> ગુજરાતી જો તમારે નિઃશરૂક અનવાદિકી જરૂર હોય તો તમારી ભાષા તરફ ચીંધો.
<b>Hindi:</b> हिन्दी यदि आपको एक मुफ्त भाषा अनुवाकिक की आवश्यकता है, ्तो कृपया अपनी भाषा की ओर इशारा करें	<b>Hmong:</b> Hmoob Yog koj xav tau tus kws pab txhais lus pub dawb, thov qhia koj hom lus.
<b>Haitian Creole:</b> Kreyòl ayisyen Si w bezwen yon entèprèt, montre ki lang ou pale	<b>Italian:</b> Italiano <i>Se avete bisogno di un interprete gratuito, indicate la vostra lingua</i>
<b>Japanese:</b> 無料の通訳が必要な場合は、言語を指し示してください	<b>Karen:</b> unD erh>vd.b.ySRuwdRusdmxHw>uvDM.< 0Ho;plReJ.CDRq1 eusdmtD.tvD>wuh>I
<b>Karenni:</b> afdgh;kyg’ku skGg aYg ;uGeGg jkGgbklgzkdu sf lrkGg’kugmlgg’ku;fgcf jtglrkJGglrkGg klbfG. vdfiG[uh klcug;xtx llkJ lKgG skGg;fh’ku sxtg/	<b>Khmer:</b> ភាសាខ្មែរ បំពេញតម្រូវការអ្នកបំបកស្រាយឥតគិតថ្លៃសូមបំពេញការស្នើសុំសម្រាប់អ្នកបំបកស្រាយ
<b>Kirundi:</b> Rundi Niwoba ukeneye umusobanuzi wa gusa, fyonda ahanditse ururimi rwawe	<b>Korean:</b> 한국어 무료로 통역자가 필요한시면 사용하는시는 언어를 지적해주세요.
<b>Nepali:</b> नेपाली यदि तपाईंलाई निःशुल्क िभाषाे चोदहएमा, कृपया आफ्नो भाषामा िेखाउनुहोस्	<b>Norwegian:</b> Norsk Hvis du trenger en gratis tolk, kan du peke på landet ditt.
<b>Polish:</b> Polski Jeśli potrzebujesz bezpłatnej usługi tłumacza, wskaż swój język.	<b>Portuguese:</b> Português Se precisa de um intérprete gratuito, aponte para seu idioma
<b>Punjabi:</b> ਪੰਜਾਬੀ ਜੇ ਤੁਹਾਨੂੰ ੁਢਿੱਕ ਮੁਫਤ ਦੁਬਾਸ਼ੀਏ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਰਪਾ ਕਰਕੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਸੰਕੇਤ ਕਰੋ	<b>Romanian:</b> Română Dacă aveți nevoie de asistență gratuită din partea unui interpret, vă rugăm indicați limba dvs.
<b>Russian:</b> Русский Если вам нужен <i>бесплатный</i> переводчик, выберите ваш язык.	<b>Serbian:</b> Српски Ако вам је потребан бесплатни преводилац, покажите на свој језик
<b>Simplified Mandarin:</b> 简体中文 如果您需要译员，请指向您的语言	<b>Somali:</b> Soomaali Haddaad u baahan tahay turjumaan bilaash ah, fadlan tilmaamo luqadaada.
<b>Spanish:</b> Español Si necesita un intérprete gratuito, por favor seleccione su idioma respectivo.	<b>Swahili:</b> Kiswahili Ikiwa unahitaji mkalimani bila malipo, tafadhali onyesha lugha yako.
<b>Swedish:</b> Svenska Om ni behöver tolk kostnadsfritt, var god ange ert språk.	<b>Tagalog:</b> Taglog Kung kailangan niyo ng libreng interpreter o tagasalin, ituro ang inyong wika
<b>Tamil:</b> தமிழ் இலவச மொழிபெயர்ப்பு தேவவமயனில், ேங்களினம் மொழிவயக் குறிப்பிடவும்.	<b>Thai:</b> ภาษาไทย หากต้องการถามฟรี กรุณาไปทหาษาของคุณ
<b>Tigirigna:</b> ትግርኛ ናፃ አስተርጓሚ ትደልዩ እንተኾንኩም አብ ቋንቋኹም ያልክት ግበሩ	<b>Traditional Mandarin:</b> 繁体 中文如果您需要譯員，請指向您的語言
<b>Vietnamese :</b> tiếng việt Nếu quý vị cần thông dịch viên miễn phí, vui lòng trở vào ngôn ngữ của quý	<b>Urdu:</b> 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	普通話	國語
Shanghai	上海話	上海話
Taiwanese	台灣話	台語
Toishanese	台山話	台山話
Ning Po	寧波話	寧波話

www.propio-ls.com





## 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
Marshallese	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

## 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 يات ك أو ح قوق ك عن مهمة مع لومات ع لى ال ط لب أو ال و ث ى قة هذه ت ح توي ! مهم ب هذه ن زودك و سوف ال ط لب، أو/و ال و ث ى قة هذه ف ي ال م ت ضم نة ماتال م ع لوت فهم أن ب م كان الأهم ىة ءومن . معا م ك تب ب أق 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 لى ل لح صول إن دى ان ا ولاى ة ف ي ل دى ك ال ط لب أو/و ال و ث ى قة هذه

## **Russian**

В А Ж Н О ! В этом документе или заявлении содержится важная информация о ваших п р а в а х , обязанностях и/или льготах. Для нас очень важно, чтобы вы понимали п р и в е д е н н у ю в этом документе и/или заявлении информацию, и мы готовы бесплатно п р е д о с т а в и т ь вам информацию на предпочитаемом вами языке. Обратитесь в ближайшее о т д е л е н и е 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**

သတိပူရိန္န။ ဤစာရိက္ခာတမ်း သို့မဟုတ် လွှဲပြောင်းပို့ဆောင်မှုကို ယှဉ်နှိုင်းခြင်းအရမ်း၊  
တာဝန်ခံခြင်း/သို့မဟုတ် ကိစ္စခံစားခြင်းစသည့် အရေးအရာများ သည့် အခွင့်အလမ်း ပါဝင်နေပါသည်။  
ဤစာရိက္ခာတမ်း ခွင့်ပြုချက်/သို့မဟုတ် လွှဲပြောင်းပို့ဆောင်မှု အခွင့်အလမ်းအား သနားလှည့်  
အပြုအမူအရမ်းပိုမို ကြိုးပမ်းပို့ဆောင်မှု ဘက်သို့ ပို့ဆောင်သည့် ဘာသာစကား ပြုပြင်၍ အခွင့်အလမ်းကို  
အခွင့်အလမ်း ပိုမို ပေးသွင်းပါမည်။ ဤစာရိက္ခာတမ်း ခွင့်ပြုချက်/သို့မဟုတ် လွှဲပြောင်းပို့ဆောင်မှု  
အခွင့်အလမ်းကို ဘာသာပြန် ခွင့်ပြုချက်လည်း ပိုမို ပို့ဆောင်မှု အညီလိုပါက သင့်ခွင့်အား စောင့်ကြည့်  
Indiana WorkOne Office ကို ဆက်သွယ်ပေးပါ။



**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 အချိန်ဇယားဆွဲရန် ဤ RESEA အစီအစဉ်ကို ပြန်လည်စီစဉ်ခြင်းသည် သင်၏ UI အကျိုးကျေးဇူးများကို သက်ရောက်မှုမရှိပါ။

# Region 4 WORKFORCE Board

To: Service Provider	Equal Opportunity and 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](mailto: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 [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.

**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 Sub-recipients for Compliance [29 CFR 38.51].**

The R4WDB will establish procedures to periodically monitor all aspects of its sub-recipients' 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 sub-recipient 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 [38.69-38.85].**

A copy of the R4WDB's Complaint Procedure is attached to and made a part of this policy.

A copy of the R4WDB's EO Complaint Procedure is attached to and made a part of this policy.

#### **Element 9. Corrective Actions/Sanctions [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 sub-recipient 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 sub-recipient 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 sub-recipient fails to develop an adequate response within the timeframe allowed; or 3) the response is adequate, but the sub-recipient 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 sub-recipient 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 sub-recipient's response and corrective action plan fails to resolve the difficulty, the R4WDB will notify the sub-recipient 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.

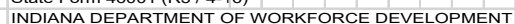
Sanctions which may be imposed by the R4WDB upon sub recipients include the following (in order of increasing severity):

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.



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](mailto: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](http://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 attached](#)). 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 may 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;
- Provides notice of rights contained in 29 CFR 38.35; and
- Provides notice that complainant has right to request and receive, at no cost, auxiliary aids and services, language assistance services, and that this notice will be translated into the non-English languages.
- 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 90 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).

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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.

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If the grievance is resolved to your satisfaction, what remedies do you seek?

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Please list below any person(s) (witnesses, employees, supervisors, or others) that we may contact for additional information to further support your response.

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Customer's Signature

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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 (non EO)
From: Region 4 Workforce Board	Effective Date: 07-01-2019

## **Purpose**

To provide initial guidance regarding the observance and enforcement of the nondiscrimination 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

## **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](mailto: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 R4WB'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 sub-recipient 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 sub-recipient fails to develop an adequate response within the timeframe allowed; or 3) the response is adequate, but the sub-recipient 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 R4WB will transmit a letter to the sub-recipient 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 sub-recipient's response and corrective action plan fails to resolve the difficulty, the R4WDB will notify the sub-recipient 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 R4WB 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

### **NOT BASED ON DISCRIMINATION**

#### Complaint Procedure:

- 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 sub-recipients 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 sub-recipient 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 sub-recipient/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, 6<sup>th</sup> 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; 04/14/2023

**PURPOSE:** This policy states the guidelines and requirements for the appropriate access, use, storage, and disposal of confidential or privileged information, including sensitive and non-sensitive Personally Identifiable Information (PII; collectively “protected information”), maintained by the Indiana Department of Workforce Development (DWD) or any vendor or contractor providing services to DWD, as well as any entity providing services to or through DWD. This policy also outlines requirements for DWD user accounts management as part of DWD’s overall protection of information strategy. This policy supplements and is not intended to displace other applicable policies, user agreements, or agency guidance<sup>2</sup> unless otherwise specified.

**REFERENCES:** 29 CFR Part 38, [DWD Policy 2007-42](#), [TEGL 39-11](#), [DWD Policy 2013-03](#); [DWD Policy 2021-10](#), [Change 1](#)

**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:

**Confidential Information** – Information that has been so designated by statute, promulgated rule, or regulation, based on statutory authority which does not permit public access to, or requires the protection, storage, disposal, and appropriate use of the information for official lawful purposes. Information and records of DWD relating to unemployment tax or the payment of unemployment insurance benefits, SSA Unemployment Insurance Inquiry (UIQ) responses, IRS Federal tax information (FTI), student educational data, medical records, as well as information which may reveal the individual’s or an entity’s identity, are confidential pursuant to state and federal laws and regulations governing protected information.

**Privileged Information** – Privileged information is available only to authorized persons. Authorization is determined by one’s position within DWD or through partnership in contractual relationships with the State of Indiana or any subcontracted entity funded in whole or in part by grants or contracts with DWD. Privileged information is not confidential pursuant to the law but is sensitive in nature. Privileged information is subject to the same restrictions and requirements as confidential information for purposes of this policy. All protected information should be handled properly.

**Personally Identifiable Information (PII)** – Personally identifiable information (PII) is any information that can be used to distinguish or trace an individual’s identity, either by itself or when combined with other PII, that is linked or is linkable to an individual. Both confidential and privileged information may contain PII. PII can be further delineated as sensitive PII (protected PII) and non-sensitive PII.

Sensitive or protected PII includes any information that, if disclosed, could result in harm to the individual whose name or identity is linked to that information. Examples include, but are not limited to, social security numbers, IRS FTI, SSA UIQ response information, driver’s license ID information, biological information, email/postal addresses, credit or debit card numbers, bank account numbers, personal

telephone numbers, ages, birthdates, marital status, spouse name, educational history, medical history, financial information, and computer usernames and passwords.

Non-sensitive PII is information that, if disclosed by itself, could not reasonably be expected to result in personal harm to the individual whose name or identity is linked to that information. Examples include, but are not limited to, first and last names, general education, credentials, gender, or race. However, depending on the circumstances, a combination of non-sensitive PII could potentially be categorized as sensitive PII.

Information that has been properly aggregated and suppressed is outside the scope of this policy and is not considered “protected information.” For the purposes of providing aggregated and suppressed data, no cell can have a count of fewer than ten (10). In addition to this primary suppression, cells must also be secondarily suppressed. Secondary suppression ensures that for a given set of data, it is not possible to derive the value of any cell with fewer than ten (10) cases from the aggregated data (such as subtracting the unsuppressed value from the total). Questions regarding proper aggregation and suppression procedures should be directed to DWD’s Data Officer.

**State Property** – All information, including but not limited to documents, software, files, data, faxes, phone call recordings, and emails created, accessed, transmitted, or stored electronically or in paper form, related to the nature of the contractual relationship while employed by, or partnered in, a contractual relationship with the State of Indiana or any of its subcontracted entities shall be considered the exclusive property of the State of Indiana.

## Content

All individuals and organizations with authorized access to protected information are obligated to ensure the protection and appropriate use of the information. State employees and those who have a business relationship with DWD are subject to State and Federal requirements for safeguarding protected information, which applies to any entity, organization, or individual providing services connected to or through DWD or the WorkOne American Job Center (WorkOne/AJC) workforce system. Those subject to the State and Federal safeguards are prohibited from divulging or benefitting from, or permitting any person to benefit from, protected information.

## Universal Requirements for DWD Staff, Vendors/Contractors, and/or Service Providers

### Accessing Protected Information

DWD staff, vendors/contractors, and service providers may only access protected information to the extent they have permission or authority. The individual accessing the data must have a bona fide business reason at the time the data is accessed.

The accessing, processing, or storing of any protected information on personally owned equipment, at an off-site location (e.g., an employee’s home), or on non-grantee managed IT service is strictly prohibited unless approved by DWD.

### 2. [Sharing, Sending, and Receiving Protected Information](#)

All exchanges of protected information require an Information Exchange Agreement (IEA)<sup>7</sup> that includes content on safeguarding protected information.

Protected information sourced from one entity cannot be shared without the express approval of the entity that provided the protected information. Please refer to the bulleted list below for guidance on sharing, sending, and receiving protected information through relevant communication mediums.

- [Social Media and Networking Platforms](#)



- This includes Facebook, Twitter, LinkedIn, and all other platforms in which the identity of participating individuals and/or entities is unknown and cannot be verified.
- DWD staff are prohibited from sharing protected information (including PII and non-public DWD operations information) through posting, messaging, or any other means on any social media or social networking platform.
- **Collaboration Platforms**
  - This includes, but is not limited to, Microsoft Teams, Zoom, and audio/video conferencing, including audio/video equipment within DWD and partner conference rooms.
  - Only the “call” (telephone-like) functionality may be used to verbally discuss protected information.<sup>8</sup>
    - DWD staff, contractors, vendors, and service providers are prohibited from recording calls during which protected information is discussed.
    - “Calls” involving FTI or UIQ information may only involve participants that are authorized to access FTI/UIQ information.
  - The use of “Chat”, where content is typed or uploaded, may NOT be used to share protected information with an unauthorized user.<sup>9</sup> Participant identity must be verified to ensure they are authorized to access protected information.
    - “Chat” activity is retained, which poses a data security risk if protected information is discussed with unauthorized users.
  - SDLC documentation tools or knowledge bases including but not limited to Atlassian Confluence must not be used to share or contain protected information with unauthorized users.
  - Exceptions can be requested through the DWD Data Privacy and Security Officers.<sup>10</sup>
- **DWD Contact Center**
  - This includes “calls” via the Genesys PureConnect or Genesys Cloud systems.
  - Calls are recorded and stored within the secured Genesys systems.
  - Prior to discussing protected information with a caller, the DWD representative must verify the caller’s identity per DWD department procedures.

If protected information is unexpectedly received, encountered, or sent to an unintended recipient by DWD staff, vendors/contractors, or service providers, the incident is to be reported to the individual’s direct supervisor, the DWD Chief Information Officer (CIO) and the DWD General Counsel.

### **Storage, Retention, and Destruction of Protected Information**

DWD staff, vendors/contractors, and service providers are responsible for ensuring that protected information is properly filed and stored when their workspace is unattended. Documents containing this type of information must never be left unattended and must be stored in a secure location when not in use. Additionally, all work computers, laptops, cellphones, and other devices must be locked when unattended in accordance with the IOT IRUA to prevent unauthorized access.

It is not permissible to email, fax, copy, print, export, store, discuss over the phone, dispose of, or electronically transfer protected information without proper permission or authority from your supervisor. Additionally, upon approval, all protected information containing personally identifiable information transmitted via file transfer protocol, voice, email, or stored on CDs, DVDs, USB storage devices, or any other mobile or portable storage devices, must be encrypted using a Federal Information Processing Standards (FIPS) 140-2 compliant and National Institute of Standards and Technology (NIST) validated cryptographic module. However, staff are prohibited from emailing unencrypted protected information that contains sensitive personally identifiable information to any person or entity.

The storage of non-business-related content or unapproved software on State-issued devices is not permitted.

DWD staff must use the secure email process made available by State of Indiana IOT or other encrypted

email methods to send emails that contain protected information.

All protected information must be retained and destroyed in accordance with the Record Retention schedule administered by the Indiana Archives and Records Administration (IARA). Indiana Code 5-15-5.1-13, requires that confidential records must be destroyed in such a manner that they cannot be “read, interpreted, or reconstructed.” Large retention and/or record destruction requests must be made according to IARA standards.

Records, printouts, notes, and documents, that have reached the end of their required retention period and are no longer needed and that contain protected information, must be securely shredded. Electronic media and hardware must be disposed of according to IARA and IOT procedures.

### **Photographs and Video Recordings**

The unauthorized use of cameras, including cell phone cameras or video cameras, by DWD staff, vendors/contractors, or service providers is prohibited while on WorkOne/AJC, DWD, or remote work premises. Photographs and video recordings that are used for business reasons or to document special occasions, such as retirement, birthday, or award celebrations must only be used or shared after being reviewed to ensure they do not contain protected information.

### **Social Media**

DWD staff, vendors/contractors, and service providers are prohibited from posting any protected information on any social media platform.

### **Required Staff Training**

DWD staff and vendors/contractors that use State of Indiana technology tools and resources are required to complete IOT’s Information Resources Use Agreement (IRUA) when they are hired or receive their vendor or State contractor account and then every two (2) years thereafter.

DWD staff, vendors/contractors, and service providers are required to adhere to the following:

- Security safeguards set forth in this DWD agency policy; and
- All IOT and DWD policies and procedures as published within Archer, the State’s governance, risk, and compliance tracking system.

Additionally, all DWD staff are required to adhere to the State Employee Handbook and must complete all IOT’s monthly cyber security training modules by the specified deadline.

### **Accessing State Facilities**

- All DWD staff are required to wear State ID badges visibly, on their person.
- When entering a secure area via the scanning of your badge, do not allow others without a visible, valid badge to enter (piggyback) immediately behind you. Notify security and/or the DWD Director of Facilities if this happens.
  - For the Indiana Government Center, notify State’s Security Control:
    - (317) 234-4838 (unless it becomes an emergency, which would then be 911)
  - For other locations:
    - Please follow the location’s standard procedures
- Visitors to DWD offices in state facilities must sign in and be given a visitor’s badge (where available). Visitors should be escorted within state facilities.

### **Access to the State Network Outside of the U.S.**

- State devices that can connect to the State network via a wired, wireless, or remote VPN connection are not permitted to be taken outside the United States.
- DWD staff and vendors/contractors are **not** permitted to access the State network from outside the United States via non-State issued devices.

### **Security Breach**

A security breach is the unauthorized acquisition of protected information that compromises the security, confidentiality, or integrity of that information. DWD staff, vendors/contractors, and service providers who

become aware of any security breach resulting from the inadvertent or intentional disclosure of any protected information shall immediately inform, in person or via phone, the following:

- Their direct supervisor;
- The DWD Chief Information Officer (CIO), (317) 234-8371; and
- The DWD General Counsel, (317) 234-8451.

Notification via an email or text is not sufficient but can be used as follow-up to the phone call and/or in person notification.

### **Violation of Data Security Requirements**

DWD staff, vendors/contractors, and service providers who fail to abide by the security requirements and appropriate use standards for protected information contained herein may be subject to disciplinary action up to and including termination of employment.

DWD staff, vendors/contractors, and service providers who access or use protected information beyond the scope of authority granted to them or without a legitimate business will be subject to disciplinary action up to and including termination of employment.

A person who knowingly or intentionally exerts unauthorized control over the property of another commits criminal conversion, a Class A misdemeanor under Indiana Code 35-43-4-3(a). Therefore, DWD staff, vendors/contractors, and service providers who use State property, including documents, records, or data for personal reasons and without a legitimate business reason can be charged with criminal conversion. Additionally, the unauthorized use of data related to a federal program can be subject to additional federal criminal prosecution and civil enforcement actions that may result in a fine and/or imprisonment.

As reflected in the IRUA, agreed upon by DWD staff and vendors/contractors, anyone knowingly or intentionally accessing State of Indiana or U.S. government information resources without authorization can have their employment or contract terminated, be prosecuted where applicable, and face fines/imprisonment if found guilty.

### **Additional DWD Staff-Specific Requirements**

#### **DWD Staff Account Access**

DWD supervisors are required to submit a request to the DWD Service Desk whenever:

- A subordinate needs access to a computer, network, server, directory folder, application, or database, that processes or stores protected information.
- Creating, modifying, disabling, or deleting an account (network/application/database).
  - Requests to disable/terminate account access for staff that will no longer be working for the agency must be submitted in a timely manner.
- Supervisors are also required to ensure staff have the appropriate level of training on safeguarding protected information before submitting an access-related account request.

### **FTI and UIQ Response Requirements**

The following applies to specific DWD staff that have a business reason to access FTI and UIQ response data:

- DWD staff having access to IRS FTI is required to complete the following:
  - Annual Treasury Offset Program Security (TOPS) role training modules; and
  - DWD's specific FTI handling role training module.
- Security Background Checks
  - DWD staff having authorized access or potential access to IRS FTI are required to be fingerprinted and submit to an enhanced background check by the FBI.
- It is not permissible to email, fax, copy, screenshot, print, or save IRS FTI or SSA UIQ response data to any storage media, other than within the Uplink and/or Contact Center applications.

- If IRS FTI and/or SSA UIQ response data is inadvertently mishandled, direct supervisor, the DWD Chief Information Officer (CIO) and the DWD General Counsel.
- DWD supervisors and Account Control administrators are required to adhere to DWD Policy 2017-08 Suitability Standards for Department of Workforce Development Employee and Contractor Access to Federal Taxpayer Information when requesting, authorizing, and granting access to IRS FTI.
- If IRS FTI is inadvertently printed, it must be shredded and logged. To log the incident, please notify the DWD Security Officer.

### **Universal Acknowledgement Requirement**

All DWD staff, vendors/contactors, and service providers shall read, acknowledge, and abide by this and all applicable agency policies, state and federal regulations, and state and federal statutes governing the access, use, and distribution of protected information. All DWD staff, vendors/contractors, and service providers shall agree to access protected information for authorized business purposes only and to abide by all other requirements and terms contained therein. This policy supplements and is not intended to displace other applicable policies, user agreements, or agency guidance unless otherwise specified.

### **Acknowledgement Release**

I have reviewed and acknowledge the local workforce development board's Safeguarding 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.

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User Signature

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Supervisor Signature

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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  
**(See Attachment A)**

**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.

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User Signature

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Supervisor Signature

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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](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](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.

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Signature

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Name (printed)

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Employer

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Date

# Region 4 WORKFORCE Board

To: Service Provider	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 ICE
    - 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.

#### ICC Data Entry:

All PLA services provided to the eligible participants in this program will be recorded in ICC under the appropriate funding stream. 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	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 15<sup>th</sup> 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:**



**Region 4 Workforce Development Board  
Record Retention**

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The chart below shows when participant records may be destroyed.

Participant Information		
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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 – 06/30/2020)	Destroy on or after 7/1/2025

Attachment A  
Participant File Archive Form  
(Complete in Word)

[illegible]

In signing below, I certify that the above mentioned client file(s) have been physically transferred to the following office \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Transferring Organization \_\_\_\_\_

Signature \_\_\_\_\_

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Printed Name

Receiving Organization \_\_\_\_\_

Signature \_\_\_\_\_

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Printed Name \_\_\_\_\_



# 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.

<b>APPLICANT</b>
Date of Referral:
Customer Name:
SS# (last 4):
Address, City, State, Zip:
Phone Number:
Customer Currently receiving: <input type="checkbox"/> TANF <input type="checkbox"/> WIOA Services <input type="checkbox"/> Adult <input type="checkbox"/> WIOA Training Service <input type="checkbox"/> Older Work Services <input type="checkbox"/> Other
<b>AGENCY REFERRED TO: (Receiving Agency)</b>
Name of agency referred to:
Contact person:
Appointment Date / Time
Address, City, State, Zip:
Purpose of referral:
Service to be provided:
<b>REFERRED BY: (Originating Agency)</b>
Name of referring agency:
Contact person:
Address, City, State, Zip:
<b>Did the customer report to the agency:</b> <input type="checkbox"/> Yes
Date customer was seen on:
The following action was taken:

# Region 4 WORKFORCE Board

To: Service Provider	Reemployment Services and Eligibility Assessment (RESEA) Policy
From: Region 4 Workforce Board	Effective Date: 04-18-2022

## Purpose

To provide guidance on RESEA service provision, required reporting elements, performance measures, funding allocations, and monitoring.

## Rescission

- DWD Policy 2017-12 *Reemployment Services and Eligibility Assessment*

## References

- UIPL 3-17 *Fiscal Year (FY) 2017 Unemployment Insurance (UI) Reemployment Services and Eligibility Assessment (RESEA) Grants*
- UIPL 7-16 *Change 1 Coronavirus Aid, Relief, Economic Security (CARES) Act of 2020 – Pandemic Unemployment Assistance (PUA) Program Operating, Financial, and Reporting Instructions*
- UIPL 13-21 *Fiscal Year (FY) 2021 Funding Allotments and Operating Guidance for Unemployment Insurance (UI) Reemployment Services and Eligibility Assessments (RESEA) Grants*
- UIPL 10-22 *Fiscal Year (FY) 2022 Funding Allotments and Operating Guidance for Unemployment Insurance (UI) Reemployment Services and Eligibility Assessment (RESEA) Grants*
- TEGL 12-20 *Fiscal Year (FY) 2021 Funding Allotments and Operating Guidance for Unemployment Insurance Reemployment and Eligibility Assessments (RESEA) Grants*
- TEGL 9-20 *Performance Measures for Reemployment Services and Eligibility Assessments (RESEA) and Unemployment Insurance (UI) participants*

## Content

RESEA is a federal program that provides intensive reemployment assistance to individuals who are receiving unemployment benefits and are determined likely to exhaust their benefits before becoming reemployed.

RESEA provides an opportunity to engage Unemployment Insurance (UI) claimants and acquaint them with services available through the WorkOne/American Job Centers (AJC) to support timely reemployment.

RESEA funding must be used to implement evidenced-based interventions and service delivery strategies. Successful intervention activities and strategies will demonstrate a reduction in the average number of weeks claimants receive benefits by improving employment outcomes.

## Program Goals

- 1) Reduce the average duration of receipt of UI benefits by improving reemployment outcomes.
- 2) Strengthen program integrity and reduce improper UI payments through the detection and prevention of such payments to ineligible individuals.
- 3) Promote the alignment with the broader vision of WIOA for increased program integration and service delivery for job seekers, including UI claimants.
- 4) Establish reemployment services and eligibility assessments as an entry point for UI claimants into other workforce system partner programs.

## Initial RESEA Claimant Selection Overview

An individual who files for UI benefits, known as a claimant, may be selected for participation in the RESEA program.

RESEA claimants are identified through Indiana's UI benefit system. Claimant selection is determined by a system algorithm which is executed by DWD's Uplink UI system each Sunday afternoon.

UI claimants are either exempted from participation or are determined to be eligible for RESEA services. A claimant may be exempted and waived from participation if their return-to-work date is within 60- days of the separation date. Waivers are typically provided for Union Hiring Halls, WIOA approved training, or if the claimant has moved out of state. Uplink sends a file of all eligible claimants who have filed their fourth (4th) weekly UI claim to DWD's case management system. Eligible claimants will then be scheduled for an Initial RESEA event.

## Subsequent RESEA (SUB RESEA) Claimant Selection Overview

Uplink will generate a list of all 15-week claimants and send the list to DWD's case management system. Claimants that are most likely to exhaust benefits are selected for SUB RESEA. The intention of SUB RESEA is to further connect with the claimant to identify new strategies and resources by which they may be referred to support their efforts of obtaining employment.

## Claimant Scheduling and Center Capacity

WorkOne/AJC offices that have been designated to implement the RESEA Program are required to schedule all claimants in the current week's Pool Count unless otherwise approved. Special circumstances, such as a holiday, may warrant an exception to this requirement. If an exception is granted, all previously unscheduled claimants must be scheduled for services within two (2) weeks following their initial period to be scheduled.

RESEA designated offices must accommodate all claimants selected to participate in the program. RESEA services can be offered in person, virtually, or through a combination of both. In person and virtual options must be available at each office designated to deliver RESEA services.

Regions are also required to accommodate the number of selected claimants seeking in person services each week. If delayed scheduling is consistently needed due to the lack of available space, the region is required to identify additional space to deliver services to RESEA claimants. Regions may submit a request to designate additional RESEA WorkOne/AJC offices or locations to the Director of Re- Employment Pathways.

**Interpreter Services** - Notification of RESEA participation must include a Babel<sup>13</sup> document in various languages. Claimants that inform the WorkOne/AJC of the need for interpretation services due to a hearing impairment or language barrier, must be offered reasonable accommodations to participate. RESEA staff must adjust the date and time of any required meeting to a date at which an interpreter can be made available to attend.

## RESEA Program Requirements Overview

The foundational element of the RESEA program is a meeting between the claimant and a trained RESEA staff member. The primary method of service delivery is an in-person meeting. However, if a claimant cannot meet in person, services must be available virtually.

Required service provision and claimant reemployment activities are as follows:

### RESEA Staff-Service Provision Requirements

- Assess claimant's continuing UI eligibility;
- Assess claimant's career path, work history, and barriers to employment;
- Review work search logs;
- Schedule required reemployment services workshops;
- Assist in the development of the claimant's Individual Reemployment Plan (IRP);
- Provide customized career and labor market information;
- Enroll claimant in the Wagner-Peyser Employment Service;
- Provide information and access to other WorkOne/AJC services and resources that may support the claimant's return to work; and
- Conduct all required RESEA meetings with claimants:
  - RESEA Orientation
  - Initial 1-on-1 meeting
  - 45-day Follow Up meeting
  - Sub RESEA meeting (if selected)

### Claimant Reemployment Activity Requirements

- Register in DWD's Labor Exchange system;
- Create or upload a searchable resume in DWD's Labor Exchange system;
- Complete/Maintain a weekly work search log;
- Report to assigned WorkOne/AJC or virtually attend the Initial Assessment Interview and any agreed upon reemployment service or activities thereafter;
- Complete a minimum of one reemployment services workshop;
- Attend all required RESEA meetings:
  - RESEA Orientation
  - Initial 1-on-1 meeting
  - 45-day Follow Up meeting
  - Sub RESEA meeting (if selected); and
- Complete all activities identified in the IRP.

### Failure To Participate (FTP) Issues

Claimants failing to report for the following RESEA meetings must be referred to UI Adjudication on the same day as the FTP occurred in accordance with Indiana State UI law.

- Initial 1-on-1 meeting
- 45-day Follow Up meeting
- Sub RESEA meeting

The claimant will be subject to denial of and/or suspension of benefits until they participate in the required services.

FTP requalification must be reported to UI adjudication by noon on Friday of the week of the occurrence. Failure to timely submit requalification notices may result in a disruption of benefit payments.

## Federal Performance and Reporting

The RESEA program is accountable to the following federal performance measures:

- Reemployment Rate in the 2nd Quarter after Program Exit Quarter for RESEA Program Participants/Claimants (a Core Measure);
- Median Earnings in the 2nd Quarter after Program Exit Quarter for RESEA Program Participants/Claimants (a Program Performance Measure); and
- Reemployment Rate for all UI Eligible Participants/Claimants in the 2nd Quarter after Program Exit Quarter (a Program Performance Measure).

The 9128 (Workload)/9129 (Outcomes) reports are completed by DWD on a quarterly basis and submitted electronically to the United State Department of Labor (USDOL). The performance period for these measures is reported in accordance with the federal four-quarter cycle:

- October 1 – December 31
- January 1 – March 31
- April 1 – June 30
- July 1 – September 30

In addition to meeting the expected levels of performance on the above listed federal performance measures, the region will be expected to have 30% or less of scheduled participants failing to participate.

RESEA performance reports are extracted from DWD's case management system, where all claimant data and activities are documented. Data entry of service provision must be entered into the system within 48 hours of the event/activity.

## Program Funding

### Federal Funding Process

USDOL RESEA funding opportunities and guidelines are issued through Unemployment Insurance Program Letters (UIPL), which are typically released between the last quarter of a calendar year and the first quarter of the following calendar year.

DWD conducts an analysis<sup>7</sup> each year to determine program goals for the upcoming program year and completes the USDOL grant application according to the instructions provided in the UIPL. Federal funding levels are based on a variety of factors that may include, but are not limited to, the following:

- Regional, State, and National economic outlooks;
- Regional and State Unemployment rates;
- Regional, State, and National RESEA claimant volume and efficiency;
- Entered Employment Rates (EER) and Employment Retention Rates (ERR);
- Average Wages (for 4 quarters after quarter of reemployment); and
- Pilot programs and innovations.

### Regional Funding Process

DWD conducts an analysis of the region each year to determine appropriate funding levels. The analysis includes, but is not limited to the following:

- Prior year performance
- Forecasted expected levels of performance by USDOL
- Local labor market information (LMI)
- Local claimant volumes
- Staffing levels needed to sufficiently provide reemployment services

RESEA funding is issued annually to the regions through a sub-grantee process and includes funding for programming and administration.

## Program Oversight

### DWD Program and Fiscal Monitoring

DWD staff will conduct program and fiscal monitoring concurrent with annual WIOA monitoring.

Monitoring activities will include, but are not limited to, the following:

- Participant record reviews;
- Observations of RESEA orientations and/or 1-on-1 meetings;
- Review of regional self-monitoring documents;
- Sample expenditure reviews; and
- Analysis of cost per participant.

An annual monitoring schedule will be provided as it becomes available.

Monitoring results will be provided in the following categories:

- **Noteworthy Efforts** (Best Practices) - New, unique, significant, or innovative initiatives and results, and/or notable or exemplary practices.
- **Areas of Concern** - Items that may or may not be compliance-based but may impede effectiveness and efficiency of service delivery. DWD may offer suggestions or assistance to the region in making qualitative improvements.
- **Compliance Findings** - Items identified as non-compliant with federal, state, or local regulations, policies, or procedures. DWD will provide citations from appropriate authorities, identify specific areas of non-compliance, and prescribe the corrective measures necessary for resolution.
- Previous corrective action plans (if applicable).

Following the completion of monitoring, the region will receive a RESEA Monitoring Report detailing the results from DWD's programmatic and fiscal monitoring activities. The report is typically made available within 30 days following the completion of monitoring.

When findings are identified, the region has 30 days to submit a plan for how to resolve the identified issue(s) for DWD's approval. This plan should identify the action steps the region has initiated to correct the issue, estimated date when problem will be resolved, and how the region will be involved in addressing the issue. DWD RESEA staff track these communications until the issue(s) have been resolved and communicates such in a letter.

### Regional Self-Monitoring

Regions are responsible for self-monitoring their delivery of the RESEA program and services. The region is required to conduct self-monitoring for each office designated to deliver RESEA services. Self-monitoring must occur during the 45-day Follow Up meeting, utilizing the RESEA Self-Monitoring tool. Self-monitoring is intended to identify best practices and areas for improvement prior to DWD's annual monitoring. In addition to self-monitoring, DWD encourages regions to conduct regular file reviews on the delivery of RESEA services.

### DWD Requirements and Responsibilities

- **RESEA Staff Training** - DWD will develop, and make available, basic RESEA training materials to the regions and will conduct annual refresher training. All staff that deliver RESEA services are required to complete the annual refresher training.
- **Technical Assistance** - DWD will provide ongoing technical assistance to regions and update formal technical assistance guides as needed.
- **Error Reports** - DWD will provide an error report to the region weekly. RESEA staff must resolve all errors by Thursday of the reporting week to avoid overpayments to claimants.
- **Communications** - Microsoft TEAMS will be DWD's primary tool for resources and support. Any staff can be added to the channel upon request.
- **Program & Fiscal Monitoring**

### ***Regional Requirements and Responsibilities***

- **Staff Training** – RESEA training must be completed prior to the staff member delivering direct services to participants. Staff, working with RESEA participants, must also be trained to detect and report potential FTP and Able and Available (AA) issues to the UI division. Local RESEA staff are required to participate and complete annual refresher training provided by DWD.
- **Administrative Costs** - Regions may use up to 10% of their allocation for administration. Billing for administrative activities should be kept to the minimum amount necessary to conduct the RESEA program.
- **Program Costs and Staffing** - Based on the funding awarded and estimated claimant volume, a minimum number of RESEA staff will be required for each region. Regions are required to maintain minimum staffing levels to ensure services are available for RESEA participants. If a staff position is vacant for more than 30 days, the region must notify the Director of Re- Employment Pathways.<sup>11</sup>
- **Time Charging** - Regions are required to maintain time charging records for any staff member supported by RESEA funding. These records must be made available to DWD upon request. The records must include at a minimum:
  - Staff Name
  - Job Title
  - Hire Date
  - RESEA Duties and Responsibilities
  - Regular Pay Rate
  - Regular Pay Rate w/benefits
  - Gross Pay
  - Total Hours Charged for Program Year
  - Average Weekly Hours charged to program
- **Communications** - Microsoft TEAMS will be DWD's primary tool for resources and support. Any staff can be added to the channel upon request.
  - Regions are required to have at least one designee assigned to monitor the channel.



## Regional Self-Monitoring – Attachment A

2021-16 Attachment A RESEA Self-Monitoring Tool		File Review #1	File Review #2	File Review #3	File Review #4	File Review #5	File Review #6	File Review #7	File Review #8	File Review #9	File Review #10
Local Workforce Development Board		Participant Last Name:									
		Participant First Name:									
Reviewer Name: (RESEA Staff first and last name)		State ID:									
Reviewer Job Title: (RESEA Coach or RESEA Coordinator)		User ID:									
		WorkOne Office:									
RESEA											
1	The RESEA letter is scanned in DWD's case management system or the case management systems Communication Center email log? (y,n)										
2	Did staff provide reminder calls? (y,n)										
3	If the answer is yes to #2, did staff record a case note documenting the reminder call? (y,n)										
4	Did claimant contact RESEA staff, prior to scheduled event, to report RTW, UHH, Moved out of state or WIOA approved training? (y,n)										
5	Was the waiver recorded properly in case management system? (y,n)										
6	Did staff record a case note stating the claimant ID was verified? (y, n)										
7	Did claimant create or upload a searchable resume in DWD's case management system? (y,n)										
8	Was a full Wagner Peyser application completed on claimant in DWD's case management system? (y,n)										
9	Are the following activities recorded appropriately for the claimant R01,R05 and R06 recorded for the participant? (y, n)										
10	Was a labor market information (LMI) activity recorded for the participant? (y, n)										
11	Was an Individual Re-Employment Plan activity recorded and case noted for the participant? (y, n)										
12	Was participant assigned a minimum of 1 Workshop and Work Search requirement? (y,n)										
13	Does the plan include at least one work specific work search activity? (y, n, x)										
14	Is a copy of the signed IRP available in ICC? (y, n)										
15	Were all of the work search activities scheduled and case noted in ICC? (y,n)										
16	Were case notes for all required activities recorded within 2 business days of activity? (y,n)										
17	If delay in data entry, did staff case note to document reason for delay? (y,n)										
18	Did case notes include appropriate claimant-specific language and dates of services? (y,n)										
19	Was Follow Up meeting scheduled and case noted?(y,n)										
*If an event is rescheduled due to factors outside of the claimants control local areas may push out the review until the rescheduled date.											

# 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 Adult and Dislocated Worker (DW) 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 Adult and/or Dislocated Worker.

**What programs to enroll participant in**

All RESEA participants must be co-enrolled into Wagner-Peyser. Those that are not waived/or exempted should be enrolled into WIOA DW and Adult. However, individual circumstances and actions can impact that original eligibility determination for DW. 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.

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](#) ; [DWD Policy 2021-03](#)

**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 26<sup>th</sup> 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 26<sup>th</sup> 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	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:** Workforce Innovation and Opportunity Act and [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 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.
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).

ICC screens **that must be completed for supplemental wage data are below:**



☐ Closure	N/A
<a href="#">Create Closure</a>	

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.

Add/Edit Employer

Employer Information

[Search Individual Employment History](#)

[Select from Internal Job Order/Placement](#)

\* Employer Name:

[ Verify ] [ Scan ] [ Upload ] [ Link ]

Verify Employer Name:

Employer FEIN:

Address Line 1:

Address Line 2:

City:

See Data Validation charts from DWD Memorandum on Interim Eligibility for Youth and Adults/DW

## 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 Investment 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:

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

If not longer employed, last day worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments:

Signature of Employer Representative

Title

Date \_\_\_\_\_

Region 4

Employer/Agency Verification

Applicant Name: \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

Information to be verified:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/> Telephone Contact	<input type="checkbox"/> Visual Inspection
Verifying Employer/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: \_\_\_\_/\_\_\_\_/\_\_\_\_



**RELEASE OF INFORMATION**  
**WORKONE REGIONAL OFFICE USE ONLY**

\*APPLICANT'S NAME: \_\_\_\_\_

*Additional names used during employment:* \_\_\_\_\_

\*SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*\*\*Applicant contact information*

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the organization below.

\_\_\_\_\_  
\*SIGNATURE OF APPLICANT

\_\_\_\_\_  
\*TODAY'S DATE:

☐ Check this box if a Power of Attorney is attached.

***NOTE: This section must be completed by the organization requesting employment history.***

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

\*SIGNATURE OF REQUESTOR: \_\_\_\_\_

\*Printed Name of the Requestor: \_\_\_\_\_

\*WorkOne Regional Office and Vendor Name: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

***\*REQUIRED FIELDS***

***\*\*Applicant's phone number, email address, or mailing address is required.***

Email [employverification@dwd.in.gov](mailto:employverification@dwd.in.gov) to reach a DWD employment history or LKE website specialist.

# Region 4 WORKFORCE Board

To: Service Provider	Veterans’ Priority of Service
From: Region 4 Workforce Board	Effective Date: 07-01-2019 Rev: 5.11.21

**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”
- [DWD Policy 2015-08 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 [Veteran Self-Attestation](#) (attached) 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.



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

**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](http://www.in.gov/dwd), [indianacareerready.com](http://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](http://www.in.gov/dwd), [indianacareerready.com](http://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](http://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](http://www.in.gov/dwd), [indianacareeready.com](http://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	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.



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

TECHNICAL ASSISTANCE

**Date:** 06/12/2023

**Contact:** [policy@dwd.in.gov](mailto:policy@dwd.in.gov)

**Program:** Wagner-Peyser Act Employment Service System, Employment Service and Employment Related-Law Complaint System

**Subject:** DWD Technical Assistance 2022-20  
Procedures and Required Forms for WorkOne Centers Pertaining to the Employment Service and Employment-Related Law Complaint System

Purpose

To provide guidance on procedures and required forms for the Employment Service and Employment-Related Law Complaint System under the Wagner-Peyser Act Employment Service System.

This guidance is intended to supplement DWD Policy 2022-19.

References

- WIOA Sec. 188
- 20 CFR 651.10
- 20 CFR 655.5
- 20 CFR 658 Subpart E
- 29 CFR 38
- TEGL 5-20 *Health and Safety Practices for Migrant and Seasonal Farmworkers and Agricultural Employers during the Coronavirus Disease 2019 Pandemic*
- Indiana Code 22-2-18.1-12
- US Department of Labor (DOL) Employment and Training Administration (ETA) Form 8429, *Complaint/Apparent Violation Form*<sup>1</sup>
- Indiana Department of Workforce Development (DWD) State Form, 56724 *WAGNER PEYSER (WP) COMPLAINT AND APPARENT VIOLATION LOG*<sup>2</sup>
- DWD Policy 2022-19 *Migrant and Seasonal Farmworkers Requirements and Service Provisions under the Monitor Advocate System, Wagner-Peyser Act, and Title III of the Workforce Innovation and Opportunity Act*

<sup>1</sup> [https://www.dol.gov/sites/dolgov/files/ETA/mas/pdfs/ETA\\_Form\\_8429.pdf](https://www.dol.gov/sites/dolgov/files/ETA/mas/pdfs/ETA_Form_8429.pdf).  
<sup>2</sup> Staff can access this form on the DWD Staff Portal.

## Content

Wagner-Peyser Act (WP) regulations require DWD to establish and maintain an Employment Service and Employment-Related Law Complaint System to capture and process employment-related complaints made by individuals, employers, organizations, associations, or other entities.

### *WorkOne American Job Center (WorkOne) Complaint Procedures*

#### **Assisting a Complainant**

A complaint is an allegation, or a representation made or referred to the State or a WorkOne of a violation of the WP regulations and/or other federal, state, or local employment related law. WorkOne staff are to complete the following:

1. Provide the ETA Form 8429<sup>3</sup> (Form) to the complainant and assist as necessary.
2. Gather contact information and all necessary information to investigate and log the complaint in the Wagner-Peyser Complaint and Apparent Violation Log (Log).<sup>4</sup>
3. Accept the completed Form. Ensure the Form is signed by the complainant or their representative. Provide the complainant a copy of the Form.
4. Explain the importance of maintaining contact on a monthly basis to the complainant. The complainant must notify the WorkOne and the designated local contact if they plan to leave the area.
5. Refer the complainant to the appropriate Complaint System Representative (CSR).
6. Offer the complainant the full range of employment and training services.

***Note: Any WorkOne personnel can take a complaint. For alleged discrimination violation against MSFW funded programs or activities including MSFW funded staff or WIOA funded staff, the discrimination complaint should be referred to the local area Equal Opportunity Officer to follow the local discrimination complaint policy and procedures.***<sup>5</sup>

#### **Addressing an Apparent Violation**

An apparent violation takes place when a WorkOne staff person observes, has reason to believe, or is in receipt of information regarding a suspected employer violation of employment-related laws or ES regulations.

It is best practice that if an individual is hesitant to file a complaint, the WorkOne representative should treat it as an apparent violation and report it while keeping the jobseeker's name anonymous.

WorkOne staff must document the alleged violation on the Form and refer the information to the Complaint System Representative (CSR) for further investigation.

#### **Processing Complaints**

Once the Log and the Form have been completed:

<sup>3</sup> See **Attachment A - Step-by-Step Instructions for Completing the Complaint/Apparent Violation Form (ETA Form 8429)**.

<sup>4</sup> See **Attachment C - Sample Wagner-Peyser Complaint & Apparent Violation Log (State Form 56724)**.

<sup>5</sup> 29 CFR 38 and WIOA Sec. 188.



- For non-MSFW complaints, the Form is submitted to the WorkOne Complaint System Employment Service (ES) Manager upon completion.
- The ES Manager advises the region that the WorkOne has collected a complaint.
- The ES Manager will resolve or refer the complaint/apparent violation when necessary.
- The ES Manager may attempt to resolve the complaint/apparent violation under the direction of the State Monitor Advocate (SMA).
  - The SMA is the appointed MSFW complaint system representative who will resolve or refer the complaint/apparent violation when necessary. However, the local CSR may attempt to resolve the complaint/apparent violation under the direction of the SMA.
- The Form is submitted to the SMA<sup>6</sup> upon completing.
- One (1) month after the quarter ending, the region will submit the Log to the SMA<sup>7</sup> upon request.
- The Log and the Form are to be securely maintained at the WorkOne. This may be done electronically on the DWD Shared drive or through a local internally housed system. DOL, DWD, or the SMA may request to see these logs, and the logs must be produced upon request.

## Action

This guidance is to be maintained with ETA Form 8429 and the Wagner-Peyser Complaint and Apparent Violation Log to ensure all WorkOne staff have accessibility to such guidance when addressing complaints or apparent violations pertaining to the Wagner-Peyser Act Employment Service System and Employment Service and Employment Related-Law Complaint System. The contents of this guidance will be subject to routine DWD monitoring.

## Attachments

- **Attachment A** - Step-by-Step Instructions for Completing the Complaint/Apparent Violation Form (ETA Form 8429)
- **Attachment B** – Additional Definitions
- **Attachment C** - Sample Wagner-Peyser Complaint & Apparent Violation Log (State Form 56724)

## Additional Information

Questions regarding the content of this publication should be directed to [policy@dwd.in.gov](mailto:policy@dwd.in.gov).

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<sup>6</sup> Submit to [msfwoutreach@dwd.in.gov](mailto:msfwoutreach@dwd.in.gov).


<sup>7</sup> Submit to [msfwoutreach@dwd.in.gov](mailto:msfwoutreach@dwd.in.gov).

Attachment A  
Step-by-Step Instructions for Completing the  
Complaint/Apparent Violation Form<sup>8</sup> (ETA Form 8429)

All complaints filed through the WorkOne must be handled by a trained Complaint System Representative. Each WorkOne must ensure there are trained staff available during regular WorkOne hours to take complaints.

A **complaint** is an allegation, or a representation made or referred to DWD or a WorkOne of a violation of the Wagner-Peyser regulations and/or other federal, state, or local employment related law.

An **apparent violation** takes place when a WorkOne staff person observes, has reason to believe, or receives information regarding a suspected employer violation of employment-related laws or ES regulations.



U.S. Department Labor  
Employment and Training Administration

OMB Approval No. 1205-0039  
Expiration Date: 07/31/2023

For Official Use Only **Complaint/Apparent Violation Form<sup>1</sup>**

Complaint/Apparent Violation No.		Date Received
<b>Part I. Contact Information<sup>2</sup></b>		<b>Respondent's Information<sup>3</sup></b>
1. Name of Complainant/(Last, First, Middle Initial) <sup>4</sup>		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 ( ) -

Part I. Contact Information<sup>9</sup>

- 1. Name of the Complainant:** The name of the person who is filling the complaint.
- 2(a). Permanent Address:** The address where the complainant lives long-term. This can be an address in another State or Country.
- 2(b). Temporary Address:** The address where the complainant lives, short-term. This could include Agricultural Labor Camps or other types of temporary dwellings.
- 3(a). Permanent Telephone:** Enter the number that can be used to communicate with the complainant regarding the resolution of complaints and/or follow-ups.
- 3(b). Temporary Telephone:** Enter the number that can be used when the complainant has no means of a permanent telephone number. This can be of a relative, friend, or work/housing/organization site.

<sup>8</sup> For information regarding complaints that are covered through the Employment Service and Employment-Related Law Complaint System see 20 CFR 658 Subpart E.

<sup>9</sup> For Apparent Violations- The name and address of the Complainant is not necessary and may remain anonymous.

Part I. Respondent's Information

Part I. Contact Information <sup>2</sup>		Respondent's Information <sup>3</sup>
1. Name of Complainant/(Last, First, Middle Initial) <sup>4</sup>		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 ( ) -

A respondent is an individual or entity alleged to have committed the violation described in the complaint, such as the employer, service provider, or State agency (including a state agency official).

- 4. Enter the name of person, company, or agency the complaint is made against.
- 5. Enter the name of the employer (if different than #4) or the WorkOne.
- 6. Enter the employer's address or the WorkOne address.
- 7. Enter the employer's phone number or the WorkOne phone number.

8a. Description of Complaint or Apparent Violation (If additional space is needed, use separate sheet(s) of paper and attach to this form)
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8b. <input type="checkbox"/> I hereby give authorization to: _____ to act on my behalf regarding this complaint. Phone #: _____ Address: _____
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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 <sup>5</sup>	10. Date Signed / /

- 8(a). Description of Complaint or Apparent Violation: Enter a detailed description of the complaint or apparent violation.
- 8(b). Designated Representative Authorization: If the Complainant has a designated representative, the name and contact information of the designated representative must be provided in 8b. Otherwise, leave blank.
- 9. Signature of Complainant: The complainant signs in this section.
- 10. Date Signed: Enter the date that the form was signed.

NOTE: No signature is required 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.

Part II: For Official Use Only

1. Select the appropriate box.

Migrant farmworker

- Is a seasonal farmworker; and
- Traveled to perform the farm work; and
- Jobseeker was not able to return to their permanent residence within the same day.

Seasonal farmworker

- Jobseeker worked for at least 1 day doing farm work during the last 12 months; and
- The agricultural employment was of a temporary or seasonal basis; and
- Jobseeker did not have to move from their permanent residence to do this farm work.

1. Migrant or Seasonal Farmworker?

☐ Yes ☐ No

2. Complaint or Apparent Violation Employment Service Related ("X" Appropriate Box(es))

- ☐ Complaint against the Employer
- ☐ Apparent violation involving the Employer
- ☐ Complaint against the Local Employment Service Office
- ☐ Apparent violation involving the Employment Service Office

2a. Job Order No, If available:

2. Select the appropriate box.

An Employment Service Office is a WorkOne.

2(a). Provide the job order number.

If the complaint/apparent violation is connected to a DWD labor exchange job order, this number can be found on the job order.

3. Complaint or Apparent Violation Employment-Related Law:

☐ Yes ☐ No

3. Select the appropriate box.

Employment-related laws<sup>10</sup> are laws that relate to the employment relationship, such as those enforced by USDOL's Wage and Hour Division, Occupational Safety and Health Administration, or other Federal, State, or local agencies. Examples of this type of complaint or apparent violation include, but are not limited to, wages, work safety conditions, housing, and transportation.

See page 4 for definitions for **complaint** and **apparent violation**.

<sup>10</sup> A Complaint regarding the ES regulations must be handled to resolution by these regulations **only** if it is made within 2 years of the alleged occurrence.

4. Issue(s) involved in Complaint or Apparent Violation ("X" Appropriate Box(es)):

<input type="checkbox"/> Wage Related	<input type="checkbox"/> Housing
<input type="checkbox"/> Child Labor	<input type="checkbox"/> Pesticides
<input type="checkbox"/> Health/Safety	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Transportation	<input type="checkbox"/> Trafficking
<input type="checkbox"/> Sexual harassment/coercion/assault	
<input type="checkbox"/> Other (Specify) _____	

4. Issue(s) involved in Complaint or Apparent Violation ("X" Appropriate Box(es)):

- **Wage Related:** Wage theft, which includes failing to pay workers when rightfully owed, illegal deductions in pay, forcing workers to work with no pay.
- **Child Labor:** Per IC 22-2-18.1-12, children under 12 years of age are not permitted to work at farm labor except on a farm operated by the minor's parent.
- **Health/Safety:** Any agricultural employer or farm labor contractor not abiding by any Occupational Safety & Health Standards for agriculture workers including:
  - 1) Any concerns about farmworker safety and health during COVID-19 including but not limited to preventing farmworker exposure to COVID-19 in employer-provided vehicles.<sup>11</sup>
  - 2) Roll-over, Protective Structures.
  - 3) Safety for Agricultural Equipment.
  - 4) General Environmental Controls.
  - 5) Other Occupational Health Standards and/or concerns.
- **Transportation:** Vehicles transporting migrant or seasonal farmworkers that do not comply with federal vehicle safety standards under the Migrant and Seasonal Agricultural Worker Protection Act.
- **Housing:** Housing conditions do not meet state and or federal standards.
- **Pesticides:** Agricultural workers and pesticide handlers exposed to pesticide poisoning.
- **Discrimination:** Unwelcome conduct that is based on race, color, religion, sex (including sexual orientation, gender identity, or pregnancy), national origin, older age (beginning at age 40), disability, or genetic information (including family medical history).<sup>12</sup>
- **Trafficking:** Human trafficking involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act.
- **Sexual harassment/coercion/assault:** (unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.)
- **Other (Specify):** Complaint/apparent violation not listed above. Please explain.

<sup>11</sup> TEGL 5-20.

<sup>12</sup> <https://www.eeoc.gov/prohibited-employment-policiespractices>.



5. Select the appropriate box.

U.S. Worker

- 1) A citizen or national of the U.S.; or
- 2) An alien who is lawfully admitted for permanent residence in the U.S., is admitted as a refugee, is granted asylum, or is an immigrant otherwise authorized (by the Immigration and Nationality Act or by the Department of Homeland Security) to be employed in the U.S.; or
- 3) An individual who is not an unauthorized alien with respect to the employment in which the worker is engaging.

H-2A Worker

- 1) Any temporary foreign worker who is lawfully present in the U.S. and authorized by the Department of Homeland Security to perform agricultural labor services of a temporary or seasonal nature.

5. If employer is an H-2A/Criteria Employer, is the complainant a:  
("X" Appropriate Box):

- ☐ U.S. Worker
- ☐ H-2A Worker

6a. Referrals To Other Agencies ("X" Appropriate Box(es))	7. Address of Referral Agency (No., St., City, State, ZIP Code and Telephone No.)
<input type="checkbox"/> WHD. U.S. DOL. <input type="checkbox"/> OSHA U.S. D.O.L.	_____
<input type="checkbox"/> EEOC <input type="checkbox"/> Other _____	_____
6b. Next Follow-up Date if complainant is an MSFW	( ) _____
____/____/____	

6(a). Select the appropriate organization.

- **WHD. U.S. DOL:** Wage and Hour Division, United States Department of Labor
- **OSHA U.S. D.O.L.:** Occupational Safety and Health Administration, United States Department of Labor
- **EEOC:** Equal Employment Opportunity Commission
- **Other:** Agency not listed above. Please explain.

If the complainant is a non-MSFW, the WorkOne must immediately refer the complainant to the ES Manager, the appropriate enforcement agency, another public agency, a legal aid organization, and/or a consumer advocate organization, as appropriate, for assistance. Upon completion, the local or State representative is not required to follow-up with the complainant.

- 6(b). Next Follow-up Date if the complainant is an MSFW: Enter the date of one-month from the recording of the complaint/apparent violation.
- When an MSFW submits a complaint, the SMA **must follow-up monthly** on the handling of the complaint and **must** inform the complainant of the status of the complaint.
  - No follow-up with the complainant is required for non-MSFW complaints.

7. Address of Referral Agency: Enter the address and phone number of the organization identified in 6(a).

8. Actions Taken on Complaint/Apparent Violation (If additional space is needed for multiple actions taken, use a separate paper):

Action Taken By: \_\_\_\_\_ On: \_\_\_\_\_

(First and Last Name) (Date)

Action Taken: \_\_\_\_\_

9. Complaint resolved at the local level ☐ Yes ☐ No If "No," explain\* \_\_\_\_\_

10. Apparent violations resolved at the local level ☐ Yes ☐ No, If "No," explain\* \_\_\_\_\_

11. Provided other American Job Center Services ☐ Yes ☐ No If "No," explain\* \_\_\_\_\_

\*If additional space is needed for explanations, use a separate paper.

**8. Action Taken:** Enter all requested information. Describe what actions were taken to attempt to resolve this complaint/apparent violation through the informal resolution process. If unsuccessful, describe next-steps and include referrals made to other enforcement agencies.

**9, 10, and 11:** Answer the questions and provide additional information, if applicable.

12a. Name and Title of Person Receiving Complaint	12b. Office Address (No., St., City, State, ZIP Code)		
12c. Phone Number ( )	12d. Signature	12e. Date	/ /

**12(a)-(e):** Provide the information of the person receiving the complaint.

If the MSFW experienced **discrimination** based on race, color, religion, sex (including sexual orientation, gender identity, or pregnancy), national origin, older age (beginning at age 40), disability, or genetic information (including family medical history), from the employer, staff are to complete ETA Form 8429 and send the form along with any additional information to the SMA.<sup>13</sup> The SMA will follow-up with the complainant to complete the Equal Employment Opportunity Commission’s (EEOC) complaint form. The SMA will then submit the completed form to EEOC for processing.

<sup>13</sup> Submit to [msfwoutreach@dwd.in.gov](mailto:msfwoutreach@dwd.in.gov).

## Attachment B

### Additional Definitions<sup>14</sup>

**Agricultural Labor Camp:** At least one (1) building or structure, tent, trailer, or vehicle, including the land, established, operated, or used as living quarters for at least five (5) adult seasonal or temporary workers engaged in agricultural activities, including related food processing.

**Employer Related Law:** Laws that relate to the employment relationship, such as those enforced by the USDOL Wage and Hour Division, Occupational Health and Safety Administration, or by other Federal, State, or local agencies.

**H-2A Worker:** Any temporary foreign worker who is lawfully present in the U.S. and authorized by Department of Homeland Security to preform agricultural labor services of a temporary or seasonal nature.

**Migrant Farmworker:** A seasonal farmworker (as defined in this section) who travels to the job site so that the farmworker is not reasonably able to return to their permanent residence within the same day. Full-time students traveling in organized groups rather than with their families are excluded.

**Respondent:** An individual or entity alleged to have committed the violation described in the complaint, such as the employer, service provider, or State agency (including a state agency official).

**Seasonal Farm Worker:** An individual who is employed, or was employed in the past 12 months, in farm work (as defined in this section) of a seasonal or other temporary nature and is not required to be absent overnight from their permanent place of residence. Non-migrant individuals who are full-time students are excluded. Labor is performed on a seasonal basis where, ordinarily, the employment pertains to or is of the kind exclusively performed at certain seasons or periods of the year and which, from its nature, may not be continuous or carried on throughout the year.

**U.S. Worker:** (1) a citizen or national of the U.S.; or (2) an alien who is lawfully admitted for permanent residence in the U.S., is admitted as a refugee, is granted asylum, or is an immigrant otherwise authorized (by the Immigration and Nationality Act or by the Department of Homeland Security) to be employed in the U.S.; or (3) an individual who is not an unauthorized alien with respect to the employment in which the worker is engaging.

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<sup>14</sup> As defined at 20 CFR 651.10 and 20 CFR 655.5.



WAGNER PEYSER (WP)  
COMPLAINT AND APPARENT VIOLATION LOG  
State Form 56724 (6-19)  
DEPARTMENT OF WORKFORCE DEVELOPMENT



American Job Center														Program Year					
Region														Quarter Ending					
						Type of Complaint								Action Taken					
Number	Date (mm/dd/yyyy)	Complainant	Respondent	MSFW	Non-MSFW	Apparent Violation	Against Employer	Employment Service (ES) Regulation	Employment Law	WHD	OSHA	EEOC	Other	Local Level	State Monitor Advocate (SMA) Level	Enforcement Agency Level	Failed to Respond	Resolution	Follow up
1.																			
2.																			
3.																			
4.																			

Divisions:Wage and Hour Division (WHD) – 1. Migrant and Seasonal Agricultural Worker Protection Act (MSPA), 2. H-2A Temporary Agricultural Visa Program, 4. Agricultural Housing, 5. Wage / pay 6. The Fair labor Standards Act (FLSA), 7. The Davis-Beacon & Related Act, 8. The Family & Medical Leave Act (FMLA).  
Occupational Safety and Health Administration (OSHA) – Workplace safety  
Equal Employment Opportunity Commission (EEOC) – Discrimination Types against Age, Disability, Equal Pay, Genetic Information, Harassment, National Origin, Pregnancy, Race/Color, Religion, Retaliation, Sex and Sexual Harassment  
Other – Employment Services under the Wagner Peyser Act



To: Service Provider	Voter Registration
From: Region 4 Workforce Board	Effective: 11/13/2019

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 days<sup>1</sup>.

**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
- Requiring a registrant to mail in the voter registration application himself or herself or to discourage him or her in any manner from submitting the application to the agency.

**Attachments**

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](mailto:elections@iec.in.gov)



INDIANA VOTER REGISTRATION APPLICATION  
State Form 50504 (R18 / 3-19)  
Indiana Election Division

(VRG-7)  
For election info, see: [www.indianavoters.com](http://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](http://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: <input type="checkbox"/> New registration <input type="checkbox"/> Address change (See Box 6) <input type="checkbox"/> Name change (See Box 13)	2	Indiana county where you live:	COUNTY USE ONLY	Date processed	Township / precinct	County tracking number
3	Gender <input type="checkbox"/> Female <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	11	Will you be at least 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> 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". <input type="checkbox"/> Indiana Driver's License Number or Bureau of Motor Vehicles ID Card Number <input type="checkbox"/> Last 4 Digits of Social Security Number <input type="checkbox"/> 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.				
<b>ADAMS</b> Adams County Circuit Court Clerk 112 S 2 <sup>nd</sup> St Rm A Decatur, IN 46733-1618 (260) 724-5300 ext. 2104	<b>DUBOIS</b> Dubois Co. Circuit Court Clerk One Courthouse Square Jasper, IN 47546-3058 (812) 461-7055	<b>JAY</b> Jay Co. Circuit Court Clerk 120 North Court Street, Ste. 209 Portland, IN 47371 (260) 726-4351	<b>NOBLE</b> Noble Co. Circuit Court Clerk 101 North Orange Street Albion, IN 46701-1092 (260) 636-2736 ext. 1806	<b>STARKE</b> Starke County Election 53 East Washington Street, P.O. Box 395 Knox, IN 46534-1197 (574) 772-9160
<b>ALLEN</b> Allen Co. Voter Registration Rousseau Centre 1 East Main Street, Suite 176 Ft. Wayne, IN 46802 (260) 449-7154	<b>ELKHART</b> Elkhart Co. Voter Registration Office 117 North 2nd Street, Lower Level Goshen, IN 46526 (574) 535-6775	<b>JEFFERSON</b> Jefferson County Voter Registration Courthouse, Room 203 300 E. Main Street Madison, IN 47250-3594 (812) 265-8926	<b>OHIO</b> Ohio Co. Circuit Court Clerk P.O. Box 185 Rising Sun, IN 47040-0185 (812) 438-2610	<b>STEBUEN</b> Stauben Co. Circuit Court Clerk 55 South Public Square Angola, IN 46703-1945 (260) 668-1000 EXT 2220
<b>BARTHOLOMEW</b> Bartholomew County Clerk P.O. Box 924 Columbus, IN 47202 (812) 379-1604	<b>FAYETTE</b> Fayette Co. Circuit Court Clerk 401 Central Avenue Connersville, IN 47331 (765) 825-1813	<b>JENNINGS</b> Jennings County Election Office 24 Pike St., P.O. Box 385 Vernon, IN 47282-0385 (812) 352-3080	<b>ORANGE</b> Orange Co. Circuit Court Clerk Orange County Courthouse 1 Court Street Paoli, IN 47454-9632 (812) 723-2649	<b>SULLIVAN</b> Sullivan Co. Circuit Court Clerk 100 Courthouse Square Sullivan, IN 47882-0370 (812) 268-4657
<b>BENTON</b> Benton Co. Circuit Court Clerk 706 E. 5th Street, Suite 37 Fowler, IN 47944-1556 (765) 884-0930	<b>FLOYD</b> Floyd Co. Circuit Court Clerk 311 Hauss Square, Rm. 235 New Albany, IN 47150 (812) 948-5419	<b>JOHNSON</b> Johnson Co. Voter Registration P.O. Box 451 Franklin, IN 46131-0451 (317) 346-4467	<b>OWEN</b> Owen Co. Circuit Court Clerk 60 S. Main St. Spencer, IN 47460-0146 (812) 829-5028	<b>SWITZERLAND</b> Switzerland Co. Circuit Court Clerk Courthouse 212 West Main Street Vevay, IN 47043-1180 (812) 427-4415
<b>BLACKFORD</b> Blackford Co. Circuit Court Clerk 110 West Washington Street Hartford City, IN 47348-2298 (765) 348-7217	<b>FOUNTAIN</b> Fountain Co. Circuit Court Clerk 301 4 <sup>th</sup> Street, P.O. Box 183 Covington, IN 47932 (765) 793-2192	<b>KNOX</b> Knox County Voter Registration 111 N. 7th Street, Suite 27 Vincennes, IN 47591-2022 (812) 895-4927	<b>PARKE</b> Parke Co. Circuit Court Clerk 116 West High St., Room 204 Rockville, IN 47872-1781 (765) 569-5132	<b>TIPPECANOE</b> Tippecanoe Co. Board of Elections & Registration 20 N. 3rd Street P.O. Box 619 Lafayette, IN 47902 (765) 423-9316
<b>BOONE</b> Boone County Voter Registration Office 212 Courthouse Square Lebanon, IN 46052-2126 (765) 463-5251	<b>FRANKLIN</b> Franklin County Voter Registration 459 Main Street Brookville, IN 47012-1486 (765) 647-5111 ext. 3	<b>KOSCIUSKO</b> Kosciusko Co. Circuit Court Clerk 121 N. Lake Street, D162 Warsaw, IN 46580-2788 (574) 372-2332	<b>PERRY</b> Perry Co. Circuit Court Clerk 2219 Payne Street Tell City, IN 47566-2832 (812) 547-3741	<b>TIPTON</b> Tipton Co. Circuit Court Clerk 101 East Jefferson Street Tipton, IN 46072-1901 (765) 675-2795
<b>BROWN</b> Brown County Voter Registration 20 East Main Street P.O. Box 95 Nashville, IN 47448 (812) 988-5511	<b>FULTON</b> Fulton Co. Circuit Court Clerk 815 Main Street Rochester, IN 46975-0524 (574) 223-4824	<b>LAGRANGE</b> LaGrange County Voter Registration 105 North Detroit Street LaGrange, IN 46761-1801 (260) 499-6392	<b>PIKE</b> Pike Co. Circuit Court Clerk 801 Main St., 2nd Floor, P.O. Box 125 Petersburg, IN 47567-1296 (812) 354-6025	<b>UNION</b> Union Co. Circuit Court Clerk 26 West Union Street Liberty, IN 47353-1396 (765) 458-6121
<b>CARROLL</b> Carroll County Voter Registration 101 W. Main Street, Ste. 206 Delphi, IN 46923 (765) 564-6795	<b>GIBSON</b> Gibson Co. Circuit Court Clerk 101 N. Main St., P.O. Box 630 Princeton, IN 47670-0630 (812) 385-2541	<b>LAKE</b> Lake Co. Board of Elections and Registration 2233 N. Main Street, A-205 Crown Point, IN 46307 (219) 755-3795	<b>PORTER</b> Porter Co. Board of Voter Registration Administration Center 155 Indiana Avenue, Ste. 105 Valparaiso, IN 46383-5555 (219) 465-3484 / (219) 465-3486	<b>VANDERBURGH</b> Vanderburgh Co. Voter Registration Civic Center Complex, Room 214 1 NW Martin Luther King Jr. Blvd. Evansville, IN 47708-1828 (812) 435-5222
<b>CASS</b> Cass Co. Circuit Court Clerk 200 Court Park, Room 103 Logansport, IN 46947- 3192 (574) 753-7870	<b>GRANT</b> Grant Co. Circuit Court Clerk Courthouse Suite B-9 101 E. 4th Street Marion, IN 46952-4055 (765) 646-9880	<b>LAPORTE</b> LaPorte Co. Board of Voter Registration 813 Unconway, Suite 103 LaPorte, IN 46350-3401 (219) 326-6808 EXT 2250	<b>POSEY</b> Posey Co. Circuit Court Clerk 300 Main Street, Rm 115 Mt. Vernon, IN 47620 (812) 838-1339	<b>VERMILION</b> Vermillion Co. Circuit Court Clerk 256 S. Main Street, Room 304 P.O. Box 10 Newport, IN 47966 (765) 492-5350
<b>CLARK</b> Clark Co. Circuit Court Clerk 501 E. Court Avenue, Room 139 Jeffersonville, IN 47130-4090 (812) 265-6329	<b>GREENE</b> Greene County Voter Registration 1 East Main St Bloomfield, IN 47424 (812) 384-2015	<b>LAWRENCE</b> Lawrence Co. Circuit Court Clerk 916 15th Street, Room 11 Bedford, IN 47421-3800 (812) 277-2036	<b>PULASKI</b> Pulaski Co. Circuit Court Clerk 112 E. Main Street, Room 230 Winamac, IN 46996-1394 (574) 946-4401	<b>VIGO</b> Vigo Co. Board of Voter Registration Courthouse, Room 3 33 South 3rd Street Terre Haute, IN 47808-3472 (812) 462-3393
<b>CLAY</b> Clay Co. Circuit Court Clerk 609 E. National Ave., Room 211 Brazil, IN 47834-0033 (812) 448-9023	<b>HAMILTON</b> Hamilton County Voter Registration Office 1 Hamilton County Square, Suite 13 Noblesville, IN 46060-2219 (317) 776-9632	<b>MADISON</b> Madison Co. Board of Voter Registration 16 East 9th Street, Suite 208 Anderson, IN 46016-1588 (765) 641-9657	<b>PUTNAM</b> Putnam County Voter Registration 1 W. Washington St., Room 21, P.O. Box 546 Greencastle, IN 46135-0546 (765) 655-1538	<b>WABASH</b> Wabash County Voter Registration 69 West Hill Street Wabash, IN 46992-3151 (260) 565-0661 EXT 1238
<b>CLINTON</b> Clinton Co. Circuit Court Clerk 265 Courthouse Square Frankfort, IN 46041-1993 (765) 659-6337	<b>HANCOCK</b> Hancock County Voter Registration 9 East Main Street, Room 213 Greenfield, IN 46140-2920 (317) 477-1171	<b>MARION</b> Marion Co. Board of Voter Registration 200 East Washington, W131 Indianapolis, IN 46204 (317) 327-5040	<b>RANDOLPH</b> Randolph Co. Circuit Court Clerk 100 S. Main St., P.O. Box 230 Winchester, IN 47394 (765) 584-4717	<b>WARREN</b> Warren County Voter Registration 125 N. Monroe Street, Suite 11 Williamsport, IN 47993-1196 (765) 762-2834
<b>CRAWFORD</b> Crawford Co. Circuit Court Clerk 715 Judicial Plaza Drive P.O. Box 375 English, IN 47118 (812) 338-2565	<b>HARRISON</b> Harrison Co. Circuit Court Clerk Courthouse, Room 203 300 North Capital Avenue Corydon, IN 47112-1155 (812) 738-8790	<b>MARSHALL</b> Marshall Co. Circuit Court Clerk 211 West Madison Street Plymouth, IN 46563-1762 (574) 935-8713	<b>RIPLEY</b> Ripley Co. Circuit Court Clerk 115 N. Main Street P.O. Box 177 Versailles, IN 47042 (812) 689-4783	<b>WARRICK</b> Warrick Co. Election Office 1 County Square, Suite 220 Boonville, IN 47601-1594 (812) 897-6161
<b>DAVIESS</b> Davess County Voter Registration Office 200 East Walnut, P.O. Box 739 Washington, IN 47501-0739 (812) 254-8679	<b>HENDRICKS</b> Hendricks Co. Voter Registration Office Election Supervisor 355 S. Washington St. #120 Danville, IN 46122 (317) 745-9249	<b>MARTIN</b> Martin Co. Circuit Court Clerk 123 Main Street P.O. Box 120 Shoals, IN 47581 (812) 247-3651	<b>RUSH</b> Rush Co. Circuit Court Clerk 101 East 2nd Street, Rm 209 Rushville, IN 46173-0429 (765) 932-2086	<b>WASHINGTON</b> Washington County Justice Center 801 S Jackson St Salem, IN 47167-2098 (812) 883-5748
<b>DEARBORN</b> Dearborn County Election Clerk 165 Mary Street Lawrenceburg, IN 47025 (812) 537-8867	<b>HENRY</b> Henry County Voter Registration Office 1215 Race St, Suite 130 New Castle, IN 47362 (765) 523-9310	<b>MIAMI</b> Miami County Voter Registration 25 N. Broadway, Room 108 Peru, IN 46970-0184 (765) 472-3995	<b>SCOTT</b> Scott County Voter Registration 1 East McClain Avenue, Suite 120 Scottsburg, IN 47170 (812) 752-8420	<b>WAYNE</b> Wayne Co. Circuit Court Clerk 301 East Main Street Richmond, IN 47374 (765) 973-9304
<b>DECATUR</b> Decatur Co. Circuit Court Clerk 150 Courthouse Square, Suite 244 Greensburg, IN 47240-2080 (812) 663-8223	<b>HOWARD</b> Howard County Voter Registration 104 N Buckeye Street Room 104B Kokomo, IN 46901 (765) 456-2219	<b>MONROE</b> Monroe Co. Voter Registration 401 W. 7th Street, Suite 100 Bloomington, IN 47404 (812) 349-2690	<b>SHELBY</b> Shelby Co. Circuit Court Clerk 407 S. Harrison Street P.O. Box 198 Shelbyville, IN 46176-0198 (317) 392-6324	<b>WELLS</b> Wells Co. Clerk 102 W. Market St., Suite 201 Bluffton, IN 46714-2091 (860) 824-6479
<b>DEKALB</b> Dekalb Co. Circuit Court Clerk 100 S. Main Street P.O. Box 230 Auburn, IN 46706-0230 (260) 925-9787	<b>HUNTINGTON</b> Huntington Co. Circuit Court Clerk 201 North Jefferson Street P.O. Box 228 Huntington, IN 46750 (260) 358-4820	<b>MONTGOMERY</b> Montgomery Co. Circuit Court Clerk 100 East Main Street, Room 203 P.O. Box 768 Crawfordsville, IN 47933-0768 (765) 364-6437	<b>SPENCER</b> Spencer County Voter Registration 200 Main Street, Ste. 5 P.O. Box 523 Rockport, IN 47635 (812) 649-6017	<b>WHITE</b> White Co. Circuit Court Clerk 110 Main Street P.O. Box 350 Monticello, IN 47960-0350 (574) 583-1531
<b>DELAWARE</b> Delaware Co. Board of Voter Registration 100 West Main Street, Room 104 Muncie, IN 47305-2836 (765) 747-7812	<b>JACKSON</b> Jackson Co. Voter Registration 109 S Sugar St, Suite 130 Brownstown, IN 47220 (812) 358-6120	<b>MORGAN</b> Morgan County Election Division 180 S. Main St., Suite 1 Martinsville, IN 46151-1556 (765) 342-1029	<b>ST. JOSEPH</b> St. Joseph Co. Board of Voter Registration City-County Building, 4th Floor 227 West Jefferson Blvd. South Bend, IN 46601-1871 (574) 235-9520	<b>WHITLEY</b> Whitley Co. Circuit Court Clerk 101 W. Van Buren Street Columbia City, IN 46725-2087 (260) 248-3164
<b>JASPER</b> Jasper Co. Circuit Court Clerk 115 W. Washington Rensselaer, IN 47978 (219) 866-4929		<b>NEWTON</b> Newton Co. Circuit Court Clerk P.O. Box 49 Kertland, IN 47951-0049 (219) 474-6081		