

**ALABAMA WORKFORCE INVESTMENT SYSTEM**

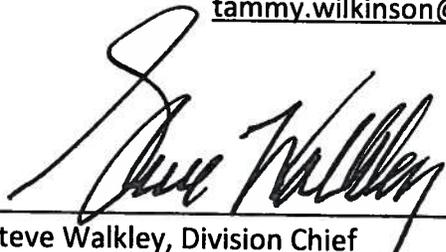
**Department of Economic and Community Affairs  
Workforce Development Division  
401 Adams Avenue  
Post Office 5690  
Montgomery, Alabama 36103-5690**

**March 21, 2014**

**GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY2013-09**

**SUBJECT:** *State Reporting/Technical Assistance Guide*

- 1. Purpose.** This issues the *State Reporting/Technical Assistance Guide*. This Directive rescinds Directive Number PY2000-05 and all Changes (1-42) of that Directive.
- 2. Discussion.** Federal regulations governing the Workforce Investment Act (WIA) set forth certain participant eligibility requirements for the program. The Governor is responsible for ensuring that adequate records are maintained in sufficient detail to demonstrate compliance with the relevant eligibility criteria. The *State Reporting/Technical Assistance Guide* has been developed to fulfill this responsibility and provide procedures for documenting and verifying eligibility. This document replaces the *Alabama Technical Assistance Guide* and the *Forms Preparation Handbook*.
- 3. Action.** Subrecipients and staff should ensure that their respective eligibility certification staff is provided a copy of the *State Reporting/Technical Assistance Guide*.
- 4. Contact.** Any questions regarding this Directive should be referred to Tammy Wilkinson, Workforce Development Division at 334-242-5154 or [tammy.wilkinson@adeca.alabama.gov](mailto:tammy.wilkinson@adeca.alabama.gov).



Steve Walkley, Division Chief  
ADECA, Workforce Development Division

*3/21/2014*

Date

Attachment:

- *State Reporting/Technical Assistance Guide*

***WORKFORCE INVESTMENT ACT***



***STATE REPORTING/TECHNICAL  
ASSISTANCE MANUAL***

***ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS  
WORKFORCE DEVELOPMENT DIVISION  
MONTGOMERY, ALABAMA***

***Robert Bentley,  
Governor***

***Jim Byard,  
ADECA, Director***

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### ATTACHMENTS:

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## INTRODUCTION

This manual contains information about the responsibilities of the State Reporting/Technical Assistance Section which manages data that has been entered into the Alaworks System from the three workforce investment areas for Alabama: (1) Jefferson County Workforce Investment Area, (2) Mobile County Workforce Investment Area and (3) Alabama Workforce Investment Area.

Various forms and general instructions are included to aid workforce staff in the preparation of each procedure. Not all forms and information will apply to every Workforce Investment Area. Field operators have been supplied with technical assistance in reference to the Workforce Development Division's guidelines/procedures and DOL's regulations through various methods such as webinars, conferences, newsletters, directives and emails.

This section reports participant aggregate information to the Department of Labor (DOL) for performance measurement as well as financial obligations for accountability. Coding instructions are designed to meet DOL's requirements for Title IB funded activities for data management purposes.

Data Element Validation is critical to ensure that Local Area staff is following established state procedures for recording participant data. This approach is necessary to establish that the performance results submitted to the Department of Labor are reasonably accurate.

All possible situations cannot be addressed in this handbook, therefore, if you have questions regarding the contents of this manual, contact State Reporting & Technical Assistance staff as follows:

Workforce Development Division  
State Reporting & Technical Assistance  
401 Adams Avenue  
P.O. Box 5690  
Montgomery, Alabama 36103-5690

Telephone Number: (334) 242-5154

## ELIGIBILITY CRITERIA

The Workforce Investment Act (WIA) specifies three funding streams through which individuals may receive services: adult, dislocated workers and youth.

**(1)** An eligible Youth is an individual who is:

- Age 14 through 21 and,
- Is Low income and,
- Has one or more of the following barriers,
  1. deficient in basic literacy skills
  2. high school dropout
  3. homeless, runaway, foster child
  4. pregnant/parenting
  5. offender
  6. youth needing additional assistance

**(2)** An Adult is an individual who is 18 years of age and older

**(3)** A Dislocated Worker is an individual who is 18 years of age or older and meets at least one of the four categories below:

1. has been terminated or laid off, or who has received a notice of termination or layoff from employment
  - a. is eligible for or has exhausted entitlement to unemployment compensation; or
  - b. has been employed for a duration sufficient to demonstrate to the appropriate entity at a Career Center, 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
  - c. is unlikely to return to a previous industry or occupation;
2. has been terminated or laid off, or received a notice of termination or layoff; as the result of a permanent closure or substantial layoff
  - a. is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or
  - b. for purposes of eligibility to receive services other than training services, intensive services, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.
3. was self-employed (including employment as a farmer, a rancher or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters; or
4. is a displaced homemaker who was:
  - a. previously providing unpaid services, and
  - b. has been dependent on the income of another family member, and
  - c. is unemployed or underemployed, and
  - d. has been having difficulty finding employment or upgrading

*Note: All registrants must comply with citizen/eligible to work, selective service and provide the information needed to determine eligibility.*

## **WORKFORCE DEVELOPMENT FORMS**

CUSTOMER INFORMATION FORM (WDD-121)

WIA ELIGIBILITY FORM (WDD-1A)

ACTIVITY SERVICE RECORD (WDD-1B)

ADDITIONAL YOUTH LITERACY AND NUMERACY DATA FORM (WDD-1C)

EXIT FORM (WDD-2)

INDIVIDUAL SERVICE STRATEGY (ISS)

INDIVIDUAL EMPLOYMENT PLAN (IEP)

INCUMBENT WORKER ELIGIBILITY FORM (WDD-1A.1)

INCUMBENT WORKER ACTIVITY SERVICE RECORD/EXIT FORM (WDD-3)

CUSTOMER INFORMATION FORM (WDD-121)

This form records voluntary information from customers to determine if they are eligible for additional services or assistance available at the Career Center.

# ALABAMA CAREER CENTER



## CUSTOMER INFORMATION for Skills/Training Assessment

TO DETERMINE WHAT SERVICES MAY BE APPROPRIATE, PLEASE PROVIDE THE FOLLOWING INFORMATION

<b>Disability Disclosure:</b>							
This voluntary information will be used to determine if you are eligible for additional services or assistance in programs available at the Career Center. All information will be kept confidential and will not be used to deny you services or to illegally discriminate against you.							
___ No, I would not like to disclose a disability.							
___ Yes, I would like to disclose a disability. If yes, what accommodations do you require:							
Social Security Number		Name: First, Middle Initial, Last					
Address			City		State		
Zip Code	County Name		Area Code	Telephone Number			
Message Telephone Number		Cellular Telephone Number		E-mail Address			
Date of Birth		Age	Gender		United States Citizen		
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Eligible Non-Citizen				
<b>Race</b>							
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American		<input type="checkbox"/> White or Caucasian	
<input type="checkbox"/> Hawaiian Native/Pacific Islander		<input type="checkbox"/> Does not declare a race					
<b>Ethnicity</b>		<b>Highest Grade Completed</b>		<b>Primary Language</b>		<b>Limited English</b>	
<input type="checkbox"/> Hispanic or Latino						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Veteran</b>		<b>Disabled Veteran</b>		<b>Dates of Service</b>		<b>Campaign Related</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<b>Discharge Status (Circle)</b>	
						Honorable/Dishonorable	
						<b>Spouse/Widow of Vet</b>	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Work History (List Last Three)</b>							
<b>Employer Name:</b>		<b>Start Date</b>	<b>End Date</b>	<b>Reason for Job End</b>	<b>Wage per Hour</b>	<b>Hours per Wk</b>	<b>Job Title and Duties Performed</b>
<b>Work tasks you enjoy:</b> _____							
<b>Tools/Equipment you can operate:</b> _____							
<b>Special License/Certificate:</b> _____							
Date Obtained: _____							
<b>For Skills Assessment you can review these helpful websites:</b>				<a href="http://www.careerinfonet.org/skills">www.careerinfonet.org/skills</a>			
				<a href="http://www.myskillsmyfuture.org">www.myskillsmyfuture.org</a>			
				<a href="http://www.mynextmove.org">www.mynextmove.org</a>			
<b>What is your Employment Goal?</b> _____							
<b>How can we help you reach this goal?</b> _____							
<b>When are you available for work?</b> _____				<b>What salary do you require?</b> _____			



## WIA ELIGIBILITY FORM (WDD-1A)

The WIA Eligibility Form (WDD-1A) captures the information needed to determine eligibility. Career Centers have received instructions and training on how to complete the form.

## ELIGIBILITY FORM

Agency Name: \_\_\_\_\_

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

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

(Local Area Use ONLY)

1. Social Security Number					2. Name: First (space), Middle Initial, (space), Last																			
3. Address										4. City										5. State				
6. Zip Code					7. County Name										8. Area Code					8a. Phone Number				
9. Date of Birth (MMDDYYYY)					10. Age					11. Gender: 1=Male 2=Female					12. Citizenship 1=US Citizen 2=Eligible Non-Citizen									

13. Ethnicity: 1=Yes 2=No  
 Hispanic or Latino

14. Race: 1=Yes for all that apply or 2=No  
 1-American Indian or Alaska Nat.       4-Hawaiian Nat./Pacific Islander  
 2-Asian       5-White  
 3-Black or African American       6-Does not declare a race

15. Highest School Grade Completed: \_\_\_\_\_

00=No school grades completed  
 01-11=# of elementary/secondary school grades completed  
 13-15=# of college, full-time technical, or voc. school yrs. completed  
 16=Bachelor's Degree or equivalent  
 17=Education beyond the Bachelor's Degree

87=Attained High School Diploma  
 88=Attained GED or Equivalent  
 89=Attained Certificate of Attendance/Completion  
 90=Attained Other Post-Secondary Degree or Certif.  
 91=Attained Associates Diploma or Degree

16. Primary Language: \_\_\_\_\_

16a. Limited English 1=Yes 2=No	17. Disability 1=Yes, Physical 2=Yes, Mental 3=Yes, Both 4=Not Disclosed 5=No	18. Selective Service 1=Yes 2=No 3=N/A	19. Veteran Status 1=Yes, 180 days or less 2=Yes, Eligible Veteran 3=Yes, Other Eligible Person 4=No 5=Did Not Disclose
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If #19 = 1, 2 or 3, complete the following:

\_\_\_\_ A-Campaign Veteran      \_\_\_\_ B-Disabled Veteran      \_\_\_\_ C-Recently Separated Veteran 1-Yes 2-No  
 1-Yes 2-No      1-Yes 2-Yes, Special 3-No      Date of Separation \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_ D-Transitioning Service Member      E-Covered Person Entry Date      \_\_\_\_ F-TAP Workshop within 3 yrs  
 1-Yes 2-No      \_\_\_\_/\_\_\_\_/\_\_\_\_      1-Yes 2-No

20. Work History:

Employer Name	Start Date	End Date	Reason for leaving	Ending Salary	Hours/Week

21. Number in family: \_\_\_\_\_

22. Marital Status: \_\_\_\_\_  
 1-Married 2-Single 3-Single Parent

**COMPLETE ONLY IF SINGLE PARENT (with Dependents under age 18)**

23. Name (Dependents under age 18)	Age	Gender	Relationship

23a. Family Income (6 months prior to application date)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 MM DD YYYY

\*For income check only

Name	Relationship	Amount	x2	Total	Source
			x2		
Total Annualized Income					

24. Low Income (Enter all that apply)					
<b>A. Income</b> 1=Yes 2=No	<b>B. Public Assistance</b> 1=TANF 2=General Assistance 3=Refugee Assistance 4=None	<b>C. Food Stamps</b> 1=Yes 2=No	<b>D. Homeless</b> 1=Yes 2=No	<b>E. Foster Child</b> 1=Yes 2=No	<b>F. SSI</b> 1=Yes 2=No

**24a. 200% Income**  
 1=Yes  2=No

**25. Eligible for:** 1=Yes 2=No  
 Adult  Dislocated Worker  Youth  National Emergency Grant

**25a. Dislocated Workers Category**  
 (A)  (B)  (C)  (D)  
 SEE FPHB

**25b. Date of actual qualifying dislocation**  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MM DD YYYY

**25c. Displaced Homemaker**  
 1=Yes  2=No

**25d. National Emergency Grant Category** \_\_\_\_  
 1=Temporarily or permanently dislocated as a result of the disaster  
 2=Long-term unemployed  
 3=Dislocated Worker

**26. Additional Youth Eligibility Criteria:** (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> A. Deficient in basic literacy skills     | <input type="checkbox"/> D. Pregnant or Parenting                   |
| <input type="checkbox"/> B. School drop out                        | <input type="checkbox"/> E. Offender (1-Both 2-Felon 3-Misdemeanor) |
| <input type="checkbox"/> C. Homeless, Runaway, and/or Foster Child | <input type="checkbox"/> F. Youth needing Additional Assistance     |

**27. 5% Youth (Age 14-21)** (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> A. School drop out                                     | <input type="checkbox"/> E. Possesses one or more disabilities, including learning disabilities |
| <input type="checkbox"/> B. Basic skills deficient (Career Link Staff)          | <input type="checkbox"/> F. Homeless or Runaway   |
| <input type="checkbox"/> C. One or more grade level below appropriate grade age | <input type="checkbox"/> G. Offender (1-Both 2-Felon 3-Misdemeanor)                             |
| <input type="checkbox"/> D. Pregnant or Parenting                               | <input type="checkbox"/> H. Barriers identified by the Local Board                              |

**28. Referred from Wagner-Peyser to WIA**

1. Was Referred to a WIA program from Wagner-Peyser  
 0. Not Referred to WIA from Wagner-Peyser  
 9. Unable to Track

**CERTIFICATION:** 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 penalties as specified by law. I grant permission for any information on this form to be verified for eligibility determination.

Applicant/Registrant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Eligibility determination made by:**

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

Office: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACTIVITY SERVICE RECORD (WDD-1B)

The Activity Service Record is designed to capture the WIA and partner services received and the date of participation. Career Centers have received instructions and training on how to complete the form.

## ACTIVITY/SERVICE RECORD

1. **SSN:** \_\_\_\_\_ **2. Name:** \_\_\_\_\_ **3. Participation Date:** \_\_\_\_\_  
 (Enter participant's SSN) (Please Print - First, MI, Last) (Enter the date of 1<sup>st</sup> WIA service)

4. **Employed Status:**(Choose one) \_\_\_\_\_ **5. Unemployment Compensation (U.I.):** (Enter appropriate #) \_\_\_\_\_  
 1=Employed 1=Claimant referred by WPRS 3=Exhaustee  
 2=Employed, but received notice of Term. Or Military Sep. 2=Claimant not referred by WPRS 4=Neither Claimant or Exhaustee  
 3=Not Employed

6. **In School** (Required for Youth): \_\_\_\_\_ **6a. School Status at Participation** (Required for Youth): \_\_\_\_\_  
 (If yes, enter appropriate # on 6a.) 1=In school, H.S. or less 4=Not attending school or H.S. Dropout  
 1=Yes 2=No 2=In school, Alternative School 5=Not attending school; H.S. Graduate  
 3=In school, Post-H.S.

7. **Pre-Voc Activities:** \_\_\_\_\_ **8. Supportive Services:** \_\_\_\_\_ **9. Needs Related Payments:** \_\_\_\_\_  
 Enter 1=Yes 2=No Enter 1=Yes 2=No Enter 1=Yes 2=No

10. **Disaster Relief Assistance:** \_\_\_\_\_ **11. Workforce Info. Service:** \_\_\_\_\_ **12. Receiving TAA:** \_\_\_\_\_  
 (NEG Only) Enter 1=Yes 2=No Enter 1=Yes 2=No Enter 1=Yes 2=No

13. **Receiving Partner Services:** \_\_\_\_\_ **14. Core Self-Service:** \_\_\_\_\_ **15. WIA Services:** \_\_\_\_\_  
 Enter 1=Yes 2=No Enter 1=Yes 2=No (Enter appropriate #  
 1=Adult 4=Governor's 15%  
 2=Dislocated Wker. 5=NEG  
 3=Youth

16. **Established ITA:** \_\_\_\_\_ **17. Pell Grant Status:** \_\_\_\_\_  
 Enter 1=Yes 2=No Enter 1=Yes 2=No

18. **First Staff Assisted Core Date** (MMDDYYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ **Basic Skills Deficient:** \_\_\_\_\_  
 Enter 1=Yes 2=No

19. **Intensive Services (Adult or Dislocated Worker):**  
 (List any Partner Service) Careerlink Relocation Expenses Work Experience

SERVICE	FUND (Prog. Type)	PROJECT NUMBER	ONET (For W.E.)	OCCUPATIONAL TITLE	START DATE MMDDYYYY	END DATE MMDDYYYY

20. **Training Services (Adult, Dislocated Worker, or Youth):** (List any Partner Service)  
**NOTE: ONET required for OJT, Occupational Skills, Individual Referral and Customized Training.**

Adult Ed/Basic Skills/Lit. Skills      Customized Training      Skills Upgrading/Retraining  
 On-the-Job Training      Individual Referral/ITA      Entrepreneurial Training  
 Occupational Skills      Work Place Training/Cooperative Ed      Other \_\_\_\_\_

SERVICE	FUND (Prog. Type)	PROJECT NUMBER	ONET (For W.E.)	OCCUPATIONAL TITLE	START DATE MMDDYYYY	END DATE MMDDYYYY



## WIA ADDITIONAL YOUTH LITERACY AND NUMERACY DATA FORMS (WDD-1C)

The Additional Youth Literacy and Numeracy Data Forms are designed to capture youth assessment information. Career Centers have received instructions and training on how to complete the forms.

Includes:

Pre-test form

Post-test Yr 1 form

Post-test Yr 2 form

Post-test Yr 3 form

*Note: Youth Literacy and Numeracy is a performance measure and information must always be recorded accurately for gains to be captured.*

**ADDITIONAL YOUTH LITERACY AND NUMERACY DATA  
(PRE-TEST DATA)**

<b>Social Security Number</b>										<b>Name</b> (First, space, MI, space, Last)									
<b>Basic Skills Deficient</b>										1= Yes    2=No									
<b>Record 1</b> if the participant is declared Basic Skills Deficient based on the Grade Level. <b>Record 2</b> if the participant is not Basic Skills Deficient.																			
<b>1. Category of Assessment</b>										1= ABE    2=ESL    3=Both ABE and ESL									
<b>Record 1</b> if the participant was assessed using approved tests for Adult Basic Education (ABE), or <b>Record 2</b> if the participant was assessed using approved tests for English-As-A-Second Language (ESL), or <b>Record 3</b> if participant was assessed using approved tests for Adult Basic Education (ABE) for at least one functional area and English-As-A-Second Language (ESL) for a different functional area.																			
<b>2. Assessment Test Type used for Pre-Test</b>					1=TABE 9-10					5=SPL					9=Wonderlic				
					2=CASAS (Life Skills)					6=BEST					10=Other Approved Assessment Tool				
					3=ABLE					7=BEST Plus					_____				
					4=WorkKeys					8=TABE Class E									
Use the appropriate code to record the type of assessment test that was administered to the youth participant.																			
<b>3. Functional Area</b>					_____ 1=Reading					_____ 5=Speaking									
Check appropriate number for the Functional Area...May test in more than one (1) area.					_____ 2=Writing					_____ 6=Oral									
					_____ 3=Language					_____ 7=Listening									
					_____ 4=Mathematics					_____ 8=Other Functional Area									
Use the appropriate code for the functional area of the assessment test that was administered to the youth participant.																			
<b>4. Pre-Test Scale Score</b>					1.	2.	3.	4.	5.	6.	7.	8.							
Enter Scale Score.																			
Record the scale score achieved by the youth participant on the pre-assessment test.																			
<b>5. Date Administered Pre-Test:</b> Enter as MMDDYYYY																			
Record the date on which the pre-assessment test was administered to the youth participant.																			
<b>6. Educational Functioning Level</b>					1=Begin ESL Literacy					5=Low Intermediate Basic Edu/High Inter ESL									
Place appropriate ED. Level (1-8) with corresponding Functional Area (1-8).					2=Low Beginning ESL Literacy					6=High Inter Basic Edu/Advanced ESL									
					3=Begin ABE/High Begin ESL					7=Low Adult Secon Edu/Exit ESL									
					4=Begin Basic Edu/Low Inter ESL					8=High Adult Secondary Edu									
	1.	2.	3.	4.	5.	6.	7.	8.											
Record the educational functioning level that is associated with the youth participant's scale score.																			

Name: \_\_\_\_\_

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

Agency/Career Center: \_\_\_\_\_

Phone: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

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

REMARKS:

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**ADDITIONAL YOUTH LITERACY AND NUMERACY DATA  
(YEAR 1 – POST-TEST)**

<b>Social Security Number</b>										<b>Name</b> (First, space, MI, space, Last)									
<b>YOUTH POST-TEST DATA (YEAR # 1)</b>																			
<b>7. Post Assessment Test Type</b>		1=TABE 9-10					5= SPL					9= Wonderlic							
		2= CASAS (Life Skills)					6= BEST					10= Other Approved Assessment Tool							
		3= ABE					7= BEST Plus												
		4= WorkKeys					8= TABE Class E												
Use the appropriate code to record the type of assessment test that was administered to the youth participant.																			
<b>8. Post Test Functional Area</b>					_____ 1=Reading					_____ 5=Speaking									
Check appropriate number for the Functional Area...May test in more than one (1) area.					_____ 2=Writing					_____ 6=Oral									
					_____ 3=Language					_____ 7=Listening									
					_____ 4=Mathematics					_____ 8= Other Functional Area									
Use the appropriate code for the functional area of the assessment test that was administered to the youth participant.																			
<b>9. Post-Test Scale Score</b>					1.	2.	3.	4.	5.	6.	7.	8.							
Enter Scale Score.																			
Record the scale score achieved by the youth participant.																			
<b>10. Date Administered Post-Test:</b>																			
Enter as MMDDYYYY																			
Record the date on which the post-test was administered to the youth during his/her first year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered.																			
<b>11. Post-Test Educational Functioning Level</b>					1=Begin ESL Literacy					5=Low Intermediate Basic Edu/High Inter ESL									
Place appropriate ED. Level (1-6) with corresponding Functional Area (1-9).					2=Low Beginning ESL Literacy					6=High Inter Basic Edu/Advanced ESL									
					3=Begin ABE/High Begin ESL					7=Low Adult Secon Edu/Exit ESL									
					4=Begin Basic Edu/Low Inter ESL					8=High Adult Secondary Edu									
					1.	2.	3.	4.	5.	6.	7.	8.							
Record the educational functioning level that is associated with the youth participant's scale score.																			

Name: \_\_\_\_\_

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

Agency/Career Center: \_\_\_\_\_

Phone # \_\_\_\_\_

Reviewed By: \_\_\_\_\_

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

REMARKS:

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**ADDITIONAL YOUTH LITERACY AND NUMERACY DATA  
(YEAR 2 – POST-TEST)**

<b>Social Security Number</b>										<b>Name (First, space, MI, space, Last)</b>									
<b>YOUTH POST-TEST DATA (YEAR # 2)</b>																			
<b>12. Post Assessment Test Type</b>		1=TABE 9-10					5= SPL					9= Wonderlic							
		2= CASAS (Life Skills)					6= BEST					10= Other Approved Assessment Tool							
		3= ABLE					7= BEST Plus					_____							
		4= WorkKeys					8= TABE Class E												
Use the appropriate code to record the type of assessment test that was administered to the youth participant.																			
<b>13. Post Test Functional Area</b>					_____ 1=Reading					_____ 5=Speaking									
Check appropriate number for the Functional Area...May test in more than one (1) area.					_____ 2=Writing					_____ 6=Oral									
					_____ 3=Language					_____ 7=Listening									
					_____ 4=Mathematics					_____ 8= Other Functional Area									
Use the appropriate code for the functional area of the assessment test that was administered to the youth participant.																			
<b>14. Post-Test Scale Score</b>					1.	2.	3.	4.	5.	6.	7.	8.							
Enter Scale Score.																			
Record the scale score achieved by the youth participant.																			
<b>15. Date Administered Post-Test:</b>																			
Enter as MMDDYYYY																			
Record the date on which the post-test was administered to the youth during his/her first second of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered.																			
<b>16. Post-Test Educational Functioning Level</b>					1=Begin ESL Literacy					5=Low Intermediate Basic Edu/High Inter ESL									
Place appropriate ED. Level (1-6) with corresponding Functional Area (1-9).					2=Low Beginning ESL Literacy					6=High Inter Basic Edu/Advanced ESL									
					3=Begin ABE/High Begin ESL					7=Low Adult Seccon Edu/Exit ESL									
					4=Begin Basic Edu/Low Inter ESL					8=High Adult Secondary Edu									
					1.	2.	3.	4.	5.	6.	7.	8.							
Record the educational functioning level that is associated with the youth participant's scale score.																			

Name: \_\_\_\_\_

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

Agency/Career Center: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

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

REMARKS:

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**ADDITIONAL YOUTH LITERACY AND NUMERACY DATA  
(YEAR 3 – POST-TEST)**

<b>Social Security Number</b>										<b>Name</b> (First, space, MI, space, Last)									
<b>YOUTH POST-TEST DATA (YEAR # 3)</b>																			
<b>17. Post Assessment Test Type</b>		1=TABE 9-10					5= SPL					9= Wonderlic							
		2= CASAS (Life Skills)					6= BEST					10= Other Approved Assessment Tool							
		3= ABLE					7= BEST Plus					_____							
		4= WorkKeys					8= TABE Class E												
Use the appropriate code to record the type of assessment test that was administered to the youth participant.																			
<b>18. Post Test Functional Area</b>					_____ 1=Reading					_____ 5=Speaking									
Check appropriate number for the Functional Area...May test in more than one (1) area.					_____ 2=Writing					_____ 6=Oral									
					_____ 3=Language					_____ 7=Listening									
					_____ 4=Mathematics					_____ 8= Other Functional Area									
Use the appropriate code for the functional area of the assessment test that was administered to the youth participant.																			
<b>19. Post-Test Scale Score</b>					1.	2.	3.	4.	5.	6.	7.	8.							
Enter Scale Score.																			
Record the scale score achieved by the youth participant.																			
<b>20. Date Administered Post-Test:</b>																			
Enter as MMDDYYYY																			
Record the date on which the post-test was administered to the youth during his/her third year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered.																			
<b>21. Post-Test Educational Functioning Level</b>					1=Begin ESL Literacy					5=Low Intermediate Basic Edu/High Inter ESL									
Place appropriate ED. Level (1-6) with corresponding Functional Area (1-9).					2=Low Beginning ESL Literacy					6=High Inter Basic Edu/Advanced ESL									
					3=Begin ABE/High Begin ESL					7=Low Adult Secon Edu/Exit ESL									
					4=Begin Basic Edu/Low Inter ESL					8=High Adult Secondary Edu									
					1.	2.	3.	4.	5.	6.	7.	8.							
Record the educational functioning level that is associated with the youth participant's scale score.																			

Name: \_\_\_\_\_

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

Agency/Career Center: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

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

REMARKS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EXIT FORM (WDD-2)

The Exit Form is designed to capture outcomes for adults, dislocated workers and youth. Career Centers have received instructions and training on how to complete the form.

The form is divided into two sections:

Part I Outcomes for Adults, Dislocated Workers, Older Youth

Part II Outcomes for Younger Youth

## EXIT FORM

### I. OUTCOMES FOR: Adults (18 and above), Dislocated Workers, and Older Youth (19-21)

<b>1. Social Security Number</b>	<b>Name: (First, space, MI, space, Last)</b>

Last Expected Service Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Service: \_\_\_\_\_

Most Recent Date Referred to Employment \_\_\_\_/\_\_\_\_/\_\_\_\_

**1. Employment Information:**

- 1a. Hourly Wage: \_\_\_\_\_ 1f. Entered Non-Traditional Employment: YES or NO \_\_\_\_
- 1b. Employer Name: \_\_\_\_\_ 1g. Date of Employment \_\_\_\_\_
- 1c. Employer Address: \_\_\_\_\_ 1h. Hours Worked Weekly \_\_\_\_\_
- 1d. Employer City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 1e. O-Net Code: \_\_\_\_\_ Job Title: \_\_\_\_\_

**2. Entered Training-Related Employment (enter one) \_\_\_\_\_**  
(Leave blank if participant did not receive a training service)

- 1 – Yes  
2 – No

**3. School Status: (Required for Youth) (enter one) \_\_\_\_\_**

- 1 – In school, H.S. or less                      3 – In school, Post-H.S.                      5 – Not attending school, H.S. Graduate  
2 – In school, Alternative School              4 – Not attending school or H.S. Dropout

**4. Attained Credential/Certificate by End of Q3 After Exit::** (If yes, complete #5-Recognized Education Type) 1 Yes or 2 No \_\_\_\_\_

**5. Recognized Education Type:** 1=Yes 2=No  
(If yes, give the date as MM/DD/YYYY)

1. \_\_\_\_ AA or AS diploma/degree \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. \_\_\_\_ Post Graduate Degree \_\_\_\_/\_\_\_\_/\_\_\_\_
2. \_\_\_\_ BA or BS diploma/degree \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. \_\_\_\_ Occupational Skills Certificate or Credential \_\_\_\_/\_\_\_\_/\_\_\_\_
3. \_\_\_\_ High School Diploma \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. \_\_\_\_ Occupational Skills Licensure \_\_\_\_/\_\_\_\_/\_\_\_\_
7. \_\_\_\_ Other \_\_\_\_/\_\_\_\_/\_\_\_\_

**6. Attained Degree or Certificate (Youth Only):** 1=Yes 2=No (If yes, give date as MMDDYYYY)

Record attainment either during participation in the program or by the end of the first quarter after exit.

1. \_\_\_\_ Attained a secondary high school diploma \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_ Attained certificate or other degree/diploma \_\_\_\_/\_\_\_\_/\_\_\_\_
2. \_\_\_\_ Attained a GED or high school equivalency diploma \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. \_\_\_\_ Did not attain diploma, GED or certificate

**7. Other Reasons for Exit (enter one) \_\_\_\_\_**

- 1- Institutionalized                      5- Reservists called to Active Duty                      97-Youth who meets exclusion from WIA Performance  
2- Health/Medical                      6- Relocated to a Mandated Residential Program (Youth only)                      98- Retirement  
3- Deceased                      9- Receiving TAA benefits                      Other \_\_\_\_\_  
4- Family Care

**FOLLOW-UP SERVICES (Youth Only) ALL YOUTH (14-21) \_\_\_\_\_**

- 1- Yes, received 12 months of follow up services  
2- No, did not received 12 months of follow up services

**Most Recent Date Received Follow-Up Services**

\_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Agency/Career Center: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

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

## EXIT FORM

### II. OUTCOMES FOR YOUTH (14-18 at participation)

1. Social Security Number	Name: (First, space, MI, space, Last)

Last Expected Service Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Service: \_\_\_\_\_

**2. School Status** (enter one) \_\_\_\_\_

- 1 – In school, H.S. or less (attending secondary school at exit)
- 2 – In school, Alternative School
- 3 – In school, Post-H.S.

- 4 – Not attending school or H.S. Dropout
- 5 – Not attending school, H.S. Graduate

**3. Attained Degree or Certificate:** 1=Yes 2=No (If yes, give the date as MM/DD/YYYY)

Record attainment either during participation in the program or by the end of the first quarter after exit.

- 1. \_\_\_\_ Attained a secondary high school diploma \_\_\_\_/\_\_\_\_/\_\_\_\_
- 2. \_\_\_\_ Attained a GED or high school equivalency \_\_\_\_/\_\_\_\_/\_\_\_\_
- 3. \_\_\_\_ Attained certificate or other degree/diploma \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4. \_\_\_\_ Did not attain diploma, GED or certificate

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**4. Youth Placement Information:** 1=Yes 2=No (If yes, give the date as MM/DD/YYYY)

Record the placement activity the participant entered in the first quarter after exit.

- 1. \_\_\_\_ Entered post secondary education \_\_\_\_/\_\_\_\_/\_\_\_\_
- 2. \_\_\_\_ Entered advance training education \_\_\_\_/\_\_\_\_/\_\_\_\_
- 3. \_\_\_\_ Entered military service \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4. \_\_\_\_ Entered a qualified apprenticeship \_\_\_\_/\_\_\_\_/\_\_\_\_

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**5. Youth Retention Information:** 1=Yes 2=No

Record the primary activity that the youth was in during the third quarter after exit.

- 1. \_\_\_\_ Post secondary education
- 2. \_\_\_\_ Advanced training
- 3. \_\_\_\_ Military service
- 4. \_\_\_\_ Qualified apprenticeship

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**6. Other Reasons for Exit** (enter one) \_\_\_\_\_

**7. Other Reasons for Exit** (enter one) \_\_\_\_\_

- 1- Institutionalized
- 2- Health/Medical
- 3- Deceased
- 4- Family Care
- 5- Reservists called to Active Duty
- 6- Relocated to a Mandated Residential Program (Youth only)
- 9- Receiving TAA benefits
- 97- Youth who meets exclusion from WIA Performance
- Other \_\_\_\_\_

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**FOLLOW-UP SERVICES (Youth Only) ALL YOUTH (14-21)** \_\_\_\_\_

- 1- Yes, received 12 months of follow up services
- 2- No, did not received 12 months of follow up services

**Most Recent Date Received Follow-Up Services**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Staff Signature:** \_\_\_\_\_

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

**Agency/Career Center:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Reviewed By** \_\_\_\_\_

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

**INDIVIDUAL SERVICE STRATEGY (ISS)**  
**(For Youth Participants)**

The ISS is a vital part of case management and is required by the US DOL regulations. These forms were designed by the Alabama Career Center Area Managers and are used to record all WIA Services to be entered into the Alabama Joblink System (AJL). Career Centers have received training and instructions from the Area Managers.

The career centers are responsible for ensuring the youth participants are receiving a staff-assisted, value-added service at least once every thirty (30) days during active participation. Once a youth has exited, follow-up is due for 12 months after exit and is mandatory. Contact once a month is required for the 12 months and services are to be offered and can be provided if they are needed WITHOUT re-enrolling the youth into the program.

# INDIVIDUAL SERVICE STRATEGY (ISS) FOR YOUTH

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ SSN \_\_\_\_\_

## ASSESSMENT INFORMATION

**Achievement Grade Level Results:** Tool Used: \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_

Other: \_\_\_\_\_

Interest Inventory Tool: \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Aptitude Inventory Tool: \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Employability/Work Maturity Skills** (List the results for each area).

Self Assessment _____	Employer's Expectations _____
Information about Jobs _____	Job Performance _____
Career Decisions _____	Interpersonal Skills _____
Finding a Job _____	Increasing Your Value to _____
Job Search Documents _____	Your Employer _____
Interviewing for a Job _____	Personal Finance _____
Other _____	Other _____

Existing Occupational Skills \_\_\_\_\_

Tools/Equipment Skills \_\_\_\_\_

Employment Goal/Training Justification: \_\_\_\_\_

O-Net Code \_\_\_\_\_

**Supportive Services (Address needs)**

Support Service	Referred to	Date	Comments
Day Care			
Housing			
Clothing			
Transportation			
Food			
Other			

**Youth Barriers to Employment (Check All That Apply)**

**All Barriers must be addressed in this ISS:**

Basic Skills Deficient	_____	Homeless, Runaway, Foster Child	_____
School Drop Out	_____	Below Grade Level For Age	_____
Pregnant or Parenting	_____	Requires Assistance To Complete	_____
Offender	_____	Educational Program or Secure/Hold Emp.	_____
Disability (Including Learning)	_____		
Barrier(s) as defined by LWIB	_____		
	_____		

**Literacy and Numeracy Evaluation:**

TABE 7-8, 9-10 Pre-Test

Functional Area	Date	Score	ED. Functioning Level
Reading			
Math			

TABE 7-8, 9-10 Post-Test

Functional Area	Date	Score	ED. Functioning Level
Reading			
Math			
Reading			
Math			
Reading			
Math			

**ACTION PLAN**

**Skill Attainment Goals – Set one per year from Basic Skills, Work Readiness or Occupational Skills**

GOAL	DATE SET	DATE ATTAINED
<b>BASIC SKILLS</b>		
<b>WORK READINESS</b>		
<b>OCCUPATIONAL SKILLS</b>		

**Basic Skills**

Activity	<u>Start Date</u>		<u>Completion Date</u>		Provider
	Planned	Actual	Planned	Actual	
GED Preparation					
Reading					
Math					
Other					

**Employability/Work Maturity Skills Plan**

Activity	<u>Start Date</u>		<u>Completion Date</u>		Provider
	Planned	Actual	Planned	Actual	

**Career Exploration**

Activity	<u>Start Date</u>		<u>Completion Date</u>		Provider
	Planned	Actual	Planned	Actual	



**INDIVIDUAL EMPLOYMENT PLAN (IEP)  
(For Non Youth Participants)**

These forms were designed by the Alabama Career Center Area Managers and are used to record all WIA Services to be entered into the Alabama Joblink System (AJL). Career Centers have received instructions and training from the Area Managers.

# INDIVIDUAL EMPLOYMENT PLAN (IEP)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ SSN \_\_\_\_\_

## ASSESSMENT INFORMATION

**Achievement Grade Level Results:** Tool Used: \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_

Other: \_\_\_\_\_

Interest Inventory Tool: \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Aptitude Inventory Tool: \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Existing Occupational Skills \_\_\_\_\_

Tools/Equipment Skills \_\_\_\_\_

Employment Goal/Training Justification: \_\_\_\_\_

O-Net Code \_\_\_\_\_

## ACTION PLAN

### Supportive Services (List those needed for employment goal attainment)

Support Service	Referred to	Date	Comments
Day Care			
Housing			
Clothing			
Transportation			
Food			
Other			

### Basic Skills

Activity	Start Date		Completion Date		Provider
	Planned	Actual	Planned	Actual	
GED Preparation					
Reading					
Math					
Other					

**Employability/Work Maturity Skills**

Activity	Start Date		Completion Date		Provider
	Planned	Actual	Planned	Actual	

**Job Search/Work Activity**

Activity	Start Date		Completion Date		Provider
	Planned	Actual	Planned	Actual	

**Case Management/Skills Training Activity**

Activity	Start Date		Completion Date		Provider	Project/Petition Number
	Planned	Actual	Planned	Actual		

This Employment Plan was developed with my full knowledge and cooperation. I fully understand that this is a planning document and do not hold the enrolling agency responsible for activities that may not occur. I understand I am responsible to maintain contact with my case manager no less than once per month.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Career Center Case Manager \_\_\_\_\_ Date \_\_\_\_\_

## **Incumbent Worker Training Program**

In a constantly changing marketplace that requires new technology and demands new skills, the Incumbent Worker Training Program helps Alabama employers cover expenses for workers to upgrade and acquire new skills, helping companies to meet foreign competition, avoid layoffs and stay open.

ADECA's Workforce Development Division administers the program funding, which comes from the U.S. Department of Labor.

## INCUMBENT WORKER ELIGIBILITY FORM (WDD-1A.1)

The Incumbent Worker Eligibility Form (WDD-1A.1) captures the information needed to determine eligibility. Career Centers have received instructions and training on how to complete the form.

**INCUMBENT WORKER ELIGIBILITY FORM**

Attachment B  
(IWT Use ONLY)

Agency Name:		Expiration Date:		Application Date:	
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1. Social Security Number		2. Name (First, space, MI, space, Last)			
3. Address			4. City		5. State
6. Zip Code	7. County Name			8. Area Code and Phone Number	
9. Date of Birth MM/DD/YY	10. Age	11. Gender 1=Male 2=Female		12. Citizenship 1=US Citizen 2=Eligible Non-Citizen	

If 2 then need: Alien Registration Number \_\_\_\_\_  
or I-94 Number \_\_\_\_\_

13. Ethnicity 1=Yes 2=No		14. Race (1= Yes for all that apply or 2=No) <i>(I-94 Form must have a red stamp or the specific employer must be named on form.)</i>			
Hispanic or Latino		American Indian or Alaska Nat.		White	
		Black or African American		Asian	
		Hawaiian Native/Pacifica Islander			
		Does not declare a race			

15. Selective Service 1=Yes 2=No

16. Disability 1=Yes, Physical 2=Yes, Mental 3=Yes, Both 4=Not Disclosed 5=No		17. Veteran Status 1=Yes, 180 days or less 2=Yes, Eligible Veteran 3=Yes, Other Eligible Person 4=No 5=Did Not Disclose		18. Eligible for Incumbent Worker 1=Yes 2=No	

If Number 17 = 1 or 2 Complete A - F Below

A - Campaign Veteran 1=Yes 2= No		D - Transitioning Service Member 1=Yes 2=No	
B - Disabled Veteran 1=Yes 2= No		E - Covered Person Entry Date	
C - Recently Separated Veteran 1=Yes 2=No Date of Separation MM/DD/YY		F - TAP Workshop within 3 years 1=Yes 2=No	

**CERTIFICATION:** 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 penalties as specified by law. I grant permission for any information on this form to be verified for eligibility determination.

Applicant/Registrants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Eligibility determination made by:

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

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

Reviewed By Printed Name: \_\_\_\_\_

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

## INCUMBENT WORKER ACTIVITY SERVICE RECORD/EXIT FORM (WDD-3)

The Incumbent Worker Activity Service Record/Exit Form (WDD-3) is designed to capture services received and outcome information for Incumbent Workers. Career Centers have received instructions and training on how to complete the form.

This form is divided into two sections:

Part I Incumbent Worker/Activity Service Record

Part II Incumbent Worker Exit Form

**INCUMBENT WORKER ACTIVITY/SERVICE RECORD  
AND  
INCUMBENT WORKER EXIT FORM**

**Part I. Incumbent Worker Activity/Service Record:**

<b>1. Social Security Number</b>	<b>2. Name (First, space, MI, space, Last)</b>		

<b>3. Participation Date (Enter as MM/DD/YY)</b>

**4. Training Service**

Service	FUND (Prog. Type)	Project Number	ONET
Incumbent Worker Training	I.W.		

<b>Occupational Title</b>	<b>Start Date MM/DD/YY</b>	<b>End Date MM/DD/YY</b>

**Printed Name:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency/Career Center:**  **Phone #:**

**Reviewed By Printed Name:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part II. Incumbent Worker Exit Form:**

<b>1. Social Security Number</b>	<b>2. Name (First, space, MI, space, Last)</b>		

<b>3. Exit Date (Enter as MM/DD/YY)</b>

<b>4. Reason for Exit</b>
1. Completed program objective - I.W. Only
2. Services not completed - I.W. Only

**Printed Name:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency/Career Center:**

**Reviewed By Printed Name:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **WIA YOUTH DUAL ENROLLMENT**

Dual Enrollment serves youth who are currently attending Secondary School in grades ten through twelve. The Alabama Workforce Investment Area has authorized Workforce Investment Act (WIA) In-School Youth funding for Career Technical Education Dual Enrollment Individual Referral (IR) for eligible students.

Residents of all counties that comprise the 65 County Alabama Workforce Investment Area are eligible to participate, providing they meet the WIA eligibility requirements. Jefferson and Mobile Counties are organized under their own separate Local Workforce Investment areas; therefore, residents of those counties should contact their Alabama Career Centers for possible availability of In-School Youth Individual Referral (IR).

In-School Youth expressing an interest in the dual Enrollment Program through WIA must meet the guidelines below:

- must be between 16 and 21 years of age
- must be economically disadvantaged
- must have a documented barrier, such as eligible for school lunch assistance.

Career Centers have received instructions and training from the Alabama Workforce Investment Area (AWIA) staff and the Area Managers.

## **PARTNER PROGRAMS**

The Alabama Local workforce Investment Board (ALWIB) has designated a consortium comprised of the Alabama Department of Economic and Community Affairs, Alabama Department of Labor, Alabama Department of Rehabilitation Services and the Alabama Department of Postsecondary Education which serves as the designated Career Center operator.

The Alabama Department of Labor administers the Trade Readjustment Act/Trade Assistance Act training programs which are designed to assist the dislocated workers who lose their jobs due to foreign imports. These programs are closely coordinated with WIA funded activities and individuals who are receiving Trade Adjustment Act Services may be co-enrolled in eligible WIA Services. Career Centers have received instructions and training from the Area Managers.

## REPORTING

### Overview

Alabama is required to submit a variety of Reports to the Department of Labor on a Quarterly as well as an Annual basis. Reports include:

- WIA Standardized Record Data (WIASRD) --quarterly
- ETA 9090 – Quarterly Performance Report
- ETA 9091 – Annual Performance Report
- Report Validation –annually
- Data Element Validation (DEV) – annually
- Financial Reports – quarterly

These reports enable the Department of Labor to determine the success Alabama is achieving in meeting Performance Goals as well as [*Financial/ obligations/expenditures*].

### WIASRD

Alabama is required to maintain standardized individual records containing characteristics, activities and outcome information for all individuals who receive services through WIA Title I-B and National Emergency Grant programs. The individual record layout establishes a core set of data that must be collected and maintained by Alabama. This is accomplished by capturing each individual record utilizing the WIASRD definitions for each item. The WIASRD provides DOL with the information they need in order to gather such data as the number of individuals being served, the types of services received, the number who obtained employment and skill-related outcomes.

### ETA 9090 (WIA Quarterly Report)

The performance data contained in the WIA Quarterly report is used to determine the levels of Statewide participation and program accomplishments for the reporting period. Reports include a “snapshot” of the most recent performance data available for each performance measure as well as a cumulative total that includes the most recent quarter and the last three quarters prior to the current quarter. To allow for the data collection delays inherent for several of the performance measures; those involving UI wage records, the Quarterly report collects information on each performance item depending when outcome data becomes available. Thus, virtually all measures (Literacy/Numeracy the exception) will have differing reporting parameters and will not be considered “real-time” reporting.

### ETA 9091 (Annual performance Report)

The Annual Report includes all performance data reported Quarterly as well as performance on such items as; Special Population –Vets, Older Workers, Displaced Homemaker, etc.; Training-Related Employment; Non-Traditional Employment. Another difference is the Annual Report breaks down performance by Local Area. Annual Report data is used to determine eligibility for Incentive monies. It is at the discretion of the State as to whether or not to utilize Quarter 4 Performance as Annual Report data.

## Financial

The United States Department of Labor-Employment & Training Administration requires all grant recipients to submit the Financial Status Report (FSR) electronically through an on-line reporting system. Recipients are issued a password and a PIN to enable reporting at [www.eta-reports.doleta.gov](http://www.eta-reports.doleta.gov). A separate FSR is required for each program and each fund source (subaccount) awarded to a grant recipient.

Submission of the FSR is required on a quarterly basis. Reporting quarter end dates shall correspond to calendar quarter end dates: March 31, June 30, September 30, and December 31. A final quarter FSR is required at the completion of the quarter of the grant award end date or at the completion of the quarter in which all funds have been expended. The final quarterly FSR must be indicated by selecting "YES" in Item 6, Final Report.

Quarterly reports, including the final quarter report, are required to be submitted no later than 45 calendar days after the end of each specified reporting period. The reporting due dates are: May 15, August 14, November 14 and February 14.

A Closeout Report is required to be submitted no later than 90 calendar days after the grant end date. The closeout report is separate from (and in addition to) the final quarter report and becomes accessible on-line after submittal of the final quarter report. The Closeout Report can only be submitted once the Final Quarter Report has been marked Final and the grantee has certified the report. When DOL accepts the Closeout Report, it will lock both the Final Quarter Report and the Closeout Report.

The State Reporting/Technical Assistance Unit is only responsible for the submission of the reports after they have been prepared by the Workforce Development Division Accounting Unit. All questions and technical issues concerning the contents of the report are handled by the Accounting Unit.

## **REPORT VALIDATION and DATA ELEMENT VALIDATION**

DOL requires States to validate all data contained in the Annual Report as well as the final WIASRD submission. This is accomplished by conducting a Report Validation in conjunction with performing a Data Element Validation review.

### Report Validation

Report Validation is designed to assess whether the State software used to generate the Annual Report accurately calculates performance outcomes. The Report Validation checks the State's performance calculations against the DOL generated (DRVS software) in order to compare any differences within an allowable 2% error rate.

### Data Element Validation

Data Element Validation is conducted in order to evaluate the accuracy of participant data used to generate performance within the Annual Report. Evaluating accuracy involves comparing key data elements in a sample of WIA participant records to required source documentation as outlined by DOL. In the Data Element Validation process, the validator applies a series of validity criteria to each sampled record. The validator locates specified source documentation within the participant record to verify that the State's data base [AlaWorks] is correct as compared to the source documentation; within an allowable 5% error rate.

## **CAREER CENTERS ON-SITE PERIODIC FILE REVIEW**

Career Centers are occasionally visited by the State Reporting/Technical Assistance Section to review participant files and provide technical assistance. These are not monitoring visits but a proactive effort to help achieve and maintain data accuracy and integrity. During these visits, file hard copies are reviewed, compared to electronic data reports and analyzed for consistency. A final summation and suggestions are then presented to Career Center Staff to help them improve their data quality in the future. Any questions or issues they have are addressed.

## TRANSPARENCY ACT REPORT

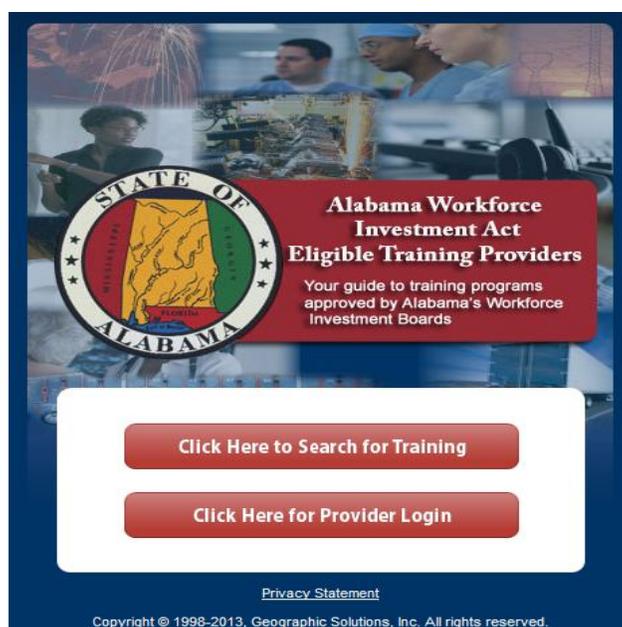
The Federal Funding Accountability and Transparency Act (FFATA) Sub-award Reporting System (FSRS) is the electronic reporting system that allows grant award and contract award recipients, i.e. ADECA, WDD, to report their sub-award activity as directed by the FFATA. The FFATA legislation requires information on federal awards be made available to the public via a single, searchable website, which is [www.USASpending.gov](http://www.USASpending.gov).

The Workforce Development Division is required by the FFATA Act to report our direct award grants and enter this information into the electronic reporting system. These reports are entered at the beginning of each program year when the grants are awarded or during the program year if grants are awarded directly from the state level and are over \$25,000 in contract amount. These reports are the responsibility of the State Reporting section.

## ELIGIBLE TRAINING PROVIDER INFORMATION

The WDD has compiled a single State list of eligible training providers and programs from local areas in the State. The Eligible Training Provider List (ETPL) consists of program description information, performance information and cost information for each approved training program and is available via the Internet. The Alabama ETPL is updated as changes occur and are reported to WDD in order to provide current and up-to-date information to allow for informed customer choices.

For those looking to enhance their job skills or find employment, sometimes new job training can help provide a needed boost. You may be eligible to have at least some of that training paid for under the Workforce Investment Act. To search for available training programs, financial aid and other resources, visit the Eligible Training Provider website at [www.etpl.alabama.gov](http://www.etpl.alabama.gov).



The ETPL is an online guide to WIA (Workforce Investment Act) eligible training programs approved by Alabama's Workforce Investment Board. Consumers may search the System by geographic area, by field of study or by specific training institution to find the program that is right for them. Consumers may also compare different programs and different institutions, as well as the statewide performance average for available programs. Training and education providers may enter their program information online.

### Consumers

- Search the System by:
  - geographic area
  - field of study
  - training institution
- Compare programs and compare institutions
- Review the Statewide Performance Average for available programs

### Training and Education Providers

- Enter and Update Program Information Online

**Training Provider Application for Initial Eligibility  
Under the Workforce Investment Act (WIA)**

**Instructions: Complete ALL 3 Sections (Training Provider Information, Training Program Information, and Performance Data Information of the application and attach all applicable documentation.**

Submit your package to the Alabama Workforce Investment Area at the address listed below.

**Workforce Development Division  
AWIA Training Provider Unit, Room 390  
P.O. Box 5690  
Montgomery, AL 36103-5690  
Telephone (334) 242-5159 Fax: (334) 242-5624**

A separate Training Program Information Sheet must be submitted for each program or curriculum. (WIA section 122(2)(D)) The information requested in this section is required in order for your application to be processed.

If you fail to provide all of the information requested, your application may be returned to you without review. If your program/course is approved by the AWIA, it will be recommended for certification and inclusion in the Office of Workforce Development's statewide list of WIA eligible training providers at <http://www.etpl.alabama.gov/>.

- A 1. Local Workforce Investment Area:** \_\_\_\_\_
- A 2. Federal EIN:** \_\_\_\_\_
- A 3. Provider's Name:** \_\_\_\_\_
- A 4. Legal Name (if different from above):** \_\_\_\_\_
- A 5. Primary Mailing address:**  
P.O Box/Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
- A 6. Primary Telephone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **Web Page:** \_\_\_\_\_
- A 7. Administrative Contact:** Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
- A 8. Type of Provider (Check One):**
- A 9. Training Location (Physical Address):**  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
- A 10. In order to be eligible to provide training and to receive WIA Title I funds, the organization must meet the requirements of WIA section 122. Please indicate if you are eligible for one or more of the following:**
- A postsecondary institution that -
- Is eligible to receive Federal funds under Title IV of the Higher Education Act of 1965; and
  - Provides a program that leads to an associate degree, baccalaureate degree, or certificate;
- An entity that carries out programs under the National Apprenticeship Act; or
- Another public or private provider of a program of training services.
- A 11. Provider Certification (Attachments Required).**
- A 12. Brief description (not to exceed 100 words) of the training facility or training provider (Attachments Required).**
- A 13. Documentation of financial stability (Attachments Required).**
- A 14. Description of the specific geographical area where you propose to provide services: (Attachments Required).**

A 15. Description of how you plan to develop linkages with the local one-stop provider: **(Attachments Required)**.

A 16. Copy of your Alabama Business License. **(Attachments Required)**.

A 17. If applicable: Private School License (**attach** copy of license and approved course listing or certificate of exemption from the Alabama Department of Postsecondary Education.)

*If applicant is a private provider that does not have a license or certificate of exemption, please contact the Alabama Department of Postsecondary Education at (334) 242-2959.*

A 18. Authorized Signature:

By signing this application, I hereby certify that all information contained in this document, including any attachments, is accurate as of the date of submission. I further certify my understanding that any of the items included in the application or attachments may be provided to the public as part of the WDD's statewide list of WIA-certified training providers. I also agree to cooperate with monitors from the LWIB, WDD, or Department of Labor if I am selected for an oversight review.

Certified By:

\_\_\_\_\_  
Typed/Printed Name of Signatory

\_\_\_\_\_  
Signatory's Official Title

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

**Local Workforce Investment Board Use Only**

Date Received By LWIB: \_\_\_\_\_ Date Approved By LWIB: \_\_\_\_\_

Requested Certification Date: \_\_\_\_\_ Date Submitted To WDD: \_\_\_\_\_

Authorized LWIB Signature: \_\_\_\_\_

**Workforce Development Division Use Only**

Date Received By WDD: \_\_\_\_\_ Date Certified By WDD: \_\_\_\_\_

Authorized WDD Signature: \_\_\_\_\_

**Alabama Training Provider Certification System  
Provider Application for Initial Eligibility under the Workforce Investment Act (WIA)**

<b>Section II. Training Program Information</b>
---

- T 1. Program Name: Exact title of the program as it should appear on the system. \_\_\_\_\_
- T 2. Green Job Training:
- T 3. Cicode: \_\_\_\_\_
- T 4. Date that this program/curriculum was first implemented (mm/dd/yy): \_\_\_\_\_
- T 5. WIA Program:  Yes  No
- T 6. Are students in this program/course eligible for Pell Grants under Title IV of the Higher Education Act of 1965 (as reauthorized in 1998)?
- Yes - Date certification granted by the Department of Education (mm/dd/yy) \_\_\_\_\_
  - No –  
Is application pending with the Department of Education?  Yes  No
- T 7. Type of Offering (check one):
- T 8. Is this program/course designed to prepare the participant for certification or registration? Yes - No
- If yes, list the type of certification or registration AND the name of the certifying body:
- Certification \_\_\_\_\_ Name of certifying body \_\_\_\_\_
- T 9. Is the program/course intended to prepare the participant for licensure? Yes - No
- If yes, list the type of license AND the name of the licensing body:  
Type \_\_\_\_\_ Name \_\_\_\_\_
- T 10. If a non-credit program/course, are Continuing Education Units (CEUs) offered to successful program/course completers?
- Yes - If yes, number of CEUs earned: \_\_\_\_\_
  - No
- T 11. Frequency of Class: \_\_\_\_\_
- T 12. Number of weeks required to complete program or obtain credential. \_\_\_\_\_
- T 13. Day or Night Classes:  Day  Night
- T 14. Class Time: \_\_\_\_\_ Lab Time: \_\_\_\_\_ Other Time: \_\_\_\_\_
- T 15. Class Size: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_ Average \_\_\_\_\_
- T 16. Number of instructors per class: \_\_\_\_\_
- T 17. Percentage of required courses for this program offered via distance learning.
- T 18. Is this an apprenticeship program registered with the U. S. Department of Labor's Bureau of Apprenticeship and Training?
- Yes - Date registered with the Department of Labor (mm/dd/yy) \_\_\_\_\_
  - No – Is application pending with the Department of Labor?  Yes  No
- T 19. The type(s) of targeted population you plan to serve:
- T 20. The type(s) of training you plan to provide:



Data should be based on all individuals participating in the applicable program during the most recent twelve-month reporting period. See instruction for detailed reporting specifications.

- D 1. Reporting period: Program Year (2011, 2012, etc.)** \_\_\_\_\_  
**Begin Date (mm/dd/yy)** \_\_\_\_\_ **End Date (mm/dd/yy)** \_\_\_\_\_
- D 2. Participant Universe:** The total number of students who **exited program** during reporting period (number enrolled at beginning of reporting period plus new enrollees during reporting period minus number enrolled at end of reporting period). \_\_\_\_\_
- D 3. Program Completion:** The total number of students **completing the program** during the previous program year. \_\_\_\_\_
- D 4. Participant Completion:** The total number of students who **completed the program** during the previous program year and who **obtained unsubsidized employment**. \_\_\_\_\_
- D 5. Training Related Employment:** Total number of students who **completed the program** during the previous program year and who **obtained unsubsidized training related employment**. \_\_\_\_\_
- D 6. Average Hourly Placement Wage:** The **average hourly wage** at placement of all students who obtained unsubsidized training related employment. \_\_\_\_\_
- D 7. Description of the methodology used to collect and verify the performance data reported in items D 2 through D 6 above. (Attachments Required).**

## **ATTACHMENTS:**

- A Income Guidelines
- B Selective Service
- C Activity Codes
- D FIPS Code
- E County Code
- F Definitions
- G Eligibility Documentation Forms
- H Department of Labor Directives (TEGLs/TENs)
- I Overview of Performance Measures
- J Data Element Validation (Procedure and Policy)
- K Literacy Numeracy Chart (Educational Functioning Level Descriptors)
- L WIASRD (Revised August 2013)

**70% Lower Living Standard Income Level  
Combined with Federal Poverty Level**

**Metropolitan Areas**

<u>Family Size</u>	<u>Income</u>
1	11,490
2	15,510
3	19,919
4	24,592
5	29,025
6	33,946

For each additional family member above 6 add 4,921

**Non-Metropolitan Areas**

<u>Family Size</u>	<u>Income</u>
1	11,490
2	15,510
3	19,693
4	24,311
5	28,689
6	33,551

For each additional family member above 6 add 4,862

**METROPOLITAN AREAS INCLUDE:**

**Autauga, Bibb, Blount, Calhoun, Chilton, Colbert, Elmore, Etowah, Geneva, Greene, Hale, Henry, Houston, Jefferson, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Madison, Mobile, Montgomery, Morgan, Russell, Shelby, St. Clair, Tuscaloosa and Walker.**

**NON-METRO AREAS INCLUDE:**

**The other 39 counties.**

**\*Revision effective 03/19/13 per Federal Register / Vol. 78, No. 53 (LLSIL) and Federal Register / Vol. 78, No. 16 (HHS Poverty Guidelines).**

**WIA Self-Sufficiency Income Chart**

**A. Metropolitan Areas**

(Autauga, Bibb, Blount, Calhoun, Chilton, Colbert, Elmore, Etowah, Geneva, Greene, Hale, Henry, Houston, Jefferson, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Madison, Mobile, Montgomery, Morgan, Russell, Shelby, St. Clair, Tuscaloosa, and Walker.)

Family Size	100% LLSIL	150% LLSIL	200% LLSIL
1	\$12,653	\$18,980	\$25,306
2	\$20,732	\$31,098	\$41,464
3	\$28,456	\$42,684	\$56,912
4	\$35,131	\$52,697	\$70,262
5	\$41,464	\$62,196	\$82,928
6	\$48,494	\$72,741	\$96,988
For Each Additional Family Member above 6, add:	\$7,030	\$10,545	\$14,060

**B. Non-Metropolitan Areas**

(Other 39 Alabama Counties)

Family Size	100% LLSIL	150% LLSIL	200% LLSIL
1	\$12,512	\$18,768	\$25,024
2	\$20,498	\$30,747	\$40,996
3	\$28,134	\$42,201	\$56,268
4	\$34,730	\$52,095	\$69,460
5	\$40,984	\$61,476	\$81,968
6	\$47,930	\$71,895	\$95,860
For Each Additional Family Member above 6, add:	\$6,946	\$10,419	\$13,892

Revision effective 03/19/13 per Federal Register / Vol. 78, No.53

Family Income includes total annualized cash receipts before taxes from all sources, with the exceptions listed in (B) below:

**(A) Family income shall include:**

- (1) Money wages and salaries before any deductions (includes payment for work performed under Title V of OAA);
- (2) Net receipts from nonfarm self-employment (receipts from a person's own unincorporated business, professional enterprise or partnership, after deductions for business expenses);
- (3) Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter or sharecropper, after deductions for farm operating expenses);
- (4) Regular payments from railroad retirement, strike benefits from union funds, workers' compensation, veterans' payments and training stipends;
- (5) Alimony;
- (6) Military family allotments or other regular support from an absent family member or someone not living in the household;
- (7) Pensions whether private, government employee (including military retirement pay);
- (8) Regular insurance or annuity payments;
- (9) College or university scholarships, grants, fellowships and assistantships;
- (10) Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts;
- (11) Net gambling or lottery winnings.

**(B) Family income does not include:**

- (1) Unemployment compensation;
- (2) Child support payments;
- (3) Welfare payments (including TANF, SSI, RCA, and GA or General Relief, Emergency Assistance money payments);
- (4) Capital gains;
- (5) Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car;
- (6) Tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments or compensation for injury;
- (7) Noncash benefits, such as employer paid fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals and housing assistance.
- (8) Allowances or pay received by any person while serving on active duty in the Armed Services, providing that person is now a veteran (i.e., discharged from active duty). Allowances and pay received by any person while serving in Reserve or National Guard on six-month active duty for training, weekend drills or Summer Camp are also excluded;
- (9) Educational assistance and compensation payments to veterans and other eligible persons under Chapters 11 (Compensation for Service-Connected Disability or Death), 13 (Dependent Indemnity Compensation for Service-Connected Death), 31 (Vocational Rehabilitation), 34 (Veterans' Education Assistance), 35 (War Orphans' and Widows' Educational Assistance) and 36 (Administration of Education Benefits) of Title 38, United States Code;
- (10) Pell Grants;
- (11) Title IV of the Higher Education Act Federal Supplemental Education Opportunity Grants (FSEOG) and Federal Work Study (FWS);
- (12) Needs-based scholarship assistance;
- (13) Foster care child payments;
- (14) Social Security Disability Income (SSDI).
- (15) Regular payments from social security; OASI and survivors.

## **Methods for Calculating Annualized Income**

When calculating income, States and Local Workforce Investment Areas (LWIA) are encouraged to use any one of the following methods as appropriate. The examples are illustrative only and LWIA should obtain as many pay stubs as possible. A minimum of three pay stubs must be used for the straight pay or salary method and the average pay method.

### **Straight Pay or Salary Method**

Under the Straight Pay Method, the participant supplies a sample of pay stubs covering the most recent six months of family income. Upon reviewing the pay stubs the intake worker determines that the wage information on the pay stubs is the same. There is no variation in the wages for any of the pay stubs submitted for the income verification.

The intake worker will calculate the income based upon the wages indicated on one of the pay stubs, since there are no variations in the gross income on the pay stubs. Based upon the length of the pay period represented by the pay stubs, (usually weekly, bi-weekly, or monthly) the gross income is multiplied by the number of pay periods in a year. That is, 52 X gross wages, 26 X gross wages, or 12 X gross wages respectively. The result will be the annualized income used to determine eligibility.

#### **Example:**

Five (5) pay stubs are provided indicating gross wages of \$548.00 each. The pay stubs are sporadic and cover a period of three (3) months. The pay frequency is bi-weekly. An intake worker would multiply the gross wages indicated on the pay stub by the frequency occurrence.

$$26 \times \$548 = \$14,248$$

### **Average Pay Method**

Under the Average Pay Method, a sample of six (6) pay stubs are submitted which show variations in the gross earnings. The variations may result from overtime, lost time or work for different employers.

In calculating the annualized income, the intake worker must determine the average gross earnings based upon the number of pay stubs provided. To determine the average gross earnings, the intake worker must total the gross earnings of all the pay stubs provided and divide the result by the number of pay stubs. The result will be the average gross earnings per pay period. After determining average gross earnings the intake worker will then determine the pay frequency and multiply the gross average earnings by the number of pay periods in a year.

#### **Example:**

Participant provides intake worker with six (6) pay stubs with gross earnings of: \$534.00, \$475.00, \$398.00, \$534.00, \$498.00, and \$534.00. The pay frequency is weekly. The intake worker should do the following:

$$\text{Add: } \$534 + \$475 + \$398 + \$534 + \$498 + \$534 = \$2973.00$$

$$\text{Divide: } \$2976/6 = \$495.50 = \text{Average gross earnings}$$

$$\text{Multiply: } \$495.50 \times 52 = \$25,766 \text{ Annualized gross income}$$

### **Year-To-Date Method**

Under the Year-To-Date Method of calculating annualized gross income, the participant provides recent pay stubs with cumulative year-to-date gross earnings indicated on the pay stub. The cumulative year-to-date gross earnings indicate the gross earnings up to the date of the pay period ending date on the pay stub. To compute the annualized income, the intake worker counts the number of pays that have occurred since January 1, and divides that number into the gross year-to-date earnings indicated on the pay stub. [After this computation, the steps are the same as for the average pay method.] The result of this computation (average gross income per pay period) is then multiplied by the number of pay periods in a year to determine the annualized gross earnings.

### **Example:**

Participant provides the intake worker with a recent pay stub whose gross year-to-date earnings are \$13,756. The pay period ended September 30, 2003. The pay frequency is bi-weekly. Upon counting the number of pays that have occurred since January 1, 2003, the intake worker has determined that the participant has been paid 19 times. Calculation of the gross annualized income would be done as follows:

Divide \$13,756 by 19 bi-weekly pays = \$724.00

Multiply \$724.00 by 26 = \$18,824 (based upon bi-weekly pay frequency 26 pays per year) or

Divide \$13,756 by 38 weekly pays = \$362.00

Multiply \$362.00 by 52 = \$18,824 (based upon weekly pay frequency 52 pays per year)

### **Intermittent Work Method**

When an applicant has not had steady work with one or more employers, she/he should supply as many pay stubs as possible and complete an Applicant Statement explaining all missing pay stubs and non-work periods during the last six (6) months. In such cases, the intake worker should total all wages for the six-month period and multiply the result by two to annualize the wage income.

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

## SELECTIVE SERVICE REGISTRATION

The WIA, Section 189(h) [20 CFR 667.250] requires that a determination of Selective Service Registration Status be made prior to enrollment into WIA-funded programs. Military Selective Service Amendments provide that services must be denied to a male applicant 26 years of age or older if it is determined that he knowingly and willfully failed to register. He may be considered for participation. (See "Who Must Register for Selective Service?" on the following page 6.)

The LWIB has the option to serve those who did not knowingly and willfully fail to register. The LWIB will develop policy and procedures to conform with the new guidance on service to this population of applicants. This local policy would be carried out by the Career Center or entity that determines eligibility.

Only those males who are subject to, and have complied with, the registration requirements of the Military Selective Service Act (MSSA), as amended are eligible for participation in WIA-funded programs and services. Section 189(H) of WIA requires the Secretary of Labor to insure that each individual participating in any WIA program, or receiving any assistance under the WIA, has not violated the requirements of §3 of the MSSA (50 U.S.C. App. 453). This section requires that every male citizen, and every other male residing in the U. S., must register with the Selective Service System between their 18<sup>th</sup> and 26<sup>th</sup> birth dates. The Director of the SSS and the Secretary of Labor are required to cooperate in carrying out these provisions.

In 1986, the MSSA was amended by Public Law 99-661, §1366 to require the registration status to be examined and confirmed as follows:

- (g) A person may not be denied a right, privilege or benefit under Federal law by reason of failure to present himself for and submit to registration under section 3 [50 U.S.C. App. 453] if--
  - (1) the requirement for the person to so register has terminated or become inapplicable to the person; and
  - (2) the person shows by a preponderance of the evidence that the failure of the person to register was not a knowing and willful failure to register.

The Conference Report to the amendment clarified "that a nonregistrant is not to be denied any Federal benefit if he can demonstrate that his failure to register was not knowing or willful." This provision was added "in order not to penalize an individual with an obvious disqualifying handicap, such as total paralysis of the limbs or an individual who has been honorably discharged from the armed services."

Occasionally, males who were subject to SSS registration, but did not register and are now beyond their 26th birth date apply for assistance from the WIA program. In the past, when grantees completed the "advisory form" for such applicants, the SSS responded with an "advisory opinion letter" which, in effect, ruled on an Applicant's compliance with the WIA requirement to register with the SSS. Since January 1995, the SSS has been issuing "status information letters" indicating an applicant's Selective Service status, in lieu of the previous system of "advisory opinion letters." This current practice is pursuant to SSS's determination that final decisions for disbursing federally financed domestic benefits, services, rights or

training, rests solely with the various provider agencies which disburse them. In the case of WIA, these provider agencies are the LWIBs.

The LWIB programs disbursing services or benefits have the responsibility for deciding the above cases and determining eligibility for services or benefits on a case-by-case basis.

Individuals who are required to register (males between the ages of 18 and 26), but have not registered, and have not yet reached their 26<sup>th</sup> birth date, should be referred to SSS for registration or registered by the LWIB prior to enrollment in WIA.

Any male over 26 years old who did not register and possesses a "Status Information Letter" from the SSS indicating that he was required to register, but did not, and now cannot be registered because the law does not allow for registration after the age of 26, is presumptively disqualified from participation in WIA-funded services and activities. The burden then falls on the Applicant to provide evidence explaining why he failed to register with the SSS. This could include a written explanation from the Applicant, stating his circumstances at the time of the required registration, and his reasons for not registering, together with supporting documentation.

Since the WIA grantee is now authorized to make these determinations for eligibility purposes, the LWIB staff should evaluate the evidence presented by the applicant and make a determination regarding whether or not the applicant's failure to register with the SSS when required to register is consistent with the above cited amendment to P.L. 99-661, §1366. If after reviewing the evidence, the LWIB determines that the preponderance of the evidence shows that a man's failure to register was not a knowing and willful failure and he is otherwise eligible, services may be granted. If the determination is that the evidence shows the Applicant's failure to register was knowing and willful, WIA services must be denied. Applicants denied services should be advised of the available grievance procedures under WIA. Decisions by the local program are appealable to the State (see item 6. below).

A nonregistrant should be encouraged to offer as much evidence and in as much detail as possible to support his case. Following are examples of documentation/evidence that may be of assistance to LWIBs in making a determination in these cases:

1. A man provides evidence that he served honorably in the U.S. Armed Forces by submitting a copy of his DD Form 214 attesting to his service, or a copy of his Honorable Discharge Certificate. Such documents may be considered prima facie evidence that his failure to register with the SSS was not willful or knowing.
2. Alien males who entered the U.S. on or after attaining their 26th birthday are exempt from the Selective Service registration requirements. Immigration and Naturalization Service (INS) Form I-94 (Arrival/Departure Record) and INS Form I-551 (Alien Registration Receipt Card commonly called the "green card") held by aliens will show the birth date of the alien. Also, INS has granted legal status and employment authorization to some lawful seasonal agricultural workers (SAWs) and some formerly illegal aliens under the 1986 Immigration Reform and Control Act (IRCA).
3. Immigrant aliens, and refugees, parolees, asylees, SAWs and IRCA-legalized aliens with work permits can be enrolled into WIA programs only after an SSS registration or exemption is established as outlined above. INS Form I-688 (Temporary Resident Card) will be helpful in establishing the alien's status.

4. Male aliens 26 years of age or older who entered the U.S. illegally and who were subsequently granted legal status by the INS (IRCA-legalized aliens) or who were born on or after January 1, 1960, but who are not registered with the SSS can be enrolled into WIA only after a "status information" letter (formerly called an "Advisory Opinion Letter") has been obtained from SSS. If SSS issues a status information letter that it has no evidence that such individuals knowingly and willfully failed to register, the individuals should provide the LWIB reasons why SSS has no evidence of their registration, and in so doing, provide evidence to convince the LWIB that they did not knowingly or willfully fail to register. The individuals can then be enrolled into WIA programs, if they are otherwise eligible. If SSS is silent on this question, then the LWIB must make the determination, as described above.
5. Third Party Affidavits from parents, teachers, employers, doctors, etc. concerning reasons for not registering, may also be helpful to LWIBs in making determinations in cases regarding willful and knowing failure to register with the SSS.
6. The WIA and its regulations provide a system for handling grievances, complaints, hearings, and appeal rights. The specific procedures to be followed are developed at the local and State levels in accordance with the provisions of WIA and the regulations at 20 CFR 667.600. Under WIA, the State is responsible for making sure that there is a process in place to handle WIA complaints/appeals at the local level. If a person does not receive a decision at the local level within 60 days of filing a complaint or grievance or is dissatisfied with the decision they receive, they have the right to request a review of their complaint by the State. Please note that under Federal rules, the State's decision is final.

## **Policy for Application of Selective Service System Registration Requirements in Section 189 (h) of WIA to Applicants 26 Year of Age or Older**

WIA requires that a determination of Selective Service Registration status be made by WIA providers before services can be delivered. The Amendments provide that services may be denied to a male applicant 26 years of age or older if it is determined that the applicant knowingly and willfully failed to register.

The State encourages the Career Center or entity that determines eligibility to thoroughly review Applicant's non-registration status with SSS. Effective immediately, in determining the qualifications of males who failed to register with the Selective Service System to participate in WIA programs, the following steps should be followed:

The Career Center or entity that determines eligibility must determine whether the Applicant has complied with the SSS requirement:

1. The Career Center or entity that determines eligibility will determine if the male has served on active duty in the military and has been discharged. All discharges, other than dishonorable, allow the applicant to be eligible to participate in WIA programs. Appropriate documentation would include making a copy of the applicant's military discharge (Form DD-214) for the intake record. Reserve duty and National Guard service are not acceptable for eligibility.
2. If the Applicant did not serve in the military and is not registered, the entity that determines eligibility will decide if the Applicant has a visible or obvious handicap that would permanently disqualify him from military service. If the Applicant has such a handicap, no further action is necessary. If otherwise eligible, the Applicant may participate in the WIA program. The entity determining eligibility should appropriately document the type of handicap observed and note it in the Applicant's intake record. Other appropriate documentation includes a medical statement or Social Security disability income documentation.
3. If the Applicant does not have a visible or obvious handicap that would permanently disqualify him from military service, has no honorable discharge and has not complied with Selective Service's Registration requirements, the following procedure will be followed:

The Career Center or entity that determines eligibility will decide whether an Applicant knowingly and willfully failed to register with the SSS.

An Applicant 26 years of age or older who was born on or after January 1, 1960, and does not meet any of the above criteria, must request a Status Information Letter from the SSS if the local LWIB cannot establish the registration status of the individual before further eligibility determination for participation in WIA programs may be considered.

The Career Center instructs the non-registered Applicant, 26 years of age or older, (or those without evidence of registration with the SSS) wishing to participate in WIA programs to send request for a Status Information Letter to:

The Office of General Counsel  
Selective Service System  
National Headquarters  
1515 Wilson Blvd.  
Arlington, VA. 22209

Applicant requests must include the following information:

1. The Applicant's name;
2. The Applicant's current address;
3. The Applicant's date of birth;
4. The Applicant's Social Security number (Applicants may voluntarily provide this to the SSS to aid in differentiating among applicants with identical names. The Selective Service does not, however, require this information.); and
5. A statement that the Applicant is requesting a Status Information Letter.

The SSS will respond with a Status Information Letter within 30 days of receipt of each request. The SSS does not render an opinion regarding the circumstances of the Applicant's noncompliance. The Status Information Letter either confirms that a male was required to register and did so or that he is not registered. The SSS does not provide a determination for the failure to register. When the Applicant receives a response from the SSS, the letter should be taken to the Career Center or entity determining eligibility.

The Career Centers are advised of their duty to determine, on a case-by-case basis, whether the Applicant has shown that the failure to register was not a deliberate disregard of the law.

If the Career Center determines that the Applicant's failure to register was reasonably not willful and knowing, then an otherwise eligible male may be enrolled into WIA programs.

Applicants who are determined to have knowingly and willfully failed to comply may not be enrolled into WIA programs.

The Career Centers are encouraged to give preferences to applicants who are honorably discharged veterans or who did comply with the SSS requirements.

**WHO MUST REGISTER FOR SELECTIVE SERVICE?**

**Only Male Persons**

CATEGORY	YES	NO
All male U.S. citizens born on or after January 1, 1960, who are 18 but not yet 26 years old, except as noted below:	<b>X</b>	
<b>Military-related</b> Members of the Armed Forces on Active Duty (Active Duty for training does not constitute "Active Duty" for registration purposes)		<b>X*</b>
Cadets and Midshipmen at Service Academies or the Coast Guard Academy		<b>X*</b>
Cadets at the Merchant Marine Academy	<b>X</b>	
Students in Officer Procurement Programs at The Citadel, North Georgia College, Norwich University, and Virginia Military Institute		<b>X*</b>
National Guardsman and Reservist not on active duty	<b>X</b>	
Delayed Entry Program enlistees	<b>X</b>	
ROTC students	<b>X</b>	
Separatees from Active Military Service, separated for any reason before age 26	<b>X*</b>	
Men Rejected for Enlistment for any reason before age 26	<b>X</b>	
Civil Air Patrol members	<b>X</b>	
<b>Aliens**</b> Lawful nonimmigrants on visas (e.g., diplomatic and consular personnel and families, foreign students, tourists with unexpired Forms I-94, I-95A, or Border Crossing Documents I-185, I-186, I-586, or I-444)		<b>X</b>
Permanent resident aliens	<b>X</b>	
Special (seasonal) agricultural workers (I-688)	<b>X</b>	
Special agricultural workers (I-688A)		<b>X</b>
Refugee, parolee, and asylee aliens	<b>X</b>	
Undocumented (illegal) aliens	<b>X</b>	
Dual national U.S. citizens	<b>X</b>	
<b>Confined</b> Incarcerated or hospitalized or institutionalized for medical reasons		<b>X*</b>
<b>Handicapped physically or mentally</b> Able to function in public with or without assistance	<b>X</b>	
Continually confined to a residence, hospital, or institution		<b>X</b>

\* MUST register within 30 days of release unless already age 26 or already registered when released, or unless exempt during entire period age 18 through 25.

\*\* 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. Habitual residence is presumed whenever a national, or a citizen of the Republic of the Martial Islands or the Federated States of Micronesia resides in the United States for more than one year in any status, except as a student or employee of the government of his homeland.

VERIFICATION OF SELECTIVE SERVICE WAIVER  
FOR MALES BORN ON OR AFTER JANUARY 1, 1960, AGE 26 OR OLDER  
AND HAVE NOT REGISTERED

Applicant's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

The above named Applicant meets all other requirements and is otherwise eligible. Eligibility is based on the following selective service registration waiver:

_____ Institutionalized for the entire period between the ages of 18 and 26
_____ Release Papers (Please attach a copy of the document used to verify the information.)
_____ Name of Institution: _____
_____ Date Entered: ___/___/___
_____ Date Released: ___/___/___
_____ Person Contacted: _____
_____ Job Title: _____ Telephone Number: _____

\_\_\_\_\_ Received an honorable discharge from the military (Please attach a copy of the document used to verify the information.)

\_\_\_\_\_ Visible or obvious disability that would permanently disqualify him from military service.  
• Please note disability observed: \_\_\_\_\_

\_\_\_\_\_ Appeal made to Selective Service and a Registered Status Information letter was received indicating that according to their records the applicant was not required to register.

\_\_\_\_\_ Entered U.S. after 26<sup>th</sup> birthday (Please attach a copy of immigration documentation showing U.S. entry date.)

\_\_\_\_\_ Failure to register was not knowing and willful (Attach documentation.)

<b><u>CERTIFICATION</u></b>	
I certify that the information provided above is true and that all documentation is, to the best of my knowledge, authentic.	
Signature, Title: _____	Date: ___/___/___
Signature, Title: _____	Date: ___/___/___

ATTACHMENT C

Digits

1 – Funding Year (2, 3, 4 or 5, etc.)\*

2 – Fund Source

**WIA Fund Source Code**

**WIA Description**

0 - .....	Vacant (Unassigned)
1 - .....	Adult
2 - .....	Summer Youth – In School
3 - .....	Summer Youth – Out of School
4 - .....	Out of School Youth
5 - .....	Governor’s Setaside (25%)
6 - .....	LWIA Dislocated Worker
7 - .....	In School Youth
8 - .....	Local ADMIN
9 - .....	Vacant (Unassigned)
A - .....	ADMIN 5%
B - .....	Vacant (Unassigned)
C - .....	Vacant (Unassigned)
D - .....	Incentive
E - .....	LWIA Dislocated Workers (75%)
F - .....	Severe Storms, Tornadoes, & Flooding (NEG) <small>(Expired 06/30/13)</small>
G - .....	SESP & Training Grant (Discretionary Grant) <small>(Expired 06/30/13)</small>
H - .....	LWIA Adult (75%)
I - .....	Vacant (Unassigned)
J - .....	ARRA – OJT (NEG) - Expired 09/30/12
K - .....	Rapid Response (75%)
L - .....	LEARN Project (Expired 12/31/11)
M - .....	DWT-NEG
N - .....	Region IX REI Grant (Expired 03/31/12)
O - .....	Vacant (Unassigned)
P - .....	PY Adult Transfer
Q - .....	FY Adult Transfer
R - .....	Rapid Response (25%)
S - .....	Vacant (Unassigned)
T - .....	Governor’s Setaside (75%)
U - .....	Vacant (Unassigned)
V - .....	Vacant (Unassigned)
W - .....	BP Oil Spill (NEG) (Expired 06/30/13)
X - .....	Multi-Funds
Y - .....	Vacant (Unassigned)
Z - .....	Disability Employment Initiative (DEI)

\*USDOL Year Allocation

3 & 4 LWIA

- 10 – WDD State Programs
- 11 – WDD State Programs Region I
- 12 – WDD State Programs Region II
- 13 – WDD State Programs Region III
- 14 – Vacant (Unassigned)
- 15 – Vacant (Unassigned)
- 16 – Vacant (Unassigned)
- 17 – Vacant (Unassigned)
- 18 – Vacant (Unassigned)
- 20 – AWIA Statewide
- 21 – AWIA Region I
- 22 – AWIA Region II
- 23 – AWIA Region III
- 24 – Vacant (Unassigned)
- 25 – Vacant (Unassigned)
- 26 – Vacant (Unassigned)
- 30 – Jefferson County Commission
- 40 – Mobile Works, Inc.

5 & 6 Activities

- 00 – **GENERIC**
- 01 – BASIC SKILLS TRAINING
- 02 – REMEDIAL READING/WRITING/MATHEMATICS
- 03 – LITERACY
- 04 – STUDY SKILLS
- 05 – ENGLISH FOR NON-ENGLISH SPEAKERS
- 06 – BILINGUAL
- 07 – GED
- 08 – BASIC SKILLS EMPLOY. COMPS. (YOUTH)
- 09 – SCHOOL TO POSTSECONDARY TRANSITION
- 10 – ALTERNATIVE HIGH SCHOOL
- 11 – MENTORING
- 12 – OTHER
  
- 15 – **OCCUPATIONAL SKILLS TRAINING**
- 16 – JOB-SPECIFIC COMPETENCIES
- 17 – SCHOOL-TO-WORK/APPREN. (JOB SPECIFIC)
- 18 – ON-SITE INDUSTRY SPECIFIC
- 19 – CUSTOMIZED
- 20 – ENTREPRENEURIAL
- 21 – INTERNSHIP
- 22 – PRE-APPRENTICESHIP
- 23 – ADVANCED CAREER
- 24 – INDIVIDUAL REFERRAL
- 25 – UPGRADE

26 – RETRAINING  
27 – OTHER  
30 – **ON-THE-JOB TRAINING (01-99)**  
31 – ON-THE-JOB TRAINING (ABOVE 99)  
32 – **WORK EXPERIENCE**  
33 – VOCATIONAL EXPLORATION  
34 – ENTRY EMPLOYMENT EXPERIENCE – YOUTH ONLY  
35 – PRIVATE/LIMITED INTERN 500 HOURS – YOUTH ONLY  
36 – COMMUNITY SERVICES  
37 – DEI – Employment & Educational Services  
38 – **OTHER EMPLOYMENT SKILLS TRAINING**  
39 – PRE-EMPLOYMENT/WORK MATURITY  
40 – SCHOOL-TO-WORK/POSTSECONDARY PROGRAMS  
41 – TRAINING COMBINED W/COMMUNITY & YOUTH  
SERVICES OPPORTUNITIES  
42 – POST EMPLOYMENT SERVICES  
43 – JOB RETENTION SERVICES  
44 – **JOB PLACEMENT SERVICES**  
45 – JOB DEVELOPMENT/REFERRAL/PLACEMENT  
46 – VOCATIONAL EXPLORATION  
47 – RELOCATION ASSISTANCE  
48 – JOB CLUBS  
49 – RESUME ASSISTANCE  
50 – JOB FINDING SKILLS  
51 – JOB READINESS  
52 – JOB CREATION EMPLOYMENT WAGE SUBSIDIES  
53 – **BASIC READJUSTMENT SERVICES (III)**  
54 – ORIENTATION  
55 – SKILLS DETERMINATION  
56 – PRE-LAYOFF ASSISTANCE  
57 – JOB DEVELOPMENT/REFERRAL  
58 – JOB SEARCH  
59 – JOB TRANSITIONAL SERVICES  
60 – TEMPORARY JOB CREATION  
61 – RELOCATION ASSISTANCE  
62 – OTHER  
63 – **SUPPORTIVE SERVICES**  
64 – TRANSPORTATION  
65 – HEALTH CARE  
66 – FAMILY CARE  
67 – HOUSING/RENTAL ASSISTANCE  
68 – COUNSELING  
69 – NEEDS-BASED/RELATED PAYMENTS

70 – CASH INCENTIVE PAYMENT (YOUTH ONLY)  
71 – OTHER (PELL OR TRA COVERAGE)  
72 – ADMINISTRATION  
73 – ELIGIBILITY DETERMINATION  
74 – ASSESSMENT  
75 – CASE MANAGEMENT  
76 – OUTREACH  
77 – SUMMER ENRICHMENT  
78 – SUMMER WORK EXPERIENCE  
79 – SUMMER SPECIAL PROJECTS  
80 – RAPID RESPONSE  
81 – RELOCATION ASSISTANCE (RET)  
82 – OTHER  
83 – ONE STOP SHOP  
84 – VACANT (UNASSIGNED)  
85 – VACANT (UNASSIGNED)  
86 – INCUMBENT WORKER  
87 – CAPACITY BUILDING  
88 – VACANT (UNASSIGNED)  
89 – BASIC SKILLS (Youth Skill Attainment 14-18)  
90 – OCCUPATIONAL SKILLS (Youth Skill Attainment 14-18)  
91 – WORK READINESS (Youth Skill Attainment 14-18)  
92 – VACANT (UNASSIGNED)  
93 – PERFORMANCE BASED OJT CONTRACTS  
94 – VACANT (UNASSIGNED)  
95 – VACANT (UNASSIGNED)  
96 – VACANT (UNASSIGNED)  
97 – HIGH GROWTH INDUSTRY  
98 – 99 – UNASSIGNED NUMBERS FOR COMBINED  
ACTIVITIES/SPECIAL PROJECTS

7 & 8 Sequence No.

01-99

ATTACHMENT D

<u>FIPS NUM. CODE</u>	<u>STATE OR STATE EQUIVALENT</u>	<u>FIPS NUM. CODE</u>	<u>STATE OR STATE EQUIVALENT</u>
01	Alabama	36	New York
02	Alaska	37	North Carolina
04	Arizona	38	North Dakota
05	Arkansas	39	Ohio
06	California	40	Oklahoma
08	Colorado	41	Oregon
09	Connecticut	42	Pennsylvania
10	Delaware	44	Rhode Island
11	District of Columbia	45	South Carolina
12	Florida	46	South Dakota
13	Georgia	47	Tennessee
15	Hawaii	48	Texas
16	Idaho	49	Utah
17	Illinois	50	Vermont
18	Indiana	51	Virginia
19	Iowa	53	Washington
20	Kansas	54	West Virginia
21	Kentucky	55	Wisconsin
22	Louisiana	56	Wyoming
23	Maine	60	American Samoa
24	Maryland	64	Federated States of Micronesia
25	Massachusetts		
26	Michigan	66	Guam
27	Minnesota	68	Marshall Islands
28	Mississippi	69	Northern Mariana Islands
29	Missouri	70	Palau
30	Montana	72	Puerto Rico
31	Nebraska	74	U.S. Minor Outlying Islands
32	Nevada		
33	New Hampshire	78	Virgin Islands of the U.S.
34	New Jersey	99	Outside USA
35	New Mexico		

ATTACHMENT E

**The following code numbers should be used to record the applicant's county of residence.**

<u>County</u>	<u>Number</u>	<u>County</u>	<u>Number</u>	<u>County</u>	<u>Number</u>
Autauga	001	Dallas	047	Marion	093
Baldwin	003	DeKalb	049	Marshall	095
Barbour	005	Elmore	051	Mobile	097
Bibb	007	Escambia	053	Monroe	099
Blount	009	Etowah	055	Montgomery	101
Bullock	011	Fayette	057	Morgan	103
Butler	013	Franklin	059	Perry	105
Calhoun	015	Geneva	061	Pickens	107
Chambers	017	Greene	063	Pike	109
Cherokee	019	Hale	065	Randolph	111
Chilton	021	Henry	067	Russell	113
Choctaw	023	Houston	069	St. Clair	115
Clarke	025	Jackson	071	Shelby	117
Clay	027	Jefferson	073	Sumter	119
Cleburne	029	Lamar	075	Talladega	121
Coffee	031	Lauderdale	077	Tallapoosa	123
Colbert	033	Lawrence	079	Tuscaloosa	125
Conecuh	035	Lee	081	Walker	127
Coosa	037	Limestone	083	Washington	129
Covington	039	Lowndes	085	Wilcox	131
Crenshaw	041	Macon	087	Winston	133
Cullman	043	Madison	089	Out of State	997
Dale	045	Marengo	091		

## ATTACHMENT F

### WIA DEFINITIONS

**Adult:**

An individual who is age 18 or older.

**Adult Education/Basic Skills/Literacy Skills:**

Services or instruction in one or more of the following areas: adult education and literacy services, including workplace literacy services, family literacy services and English literacy services.

**Advanced Training/Occupational Skills Training:**

An organized program of study that provides specific vocational skills that lead to proficiency in performing actual tasks and technical functions required by certain occupational fields at entry, intermediate or advanced levels. Such training should: (1) be outcome-oriented and focused on a long-term goal as specified in the Individual Service Strategy, (2) be long-term in nature and commence upon program exit rather than being short-term training that is part of services received while enrolled in ETA-funded youth programs and (3) result in attainment of a certificate (defined below). This definition also applies to a participant who enrolled in services on or after July 1, 2006.

**Applicant's Statement:**

This is a statement that WIA allows for limited use to document those items that in some cases are not verifiable or may cause undue hardship for individuals to obtain. An Applicant's statement may be used in some cases only after all practicable attempts to secure documentation have failed. Applicant statements must be supported by a documented corroborative contact or reliable witness attesting to the accuracy of the statement.

**Basic Skills Deficient/Basic Literacy Skills Deficiency:**

The individual computes or solves problems, reads, writes, or speaks English at or below the eighth grade level or is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society. In addition, states and grantees have the option of establishing their own definition, which must include the above language. In cases where states or grantees establish such a definition, that definition will be used for basic skills determination.

**Basic Skills Goal:**

Measurable increase in basic education skills including reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning and the capacity to use these skills.

**Behind in Grade Level:**

Individuals with educational attainment that is one (1) or more grade levels below the grade level appropriate to the age of the individuals.

When determining the level of deficiency for a youth participant, it is essential to determine the grade level at which they should be functioning. According to the Alabama Department of Education, in order to enter the first grade, a child must be six years old on or before September 1.

**Certificate:**

A certificate is awarded in recognition of an individual's attainment of measurable technical or occupational skills necessary to gain employment or advance within an occupation. These technical or occupational skills are based on standards developed or endorsed by employers. Certificates awarded by workforce investment boards are not included in this definition. Work readiness certificates are also not included in this definition. A certificate is awarded in recognition of an individual's attainment of technical or occupational skills by:

- A state educational agency or a state agency responsible for administering vocational and technical education within a state.
- An institution of higher education described in Section 102 of the Higher Education Act (20 USC 1002) that is qualified to participate in the student financial assistance programs authorized by Title IV of that Act. This includes community colleges, proprietary schools and all other institutions of higher education that are eligible to participate in Federal student financial aid programs.
- A professional, industry or employer organization (e.g., National Institute for Automotive Service Excellence certification, National Institute for Metalworking Skills, Inc., Machining Level I credential) or a product manufacturer or developer (e.g., Microsoft Certified Database Administrator, Certified Novell Engineer, Sun Certified Java Programmer) using a valid and reliable assessment of an individual's knowledge, skills and abilities.
- A registered apprenticeship program.
- A public regulatory agency, upon an individual's fulfillment of educational, work experience or skill requirements that are legally necessary for an individual to use an occupational or professional title or to practice an occupation or profession (e.g., FAA aviation mechanic certification, state certified asbestos inspector).
- A program that has been approved by the Department of Veterans Affairs to offer education and training to veterans and other eligible persons under provisions of the Montgomery GI Bill.
- Job Corps centers that issue certificates.

- Institutions of higher education which is formally controlled, or has been formally sanctioned, or chartered, by the governing body of an Indian tribe or tribes.

**Common Measures:**

A set of performance measures that are common between job training and employment programs administered by the U.S. Department of Labor; Education; Health and Human Services; Veterans Affairs; Interior; and Housing and Urban Development.

**Corroborative Witness:**

Someone who personally knows or can identify the WIA Applicant and who is reasonably likely to be able to verify the applicant's statements. Such verification may be accomplished by the witness signing the applicant statement form or by completion of a telephone/document inspection form.

**Credential:**

Nationally recognized degree or certificate or State/locally recognized credential. Credentials include, but are not limited to a high school diploma, GED or other recognized equivalents, post-secondary degrees/certificates, recognized skill standards and licensure or industry-recognized certificates. States should include all State Education Agency recognized credentials. In addition, States should work with local Workforce Investment Boards to encourage certificates to recognized successful completion of the training services listed above that are designed to equip individuals to enter or re-enter employment, retain employment or advance into better employment.

(Please note: this term applies to the current WIA statutory adult, dislocated worker and youth measures; it does not apply to common measures.)

**Customized Training:**

Designed to meet the special requirements of an employer (including a group of employers), that is conducted with a commitment by the employer to employ, or in the case of incumbent workers, continue to employ, an individual on successful completion of the training and for which the employer pays for not less than 50 percent of the cost of training.

**Date of Actual Qualifying Dislocation:**

Represents the date of separation or dislocation from employment. This date is the last day of employment at the dislocation job. If there is no dislocation job (e.g., displaced homemaker), leave "blank."

**Diploma:**

Any credential that the state education agency accepts as equivalent to a high school diploma that also includes post-secondary degrees including Associate (AA and AS) and Bachelor Degrees (BA and BS).

**Disability:**

With respect to an individual: 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.

**Dislocated Worker:** Must be 18 years of age or older and meet at least one of the four categories below:

1. has been terminated or laid off, or who has received a notice of termination or layoff from employment
  - a. is eligible for or has exhausted entitlement to unemployment compensation; or
  - b. has been employed for a duration sufficient to demonstrate to the appropriate entity at a Career Center, 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
  - c. is unlikely to return to a previous industry or occupation;
2. 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
  - a. is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or
  - b. for purposes of eligibility to receive services other than training services, intensive services, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.
3. was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters; or
4. is a displaced homemaker who was:
  - a. previously providing unpaid services, and
  - b. has been dependent on the income of another family member, and
  - c. is unemployed or underemployed, and
  - d. has been having difficulty finding employment or upgrading

**Displaced Homemaker:**

An individual who has been providing unpaid services to family members in the home and has been dependent on the income of another family member but is no longer supported by that income; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

*Note: Underemployment occurs when a worker is either overqualified for his/her job, or is not working full-time and is working fewer hours than desired. For example, a college graduate in microbiology can find no work in his/her field and ends up as a clerk in a department store.*

**Documentation:**

Maintains physical evidence which is obtained during the verification process and stored in participant files. Such evidence would be copies of documents, completed telephone/document inspection forms or signed Self Certification forms.

**Educational Gain:**

At post-test, participant completes or advances one or more educational functioning levels from the starting level measured on entry into the program (pre-test).

**Eligible Non-Citizen:**

Participation in programs and activities financially assisted by WIA "shall be open to citizens and nationals of the United States, lawfully admitted permanent resident aliens, lawfully admitted refugees and parolees and other individuals authorized by the Attorney General to work in the United States". "Citizens and nationals must prove citizenship with documentation of place of birth or citizenship status."

Permanent Resident and Temporary Resident Aliens must prove citizenship status with an alien registration receipt card issued by the Immigration and Naturalization Service. This card is a photo ID. ID's issued prior to July 1, 1979, will be a Form 1-151 (green card). Subsequent ID's will be Form 1-551 (white card). All permanent resident aliens are "authorized to work".

Lawfully admitted refugees, parolees and other individuals must prove authorized employment status with an annual-departure record issued by the Immigration and Naturalization Service. If the individual is permitted to work in the U.S., that person's card will be stamped "Employment Authorized".

**Eligible Training Provider:**

An eligible training provider is an organization, entity or institution such as a public or private college and university, community based organization, or proprietary school for which program(s) have been approved by a Local Workforce Investment Board and submitted to the state for inclusion on the statewide eligible training provider list.

**Eligible Youth:**

An individual who:

- a. is not less than age 14 and not more than age 21 and
- b. is a low-income individual and
- c. is one or more of the following:
  - 1. Deficient in basic literacy skills
  - 2. A school dropout
  - 3. Homeless, a runaway, or a foster child
  - 4. Pregnant or a parent
  - 5. An offender
  - 6. One who requires additional assistance to complete an educational program, or to secure and hold employment.

**Eligibility 5% (Special Rule) Exemptions:**

Not more than 5% of the youth participants in a program assisted under these parts in each local workforce investment area may be individuals who do not meet the economic eligibility requirements if such individuals are within one or more categories of individuals who face serious barriers to employment. In order to serve these individuals, the first seven (7) barrier(s) A through G are identified in the Act and the eighth (8) barrier (H) must be defined in the Workforce Investment Plan along with the method for documenting the barriers.

- (A) Individuals who are school dropouts.
- (B) Individuals who are basic skills deficient.
- (C) Individuals with educational attainment that is 1 or more grade levels below the grade level appropriate to the age of the individuals (behind grade level).
- (D) Individuals who are pregnant or parenting.
- (E) Individuals with disabilities, including learning disability.
- (F) Individuals who are homeless or runaway youth.
- (G) Individuals who are offenders.
- (H) Other youth who face serious barriers to employment in an LWIB designated category.

**LWIB Designated Category:** (ADDITIONAL CATEGORY)

A LWIB conducting a program assisted under this part may add one category of individuals who face serious barriers to employment to the categories of eligible individuals described in Special Rule 5% Exempt Eligibility above if:

1. The LWIB submits a request to the Governor in the state plan identifying the additional category of individuals and justifying the inclusion of such category; and
2. The additional category of individuals is not solely comprised of (a) individuals with a poor work history or (b) individuals who are unemployed.

**NOTE:** A member of a group protected under the civil rights statutes may not be designated as having a barrier to employment solely on the basis of the characteristics that cause him/her to fall under the civil rights legislation.

**Employed in the Quarter After the Exit Quarter:**

The individual is considered employed in a quarter after the exit quarter if wage records for that quarter show earnings greater than zero. When supplemental data sources are used, individuals should be counted as employed if, in the calendar quarter of measurement after the exit quarter, they did any work at all as paid employees (i.e., received at least some earnings), worked in their own business, profession, or worked on their own farm.

**Employed in the Second or Third Quarter After the Exit Quarter:**

The individual is considered employed if the wage records for the second or third quarter after exit show earnings greater than zero. Wage records will be the primary data source of tracking employment in the quarter after exit.

When supplemental data sources are used, individuals should be counted as employed if, in the second or third quarter after exit, they did any work at all as paid employees, worked in their own business, profession, or worked on their own farm.

**Employment Status at Participation:**

**(Employed)** - The participant is a person who either (a) did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off and whether or not seeking another job.

**(Employed, but Received Notice of Termination or Military Separation)** - The participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is currently on active military duty and has been provided with a firm date of separation from military service.

**(Not Employed)** - The individual does not meet any one of the conditions described above.

**Exit Date:**

Represents the last day on which the individual received a service funded by the program or a partner program. Once a participant has not received any services funded by the program or a partner program for 90 consecutive calendar days and 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.

**Exit Quarter:**

Represents the calendar quarter in which the date of exit is recorded for the individual.

**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:

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

- The term "welfare family" is defined as those listed on the welfare grant receiving cash payments under TANF (PRWORA) Act of 1996, General Assistance (State or local government), the Refugee Assistance Act of 1980 (PL 96-212), or SSI.
- The phrase "living in a single residence" with other family members includes temporary, voluntary residence elsewhere (e.g. attending school or college, or visiting relatives). It does not include involuntary residence elsewhere (e.g. incarceration, or placement as a result of a court order).
- Dependent children for WIA purposes are those individuals under age 19 (or under age 24 and a full-time student) who are living in the single residence and are being claimed as dependents on the parent/guardian's income tax return at the time of application or living with the parent/guardian who has legal custody.

**Family Income:**

For the purpose of determining WIA income eligibility:

**(A) Included as Income is:**

- Money wages and salaries before any deductions (includes payment for work performed under Title V or OAA);
- Net receipts from non-farm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses);

- Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses);
- Regular payments from railroad retirement, strike benefits from union funds, worker's compensation, veterans' payments, and training stipends;
- Alimony;
- Military family allotments or other regular support from an absent family member or someone not living in the household;
- Pensions whether private or government employee (including military retirement pay);
- Regular insurance or annuity payments;
- College or university scholarships, grants, fellowships and assistantships;
- Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts;
- Net gambling or lottery winnings.

**(B) Excluded from Income is:**

- Unemployment compensation;
- Child support payments;
- Welfare payments (including AFDC, SSI, RCA, and GA or General Relief, Emergency Assistance money payments).
- Capital Gains;
- Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car;
- Tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury;
- Noncash benefits such as employer paid fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals, and housing assistance;
- Allowances or pay received by any person while serving on active duty in the Armed Services, providing that person is now a veteran (i.e., discharged from active duty). Allowances and pay received by any person while serving in Reserve or National Guard on six-month active duty for training, weekend drills, or Summer Camp are also excluded;
- Educational assistance and compensation payments to veterans and other eligible persons under Chapters 11 (Compensation for Service-Connected Disability or Death), 13 (Dependent Indemnity Compensation for Service-Connected Death), 31 (Vocational Rehabilitation), 34 (Veterans' Education Assistance), 35 (War Orphans' and Widows' Educational Assistance), and 36 (Administration of Education Benefits) of Title 38, United States Code;
- Pell Grants;
- Title IV of the Higher Education Act Federal Supplemental Education Opportunity Grants (FSEOG) and Federal Work Study (FWS);
- Needs-based scholarship assistance;
- Foster care child payments;
- Applicable to older individuals in Section 204(d) Older Worker Programs; 25% of social security benefit payments can be excluded from family income calculations;
- Social Security Disability Income (SSDI);
- Regular payments from Social Security; OASI and survivors.

**Food Stamps:**

A member of a household that receives (or has been determined within the six month period prior to program participation).

**Foster Care Youth:**

Record yes if the individual is a person who is in foster care or has been in the foster care system.

Record no if the individual does not meet the condition described above.

**Gap in Service:**

A participant should not be considered as exited if there is a gap in service of greater than 90 days in one of the following circumstances :

- Delay before the beginning of training;
- Health/medical condition or providing care for a family member with a health/medical condition; and
- Temporary move from the area that prevents the individual from participating in services, including National Guard or other related military service.

A gap in service must be related to one of the three circumstances identified above and last no more than 180 consecutive calendar days from the date of the most recent service to allow time to address the barriers to continued participation. However, grantees may initiate a consecutive gap in service of up to an additional 180 days for the participant that follows the initial 180-day period to resolve the issues that document all gaps in service that occur and the reasons for the gaps in service, including the participant's intent to return to complete program services.

**Health/Medical or Family Care:**

The participant is receiving medical treatment or providing care for a family member that precludes entry into unsubsidized employment or continued participation in the program. This does not include temporary conditions or situations expected to last for less than 90 days.

**High School Diploma Equivalent:**

A GED or high school equivalency diploma recognized by the State.

**High School Dropout:**

The individual has not received a secondary school diploma or its recognized equivalent and is no longer attending any school.

**Highest Grade Completed:**

Record the highest school grade completed by the individual. This information may be updated at any time during participation in the program.

**Homeless Individual and/or Runaway Youth:**

Any individual who lacks a fixed, regular, adequate nighttime residence; and any adult or youth who has a primary nighttime residence. This definition includes any individual who has a primary night time residence that is a publicly or private operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; or a person under 18 years of age who absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth). This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.

**In-school Youth:**

In-school youth are defined as: a) an eligible youth who has not received a secondary school diploma or its recognized equivalent and is attending any secondary school (including elementary, intermediate, junior high school, or high school, whether full or part-time), or is between school terms and intends to return to school; or

b) an eligible youth who has not received a secondary school diploma or its recognized equivalent and is attending an alternative high school or an alternative course of study approved by the local educational agency whether full or part-time; or

c) an eligible youth who has received a secondary school diploma or its recognized equivalent and is attending a post-secondary school or program (whether full or part-time), or is between school terms and intends to return to school.

**Individual:**

A person not meeting the definition of family is considered to be an individual (often known as a family of one).

**Individual with a Disability:**

An individual with a disability (as defined in Section 3 of the Americans With Disability Act of 1990 (42 U.S.C. 12102)).

**NOTE 1:** If such a person proves to be ineligible due to family income criteria, that person's income eligibility must, for purposes of income eligibility determination, be considered an unrelated individual who is a family unit of one consistent with the definition of LOW INCOME INDIVIDUAL at Section 101(25) of WIA.

**NOTE 2:** Since disability may be considered an "IMPAIRMENT TO ONE OR MORE OF THE MAJOR LIFE ACTIVITIES," inquiry can be made. The participant may be asked if he/she wants to apply as a disabled person. All applicants/participants must be made this offer even if they don't "look disabled." The question should go along the lines of the following:

"Special consideration may be given to applicants/participants with disabilities. If you believe that you are eligible and wish to apply as a person with a disability, please answer the following questions:

Do you have a physical (motion, vision, hearing, etc.) or mental (including learning or developmental) impairment which substantially limits one or more of your major life activities, have a record of such an impairment, or are regarded as having such an impairment?"

Documentation collected to verify eligibility for the "individual with a disability" category under economic eligibility and hard-to-serve criteria must be kept **confidential** and should not be used in making any decisions regarding referral to, or placement in, training or employment.

LWIB's must avoid public disclosure of specific client information that would constitute a clearly unwarranted invasion of personal privacy.

**Institutionalized:**

The participant is residing in an institution or facility providing 24-hour support, such as a prison or hospital, and is expected to remain in that institution for at least 90 days. Individuals with disabilities (as defined in 29 CFR 37.4) residing in institutions, nursing homes, or other residential environments cannot be excluded under this reason. This reason does not apply to the Responsible Reintegration of Youthful Offenders program.

**Involuntary Separation:**

A member of the Army, Navy, Air Force or Marine Corps shall be considered to be involuntarily separated if the member was on active duty or full-time National Guard duty as of September 30, 1990, and:

(A) In the case of a regular officer (other than a retired officer), the officer is involuntarily discharged under other than adverse conditions as characterized by the Secretary concerned;

(B) In the case of a reserve officer who is on the active duty list, or if not on the active duty list, is on full-time active duty (or in the case of a member of the National Guard, full-time National Guard duty) for the purpose of organizing, administering, recruiting, instructing, or training the reserve components, the officer is involuntarily discharged or released from active duty or full-time National Guard duty incident to a

transfer to retired status under other than adverse conditions, as characterized by the Secretary concerned; or serving on active duty, the member is:

(a) Denied reenlistment; or

(b) Involuntarily discharged under other than adverse conditions, as characterized by the Secretary concerned; and

(C) In the case of a reserve enlisted member who is on full-time active duty (or in the case of a member of the National Guard, full-time National Guard duty) for the purpose of organizing, administering, recruiting, instructing, or training the reserve components, the member is:

(a) Denied reenlistment; or

(b) Involuntarily discharged or released from active duty (or full-time National Guard) under other than adverse conditions, as characterized by the Secretary concerned.

**NOTE:** An involuntarily separated member of the Armed Forces, including those who accept an inducement to leave the military, may be eligible to participate in Dislocated Worker services providing they meet all eligibility requirements.

All individuals who are separated from the armed forces are not necessarily "involuntarily" separated. For example, "involuntarily separated" does NOT apply to individuals who have been involuntarily discharged under adverse conditions. Also, individuals who voluntarily leave the armed forces, including those who retire with or without an inducement, do not fall within the meaning of the term "involuntarily separated."

Whether a discharge is under adverse conditions is determined by referring to the reasons for separation as well as the character of the member's service. In order to qualify for transition benefits, the member must be separated involuntarily:

(a) Under honorable conditions; and

(b) For enlisted members, not for reasons of misconduct, separation in lieu of court martial, or for other reasons established by the military department concerned for which service normally is characterized a under other than honorable conditions.

**Job Readiness:**

Consists of instruction in work maturity and pre-employment skills that is provided through contracts and/or vouchers to public and/or private service providers. Also includes attitude adjustment, job seeking skills, job keeping skills, job search, extensive job development and close coordination with DSS/TANF case manager. Volunteer drug testing is encouraged prior to job referral. May include referral to rehabilitation and other supportive services, placement into a job with at least minimum wage which leads to permanent employment and short-term specialized occupational skills training (i.e., a certificate in Microsoft Office, Windows 95, Lotus, etc.).

**Last Expected Service Date:**

Approximate date when the participant will complete activities outlined in his/her IEP or ISS and there are no additional services or partner services expected other than follow-up services.

**Limited English Language Proficiency:**

An individual who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English or (b) who lives in a family or community environment where a language other than English is the dominant language.

**Long-Term Unemployed:**

Unemployed at the time of eligibility determination **and** has been unemployed for any 15 or more of the 26 weeks immediately prior to such determination.

**Low Income Individual:**

An individual who:

- a. Receives, or is a member of a family that receives, cash payments under a Federal, State or local income-based public assistance program, or
- b. Received an income, or is a member of a family that received a total family income, for the six-month period prior to program participation for the program involved (exclusive of unemployment compensation, child support payments, payments described in subparagraph (A) and old-age and survivors insurance benefits received under section 202 of the Social Security Act (42 U.S.C. 402)) that, in relation to family size, does not exceed the higher of.
  - (i) the poverty line, for an equivalent period; or
  - (ii) 70 percent of the lower living standard income level, for an equivalent period; or
- c. Is a member of a household that receives (or has been determined within the six-month period prior to program participation) food stamps pursuant to the Food Stamp Act of 1977 (7 U.S.C. 2011, et seq.); or
- d. Qualifies as a homeless individual, as defined in subsections (a) and (c) of section 103 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11302); or
- e. Is a foster child on behalf of whom State or local government payments are made; or
- f. Is a person with a disability whose own income meets the income criteria established in WIA section 101 (25)(A) or (B), but is a member of a family whose income does not meet the established criteria. (WIASRD)

**Military Status at the Date of Participation:**

An individual is considered to be in the military at the date of participation if: (a) he/she currently is serving on active military duty and has not been provided with a date of separation from military service or (b) he/she is a member of the National Guard or one of the Military Reserves and is currently serving in a mobilized (i.e., active military duty) status.

**Natural Disaster:**

Categories of natural disasters include, but are not limited to, any hurricane, tornado, storm, flood, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mud slide, snow storm, drought, fire, explosion or other catastrophe.

**Needs-Related Payments:**

The individual received needs-related payments WIA Title IB funded for the purpose of enabling the individual to participate in approved training funded under WIA Title IB.

**Not Employed:**

An individual who does not meet the definition of employed or who, although employed, has received notice of termination of employment.

**Number in Family:**

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

- a. a husband, wife and dependent children;
- b. a parent or guardian and dependent children; or
- c. husband and wife
  - the term “**welfare family**” is defined as those listed on the welfare grant receiving cash payments under TANF (PRWORA) Act of 1996, General Assistance (State or local government), the Refugee Assistance Act of 1980 (PL96-212), or SSI
  - The phrase “**living in a single residence**” with other family members includes temporary, voluntary residence elsewhere (e.g. attending school or college or visiting relatives). It does not include involuntary residence elsewhere (e.g. incarceration, or placement as a result of a court order).
  - “**Dependent children**” for WIA purposes are those individuals under age 19 (or under age 24 and a full-time student) who are living in a single residence and are being claimed as dependents on the parent/guardian’s income tax return at the time of application or living with the parent/guardian who has legal custody.

**Occupational Skills Goal:**

A measurable increase in primary occupational skills encompassing the proficiency to perform actual tasks and technical functions required by certain occupational fields at entry, intermediate or advanced levels. Secondary occupational skills entail familiarity with and use of set-up procedures, safety measures, work-related terminology, record keeping and paperwork formats, tools, equipment and materials and breakdown and clean-up routines. (Please note: this term applies to the current WIA statutory youth measures only, it does not apply to the common measures).

**Offender:**

An individual who is, or has been, subject to any stage of criminal justice program for whom services under WIA may be beneficial; or who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.

**On-the-Job Training:**

Training by an employer that is provided to a paid participant while engaged in productive work in a job that:

- provides knowledge or skills essential to the full and adequate performance of the job;
- provides reimbursement to the employer of up to 50 percent of the wage rate of the participant for the extraordinary costs of providing the training and additional supervision related to the training; and
- is 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.

**Out-of-School Youth:**

An eligible youth who is a school dropout, or who has received a secondary school diploma or its equivalent, but is basic skills deficient, unemployed or underemployed.

**Participant:**

An individual who is determined eligible to participate in the program and receives a staff assisted service funded by the program.

**Participation Date:**

The date on which the individual begins receiving his/her first service funded by the program following a determination of eligibility to participate in the program.

**Participation Quarter:**

Represents the calendar quarter in which the date of participation is recorded for the individual.

**Permanent Closure:**

Permanent closure of a "single site of employment," or one or more "facilities or operating units," within a single site of employment. An employment action that results in the effective cessation of production of the work performed by a unit, even if a few employees remain, is a closure.

**Physical Location:**

A physical location means a designated Career Center, an affiliated One-Stop partner site where services and activities funded by the program are available or other specialized centers and sites designed to address special customer needs, such as company work sites for dislocated workers.

**Post-Secondary Education:**

A program at an accredited degree-granting institution that leads to an academic degree (e.g., A.A., A.S., B.A., B.S.). Programs offered by degree-granting institutions that do not lead to an academic degree (e.g., certificate programs) do not count as a placement in post-secondary education, but may count as a placement in "advanced training/occupational skills training."

**Post-test:**

A test administered to a participant at regular intervals during the program.

**Pre-test:**

A test used to assess a participant's basic literacy skills, which is administered to a participant up to six months prior to the date of first youth service, if such pre-test scores are available or within 60 days following the date of participation

**Pregnant or Parenting:**

An individual who is under 22 years of age and who is pregnant or a youth (male or female) who is providing custodial care for one or more dependents under age 18.

**Public Assistance:**

If the individual is a person who is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to participation in the program: General Assistance (GA) (State/local government), Refugee Cash Assistance (RCA), Food Stamp Assistance and Supplemental Security Income (SSI-SSA Title XVI). Do not include foster child payments.

**Qualified Apprenticeship:**

A program approved and recorded by the ETA/Bureau of Apprenticeship and Training (BAT) or by a recognized State Apprenticeship Agency (i.e., State Apprenticeship Council). Approval is by certified registration or other appropriate written credential.

**Received Disaster Relief Assistance:**

If the NEG participant received disaster relief assistance, which includes, but is not limited to, providing food, clothing, shelter and related humanitarian services; performing demolition, cleaning, repair, renovation and reconstruction of damaged and destroyed public structures, facilities and lands located within the designated disaster area, as defined in the grant award document.

**Received Pre-Vocational Activities:**

If the individual received short-term prevocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills and professional conduct, to prepare individuals for unsubsidized employment or training (i.e., intensive services for adults and dislocated workers).

**Received Supportive Services: (Except need-related payments)**

If the individual received supportive services (WIA section 134(e)(2)) which include, but are not limited to, assistance with transportation, child care, dependent care and housing that are necessary to enable the individual to participate in activities authorized under WIA title IB. For youth, support services (WIA section 101(46)) for youth include (a) linkages to community services; (b) assistance with transportation; (c) assistance with child care and dependent care; (d) assistance with housing; (e) referrals to medical services; and (f) assistance with uniforms or other appropriate work attire and work-related tools, including such items as eye glasses and protective eye gear.

**Received Workforce Information Services:**

If the individual received workforce information services which includes, but is not limited to, providing information on state and local labor market conditions, industries, occupations and characteristics of the workforce; area business identified skills needs; employer wage and benefit trends; short- and long-term industry and occupational projections; worker supply and demand; and job vacancies survey results. Workforce information also includes local employment dynamics information such as workforce availability; business turnover rates; job creation; job destruction; new hire rates, worker residency, commuting pattern information; and the identification of high growth and high demand industries.

**Registration:**

The process for collecting information to support determination of eligibility. This information may be collected through methods that include electronic data transfer, personal interview, or an individual's application. Adults and dislocated workers who receive services funded under Title I other than self-service or informational activities must be registered and determined eligible. EO data must be collected on every individual who is interested in being considered for WIA Title I financially assisted aid, benefits, services, or training by a recipient, and who has signified that interest by submitting personal information in response to a request from the recipient.

**Relocated to a Mandated Residential Program:**

For youth participants only, the participant is in the foster care system or any other mandated residential program and has moved from the area as part of such a program.

**Reservists Called to Active Duty:**

The participant is a reservist who is called to active duty for at least 90 days.

**Runaway Youth: (See Homeless Individual and/or Runaway Youth)****School Dropout:**

The individual is no longer attending any school and has not received a secondary school diploma or its recognized equivalent.

**School Status at Participation:**

An individual who: (1) has not received a secondary school diploma or its recognized equivalent and is attending any secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school; (2) has not received a secondary school diploma or its recognized equivalent and is attending an alternative high school or an alternative course of study approved by the local educational agency whether full or part-time; (3) has received a secondary school diploma or its recognized equivalent and is attending a post-secondary school or program (whether full or part-time), or is between school terms and intends to return to school; (4) is no longer attending any school and has not received a secondary school diploma or its recognized equivalent; or (5) is not attending any school and has either graduated from high school or holds a GED.

**Self-Certification:**

An individual's signed attestation that the information he/she submits to demonstrate eligibility for a program under Title I of WIA is true and accurate. WIA allows for use of Self-Certification to document those items that in some cases are not verifiable or may cause undue hardship for individuals to obtain. A Self-Certification may be used after all practical attempts to secure documentation have failed.  
(Does not require a corroborative witness)

**Self-Service/Informational Activities:**

Core Services that do not require registration and tracking.

**Self-Sufficiency (For Alabama):**

Employment that pays at least 200% of the lower living standard income level.

**Significant Staff Involvement:**

Registration into WIA is required for Adults and Adult Dislocated Workers at the point when significant staff involvement occurs. In the AWIA this occurs when WIA Title I staff begins to provide staff-intensive services such as provision of comprehensive and specialized assessments, development of an individual employment plan, group and/or individual counseling, or the provision of short-term prevocational services including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills and professional conduct, to prepare individuals for unsubsidized employment or training.

**Single Parent:**

A single, separated, divorced or widowed individual who has primary responsibility for one or more dependent children under age 18.

**Single Site Employment:**

(A) Can refer to either a single location or a group of contiguous locations. Groups of structures that form a campus or industrial park, or separate facilities across the street from one another may be considered a single site of employment.  
(B) Separate buildings or areas that are not directly connected or in immediate proximity may be considered a single site of employment if they are in reasonable geographic proximity, used for the same purpose, and share the same staff and equipment. An example is an employer who regularly shifts or rotates the same employees from one building to another.  
(C) Non-contiguous sites in the same geographic area that do not share the same staff or operational purpose should not be considered a single site. For example, assembly plants that are located on opposite sides of town and which are managed by a single employer may be considered separate sites if they employ different workers.

**Skills Upgrading/Retraining:**

Denotes retraining and other development administered to an individual to close skill gaps resulting from obsolescence and training/development designed to equip an individual with knowledge and skills leading to another occupation.

**SSI:**

Supplemental Security Income (SSI-SSA Title XVI for the Aged, Blind, and Disabled) participant receives cash assistance under a State plan.

**Staff-Assisted Services:**

Are designed to impart job seeking and/or occupational skills and should require registration.

**Substantial Disability to Employment:**

A loss of occupational choices of a class or group of jobs due to the disability, i.e., significant diminishment of occupational choices.

**Substantial Layoff:**

Any reduction in force, including those who have received a notice of layoff, that is not the result of a plant closing and that results in an employment loss at a single site of employment during any 30 day period for:

- (A) 1. At least 33 percent of the employees (excluding employees regularly working less than 20 hours per week); and  
2. At least 50 employees (excluding employees regularly working less than 20 hours per week); or
- (B) At least 500 employees (excluding employees regularly working less than 20 hours per week).

**NOTE:** An involuntarily separated member of the Armed Forces, may be eligible to participate in Dislocated Worker services providing they meet all eligibility requirements.

All individuals who are separated from the Armed Forces are not necessarily "involuntarily" separated. For example, "involuntarily separated" does NOT apply to individuals who have been involuntarily discharged under adverse conditions. Also, individuals who voluntarily leave the Armed Forces, including those who retire with or without an inducement, do not fall within the meaning of the term "involuntarily separated."

Whether a discharge is under adverse conditions is determined by referring to the reasons for separation as well as the character of the member's service. In order to qualify for transition benefits, the member must be separated involuntarily:

- (a) Under honorable conditions;
- (b) For enlisted member, not for reasons of misconduct, separation in lieu of court martial, or for other reasons established by the military department concerned for which service normally is characterized as under other than honorable conditions; and
- (c) For officers, not for resignation in lieu of trial by court martial, or misconduct or moral or a professional dereliction if the discharge could be characterized as under other than conditions.

**Temporary Assistance to Needy Families:**

The individual is a person who is listed on the welfare grant or has received cash assistance or other support services from the TANF agency in the last six months prior to participation in the program. While this information may be updated during participation, such updating is not required.

**Training Related Employment:**

Training related employment is employment in which the individual entered uses a substantial portion of the skills taught in the training received by the individual. This information can be based on any job held after exit and only applies to adults, dislocated workers and older youth who entered employment in the quarter after the exit quarter.

**Types of Service:**

Examples of services that can extend participation include but are not limited to: staff-assisted job search, job referral, career counseling, skills assessment, testing, job development (working with employer and job seeker), workshops, and job clubs; comprehensive and specialized assessments, such as diagnostic testing and interviewing; training services; and DOL funded One-Stop partner program services.

Examples of services that do not extend participation include but are not limited to: case management administrative activities involving regular contact to obtain information regarding employment status, educational progress, need for additional services, etc.; assistance not related to employment services; post-employment follow-up services designed to ensure job retention, wage gains and career progress.

**Underemployed:**

An individual who is working part-time but desires full time employment or who is working in employment not commensurate with the individual's demonstrated level of educational attainment.

**Unemployment Compensation Programs:**

Authorized under State unemployment compensation laws (in accordance with applicable Federal law), if the individual is an eligible U.C. claimant referred by the Worker Profiling and Reemployment Services (WPRS) system, and meet these three record qualifications:

- If the individual is an eligible U.C. claimant but was not referred by WPRS.
- If the individual exhausted his/her U.C. benefits
- If the individual was neither a U.C. claimant nor an exhaustee.

An eligible U.C. claimant is an individual who has been determined to be monetarily eligible for benefit payments under one or more State or Federal unemployment compensation programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights.

**Verification:**

Confirms eligibility requirements through examination of official documents, e.g., birth certificates, public assistance records, or speaking with official representatives of cognizant agencies.

**Veteran Categories:**

**Eligible Veteran Status**

**(Yes, <= 180 days)** - A person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.

**(Yes, Eligible Veteran)** - 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; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.

**(Yes, Other Eligible Person)** – A person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C. 101.

**(No)** - The individual does not meet any one of the conditions described above.

**Campaign Veteran**

**(Yes)** - The veteran served on active duty in the U.S. armed forces during a war or in a campaign or expedition for which a campaign badge or expeditionary medal has been authorized as identified and listed by the Office of Personnel Management (OPM). A current listing of the campaigns can be found at OPM's website <http://opm.gov/veterans/html/vgmedal2.asp>.

**(No)** - The individual does not meet the condition described above.

**Disabled Veteran**

**(Yes)** – The veteran served in the active U.S. military, naval, or air service and who is entitled to compensation regardless of rating (including those rated at 0%); or who but for the receipt of military retirement pay would be entitled to compensation, under laws administered by the Department of Veterans Affairs (DVA); or was discharged or released from active duty because of a service-connected disability.

**(Yes, special disabled)** - The veteran is entitled to compensation (or who, but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the DVA for a disability, (i) rated a 30 percent or more or, (ii) rated at 10 or 20 percent in the case of a veteran who has been determined by DVA to have a serious employment handicap.

**(No)** - The individual does not meet any one of the conditions described above.

**Recently Separated Veteran**

**(Yes)** - A veteran who applied for participation under WIA Title I within 48 months after discharge or release from active U.S. military, naval or air service.

**(No)** - The individual does not meet any one of the conditions described above.

**Work Readiness Skills Goal:**

Work readiness skills include world or work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision making, and job search techniques (resumes, interviews, applications, and follow-up letters). They also encompass survival/daily living skills, such as using a phone, telling time, shopping, renting an apartment, opening a bank account, and using public transportation. They also include positive work habits, attitudes, and behaviors such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and co-workers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job. This category also entails developing motivation and adaptability, obtaining effective coping and problem-solving skills, and acquiring an improved self-image.

**Youth Needing Additional Assistance:**

A youth, aged 14-21, who requires additional assistance to complete an educational program or to secure and hold employment as defined by State or local policy.

## **Youth Services:**

### **Enrolled in Education:**

Enrolled in secondary school, post-secondary school, adult education programs, or any other organized program of study.

### **Educational Achievement Services:**

Include, but are not limited to, tutoring, study skills training, and instruction leading to secondary school completion, including dropout prevention strategies; and alternative secondary school offerings.

### **Employment Services:**

Paid and unpaid work experience, including internships, and job shadowing; and occupational skills training.

### **Summer Employment Opportunities:**

Summer employment directly linked to academic and occupational learning.

### **Additional Support for Youth Services:**

Include, but are not limited to, adult mentoring for a duration of at least twelve (12) months, that may occur both during and after program participation, OR comprehensive guidance and counseling, including drug and alcohol abuse counseling, as well as referrals to counseling, as appropriate to the needs of the individual youth.

### **Leadership Development Opportunities:**

Include, but are not limited to, opportunities that encourage responsibility, employability, and other positive social behaviors such as (1) exposure to post-secondary educational opportunities; (2) community and service learning projects; (3) peer-centered activities, including peer mentoring and tutoring; (4) organizational and team work training, including team leadership training; (5) training in decision making, including determining priorities; and (6) citizenship training, including life skills training such as parenting, work behavior training, and budgeting of resources.

NOTE: WIASRD referenced items are mandatory for Department of Labor reporting requirements.

ATTACHMENT G

**ELIGIBILITY DOCUMENTATION FORMS**

Documents that Verify Multiple Items:

Several documents provided by customers to verify eligibility items may be utilized to verify multiple items required to complete the WIA eligibility process. The most commonly used documents and items they verify are as follows:

**DRIVER'S LICENSE**

Identification (photo/descriptive I.D.)  
Date of Birth  
Social Security Number (some states)

**SELECTIVE SERVICE CARD**

Date of Birth  
Social Security Number  
Selective Service Number

**PUBLIC ASSISTANCE RECORDS**

Economic Status  
Family Size  
Date of Birth  
Social Security Number  
Citizenship

**PASSPORT**

Citizenship  
Photo Identification  
Date of Birth

**BIRTH CERTIFICATE**

Date of Birth  
Citizenship  
Individual Status

**DD-214 REPORT**

Citizenship (if place of birth shown)  
Date of Birth  
Veteran Status  
Social Security Number

**PAY STUBS**

Income  
Social Security Number

**TAX FORMS**

Social Security Number  
Family Size

**WIA TELEPHONE VERIFICATION/DOCUMENT INSPECTION FORM**

**IDENTIFYING INFORMATION**

Applicant's Name: \_\_\_\_\_  
Last First MI

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**WIA ELIGIBILITY VERIFICATION BY TELEPHONE**

Name AND/OR Number of Document: \_\_\_\_\_

Eligibility Item(s) to be Verified: _____
Information Verified: _____
Agency Providing Verification: _____
Agent Verifying Eligibility Item: _____
Date and Time of Verification: _____
Telephone Number of Agency Providing Verification: ( _____ ) _____ - _____

**WIA ELIGIBILITY VERIFICATION BY DOCUMENT INSPECTION**

Name AND/OR Number of Document: \_\_\_\_\_

Eligibility Item(s) to be Verified: _____
Information Verified: _____
Document to be Inspected: _____
Original Source of Document: _____
Reason for Document Inspection: _____ Remote Site Eligibility, No Copier Available
_____ On Site Eligibility, No Copier Available
_____ Document Cannot be Copied

I ATTEST THAT THE INFORMATION RECORDED BY ME ON THIS DOCUMENT WAS OBTAINED THROUGH TELEPHONE CONTACT OR DOCUMENT INSPECTION ON THE ABOVE DATE. AS INDICATED BY THE AGENT, ALL INFORMATION WAS OBTAINED FROM DATA PREVIOUSLY DETERMINED AND RECORDED IN THE APPLICANT'S RECORDS AT THE AGENCY PROVIDING THE ELIGIBILITY VERIFICATION.

OR

I ATTEST THAT THE DOCUMENT INSPECTION, VERIFIED THE PRIMARY/SECONDARY ITEMS REQUIRED TO DETERMINE ELIGIBILITY FOR THE WIA PROGRAM.

\_\_\_\_\_  
SIGNATURE, TITLE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

## TELEPHONE/DOCUMENT INSPECTION VERIFICATION REQUIREMENTS

### Introduction

WIA eligibility criteria may be verified by telephone contacts with cognizant governmental or social service agencies, or by document inspection. The information obtained must be documented by recording the information on a standardized form such as the example contained in this part. Information recorded must be adequate to enable a monitor or auditor to trace back to the cognizant agency or the document used. Telephone verification must include the name of the agency representative providing the verification information.

In some cases, the information provided by an agency through telephone contact may be sufficient to satisfy multiple WIA eligibility criteria. For example, verification that an applicant has been determined eligible to receive TANF can satisfy the requirements for Youth and Adult program eligibility.

Documentation of eligibility verification through document inspection is appropriate when documents cannot or may not be machine-copied.

Agencies that may assist in verifying via telephone are as follows:

- Local schools
- Social Security Administration
- Veterans Administration
- Medical and health facilities
- Vocational rehabilitation facilities
- Drug and alcohol rehabilitation facilities
- Housing authorities
- Homeless shelters
- Judicial agencies and institutions
- Other State or local government agencies

When documentation of WIA eligibility verification is accomplished via telephone or document inspection, LWDBs are required to use a standardized form, such as the example contained in this part, for monitoring and auditing purposes.

For cases where documentation cannot or may not be copied, or is not readily obtainable, a Telephone Verification/Document Inspection Form may be used. This form serves a dual purpose:

1. **Document Inspection** – used in cases when documents cannot or may not be copied, and/or if program recruitment is being conducted in the field; and
2. **Telephone Verification** – used to verify eligibility information through governmental, private and/or social service agencies. Information recorded on this form must include all the applicable information to enable a monitor and/or auditor to adequately verify eligibility; i.e., document name, contact name, telephone numbers, addresses, etc.

**SELF-CERTIFICATION**

**(Cannot be used to certify social security no., citizenship, birthdate, or selective service)**

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOLLOWING INFORMATION IS TRUE:

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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

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (as needed)

\_\_\_\_\_  
APPLICANT'S ADDRESS

\_\_\_\_\_  
APPLICANT'S PHONE #

The above Self-Certification is being utilized for documentation of the following eligibility criteria:

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**CERTIFICATION**

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

Certifier's Signature/Date: \_\_\_\_\_

## **Self-Certification Requirements:**

After review of the eligibility criteria along with possible ways to document the criteria, it was found that much of the documentation was readily available through a number of agencies or sources. In some cases definitive documentation is required, e.g. eligibility to work (I-9 requirements under IRCA) and Selective Service registration or exemption for males.

WIA allows for use of Self-Certification to document those items that in some cases are not verifiable or may cause undue hardship for individuals to obtain. A Self-Certification may be used after all practical attempts to secure documentation have failed.

In order to utilize the Self-Certification as documentation, the following requirement must be adhered to:

1. The Self-Certification form, or facsimile, must be utilized.

EXAMPLE: Use of the Self-Certification form is as follows: If an applicant states the he/she cannot provide evidence that no income was received during the past six months, and that he/she was unemployed for that period, the blank spaces following the words "I certify, under penalty of perjury, that the following information is true" may be completed, for example as follows: "have received no income from any source during the past six months, I have been unemployed during that time, and have been supported by donations/contributions from relatives and friends."

**APPLICANT STATEMENT**

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

\_\_\_\_\_  
Applicant's Signature and Date

\_\_\_\_\_  
Corroborating Witness' Name

\_\_\_\_\_  
Signature of Parent or Guardian (as needed)

\_\_\_\_\_  
Corroborating Witness' Phone #

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

\_\_\_\_\_  
Corroborating Witness' Signature and Date

\_\_\_\_\_  
Applicant's Phone #

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

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

\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

**TELEPHONE VERIFICATION**

The above named witness has been contacted by telephone to corroborate the information in the applicant statement.

\_\_\_\_\_  
Signature, Title

\_\_\_\_\_  
Date of Phone Contact

## APPLICANT STATEMENT REQUIREMENTS

### Introduction

After review of the eligibility criteria along with possible ways to document the criteria, it was found that much of the documentation was readily available through a number of agencies or sources. In some cases definitive documentation is required, e.g. eligibility to work (I-9 requirements under IRCA) and Selective Service registration or exemption for males.

WIA allows for limited use of Applicant statements to document those items that in some cases are not verifiable or may cause undue hardship for individuals to obtain. An Applicant statement may be used in the cases described below only after all practicable attempts to secure documentation have failed. Applicant statements must be supported by a documented corroborative contact or reliable witness attesting to the accuracy of the statement.

In order to utilize the Applicant statement as documentation, the following requirements must be adhered to:

1. The Applicant statement form, or facsimile, must be utilized.
2. A corroborative contact or witness must be indicated on the statement. The corroboration may be via witness signature or supporting telephone verification form. In those rare instances when an applicant cannot obtain a satisfactory witness or provide a telephone contact (homeless, ex-offender), the applicant needs to explain why such corroboration is not possible.
3. Use of the Applicant statement is limited to the following instances:
  - a. **Economic Eligibility**
    - (1) Family size-when birth certificates or 1040 and IRS Letter 1722 are not available.
    - (2) Individuals status-persons ordinarily included in the definition of family, but claiming to be no longer dependent, must complete an Applicant statement attesting to their individual status. Such statements should be corroborated by the head of household in which that person resides, if possible, individuals must also show source of his/her support.
    - (3) Proof of income for individuals who claim little or no income-statement should indicate means of support, e.g. unemployment compensation, for previous six month period. Statement should also indicate corroborative witness to verify indicated means of support.
    - (4) Individual with Disabilities-when observable or obvious condition.
  - b. **Youth Barriers**
    - (1) Drop-out Status-Applicant statement is to be used only for out-of-State and/or applicant's 16 years of age or older when documentation from the school district cannot be obtained.
    - (2) Offenders-when court records or other documentation are unobtainable.
    - (3) Pregnant or a parent.
    - (4) Homeless or runaway youth.

EXAMPLES: Use of the sample Applicant Statement form is as follows: If an Applicant states the he/she cannot provide evidence that no income was received during the past six months, and that he/she was unemployed for that period, the blank spaces following the words "I certify, under penalty of perjury, that I" may be completed, for example as follows: "have received no income from any source during the past six months, that I have been unemployed during that time, and have been supported by donations/contributions from relatives and friends." This should be corroborated by the person(s) providing the support.

**WORKFORCE INVESTMENT ACT  
TELEPHONE VERIFICATION OF PUBLIC ANNOUNCEMENT**

Date of Telephone Verification: \_\_\_\_\_

Dislocated Worker Specialist  
Contacted: \_\_\_\_\_

Job Title: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Company's Name: \_\_\_\_\_ Date of Closure: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Media Form of Announcement: \_\_\_\_\_

Specific Site(s) to be Affected: \_\_\_\_\_

Documentation Information Specific to Closing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** The following criteria are required for meeting eligibility policy under the Public Announcement Category:

- \_\_\_ 1. Must employ 50 or more workers.
- \_\_\_ 2. Been declared through media.
- \_\_\_ 3. Specific sites must be due to close by specific date.

**CERTIFICATION**

I certify that the information provided above meets the requirements for Dislocated Worker eligibility under a "Public Announcement."

\_\_\_\_\_  
Signature, Title

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature, Title

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**WORKFORCE INVESTMENT ACT  
VERIFICATION OF TERMINATION OR LAYOFF  
DISLOCATED WORKER PROGRAM**

Applicant's Name: \_\_\_\_\_

Application Date: \_\_\_/\_\_\_/\_\_\_

TO: THE EMPLOYER OF THE UNDERSIGNED

Please provide the information requested below as it will assist in establishing my eligibility for the Workforce Investment Act (WIA).

Thank you for your help.

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

\_\_\_\_\_  
Social Security Number

**TO BE COMPLETED BY EMPLOYER**

Employer's Name: \_\_\_\_\_

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_

Employed From: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_

Has the Applicant been terminated or received a notice of termination (i.e. separated from Employment due to reasons other than discharge for cause, voluntary departure, or retirement)? \_\_\_ Yes \_\_\_ No

Is the termination a result of the permanent closure of your plant/facility/enterprise? \_\_\_ Yes \_\_\_ No

Is the termination a result of a substantial layoff at your plant/facility/enterprise? \_\_\_ Yes \_\_\_ No

Was the Applicant's position covered by unemployment insurance? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Signature, Title, Date

PLEASE RETURN TO: Agency's Name \_\_\_\_\_

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

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

ATTENTION: \_\_\_\_\_

**CERTIFICATION**

I certify that I have contacted the above named employer/representative and the information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature, Title

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Title

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**ALABAMA WORKFORCE INVESTMENT ACT  
EMPLOYMENT/INCOME VERIFICATION**

WIA Applicant's Name: \_\_\_\_\_ Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for training and employment under the Workforce Investment Act, verification of income actually received for the period \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ is needed. Please complete this form as soon as possible as it is required before I or a member of my family can be determined eligible for the program.

Your cooperation and prompt return of this information is appreciated.

Thank you,

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Social Security Number

**TO BE COMPLETED BY THE EMPLOYER**

Employer's Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Position Held: \_\_\_\_\_

Employee From: \_\_\_\_\_ to \_\_\_\_\_

Income Determination Period for Program Eligibility: \_\_\_\_\_ to \_\_\_\_\_

Total Gross Wages/Salary: \$ \_\_\_\_\_ [Includes all pay received (before deductions) inclusive of income determination period listed above]

\_\_\_\_\_  
Signature of Employer Representative, Title, Date

PLEASE RETURN TO: Agency's Name: \_\_\_\_\_

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

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

Attention: \_\_\_\_\_

This information may be completed by the contractor if verified by telephone contact indication who supplied the information and the date the telephone contact was made.

\_\_\_\_\_  
Signature, Title

\_\_\_\_\_  
Date

**WORKFORCE INVESTMENT ACT  
APPLICANT STATEMENT OF FAMILY STATUS**

IDENTIFYING INFORMATION		
Applicant's Name: _____	_____	_____
Last	First	MI
SSN: _____ - _____ - _____	Application Date: ____/____/____	

**To be completed by WIA Applicant with Staff Assistance:**

For use in completing this form, the following definition applies:

FAMILY is defined as one of the following:

- (a) A husband, wife, and dependent children.
- (b) A parent or legal guardian and dependent children.
- (c) A husband and wife.

Please provide information regarding the applicant's FAMILY as requested below (see instructions):

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

FAMILY MEMBER'S NAME	RELATIONSHIP TO APPLICANT

Please complete the following information for FAMILY MEMBERS not currently residing in the applicant's residence (see instructions).  
[If applicable]

NAME	LOCATION	REASON

I attest to the best of my knowledge that the information above is true and correct.

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

\_\_\_\_\_  
Date

CORROBORATING WITNESS – I attest to the best of my knowledge that the information above is true and correct.

Name:	Signature:
Street Address:	City, State, Zip:
Telephone #:	Relationship to Applicant:

## **INSTRUCTIONS FOR COMPLETING APPLICANT STATEMENT OF FAMILY STATUS**

**In cases where the recommended sources of Family Status documentation are unavailable, or the attainment of such documentation would place an undue hardship on the applicant, then this form may be used.**

The purpose of this form is to verify WIA Applicant's Family Status at time of application. This entails documenting the size and makeup of the Applicant's FAMILY. This form is only necessary when eligibility is based on FAMILY INCOME for the past 26 weeks.

The **Applicant Statement of Family Status** should be completed by the applicant with the assistance of WIA intake staff to ensure it is completed correctly. The Applicant will then take the form to have it signed by a witness who can corroborate the given information.

Staff must use the definition of **FAMILY** as described in the WIA Eligibility Policy and Procedures Forms Handbook to complete this form.

### **FAMILY MEMBER'S NAME/RELATIONSHIP TO APPLICANT**

- List the names of all FAMILY MEMBERS living in the applicant's residence.
- Indicate the relationship of each FAMILY MEMBER to the Applicant.

### **NAME/LOCATION/REASON**

- List the names of any FAMILY MEMBERS not currently residing in the Applicant's residence.
- This should include any FAMILY MEMBER who, in accordance with the WIA definition of FAMILY, is not currently living in the residence but would be considered a part of the Applicant's family. These absences may be due to temporary and voluntary residence elsewhere (e.g. attending school or college, or visiting relatives). It would not include involuntary temporary residence elsewhere (e.g. incarceration, or placement as a result of a court order).
- Indicate the location of the absent family member.
- Indicate the reason for the absence. Include whether the absence is voluntary or involuntary, and if it is temporary or permanent.

The Applicant must sign the form.

A corroborating witness must sign the form attesting to the accuracy of the given information. The corroborating witness may live in or out of the residence, and may or may not be related to the applicant. The witness must have verifiable knowledge of the applicant's FAMILY STATUS.

**WORKFORCE INVESTMENT ACT (WIA)**  
**ELIGIBILITY/SERVICE/OUTCOMES DOCUMENTS CHECKLIST**

Participant Name:

Verified (√)	DOCUMENTS (Please Check All Documents Used For Verification)
_____	The applicant has submitted a completed application form or entered required information into the electronic data collection system and affixed appropriate signature(s) attesting to the accuracy of the information.
<b>ELIGIBILITY DOCUMENTATION FOR YOUTH, ADULTS, AND DISLOCATED WORKERS</b>	
_____	<p>The applicant has provided documents to verify <b><u>DATE OF BIRTH.</u></b></p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> DD-214, Report of Transfer or Discharge</p> <p><input type="checkbox"/> Employment Records</p> <p><input type="checkbox"/> State Issued I.D. or Drivers License</p> <p><input type="checkbox"/> School Record or I.D. (Showing Age or Birth date)</p> <p><input type="checkbox"/> Public Assistance or Social Service Records</p> <p>Other _____</p>
_____	<p>The applicant has provided documents verifying <b><u>CITIZENSHIP/RIGHT-TO-WORK</u></b></p> <p><input type="checkbox"/> A Photo I.D. and US Birth Certificate <b>or</b> a Photo I.D. and a Social Security Card (Photo I.D. includes a State-issued drivers license or I.D. card, school I.D. with photo)</p> <p><input type="checkbox"/> US Passport or Permanent Resident Card, INS Form I-766 with Unexpired Employment Auth.</p> <p><input type="checkbox"/> Unexpired Foreign Passport with I-551 Stamp or Attached INS Form I-94 (Consult Federal I-9 Form for Additional Acceptable Documents)</p>
_____	<p>For Males 18 years and older, <b><u>SELECTIVE SERVICE REGISTRATION</u></b></p> <p><input type="checkbox"/> On-line Verification of Registration Printout at <a href="http://www.sss.gov">www.sss.gov</a></p> <p><input type="checkbox"/> Selective Service Registration Card</p> <p><input type="checkbox"/> Waiver Form</p>
<b>ADDITIONAL REPORTING REQUIREMENTS – ALL PARTICIPANT GROUPS</b>	
_____	<p>The applicant has a verified <b><u>SOCIAL SECURITY</u></b> number.</p> <p><input type="checkbox"/> DD-214, Report of Transfer or Discharge</p> <p><input type="checkbox"/> Employment Records</p> <p><input type="checkbox"/> Letter from Social Service Agency</p> <p><input type="checkbox"/> Pay Stub</p> <p><input type="checkbox"/> Social Security Benefits</p> <p><input type="checkbox"/> Social Security Card</p> <p><input type="checkbox"/> W-2 Form</p> <p><input type="checkbox"/> Telephone Verification</p> <p><input type="checkbox"/> Other: _____</p>
_____	<p><b><u>VETERAN'S STATUS</u></b></p> <p><input type="checkbox"/> DD 214</p> <p><input type="checkbox"/> Letter/Documentation from VA</p>

**LOW INCOME DETERMINATION (NOTE: ALL YOUTH MUST BE LOW INCOME)**

**FOOD STAMPS**

- N/A
- Authorization to Obtain Food Stamps within the last six months prior to application
- Current Food Stamp Receipt
- Food Stamp Card with Current Date
- Letter from Food Stamp Disbursing Agency
- Postmarked Food Stamp Mailer with Applicable Name and Address
- Public Assistance Records/Printout
- Telephone Verification / to be completed and Original placed in Case Management File
- Other \_\_\_\_\_

**CASH PUBLIC ASSISTANCE**

- N/A
- Copy of Authorization to Receive Cash Public Assistance
- Copy of Public Assistance Check
- Medical Card Showing Cash Grant Status
- Public Assistance Records/Printouts
- Telephone Verification from Public Assistance Agency
- Other \_\_\_\_\_

**HOMELESS**

- N/A
- Applicant Statement
- Written Statement from an Individual Providing Temporary Residence
- Written Statement from Shelter
- Written Statement from Social Service Agency
- Self-Certification Form
- Telephone Verification
- Other \_\_\_\_\_

**SUPPORTED FOSTER CHILD**

- N/A
- Court Contact
- Court Documentation
- Verification of Payment made on Behalf of the Child
- Written Statement from State/Local Agency
- Telephone Verification
- Other \_\_\_\_\_

**INDIVIDUAL FAMILY INCOME**

- N/A If using TANF, Food Stamps, SSI, Homeless or Foster Child to Determine Low Income Individual
- Alimony Agreement
- Applicant Statement
- Award Letter from Veteran Administration
- Bank Statement (Direct Deposit)
- Compensation Award Letter
- Court Award Letter
- Employer Statement/Contact
- Farm or Business Financial Records
- Housing Authority Verification
- Pay Stubs
- Pension Statement
- Public Assistance Records
- Quarterly Estimated Tax for Self-Employed Persons (Schedule C)
- Social Security Benefits
- UI Document or Printout
- Telephone Verification
- Other \_\_\_\_\_

NOTE:  
Documentation  
Should be  
provided for  
each applicable  
income source

<p>_____</p>	<p><b>NUMBER IN FAMILY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A If using TANF, Food Stamps, SSI, Homeless or Foster Child to Determine Low Income Family Size does not need to be documented but the family for the individual needs to be established.</li> <li><input type="checkbox"/> Applicant Statement of Family Status</li> <li><input type="checkbox"/> Decree of Court</li> <li><input type="checkbox"/> Disabled (See Individuals with Disabilities)</li> <li><input type="checkbox"/> Landlord Statement</li> <li><input type="checkbox"/> Marriage Certificate</li> <li><input type="checkbox"/> Medical Card</li> <li><input type="checkbox"/> Most recent tax return supported by IRS document</li> <li><input type="checkbox"/> Public Assistance / Social Service Agency Records</li> <li><input type="checkbox"/> Public Housing Authority (if Resident of or on Waiting List)</li> <li><input type="checkbox"/> Self-Certification Form</li> <li><input type="checkbox"/> Telephone Verification</li> <li><input type="checkbox"/> Other _____</li> </ul>
<p>_____</p> <p>Note: If an individual declares a disability, any <b>one</b> of the listed items may be used</p>	<p>For <b><u>INDIVIDUALS WITH DISABILITIES</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Letter from Drug or Alcohol Rehabilitation Agency</li> <li><input type="checkbox"/> Letter from Transition Team Stating Specific Disability</li> <li><input type="checkbox"/> Medical Records</li> <li><input type="checkbox"/> Observable Condition (Applicant Statement Needed)</li> <li><input type="checkbox"/> Physician's Statement</li> <li><input type="checkbox"/> Psychiatrist's Diagnosis</li> <li><input type="checkbox"/> Psychologist's Diagnosis</li> <li><input type="checkbox"/> Rehabilitation Evaluation</li> <li><input type="checkbox"/> School Record (504 Plan or IEP)</li> <li><input type="checkbox"/> Social Service Records/Referral</li> <li><input type="checkbox"/> Social Security Administration Disability Records</li> <li><input type="checkbox"/> Veterans Administration Letter/Records</li> <li><input type="checkbox"/> Vocational Rehabilitation Letter</li> <li><input type="checkbox"/> Children's Rehabilitation Letter</li> <li><input type="checkbox"/> Workers Compensation Record</li> <li><input type="checkbox"/> Telephone Verification</li> <li><input type="checkbox"/> Other _____</li> </ul>

**YOUTH BARRIERS**

**DEFICIENT IN BASIC LITERACY SKILLS**

- N/A
- Assessed by a Generally Accepted Standardized Test
- School Records
- Telephone Verification
- Other \_\_\_\_\_

**PREGNANT OR PARENTING**

- N/A
- Applicant Statement
- Birth Certificate-(Child's)
- Hospital Record of Birth
- Medical Card
- Physician's Note
- Referrals from Official Agencies
- School Program for Pregnant Teens
- School Records
- Statement from Social Service Agency
- Self-Certification Form
- Telephone Verification
- Other \_\_\_\_\_

**SCHOOL DROPOUT**

- N/A
- Applicant Statement
- Attendance Record
- Dropout Letter
- Self-Certification Form
- Telephone Verification
- Other \_\_\_\_\_

**OFFENDER**

- N/A
- Applicant Statement
- Court Documents
- Halfway House Resident
- Letter of Parole
- Letter from Probation Officer
- Police Records
- Self-Certification Form
- Telephone Verification
- Other \_\_\_\_\_

**HOMELESS RUN-AWAY YOUTH, OR FOSTER CHILD**

- N/A
- Applicant Statement
- Written Statement from an Individual Providing Temporary Residence
- Written Statement from Shelter
- Written Statement from Social Service Agency
- Telephone Verification
- Self-Certification Form
- Other \_\_\_\_\_

**REQUIRES ADDITIONAL ASSISTANCE**

(Which is the Additional Barrier) State or Local Board Policy (DOCUMENTATION)

- Barrier \_\_\_\_\_

<b>DISLOCATED WORKER</b>		
<b>Dislocated Worker Category A</b>		
_____	Terminated or laid off, or  Received notice of termination or layoff,  <b>Eligible for UC or has exhausted UC, and</b>  <b>Unlikely to return to previous industry or occupation</b>	<input type="checkbox"/> Certification of Expected Separation <input type="checkbox"/> Local Workforce Development Board Determination <input type="checkbox"/> Letter from Employer <input type="checkbox"/> Documentation from Employment Agency <input type="checkbox"/> UC Screens <input type="checkbox"/> Self-Certification Forms <input type="checkbox"/> Telephone Verification <input type="checkbox"/> DD 214 Other: _____
<b>Dislocated Worker Category B</b>		
_____	Terminated or laid off, or  Received notice of termination or layoff  <b>As the result of a permanent closure or substantial layoff</b>	<input type="checkbox"/> Certification of Expected Separation <input type="checkbox"/> Letter from Employer <input type="checkbox"/> Media announcement with Employment Verification <input type="checkbox"/> Self-Certification Forms <input type="checkbox"/> Telephone Verification Other: _____
<b>Dislocated Worker Category C</b>		
_____	<b>Formerly Self-Employed</b> (including employment as a farmer, a rancher, or a fisherman) and Presently Unemployed because of:  General Economic Conditions in Residing Community, or Permanently Relocated due to Natural Disaster	<input type="checkbox"/> Business License or Permit <input type="checkbox"/> IRS Documentation <input type="checkbox"/> Unemployment Rate <input type="checkbox"/> Failure of Business Supplier <input type="checkbox"/> Failure of Business Customer <input type="checkbox"/> Depressed Prices or Market <input type="checkbox"/> Federal or State Declaration of Disaster <input type="checkbox"/> Self-Certification <input type="checkbox"/> Telephone Verification Other: _____
<b>Dislocated Worker Category D</b>		
_____	<b>Displaced homemaker</b> who was:  Previously providing unpaid services, <b>and</b>  Has been dependent on the income of another family member, <b>and</b>  Is unemployed or underemployed, <b>and</b>  Has been having difficulty finding employment or upgrading.	<input type="checkbox"/> Applicant Statement <input type="checkbox"/> IRS Documentation And <input type="checkbox"/> Court Records <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Medical Records <input type="checkbox"/> Bank Records And <input type="checkbox"/> Employer Verification <input type="checkbox"/> Job Search Verification <input type="checkbox"/> Self-Certification <input type="checkbox"/> Telephone Verification Other: _____
_____	<b>Date of Dislocation</b> <input type="checkbox"/> Verification from Employer <input type="checkbox"/> Rapid Response list <input type="checkbox"/> Notice of layoff <input type="checkbox"/> Self-Certification <input type="checkbox"/> Other: _____	

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SERVICE AND OUTCOME INFORMATION	
_____	<b>EMPLOYMENT STATUS AT PARTICIPATION</b> <input type="checkbox"/> Pay Stub <input type="checkbox"/> Self-attestation <input type="checkbox"/> Case Notes <input type="checkbox"/> Other: _____
_____	<b>SCHOOL STATUS AT PARTICIPATION/SCHOOL STATUS AT EXIT</b> <input type="checkbox"/> School records <input type="checkbox"/> Case Notes <input type="checkbox"/> Other: _____
_____	<b>DATE OF EXIT</b> <input type="checkbox"/> Self-attestation <input type="checkbox"/> Case Notes <input type="checkbox"/> Other: _____
_____	<b>DATE ENTERED TRAINING</b> <input type="checkbox"/> Training vendor documentation <input type="checkbox"/> Case Notes <input type="checkbox"/> Other: _____
_____	<b>DATE COMPLETED OR WITHDREW FROM TRAINING</b> <input type="checkbox"/> Training vendor documentation <input type="checkbox"/> Case Notes <input type="checkbox"/> Other: _____
_____	<b>TYPE OF RECOGNIZED CREDENTIAL, DIPLOMA, GED, or CERTIFICATE</b> <input type="checkbox"/> Transcripts <input type="checkbox"/> Certificates <input type="checkbox"/> Diplomas <input type="checkbox"/> Letter or other documentation from school system <input type="checkbox"/> Case Notes <input type="checkbox"/> Other: _____
_____	<b>YOUTH PLACEMENT/RETENTION INFORMATION</b> <input type="checkbox"/> Apprenticeship verification <input type="checkbox"/> Documentation of military service <input type="checkbox"/> Documentation of advanced training or post secondary education <input type="checkbox"/> Transcripts <input type="checkbox"/> Employer contact <input type="checkbox"/> Case Notes <input type="checkbox"/> Other: _____

	COUNSELOR/CLARIFICATION NOTES:
	Staff Certifier: _____ Date: _____
	Reviewer: _____ Date: _____

→ **KEEP PHOTOCOPIES OF ALL DOCUMENTS USED FOR VERIFICATION IN CLIENT FILE**

## ATTACHMENT H

### DEPARTMENT OF LABOR (DOL) DIRECTIVES *Employment & Training Administration*

AND

### Employment and Training Administration (ETA) Advisories and Memorandums

ETA utilizes a system to disseminate ETA's interpretations of Federal laws, procedural, administrative, management, program direction and other information to States. These include:

- **Training and Employment Guidance Letters (TEGL)** – are used to transmit policy and operational guidance to State and local Workforce Systems. Issued by Program Year.
- **Training and Employment Notice (TEN)** – used to communicate announcements of meetings, publications or general information. Issued by Program Year.
- **Handbooks and Technical Assistance Guide** – used to issue State Workforce agencies technical instructions, information or guidance concerning a specific program and/or a group of related activities or functions pertaining to a single program or administrative area.
- **Bulletins** – used by special targeted programs, i.e., Migrant/Seasonal Farmworker; to communicate.
- **Changes** – Changes to a TEGL is issued as a change to the original document and located in the same year as the original document. The change(s) are found under the year in which it was first issued.

The following are the most common ETA issued directives which pertain to Reporting and Performance. Note this is only a partial list, to view the complete comprehensive list go to: [www.doleta.gov/Performance/reporting](http://www.doleta.gov/Performance/reporting)

- ❖ TEGL 17-05 “Common Measure Policy”, issued 2/17/06
  - TEGL 17-05, change 2 “, issued 5/20/06
- ❖ TEGL 09-07 “Incentive and Sanction Policy”, issued 10/1/07
- ❖ TEGL 17-09 “WIASRD”, issued 3/10/10
- ❖ TEGL 27-10 “Performance Reporting/Data Validation”, issued 5/11/11
  - TEGL 27-10, change 1, issued 7/25/11
- ❖ TEGL 7-11 “WIA Annual Report”, issued 9/26/11
- ❖ TEGL 28-11 “Performance Reporting Timelines”, issued 5/09/12
- ❖ TEGL 38-11 “Negotiating Performance Goals”, issued 6/28/12
- ❖ Handbook- WIASRD General Reporting Instruction, revised 2010
- ❖ Handbook- Annual Report General Instructions, revised 2010
- ❖ Handbook- Quarterly Report General Instructions, revised 2010
- ❖ Handbook- Data Reporting and Validation System, issued 4/2009
  - Addendum June 2011
- ❖ TEGL 11-11, CHANGE 2 “Selective Service Registration Requirements”, issued 5/16/12

A complete compilation of ETA Advisories can be accessed at the following website:

<http://wdr.doleta.gov/directives/>

## ATTACHMENT I

### OVERVIEW OF PERFORMANCE MEASURES

#### PERFORMANCE 'CHEAT SHEET' (A Quick Look at Performance)

This section will provide a brief overview of Performance Measures and the key elements which make-up each calculation. [Reference Workforce Investment Act Quarterly Report: General Reporting Instructions and ETA Form 9090, Revised 2010].

NOTE: This is only to provide a 'quick glance' into performance measures. For a more in-depth analysis please refer to: TEGl 17-09 (and subsequent changes) and WIA General Reporting Instructions for Quarterly/Annual reporting.

#### ADULT MEASURES (Adult/Dislocated Worker)

**(1)Entered Employment:** *Excluded:* Participants employed at the time of participation. (Exception: Dislocated Worker receiving 'Notice of Termination').

# of Participants **EMPLOYED** in the 1<sup>st</sup> Qtr *after* Exit  
# of Participants who EXIT during the Reporting Period (**not** real time)

➤ Key elements:      Employment Status at Participation  
                                 Exit Date  
                                 Reason for Exit

NOTE: Employment captured via UI wage records

**(2)Retention:** Only participants who were **employed** the 1<sup>st</sup> Qtr after Exit will be in this measure.

# of Participants **EMPLOYED** in **Both** the 2<sup>nd</sup> *and* 3<sup>rd</sup> Qtr after the Exit Qtr  
# of Participants who EXIT during Reporting Period (**not** real time)

➤ Key elements:      Employed 1<sup>st</sup> Qtr after Exit  
                                 Employed 2<sup>nd</sup> Qtr after Exit  
                                 Employed 3<sup>rd</sup> Qtr after Exit  
                                 Exit Date  
                                 Reason for Exit

NOTE: Employment captured via UI wage records

**(3)Average Earnings:** Only participants Employed in 1<sup>st</sup>, 2<sup>nd</sup> *and* 3<sup>rd</sup> Qtr are included.

TOTAL Earnings [\$\$\$\$] from 2<sup>nd</sup> *and* 3<sup>rd</sup> Qtr after the Exit Qtr  
# of Participants who EXIT during the Reporting Period (**not** real time)

➤ Key elements:      Employed 1<sup>st</sup> Qtr after Exit  
                                 Employed 2<sup>nd</sup> Qtr after Exit  
                                 Employed 3<sup>rd</sup> Qtr after Exit  
                                 Exit Date  
                                 Reason for Exit

NOTE: Employment captured via UI wage records

## YOUTH MEASURES

Youth who are 14 through 21 on the date they participate in WIA services.

**(1) Placement in Employment or Education:** *Excluded:* Youth who are in Post-Secondary Education, Employed or in the Military at the Date of Participation.

# of Youth participants who are Employed(including Military) or Enrolled in Post Secondary Education and/or Advanced Training, or Occupational Skills training in the 1<sup>st</sup> Qtr after the Exit Qtr

# of Youth participants who Exit during the Reporting Period (**not** real time)

- Key Elements: School Status at Participation  
Highest Grade Completed  
Employment Status at Participation  
Youth Placement Information  
Exit Date  
Reason for Exit

NOTE: Employment captured via UI wage records

**(2) Attainment of a Degree or Certificate:** Youth who were Enrolled in Education at the Date of Participation or at any time during the program.

# of Youth participants Enrolled in Education who attain a Diploma, GED or Certificate by the end of the 3<sup>rd</sup> Qtr after the Exit Qtr

# of Youth participants Enrolled in Education who Exit during the Reporting Period (**not** real time)

- Key Elements: Enrolled in Education  
Highest Grade Completed  
School Status at Participation  
School Status at Exit  
Attained Degree/Certificate  
Date Attained  
Exit Date  
Reason for Exit

**(3) Literacy and Numeracy Gains:** Out-of-School Youth Participants and Exiters who are Basic Skills Deficient.

# of Youth participants who increase one or more Educational Functioning Levels

# of Youth participants who have completed a year in a Youth program **plus** the # of Youth who Exit before completing a year in a Youth program (real time)

- Key Elements: School Status at Participation  
Basic Skills Deficient Indicator  
Date of First Youth Service  
Date of Participation  
Pre-Test Date  
Educational Functioning Level [pre-test]  
Post-Test Date  
Educational Functioning Level [post-test]  
Date of Last Youth Participation  
Exit Date  
Reason for Exit

## EXCLUSIONS from Performance

There are cases when a participant (Adult/Dislocated Worker/Youth) can be **excluded** from a Performance measure. If a participant at *the time of Exit* **or** during the *3-quarter period* **after** the Exit quarter meets any of the following criteria, they are excluded:

- Institutionalized
- Health/Medical or Family Care
- Deceased
- Reservists Called to Active Duty
- Relocated to a Mandated Program
- Retirement
- Invalid or Missing Social Security Number

➤ Key Element: Reason for Exit

## WAGE RECORD INTERCHANGE SYSTEM

The Wage Record Interchange System [WRIS] is an interstate clearinghouse through which Alabama can obtain UI wage records for individuals who receive workforce services and subsequently obtained employment in another State after receiving workforce services. This data is utilized in the calculation of Performance measures –Entered Employment Rate, Retention Rate and Average Earnings.

Wages obtained through the WRIS system are maintained in a separate database from those UI wages earned in Alabama for security purposes. Thus, WRIS wages *will not* be visible on the AlaWorks **Exit Seeker Adult/Yth/Dlw Outcome (Extended)** tab. WRIS wages are added to Alabama UI wages when calculating Performance.

PERFORMANCE PARAMETER CHART

Periods of Performance through **December 31, 2012**

Program Year: 2012 Program Quarter: 2

	Start	End
<u>Youth</u>		
Attainment of Degree/Certificate	4/1/2011	3/31/2012
Placement in Employment/Education	4/1/2011	3/31/2012
Literacy Numeracy Gains	1/1/2012	12/31/2012
<u>Adults/Dislocated Worker</u>		
Entered Employment Rate	4/1/2011	3/31/2012
Retention Rate	10/1/2010	9/30/2011
Average Earnings	10/1/2010	9/30/2011

Periods of Performance through **March 31, 2013**

Program Year: 2012 Program Quarter: 3

	Start	End
<u>Youth</u>		
Attainment of Degree/Certificate	7/1/2011	6/30/2012
Placement in Employment/Education	7/1/2011	6/30/2012
Literacy Numeracy Gains	4/1/2012	3/31/2013
<u>Adults/Dislocated Worker</u>		
Entered Employment Rate	7/1/2011	6/30/2012
Retention Rate	1/1/2011	12/31/2011
Average Earnings	1/1/2011	12/31/2011

Periods of Performance through **June 30, 2013**

Program Year: **2012** Program Quarter: **4**

	Start	End
<u>Youth</u>		
Attainment of Degree/Certificate	10/1/2011	9/30/2012
Placement in Employment/Education	10/1/2011	9/30/2012
Literacy Numeracy Gains	7/1/2012	6/30/2013
<u>Adults/Dislocated Worker</u>		
Entered Employment Rate	10/1/2011	9/30/2012
Retention Rate	4/1/2011	3/31/2012
Average Earnings	4/1/2011	3/31/2012

Periods of Performance through **September 30, 2013**

Program Year: **2013** Program Quarter: **1**

	Start	End
<u>Youth</u>		
Attainment of Degree/Certificate	1/1/2012	12/31/2012
Placement in Employment/Education	1/1/2012	12/31/2012
Literacy Numeracy Gains	10/1/2012	9/30/2013
<u>Adults/Dislocated Worker</u>		
Entered Employment Rate	1/1/2012	12/31/2012
Retention Rate	7/1/2011	6/30/2012
Average Earnings	7/1/2011	6/30/2012

Periods of Performance through **December 31, 2013**

Program Year: **2013** Program Quarter: **2**

	Start	End
<u>Youth</u>		
Attainment of Degree/Certificate	4/1/2012	3/31/2013
Placement in Employment/Education	4/1/2012	3/31/2013
Literacy Numeracy Gains	1/1/2013	12/31/2013
<u>Adults/Dislocated Worker</u>		
Entered Employment Rate	4/1/2012	3/31/2013
Retention Rate	10/1/2011	9/30/2012
Average Earnings	10/1/2011	9/30/2012

Periods of Performance through **March 31, 2014**

Program Year: **2013** Program Quarter: **3**

	Start	End
<u>Youth</u>		
Attainment of Degree/Certificate	7/1/2012	6/30/2013
Placement in Employment/Education	7/1/2012	6/30/2013
Literacy Numeracy Gains	4/1/2013	03/31/2014
<u>Adults/Dislocated Worker</u>		
Entered Employment Rate	7/1/2012	6/30/2013
Retention Rate	1/1/2012	12/31/2012
Average Earnings	1/1/2012	12/31/2012

Periods of Performance through **June 30, 2014**

Program Year:  Program Quarter:

	Start	End
<u>Youth</u>		
Attainment of Degree/Certificate	10/1/2012	9/30/2013
Placement in Employment/Education	10/1/2012	9/30/2013
Literacy Numeracy Gains	7/1/2013	06/30/2014
<u>Adults/Dislocated Worker</u>		
Entered Employment Rate	10/1/2012	9/30/2013
Retention Rate	4/1/2012	3/31/2013
Average Earnings	4/1/2012	3/31/2013

Periods of Performance through **September 30, 2014**

Program Year:  Program Quarter:

	Start	End
<u>Youth</u>		
Attainment of Degree/Certificate	1/1/2013	12/31/2013
Placement in Employment/Education	1/1/2013	12/31/2013
Literacy Numeracy Gains	10/1/2013	09/30/2014
<u>Adults/Dislocated Worker</u>		
Entered Employment Rate	1/1/2013	12/31/2013
Retention Rate	7/1/2012	6/30/2013
Average Earnings	7/1/2012	6/30/2013

## ATTACHMENT J

### **DATA ELEMENT VALIDATION PROCEDURE and POLICY**

#### Overview

Data Element Validation (DEV) is an annual review of participant records that correspond to the previous year's Annual Report/WIASRD submission. This is to ensure data which was contained in the Annual Report is valid and correct; thus ensuring accurate data for Performance Measures.

#### Sample Selection:

- Selection Process: Participant records are randomly selected utilizing Data Reporting and Validation System (DRVS) software. DRVS is a USDOL software package that allows the calculation of Annual/Quarterly reports as well as, Report Validation and Data Element Validation submission.
- The Sample: DRVS allows the State to select participant records grouped either by WIB, Office Name, or by individual participant records. Regardless of the group chosen, each sample must be drawn-down by Fund Source. Even though Alabama is a Common Measures State, DEV must be drawn by Younger and Older Youth.
- Sample Size: The number of participant records selected for Validation is in direct correlation with the number of participants in each funding stream. Samples for the Career Centers chosen for review [sampled either by WIB or Office Name –in Alabama they are both one and the same], are based on the number of participants in a particular funding stream. Example: If Career Center XX has a large percentage of Dislocated Worker participants, the chances of it being 'randomly selected' under the Dislocated Worker funding stream are greater than Career Center YY, which may have more Youth participants in proportion to the total number of enrollees.
- DEV Worksheet: After the sample has been extracted, DEV Worksheets are printed (hardcopy) for each participant record selected for validation.

*NOTE:* Alabama has experienced several disasters (Tornado/Fire) in which Career Centers have been unable to retrieve the requested Data Validation documents. In these cases the USDOL Regional Office has provided guidelines:

- ❖ What happens if a State cannot find a record that has been sampled for validation?
- ✓ If an office has been hit by a disaster (flooding, fire) that destroyed records for that office, that State should inform the Regional Office of this issue. With the Region's approval, the State should create a new extract file that excludes the records for that office.
- ✓ The issue: All of Alabama's WIB's have the same code # imbedded in the DRVS software (exception of Birmingham and Mobile), thus there is no way to separate the affected Offices for a newly created file. Always attempt to draw sample based on Office Name.

### Preparation for DEV Review

The extracted samples are grouped by Career Centers after all funding streams have been printed. At the appropriate time, each Career Center is notified of the participants chosen for the respective Centers. On-site reviews are scheduled—allowing a “3-day” grace period between notification and actual review. Career Centers are not given a prolonged “heads-up” for the pending review. Per USDOL regulations the limited time between notification and review is to ensure that files are not tampered with or ‘doctored’ prior to the review.

### Data Element Process

- Validating Sampled Records

Data elements are based on WIASRD items and their corresponding definitions. The majority of the elements for validation have a direct correlation to calculations of Performance Measures. It is helpful to not only have the most recent copy of the ‘Data Elements and Source Documentation Requirements’ available when conducting the review but also the WIASRD. The most recent copy of the ‘Data Elements and Source Documentation Requirements’ is usually published each year by the USDOL via a Training and Employment Guidance Letter (TEGL).

The ‘Data Elements and Source Documentation Requirements’ lists the Source Documents that are allowable for each data element. There is no variation or room for interpretation—Source Documents are mandated by the USDOL.

The following are the most common Data Elements Alabama has historically had to validate in addition to the most common Source Documentation utilized based on current Career Center Eligibility requirements and Program Case Management procedures:

Element	Documentation
• Date of Birth	Drivers License or Birth Certificate
• Low Income Status	Applicant Statement, Public Housing/Food Stamp #
• Participation Date	Form or Case Note(s)
• Program Exit Date	Form or Case Note(s)
• 1 <sup>st</sup> Intensive Date	Form or Case Note(s)
• Enter Training Date	Form, Case Note, ITA form
• Service Training Type	ITA form, OJT contract, Case note(s)
• Credential Type	Certificate, ITA form, Case note(s)
• School Status	Form or School record
• Youth Goals	Form
• Assessment Test	Test w/score

In those cases where a Case Note is an allowable source for validation – the case note can be either a hand written notation located in the file, or a note stored electronically on the AJL participant system (or AlaWorks System for those who do not use the AJL).

Also in those cases where a form is utilized for validation –the form **must** be signed and dated by each party (i.e. participant/legal guardian, case manager as applicable).

Utilizing ‘Source Documentation Requirements’ guide, the reviewer will PASS or FAIL each Data Element to be validated.

#### Helpful Hints:

- ✓ Date 1/1/1900 is an automatic software default. Item will Pass
- ✓ Blanks and/or Zeros to be validated –use the WIASRD for definition of blank/zero
- ✓ Apparent Data Entry errors will be uncovered –data entry key punch errors will Fail
- ✓ Items Enrolled in Education and Achievement Services are two separate elements, yet for Youth Service, only one is usually recorded –Pass both.

Keep in mind that Data Validation is not a Monitoring exercise. The Validator is only Passing or Failing elements.

**Confidentiality** is of the utmost importance when conducting Data Validation with access to both Social Security Numbers (SSNs) as well as wage information.

### Recording Pass/Fail onto DRVS

Access the *Edit Worksheets* option and locate the Participant ID/OBS number of the record to be completed. Check either PASS or FAIL for each element using the validation indicator dropdown. Continue the process for each record. Each individual Worksheet should be *printed* after the worksheet has been saved (or printed in bulk after all records for a funding stream are completed). The printed Pass/Fail worksheets will provide documentation for any future Audits/Monitoring requests to support the fact that validation was achieved for each record.

### Submittal

Prior to electronic submittal—Ensure all Worksheets are complete and all validated elements have been recorded. This can be verified by the funding stream overview and ensuring that all columns record “TRUE”. If any are a “FALSE”, this indicates that a Worksheet is not complete (element blank where a Pass or Fail ought to be entered on the worksheet). Worksheets can be printed now (if not done earlier). Note: Printed Worksheets will be retained utilizing the ADECA WDD record retention policy.

### References/Additional Policy and Guidance

- ETA “Workforce Investment Act, Data Reporting and Validation System (DRVS)  
for DRVS 7.2 [accessible @: [www.doleta.gov/Performance/reporting](http://www.doleta.gov/Performance/reporting)]
  - Reporting & Validation
  - Data Validation
  - Tools and Software for Data Validation
  - User Guide furthest most right-hand column
  
- TEGL: 27-10 “Program Year 2010 Performance Reporting”
  - 3-03 “Monitoring”
  - 9-07 “Incentive and Sanction Policy”

ATTACHMENT K

**EDUCATIONAL FUNCTIONING LEVEL DESCRIPTORS**

<b>Outcome Measures Definitions</b>			
<b>Literacy Level</b>	<b>Basic Reading and Writing</b>	<b>Numeracy Skills</b>	<b>Functional and Workplace Skills</b>
<p><b>Beginning ABE Literacy</b>                      Test Benchmark:                      TABE (7-8 and 9-10) scale scores (grade level 0-1.9):                      Reading 367 and below                      Total Math 313 and below                      Language 392 and below                      CASAS: 200 and below                      ABLE scale scores (grade level 0-1.9):                      Reading 524 and below                      Math 529 and below</p>	<p>Individual has no or minimal reading and writing skills. May have little or no comprehension of how print corresponds to spoken language and may have difficulty using a writing instrument. At the upper range of this level, individual can recognize, read and write letters and numbers, but has a limited understanding of connected prose and may need frequent re-reading. Can write a limited number of basic sight words and familiar words and phrases; may also be able to write simple sentences or phrases, including very simple messages. Can write basic personal information. Narrative writing is disorganized and unclear; inconsistently uses simple punctuation (e.g., periods, commas, question marks); contains frequent errors in spelling.</p>	<p>Individual has little or no recognition of numbers or simple counting skills or may have only minimal skills, such as the ability to add or subtract single digit numbers.</p>	<p>Individual has little or no ability to read basic signs or maps, can provide limited personal information on simple forms. The individual can handle routine entry level jobs that require little or no basic written communication or computational skills and no knowledge of computers or other technology.</p>
<p><b>Beginning Basic Education</b>                      Test Benchmark:                      TABE (7-8 and 9-10): scale scores (grade level 2-3.9):                      Reading: 368-460                      Total Math: 314-441                      Language: 393-490                      CASAS: 201-210                      ABLE scale scores (grade level 2-3.9):                      Reading: 525-612                      Math: 530-592</p>	<p>Individual can read simple material on familiar subjects and comprehend simple and compound sentences in single or linked paragraphs containing a familiar vocabulary; can write simple notes and messages on familiar situations, but lacks clarity and focus. Sentence structure lacks variety, but shows some control of basic grammar (e.g., present and past tense), and consistent use of punctuation (e.g., periods, capitalization).</p>	<p>Individual can count, add and subtract three digit numbers, can perform multiplication through 12; can identify simple fractions and perform other simple arithmetic operations.</p>	<p>Individual is able to read simple directions, signs and maps, fill out simple forms requiring basic personal information, write phone messages and make simple change. There is minimal knowledge of, and experience with, using computers and related technology. The individual can handle basic entry level jobs that require minimal literacy skills; can recognize very short, explicit, pictorial texts, e.g. understands logos related to worker safety before using a piece of machinery; can read want ads and complete simple job applications.</p>

**Outcome Measures Definitions**

<b>EDUCATIONAL FUNCTIONING LEVEL DESCRIPTORS—ADULT BASIC EDUCATION LEVELS</b>			
<b>Literacy Level</b>	<b>Basic Reading and Writing</b>	<b>Numeracy Skills</b>	<b>Functional and Workplace Skills</b>
<p><b>Low Intermediate Basic Education</b>                      Test benchmark:                      TABE (7-8 and 9-10) scale scores (grade level 4-5.9):                      Reading: 461-517                      Total Math: 442-505                      Language: 491-523                      CASAS: 211-220                      ABLE scale scores (grade level 4-5.9):                      Reading: 613-645                      Math: 593-642</p>	<p>Individual can read text on familiar subjects that have a simple and clear underlying structure (e.g., clear main idea, chronological order); can use context to determine meaning; can interpret actions required in specific written directions, can write simple paragraphs with main idea and supporting detail on familiar topics (e.g., daily activities, personal issues) by recombining learned vocabulary and structures; can self and peer edit for spelling and punctuation errors.</p>	<p>Individual can perform with high accuracy all four basic math operations using whole numbers up to three digits; can identify and use all basic mathematical symbols.</p>	<p>Individual is able to handle basic reading, writing and computational tasks related to life roles, such as completing medical forms, order forms or job applications; can read simple charts, graphs labels and payroll stubs and simple authentic material if familiar with the topic. The individual can use simple computer programs and perform a sequence of routine tasks given direction using technology (e.g., fax machine, computer operation). The individual can qualify for entry level jobs that require following basic written instructions and diagrams with assistance, such as oral clarification; can write a short report or message to fellow workers; can read simple dials and scales and take routine measurements.</p>
<p><b>High Intermediate Basic Education</b>                      Test benchmark:                      TABE (7-8 and 9-10) scale scores (grade level 6-8.9):                      Reading: 518-566                      Total Math: 506-565                      Language: 524-559                      CASAS: 221-235                      ABLE scale score (grade level 6-8.9):                      Reading: 646-681                      Math: 643-693                      WorkKeys scale scores:                      Reading for Information: 75 – 78                      Writing: 75 – 77                      Applied Mathematics: 75 – 77</p>	<p>Individual is able to read simple descriptions and narratives on familiar subjects or from which new vocabulary can be determined by context; can make some minimal inferences about familiar texts and compare and contrast information from such texts, but not consistently. The individual can write simple narrative descriptions and short essays on familiar topics; has consistent use of basic punctuation, but makes grammatical errors with complex structures.</p>	<p>Individual can perform all four basic math operations with whole numbers and fractions; can determine correct math operations for solving narrative math problems and can convert fractions to decimals and decimals to fractions; can perform basic operations on fractions.</p>	<p>Individual is able to handle basic life skills tasks such as graphs, charts and labels, and can follow multi-step diagrams; can read authentic materials on familiar topics, such as simple employee handbooks and payroll stubs; can complete forms such as a job application and reconcile a bank statement. Can handle jobs that involve following simple written instructions and diagrams; can read procedural texts, where the information is supported by diagrams, to remedy a problem, such as locating a problem with a machine or carrying out repairs using a repair manual. The individual can learn or work with most basic computer software, such as using a word processor to produce own texts; can follow simple instructions for using technology.</p>

**Outcome Measures Definitions**

**EDUCATIONAL FUNCTIONING LEVEL DESCRIPTORS—ADULT BASIC EDUCATION LEVELS**

Literacy Level	Basic Reading and Writing	Numeracy Skills	Functional and Workplace Skills
<p><b>Low Adult Secondary Education</b>                      Test benchmark:                      TABE (7-8 and 9-10): scale scores (grade level 9-10.9):                      Reading: 567-595                      Total Math: 566-594                      Language: 560-585                      CASAS: 236-245                      ABLE scale scores (grade level 9-10.9):                      Reading: 682-698                      Math: 694-716                      WorkKeys scale scores:                      Reading for Information: 79 – 81                      Writing: 78 – 85                      Applied Mathematics: 78 – 81</p>	<p>Individual can comprehend expository writing and identify spelling, punctuation and grammatical errors; can comprehend a variety of materials such as periodicals and non-technical journals on common topics; can comprehend library reference materials and compose multi-paragraph essays; can listen to oral instructions and write an accurate synthesis of them; can identify the main idea in reading selections and use a variety of context issues to determine meaning. Writing is organized and cohesive with few mechanical errors; can write using a complex sentence structure; can write personal notes and letters that accurately reflect thoughts.</p>	<p>Individual can perform all basic math functions with whole numbers, decimals and fractions; can interpret and solve simple algebraic equations, tables and graphs and can develop own tables and graphs; can use math in business transactions.</p>	<p>Individual is able or can learn to follow simple multi-step directions, and read common legal forms and manuals; can integrate information from texts, charts and graphs; can create and use tables and graphs; can complete forms and applications and complete resumes; can perform jobs that require interpreting information from various sources and writing or explaining tasks to other workers; is proficient using computers and can use most common computer applications; can understand the impact of using different technologies; can interpret the appropriate use of new software and technology.</p>
<p><b>High Adult Secondary Education</b>                      Test benchmark:                      TABE (7-8 and 9-10): scale scores (grade level 11-12):                      Reading: 596 and above                      Total Math: 595 and above                      Language: 586 and above                      CASAS: 246 and higher                      ABLE scale scores (grade level 11-12):                      Reading: 699 and above                      Math: 717 and above                      WorkKeys scale scores:                      Reading for Information: 82 – 90                      Writing: 86 – 90                      Applied Mathematics: 82 – 90</p>	<p>Individual can comprehend, explain and analyze information from a variety of literacy works, including primary source materials and professional journals; can use context cues and higher order processes to interpret meaning of written material. Writing is cohesive with clearly expressed ideas supported by relevant detail; can use varied and complex sentence structures with few mechanical errors.</p>	<p>Individual can make mathematical estimates of time and space and can apply principles of geometry to measure angles, lines and surfaces; can also apply trigonometric functions.</p>	<p>Individual is able to read technical information and complex manuals; can comprehend some college level books and apprenticeship manuals; can function in most job situations involving higher order thinking; can read text and explain a procedure about a complex and unfamiliar work procedure, such as operating a complex piece of machinery; can evaluate new work situations and processes, can work productively and collaboratively in groups and serve as facilitator and reporter of group work. The individual is able to use common software and learn new software applications; can define the purpose of new technology and software and select appropriate technology; can adapt use of software or technology to new situations and can instruct others, in written or oral form on software and technology use.</p>

## Outcome Measure Definitions

### EDUCATIONAL FUNCTIONING LEVEL DESCRIPTORS—ENGLISH -AS-A-SECOND LANGUAGE LEVELS

Literacy Level	Speaking and Listening	Basic Reading and Writing	Functional and Workplace Skills
<p><b>ESL Literacy</b>                      Test benchmark:                      CASAS (all): 180 and below                      SPL (Speaking) 0-1                      SPL (Reading and Writing) 0-1                      Oral BEST: 0-15                      BEST Plus: 400 and below                      Literacy BEST: 0-7</p>	<p>Individual cannot speak or understand English, or understands only isolated words or phrases.</p>	<p>Individual has no or minimal reading or writing skills in any language. May have little or no comprehension of how print corresponds to spoken language and may have difficulty using a writing instrument.</p>	<p>Individual functions minimally or not at all in English and can communicate only through gestures or a few isolated words, such as name and other personal information; may recognize only common signs or symbols (e.g., stop sign, product logos); can handle only very routine entry-level jobs that do not require oral or written communication in English. There is no knowledge or use of computers or technology</p>
<p><b>Beginning ESL</b>                      Test benchmark:                      CASAS (all): 181-200                      SPL (Speaking) 2-3                      SPL (Reading and Writing) 2-4                      Oral BEST 16-41                      BEST Plus: 401-438                      Literacy BEST: 8-46</p>	<p>Individual can understand frequently used words in context and very simple phrases spoken slowly and with some repetition; there is little communicative output and only in the most routine situations; little or no control over basic grammar; survival needs can be communicated simply, and there is some understanding of simple questions.</p>	<p>Individual can recognize, read and write numbers and letters, but has a limited understanding of connected prose and may need frequent re-reading; can write a limited number of basic sight words and familiar words and phrases; may also be able to write simple sentences or phrases, including very simple messages. Can write basic personal information. Narrative writing is disorganized and unclear; inconsistently uses simple punctuation (e.g., periods, commas, question marks); contains frequent errors in spelling.</p>	<p>Individual functions with difficulty in situations related to immediate needs and in limited social situations; has some simple oral communication abilities using simple learned and repeated phrases; may need frequent repetition; can provide personal information on simple forms; can recognize common forms of print found in the home and environment, such as labels and product names; can handle routine entry level jobs that require only the most basic written or oral English communication and in which job tasks can be demonstrated. There is minimal knowledge or experience using computers or technology.</p>
<p><b>Low Intermediate ESL</b>                      Test benchmark:                      CASAS (all): 201-210                      SPL (Speaking) 4                      SPL (Reading and Writing) 5                      Oral BEST: 42-50                      BEST Plus: 439-472                      Literacy BEST: 47-53</p>	<p>Individual can understand simple learned phrases and limited new phrases containing familiar vocabulary spoken slowly with frequent repetition; can ask and respond to questions using such phrases; can express basic survival needs and participate in some routine social conversations, although with some difficulty; has some control of basic grammar.</p>	<p>Individual can read simple material on familiar subjects and comprehend simple and compound sentences in single or linked paragraphs containing a familiar vocabulary; can write simple notes and messages on familiar situations, but lacks clarity and focus. Sentence structure lacks variety, but shows some control of basic grammar (e.g., present and past tense), and consistent use of punctuation (e.g., periods, capitalization).</p>	<p>Individual can interpret simple directions and schedules, signs and maps; can fill out simple forms, but needs support on some documents that are not simplified; can handle routine entry level jobs that involve some written or oral English communication, but in which job tasks can be demonstrated. Individual can use simple computer programs and can perform a sequence of routine tasks given directions using technology (e.g., fax machine, computer).</p>

## Outcome Measure Definitions

### EDUCATIONAL FUNCTIONING LEVEL DESCRIPTORS—ENGLISH -AS-A-SECOND LANGUAGE LEVELS

Literacy Level	Speaking and Listening	Basic Reading and Writing	Functional and Workplace Skills
<p><b>High Intermediate ESL</b>                      Test benchmark:                      CASAS (all): 211-220                      SPL (Speaking) 5                      SPL (Reading and Writing) 6                      Oral BEST: 51-57                      BEST Plus: 473-506                      Literacy BEST: 54-65</p>	<p>Individual can understand learned phrases and short new phrases containing familiar vocabulary spoken slowly and with some repetition; can communicate basic survival needs with some help; can participate in conversation in limited social situations and use new phrases with hesitation; relies on description and concrete terms. There is inconsistent control of more complex grammar.</p>	<p>Individual can read text on familiar subjects that have a simple and clear underlying structure (e.g., clear main idea, chronological order); can use context to determine meaning; can interpret actions required in specific written directions, can write simple paragraphs with main idea and supporting detail on familiar topics (e.g., daily activities, personal issues) by recombining learned vocabulary and structures; can self and peer edit for spelling and punctuation errors.</p>	<p>Individual can meet basic survival and social needs, can follow some simple oral and written instruction and has some ability to communicate on the telephone on familiar subjects; can write messages and notes related to basic needs; complete basic medical forms and job applications; can handle jobs that involve basic oral instructions and written communication in tasks that can be clarified orally. The individual can work with or learn basic computer software, such as word processing; can follow simple instructions for using technology.</p>
<p><b>Low Advanced ESL</b>                      Test benchmark:                      CASAS (All): 221-235                      SPL (Speaking) 6                      SPL (Reading and Writing) 7                      Oral BEST 58-64                      BEST Plus: 507-540                      Literacy BEST: 66 and above</p>	<p>Individual can converse on many everyday subjects and some subjects with unfamiliar vocabulary, but may need repetition, rewording or slower speech; can speak creatively, but with hesitation; can clarify general meaning by rewording and has control of basic grammar; understands descriptive and spoken narrative and can comprehend abstract concepts in familiar contexts.</p>	<p>Individual is able to read simple descriptions and narratives on familiar subjects or from which new vocabulary can be determined by context; can make some minimal inferences about familiar texts and compare and contrast information from such texts, but not consistently. The individual can write simple narrative descriptions and short essays on familiar topics, such as customs in native country; has consistent use of basic punctuation, but makes grammatical errors with complex structures.</p>	<p>Individual can function independently to meet most survival needs and can communicate on the telephone on familiar topics; can interpret simple charts and graphics; can handle jobs that require simple oral and written instructions, multi-step diagrams and limited public interaction. The individual can use all basic software applications, understand the impact of technology and select the correct technology in a new situation.</p>
<p><b>High Advanced ESL</b>                      Test benchmark:                      CASAS (All): 236-245                      SPL (Speaking) 7                      SPL (Reading and Writing) 8                      Oral BEST 65 and above                      BEST Plus: 541-598                      Exit Criteria: SPL 8 (BEST Plus 599 and higher)</p>	<p>Individual can understand and participate effectively in face-to-face conversations on everyday subjects spoken at normal speed; can converse and understand independently in survival, work and social situations; can expand on basic ideas in conversation, but with some hesitation; can clarify general meaning and control basic grammar, although still lacks total control over complex structures.</p>	<p>Individual can read authentic materials on everyday subjects and can handle most reading related to life roles; can consistently and fully interpret descriptive narratives on familiar topics and gain meaning from unfamiliar topics; uses increased control of language and meaning-making strategies to gain meaning of unfamiliar texts. The individual can write multiparagraph essays with a clear introduction and development of ideas; writing contains well formed sentences, appropriate mechanics and spelling, and few grammatical errors.</p>	<p>Individual has a general ability to use English effectively to meet most routine social and work situations; can interpret routine charts, graphs and tables and complete forms; has high ability to communicate on the telephone and understand radio and television; can meet work demands that require reading and writing and can interact with the public. The individual can use common software and learn new applications; can define the purpose of software and select new applications appropriately; can instruct others in use of software and technology.</p>

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
<b>SECTION A - INDIVIDUAL INFORMATION</b>												
<b>Section A.01: Identifying Data</b>												
100	Unique Individual Identifier	AN 12	Record the unique identification number assigned to the participant. At a minimum, this identifier for a person <u>must</u> be the same for every period of participation in the WIA Title I programs, including National Emergency Grants, and in every local area across the state and where the participant is receiving services or benefits financially assisted by the Wagner-Peyser, Veterans Employment and Training Service, and/or Trade Adjustment Assistance (TAA) programs. And, (2) provide unique identification number of potential "non participant" records, including those identified through Veteran "covered entrants" and TAA applicants that may or may not receive a participant service.	XXXXXXXXXXXX	R	R	R	R	R	R	R	
101	State Code of Residence	AN 2	Record the 2-letter FIPS alpha code of the state of the primary domicile of the participant. For example, the State of Alabama would be represented as "AL." Primary domicile is that location established or claimed as the permanent residence or "home" of the participant.  If primary domicile is outside the United States, use the following numeric codes: 77 = All Other Countries 88 = Mexico 99 = Canada  For persons on active military duty, states should record the two-letter Air/Army Post Office (APO) or Fleet Post Office (FPO) as defined by the Military Postal Service Agency. <b>AE (ZIPs 09xxx) for Armed Forces Europe which includes Canada, Middle East, and Africa</b> <b>AP (ZIPs 962xx - 966xx) for Armed Forces Pacific</b> <b>AA (ZIPs 340xx) for Armed Forces (Central and South) Americas</b>  Leave blank if the State FIPS Code is not known.	XX	O	R	R	O	R	R	R	
102	County Code of Residence	IN 3	Record the 3-digit FIPS Code of the County of the primary domicile of the participant. Primary domicile is that location established or claimed as the permanent residence or "home" of the participant.  If primary domicile is outside the United States, use the following codes: 777 = All Other Countries 888 = Mexico 999 = Canada  Leave blank if the County FIPS Code is not known.	000	O	R	R	O	R	R	R	

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					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
103	Zip Code of Residence	IN 5	<p>Record the 5-digit zipcode of the primary domicile of the participant. Primary domicile is that location established or claimed as the permanent residence or "home" of the participant.</p> <p>If primary domicile is outside the United States, use the following codes:  77777 = All Other Countries  88888 = Mexico  99999 = Canada</p> <p>For persons on active military duty, states should record the zipcode associated with the APO or FPO as defined by the Military Postal Service Agency.</p>	00000	O	R	R	O	R	R	R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
104	Economic/Labor Market Area and Physical Location Code	IN 9	<p>Record the code (maximum of 9-digits) of the economic/labor market area and physical location in which the participant received his/her first staff-assisted service financially assisted by the program. Grantees have the flexibility to use the first 5-digits of this field for identifying the economic region or labor market area in which the participant began receiving staff-assisted services. The next 4-digits of this field should be used to identify the physical location in which the participant began receiving staff-assisted services. Unless otherwise specified by ETA, codes contained within this field are determined by the grantee.</p> <p>Record 999999999 to indicate "statewide/virtual office" if the participant only received remote or virtual self-service or informational activities. Record 000000000 if not known.</p> <p>A physical location means a designated American Job Center, an affiliated American Job Center partner site, or other specialized centers and sites designed to address special customer needs, such as a company work site for dislocated workers.</p>	000000000	O	R	R	O	R	R	R	
105	ETA-Assigned Local Workforce Board/Statewide Code	IN 5	Record the 5-digit ETA assigned Local Board/Statewide code where the individual was determined eligible to participate in the program and received his/her first service financially assisted by the program. If the individual was served by the local area and also by other non-local funds (e.g. statewide funds or a national emergency grant), record the code for the Local Board	00000	R	R	R	R	R	R	R	
<b>Section A.02: Equal Opportunity Information</b>												
200	Date of Birth	DT 8	<p>Record the participant's date of birth.</p> <p>Leave blank if this data element does not apply to the person (covered entrants, TAA non participants) and the data is not available.</p>	YYYYMMDD	R	R	R	R	R	R	R	
201	Gender	IN 1	<p>Record 1 if the participant indicates that he is male. Record 2 if the participant indicate that she is female. Record 9 if the participant does not self-identify gender.</p> <p>Leave blank if this data element does not apply to the person (covered entrants, TAA non participants) and the data is not available.</p>	<p>1 = Male 2 = Female 9 = Participant did not self-identify</p>	R	R	R	R	R	R	R	

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
202	Individual with a Disability	IN 1	<p>Record 1 if the participant indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.) If the response is yes, answer data element #203.</p> <p>Record 0 if the participant indicates that he/she does not have a disability that meets the definition.</p> <p>Record 9 if the participant does not wish to disclose his/her disability status.</p> <p>Leave blank if this data element does not apply to the person (covered entrants, TAA non participants) and the data is not available.</p>	<p>1 = Yes</p> <p>0 = No</p> <p>9 = Participant did not disclose</p>	R	R	R	R	R	R	R
203	Category of Disability	IN 1	<p>Record 1 if the impairment is primarily physical, including mobility and sensory impairments.</p> <p>Record 2 if the impairment is primarily mental, including cognitive and learning impairments.</p> <p>Record 3 if the impairment includes both physical and mental impairments.</p> <p>Record 9 if the participant does not wish to disclose his/her type of disability.</p> <p>Additional Reporting Instructions: For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations).</p> <p>Leave blank if this data element does not apply to the person (covered entrants) and the data is not available.</p>	<p>1 = Physical Impairment</p> <p>2 = Mental Impairment</p> <p>3 = Both Physical and Mental Impairments</p> <p>9 = Participant did not disclose</p>	R	R	R	R	R	R	R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
204	Ethnicity Hispanic / Latino	IN 1	Record 1 if the participant indicates that he/she is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant does not self-identify his/her ethnicity.  Leave blank if this data element does not apply to the person (covered entrants) and the data is not available.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	R	R	R
205	American Indian / Alaskan Native	IN 1	Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant does not self-identify his/her race.  Leave blank if this data element does not apply to the person (covered entrants) and the data is not available.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	R	R	R
206	Asian	IN 1	Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant does not self-identify his/her race.  Leave blank if this data element does not apply to the person (covered entrants) and the data is not available.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	R	R	R
207	Black / African American	IN 1	Record 1 if the participant indicates that he/she is a person having origins in any of the black racial groups of Africa. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant does not self-identify his/her race.  Leave blank if this data element does not apply to the person (covered entrants) and the data is not available.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	R	R	R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
208	Native Hawaiian / Other Pacific Islander	IN 1	Record 1 if the participant indicates that he/she is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant does not self-identify his/her race.  Leave blank if this data element does not apply to the person (covered entrants) and the data is not available.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	R	R	R
209	White	IN 1	Record 1 if the participant indicates that he/she is a person having origins in any of the of the original peoples of Europe, the Middle East, or North Africa. Record 0 if the participant indicates that he/she does not meet any of these conditions. Record 9 if the participant does not self-identify his/her race.  Leave blank if this data element does not apply to the person (covered entrants) and the data is not available.	1 = Yes 0 = No 9 = Participant did not self-identify	R	R	R	R	R	R	R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
<b>Section A.03: Veteran Characteristics</b>											
300	Veteran Status	IN 1	Record 1 if the participant is a person who served on active duty in the armed forces and who was discharged or released from such service under conditions other than dishonorable. Record 0 if the participant does not meet the condition described above. Record 9 if participant does not disclose veteran status.  Leave blank if this data element does not apply to the person and the data is not available.	1 = Yes 0 = No 9 = Status not known	R	R	R	R	R	R	R
301	Eligible Veteran Status	IN 1	Record 1 if the individual is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable. Record 2 if the participant served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable dischargeLor was discharged or released because of a service connected disabilityLor as a member of a reserve component under an order to active duty pursuant to section 167(a), (d), or (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge. Record 3 if the participant is: (a) the spouse of any person who died on active duty or of a serviceconnected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued there under, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in actionL(ii) captured in the line of duty by a hostile forceLor (iii) forcibly detained or interned in the line of duty by a foreign government or powerLor (c) 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. Record 0 if the participant does not meet any one of the conditions described above. Leave blank if the individual is not a participant, and the data is not available.	1 = Yes <=180 days. 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 0 = No	R	R	R	R	R	R	R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
302	Campaign Veteran	IN 1	Record 1 if the participant is an eligible veteran (i.e., coding value 2 in Element #301) who served on active duty in the U.S. armed forces during a war or in a campaign or expedition for which a campaign badge or expeditionary medal has been authorized as identified and listed by the Office of Personnel Management (OPM). A current listing of the campaigns can be found at OPM's website <a href="http://www.opm.gov/veterans/html/vgmedal2.asp">http://www.opm.gov/veterans/html/vgmedal2.asp</a> . Record 0 if the participant does not meet the condition described above.  Leave blank if this data element does not apply to the person.	1 = Yes 0 = No	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>
303	Disabled Veteran	IN 1	Record 1 if the participant is a veteran who served on active duty in the U.S. armed forces and who is entitled to compensation regardless of rating (including those rated at 0%); or who but for the receipt of military retirement pay would be entitled to compensation, under laws administered by the Department of Veterans Affairs (DVA); or was discharged or released from activity duty because of a service-connected disability. Record 2 if the participant is a veteran who served on active duty in the U.S. armed forces and who is entitled to compensation (or who, but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the DVA for a disability, (i) rated at 30 percent or more or, (ii) rated at 10 or 20 percent in the case of a veteran who has been determined by DVA to have a serious employment handicap. Record 0 if the participant does not meet any one of the conditions described above.  Leave blank if this data element does not apply to the person.	1 = Yes 2 = Yes, special disabled 0 = No	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>
304	Date of Actual Military Separation	DT 8	Record the date on which the participant separated from active duty with the U.S. armed forces.  Leave blank if this data element does not apply to the person.	YYYYMMDD	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>
305	Transitioning Service Member	IN 1	Record 1 if the participant is a person who is on active military duty status (including separation leave) with the U.S. armed forces and within 24 months of retirement or 12 months of separation from the armed forces. Record 0 if the participant does not meet the condition described above.  Leave blank if this data element does not apply to the person (covered entrants) and the data is not available.	1 = Yes 0 = No	R	R	R	R	R	R	R
306	Covered Person Entry Date	DT 8	Record the date on which the Covered Person first made contact with the workforce system, either at a physical location or through an electronic resource.	YYYYMMDD	R	R	R	R	R	R	R
307	Date 45 Days Following Covered Person Entry Date	DT 8	Record the date that falls 45 days following the Covered Person Entry Date.	YYYYMMDD	R	R	R	R	R	R	R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEG's			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
308	TAP Workshop in 3 Prior Years	IN 1	Record 1 if the Veteran or TSM attended a TAP Workshop in 3 year period prior to Date of Participation.	1 = Yes 0 = No	R	R	R	R	R	R	R	R
309	Post 9/11 Veteran	IN 1	The term "Post 9/11 Era veteran" means a person who served for at least one day on or after September 11, 2001 in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable. Record 1 if Eligible Veteran Status = (1 or 2) and Date of Actual Military Separation was >=9/1/2001. Record 0 if Eligible Veteran Status = (1 or 2) and Date of Actual Military Separation was <9/1/2001. Leave blank if the individual is not a veteran.	1 = Yes 0 = No		R <sup>VET</sup>	R <sup>VET</sup>		R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>	R <sup>VET</sup>

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
<b>Section A.04: Employment and Education Information</b>											
400	Employment Status at Participation	IN 1	Record 1 if the participant is a person who either (a) did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job. Record 2 if the participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member. Record 0 if the participant does not meet any one of the conditions described above. Leave blank if this data element does not apply to the person (covered entrants) and the data is not available.	1 = Employed 2 = Employed, but Received Notice of Termination of Employment or Military Separation 0 = Not Employed	R	R	R	R	R	R	R
401	UC Eligible Status	IN 1	Record 1 if the participant is a person who (a) filed a claim and has been determined monetarily eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights, and (b) was referred to service through the state's Worker Profiling and Reemployment Services (WPRS) system. Record 2 if the participant is a person who meets condition (a) described above, but was not referred to service through the state's WPRS system. Record 3 if the participant has exhausted all UC benefit rights for which he/she has been determined monetarily eligible, including extended supplemental benefit rights. Record 0 if the participant was neither a UC Claimant nor an Exhaustee. Leave blank if this data element does not apply to the individual. Leave blank if this data element does not apply to the person (covered entrants) and the data is not available.	1 = Claimant Referred by WPRS 2 = Claimant Not Referred by WPRS 3 = Exhaustee 0 = Neither Claimant nor Exhaustee		R	R		R	R	R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
402	Occupational Code of Most Recent Employment Prior to Participation (if available)	IN 8	Record the 8-digit occupational code that best describes the participant's employment using the O*Net Version 4.0 (or later versions) classification system. This information is based on the most recent job held before participating in the program. Leave blank if occupational code is not available or not known, or the data element does not apply.  Additional Notes: This information must be based on the most recent job held prior to participating in the program and only applies to adults, dislocated workers and older youth. If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual had multiple jobs, use the job where the individual had the highest gross wage.	00000000	O	R	R	O	R	R	R <sup>OY</sup>
403	Industry Code of Employment 1st Qtr Prior to Participation	IN 6	Record the 4 to 6-digit industry code that best describes the individual's employment using the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the highest gross wage should be reported.  Enter 999999 if 'Wages 1st Quarter Prior to Participation Quarter exist and NAICS Code is not known. Leave blank if this data element does not apply to the person	000000	O	R	R	O	R	R	R
404	Industry Code of Employment 2nd Qtr Prior to Participation	IN 6	Record the 4 to 6-digit industry code that best describes the individual's employment using the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the highest gross wage should be reported.  Enter 999999 if 'Wages 2nd Quarter Prior to Participation Quarter exist and NAICS Code is not known. Leave blank if this data element does not apply to the person.	000000	O	R	R	O	R	R	R
405	Industry Code of Employment 3rd Qtr Prior to Participation	IN 6	Record the 4 to 6-digit industry code that best describes the individual's employment using the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the highest gross wage should be reported.  Enter 999999 if 'Wages 3rd Quarter Prior to Participation Quarter exist and NAICS Code is not known. Leave blank if this data element does not apply to the person	000000	O	R	R	O	R	R	R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
410	Highest School Grade Completed	IN 2	<p>Use the appropriate code to record the highest school grade completed by the participant.</p> <p>Record 87 if the participant attained a high school diploma.  Record 88 if the participant attained a GED or equivalent.  Record 89 if the participant with a disability receives a certificate of attendance/completion as a result of successfully completing an Individual Education Plan (IEP).  Record 90 if the participant attained other post-secondary degree or certification.  Record 91 if the participant attained an associates diploma or degree (AA/AS)</p> <p>Record 00 if no school grades completed.  Leave blank if this data element does not apply to the individual.  Leave blank if this data element does not apply to the person (covered entrants).</p>	#####	R	R	R	R	R	R	R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
411	School Status at Participation	IN 1	<p>Record 1 if the participant has not received a secondary school diploma or its recognized equivalent and is attending any secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school.</p> <p>Record 2 if the participant has not received a secondary school diploma or its recognized equivalent and is attending an alternative high school or an alternative course of study approved by the local educational agency whether full or part-time.</p> <p>Record 3 if the participant has received a secondary school diploma or its recognized equivalent and is attending a post-secondary school or program (whether full or part-time), or is between school terms and intends to return to school.</p> <p>Record 4 if the participant is no longer attending any school and has not received a secondary school diploma or its recognized equivalent.</p> <p>Record 5 if the participant is not attending any school and has either graduated from high school or holds a GED.</p> <p>Leave blank if this data element does not apply to the individual.</p>	<p>1 = In-school, H.S. or less</p> <p>2 = In-school, Alternative School</p> <p>3 = In-school, Post-H.S.</p> <p>4 = Not attending school or H.S. Dropout</p> <p>5 = Not attending school; H.S. graduate</p>	R	R	R	R	R	R	R
<b>Section A.05: Migrant and Seasonal Farmworker Characteristics</b>											
500	Farmworker Status	IN 1	<p>Record 1 if the participant is a person who, during the last 12 months, received at least 50 percent of his or her total earned income from qualifying farmwork, worked at least an aggregate of 25 or more days or parts of days in qualifying farm work, and was not employed in farmwork year round by the same employer.</p> <p>Record 2 if the participant is a person who had to travel to a job site that is far enough away from his or her permanent residence that they cannot return to their residence within the same day. Full-time students traveling in organized groups, rather than with their families, are excluded.</p> <p>Record 3 if the participant meets both conditions above.</p> <p>Record 0 if the participant does not meet any one of the conditions described above.</p> <p>Leave blank if this data element does not apply to the individual.</p> <p>Leave blank if this data element does not apply to the person (covered entrants, TAA non participants).</p>	<p>1 = Farmworker</p> <p>2 = Migrant</p> <p>3 = Migrant Farmworker</p> <p>0 = No</p>		R	R		R	R	R
501	Type of Qualifying Farmwork	IN 1	<p>Record 1 if the participant was primarily employed in agricultural labor as classified by the North American Industrial Classification System (NAICS) for agricultural production and services establishments.</p> <p>Record 2 if the participant was primarily employed in food processing work as classified in the NAICS definitions 3116, 311421, 311941, and 311411 for food processing establishments.</p> <p>Leave blank if this data element does not apply to the individual.</p> <p>Leave blank if this data element does not apply to the person (covered entrants, TAA non participants).</p>	<p>1 = Agricultural Production and Services</p> <p>2 = Food Processing Establishments</p>		R <sup>FW</sup>	R <sup>FW</sup>		R <sup>FW</sup>	R <sup>FW</sup>	R <sup>FW</sup>
<b>Section A.06: Public Assistance Information</b>											

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
600	Temporary Assistance to Needy Families (TANF)	IN 1	Record 1 if the participant is a person who is listed on the welfare grant or has received cash assistance or other support services from the TANF agency in the last six months prior to participation in the program. Record 0 if the participant does not meet the condition described above. Leave blank if this data element does not apply to the individual. Leave blank if this data element does not apply to the person (covered entrants).	1 = Yes 0 = No			R					R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
601	Supplemental Security Income(SSI) / Social Security Disability Insurance (SSDI)	IN 1	Record 1 if the individual is a person who is receiving or has received SSI under Title XVI of the Social Security Act in the last six months prior to participation in the program. Record 2 if the individual is a person who is receiving or has received SSDI benefit payments under Title XIX of the Social Security Act in the last six months prior to participation in the program. Record 3 if the individual is receiving or has received both SSI and SSDI in the last six months prior to participation in the program. Record 0 if the individual does not meet any of the conditions described above. Leave blank if this data element does not apply to the person (covered entrants).	1 = SSI 2 = SSDI 3 = Both 0 = No		R	R		R	R		R
602	Other Public Assistance Recipient	IN 1	Record 1 if the participant is a person who is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to participation in the program: General Assistance (GA) (State/local government), Refugee Cash Assistance (RCA), or Food Stamp Assistance. Do not include foster child payments. Record 0 if the participant does not meet the above criteria. Leave blank if this data element does not apply to the individual. Leave blank if this data element does not apply to the person (covered entrants).	1 = Yes 0 = No			R					R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
<b>Section A.07: Additional Reportable Characteristics</b>												
700	Homeless Individual and/or runaway youth	IN 1	Record 1 if the participant is a person who lacks a fixed, regular, adequate night time residence. This definition includes any individual who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings; or a person under 18 years of age who absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth). This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless. Record 0 if the participant does not meet the conditions described above. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No			R					R
701	Offender	IN 1	Record 1 if the participant is a person who either (a) is or has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes. Record 0 if the participant does not meet any one of the conditions described above. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No			R					R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
702	Low Income	IN 1	Record 1 if the participant is a person who: (A) receives, or is a members of a family which receives, cash payments under a federal, state or local income-based public assistance program, or (B) received an income, or is a member of a family that received a total family income, for the six-month period prior to program participation (exclusive of unemployment compensation, child support payments, payments described in subparagraph A and old-age and survivors insurance benefits received under section 202 of the Social Security Act (42 U.S.C 402)) that, in relation to family size does not exceed the higher of (i) the poverty line, for an equivalent period, or (ii) 70 percent of the lower living standard income level, for an equivalent period; or (C) is a member of a household that receives (or has been determined within the 6-month period prior to program participation) Food Stamps under the Food Stamp Act of 1977 (7 U.S.C. 2011 et seq.); or (D) qualifies as a homeless individual, as defined in subsections (a) and (c) of section 103 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11302); or (E) is a foster child on behalf of whom State or local government payments are made; or (F) is a person with a disability whose own income meets the income criteria established in WIA section 101(25)(A) or (B), but is a member of a family whose income does not meet the established criteria. Record 0 if the participant does not meet the criteria presented above. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No		R	R		R	R	R
703	Limited English Language Proficiency	IN 1	Record 1 if the participant is a person who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language. Record 0 if the participant does not meet the conditions described above. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No		R	R		R	R	R
704	Single Parent	IN 1	Record 1 if the participant is single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18. Record 0 if the participant does not meet the condition described above. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No			R			R	R
705	Displaced Homemaker	IN 1	Record 1 if the participant is a person who has been providing unpaid services to family members in the home and has been dependent on the income of another family member but is no longer supported by that income and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. Record 0 if the participant does not meet the conditions described above. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No					R	R	

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
706	Date of Actual Dislocation	DT 8	Record the participant's date of actual dislocation from employment. This date is the last day of employment at the dislocation job. Leave blank if there is no dislocation job (e.g., displaced homemaker) or this data element does not apply to the individual.	YYYYMMDD					R	R	
<b>Section A.08: Additional Youth Characteristics</b>											
800	Pregnant or Parenting Youth	IN 1	Record 1 if the participant is a person who is either under 22 years of age and who is pregnant, or an individual (male or female) who is providing custodial care for one or more dependents under age 18. Record 0 if the participant does not meet the conditions described above. Leave blank if data element does not apply to the individual.	1 = Yes 0 = No							R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream								
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth		
					SI	SC	IT	SI	SC	IT	14 - 21		
801	Youth Who Needs Additional Assistance	IN 1	Record 1 if the participant is a person who is between the ages of 14 and 21, and requires additional assistance to complete an educational program, or to secure and hold employment as defined by State or local policy. If the State Board defines a policy, the policy must be included in the State Plan. Record 0 if the participant does not meet the conditions described above. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No									R
802	Basic Literacy Skills Deficiency	IN 1	Record 1 if the participant is a person who computes or solves problems, reads, writes, or speaks English at or below the 8th grade level or is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society. In addition, states and grantees have the option of establishing their own definition, which must include the above language. In cases where states or grantees establish such a definition, that definition will be used for basic literacy skills determination. Record 0 if the participant does not meet the conditions described above. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No									R
803	Foster Care Youth	IN 1	Record 1 if the participant is a person who is currently in foster care or has been in the foster care system at any point during his/her lifetime. Record 0 if the participant does not meet the conditions described above. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No									R
<b>SECTION B - AMERICAN JOB CENTER PROGRAM PARTICIPATION INFORMATION</b>													
900	Date of Participation/Date of First Case Management & Reemployment Service	DT 8	Record the date on which the individual begins receiving his/her first service funded by a program following a determination of eligibility to participate in the program (eligibility determination not required for Wagner Peyser). If the participant receives services from multiple programs, grantees should use the earliest date of service as the "date of participation."	YYYYMMDD	R	R	R	R	R	R	R	R	R
901	Date of Exit	DT 8	Record the date on which the last service funded by the program or a partner program is received by the participant. Once a participant has not received any services funded by the program or a partner program for 90 consecutive calendar days and 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.	YYYYMMDD	R	R	R	R	R	R	R	R	R
905	Adult (local formula)	IN 1	Record 1 if the participant received services financially assisted under WIA section 133(b)(2)(A). Record 0 if the participant did not receive services under the condition described above. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown	R	R	R						

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
906	Dislocated Worker (local formula)	IN 1	Record 1 if the participant received services financially assisted under WIA section 133(b)(2)(B). Record 0 if the participant did not receive services under the condition described above. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown				R	R	R	
907	Date of First WIA Youth Service	DT 8	Record the date on which the individual began receiving his/her first service funded by the WIA Youth program following a determination of eligibility to participate in the program. Leave blank if the participant did not receive WIA Youth services.	YYYYMMDD							R
908	Youth (Statewide 15% Activities)	IN 1	Record 1 if the participant received services financially assisted by Statewide 15% funds. Record 2 if the participant received services financially assisted by both Statewide 15% funds and local youth formula funds. Record 0 if the participant did not receive any services financially assisted by Statewide 15% funds. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = Yes, Statewide 15% only 2 = Yes, Both Statewide 15% and Local Formula 0 = No, Did Not Receive Statewide 15% funded services 9 = Unknown							R
909	Dislocated Worker (Statewide 15% Activities)	IN 1	Record 1 if the participant received services financially assisted under WIA section 134(a) Record 0 if the participant did not receive services under the condition described above, or received services by a local area with statewide funds passed down from the state to the local area. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown				R	R	R	
910	Adult (Statewide 15% Activities)	IN 1	Record 1 if the participant received services financially assisted under WIA section 134(a). Record 0 if the participant did not receive services under the condition described above, or received services by a local area with statewide funds passed down from the state to the local area. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown	R	R	R				
911	Incumbent Worker (Statewide 15% Activities)	IN 1	Record 1 if the participant received Incumbent Worker services financially assisted under WIA section 134(a)(3)((A)(iv)(I)) Record 2 if the participant received Incumbent Worker services financially assisted by Local Formula funds under a waiver. Record 3 if the participant received Incumbent Worker services financially assisted under both WIA section 134(a)(3)((A)(iv)(I)) and Local Formula funds under a waiver Record 0 if the participant did not receive services under the condition described above, or received services by a local area with statewide funds passed down from the state to the local area.	1 = Statewide 15% only 2 = Local Formula only (waiver) 3 = Both 15% and Local Formula 0 = No		R	R		R	R	R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEG's			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
921	Rapid Response	IN 1	Record 1 if the individual participated in rapid response activities authorized at WIA section 134(a)(2)(A)(i). Record 0 if the participant did not receive services under the condition described above. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown				R	R	R	
922	Rapid Response (Additional Assistance)	IN 1	Record 1 if the individual participated in a program financially assisted by WIA section 134(a)(2)(A)(ii). Record 0 if the participant did not participate in a program or otherwise receive services under the condition described above, or received services by a local area with statewide funds passed down from the state to the local area. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown				R	R	R	
923	NEG Project ID	AN 4	Record the first Project I.D. Number where the participant received services financially assisted under a National Emergency Grant (NEG). (For example, Utah projects may be numbered UT-02, so the WISRD entry would be UT02) - WIA title ID, section 173. Record 0000 if the participant did not receive any services funded by a NEG. Leave blank if this data element does not apply to the individual.	XXXX				R	R	R	
924	Second NEG Project ID	AN 4	Record the second Project I.D. Number where the participant received services financially assisted under a NEG. If the individual received services financially assisted by more than two NEG's, record only the first two Project I.D. Numbers. Record 0000 if the participant did not receive any services funded by a NEG. Leave blank if this data element does not apply to the individual.	XXXX				R	R	R	
925	Special ETA Project ID	AN 4	Record the special ETA-assigned project ID number where the participant received services funded under a special project.	XXXX	R	R	R	R	R	R	R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
926	Rapid Response Event Number	AN 12	<b>LEAVE ELEMENT BLANK PENDING FURTHER INSTRUCTION FROM ETA.</b> Record the 12-digit unique number of the event through which rapid response services were provided to the participant. This unique identification number is the same one provided to the state or local area through the USDOL Rapid Response Information Network. For example, a Maryland rapid response event will be numbered as RR-MD-2006-0001, where the last 4-digits are incremented as each new rapid response event is entered during that calendar year (so the WISRD entry would be RRMD20060001). If the individual received services through more than one rapid response event within the same period of participation, then the last (or most recent) rapid response event number should be recorded. Record 0 if the rapid response event number is not known. Leave blank if this data element does not apply to the individual.	XXXXXXXXXXXX				R	R	R	

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
936	Adult Education	IN 1	Record 1 if the participant received services financially assisted under WIA Title II. Record 0 if the participant did not receive any services under the condition described above. Record 9 if grantee is unable to track enrollment in the program.	1 = Yes 0 = No 9 = Unknown	O	O	O	O	O	O	O
937	Job Corps	IN 1	Record 1 if the participant received services financially assisted under WIA Title I-C. Record 0 if the participant did not receive any services under the condition described above. Record 9 if grantee is unable to track enrollment in the program.	1 = Yes 0 = No 9 = Unknown	R	R	R	R	R	R	R
938	National Farmworker Jobs Program	IN 1	Record 1 if the participant received services financially assisted under WIA Title I-D, Section 167. Record 0 if the participant did not receive any services under the condition described above. Record 9 if grantee is unable to track enrollment in the program.	1 = Yes 0 = No 9 = Unknown	R	R	R	R	R	R	R
939	Indian and Native American Programs	IN 1	Record 1 if the participant received services financially assisted under WIA Title I-D, Section 166. Record 0 if the participant did not receive any services under the condition described above. Record 9 if grantee is unable to track enrollment in the program.	1 = Yes 0 = No 9 = Unknown	R	R	R	R	R	R	R
940	Veterans' Programs	IN 1	Record 1 if the participant received services financially assisted by both the Local Veterans Employment Representative (LVER) Program and Disabled Veterans Outreach Program (DVOP). Record 2 if the participant only received services financially assisted by the LVER program. Record 3 if the participant only received services financially assisted by the DVOP program. Record 4 if the participant only received services financially assisted under WIA Title I-D, Section 168 (VWIP). Record 5 if the participant received services financially assisted by both the Local Veterans Employment Representative (LVER) Program and Disabled Veterans Outreach Program (DVOP) and VWIP Record 6 if the participant only received services financially assisted by the LVER program and VWIP. Record 7 if the participant only received services financially assisted by the DVOP program and VWIP. Record 0 if the individual did not receive services under any of the conditions described above. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = Yes, Both LVER and DVOP 2 = Yes, LVER Only 3 = Yes, DVOP Only 4 = Yes, VWIP Only 5 = Yes, Both LVER and DVOP and VWIP 6 = Yes, LVER Only and VWIP 7 = Yes, DVOP Only and VWIP 0 = No 9 = Unknown		R	R		R	R	R <sup>0Y</sup>
941	Trade Adjustment Assistance (TAA)	IN 1	Record 1 if under the TAA program. Record 2 if under the NAFTA-TAA program. Record 3 if under both programs. Record 0 if the participant did not receive services under any of the conditions described above. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = TAA 2 = NAFTA-TAA 3 = Both TAA and NAFTA-TAA 0 = No 9 = Unknown	R	R	R	R	R	R	R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
943	Vocational Education	IN 1	Record 1 if the participant received services financially assisted under the Carl D. Perkins Vocational and Applied Technology Education Act (20 USC 2471) (WIA section 121(b)(1)(B)(vii)). Record 0 if the participant did not receive any services under the condition described above. Record 9 if unknown. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown	O	O	O	O	O	O	O
944	Vocational Rehabilitation	IN 1	Record 1 if the participant received services financially assisted under parts A and B of title I of the Rehabilitation Act of 1973 (29 USC 720 et seq.), WIA title IV, and section 121(b)(1)(B)(vii). Record 2 if the participant received services financially assisted by the Vocational Rehabilitation and Employment (VR&E) Program authorized by 38 USC Chapter 31. Record 3 if the participant received services from both vocational rehabilitation programs. Record 0 if the participant did not receive any services under the condition described above. Record 9 if unknown. Leave blank if this data element does not apply to the individual.	1 = Yes 2 = VR&E 3 = Both VR and VR&E 0 = No 9 = Unknown	O	O	O	O	O	O	O
951	Wagner-Peyser Act	IN 1	Record 1 if the participant received services financially assisted under the Wagner-Peyser Act (29 USC 49 et seq.) WIA section 121 (b)(1)(B)(ii). Record 0 if the participant did not receive services financially assisted under the Wagner-Peyser Act. Record 9 if grantee is unable to track enrollment in the program. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown	R	R	R	R	R	R	R
952	Referred from Wagner-Peyser to WIA	IN 1	Record 1 if the participant was referred to a WIA program from Wagner-Peyser. Record 0 if the participant was not referred to WIA from Wagner-Peyser. Record 9 is unable to track WIA referrals from Wagner-Peyser.	1 = Yes 0 = No 9 = Unknown		R	R		R	R	R
953	YouthBuild	IN 1	Record 1 if the participant received services financially assisted under the YouthBuild Program as authorized under the Housing and Community Development Act of 1992. Record 0 if the participant did not receive any services under the condition described above. Record 9 if grantee is unable to track enrollment in the program.	1 = Yes 0 = No 9 = Unknown	R	R	R	R	R	R	R
954	Title V Older Worker Program	IN 1	Record 1 if the participant received services financially assisted under the Older Americans Act of 1998 (WIA section 121(b)(1)(B)(vi)). Record 0 if the participant did not receive any services under the condition described above. Record 9 if grantee is unable to track enrollment in the program.	1 = Yes 0 = No 9 = Unknown	R	R	R	R	R	R	R
955	Employment and Training Services Related to Food Stamps	IN 1	Record 1 if the participant received employment and training services from the Supplemental Nutrition Assistance Program (SNAP) program (WIA section 121(b)(2)(B)(iii)). Record 0 if the participant did not receive any services under the condition described above. Leave blank if it is not known.	1 = Yes 0 = No	O	O	O	O	O	O	O

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
956	Other WIA or Non-WIA Programs	IN 1	Record 1 if the participant received services financially assisted from any other WIA or non-WIA program not listed above that provided the individuals with services during period of participation. Record 2 if the participant received services financially assisted in full or in part by funds from the American Recovery and Reinvestment Act of 2009 during period of participation. . Record 3 if the participant received services financially assisted from any other WIA or non-WIA program not listed above AND received services financially assisted in full or part by funds from the American Recovery and Reinvestment Act of 2009 during period of participation. Record 0 if the individual did not receive any services under the condition described above.  Leave blank if the individual is not a participant.	1 = Yes, Other WIA or Non-WIA Programs 2= Yes, ARRA 3= Yes, Both Other WIA or Non-WIA Programs and ARRA 0 = No	O	O	O	O	O	O	O	O
971	Other Reasons for Exit (at time of exit or during 3-quarter measurement period following the quarter of exit)	IN 2	<b>Record 01</b> if the participant is residing in an institution or facility providing 24-hour support such as a prison or hospital and is expected to remain in that institution for at least 90 days. <b>Record 02</b> if the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days. <b>Record 03</b> if the participant was found to be deceased or no longer living. <b>Record 04</b> if the participant is providing care for a family member with a health/medical condition that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days. <b>Record 05</b> if the participant is a member of the National Guard or other reserve military unit of the armed forces and is called to active duty for at least 90 days. <b>Record 06</b> if the participant is in the foster care system or any other mandated residential program and has moved from the area as part of such a program or system (exclusion for youth participants only). <b>Record 09</b> if participant began receiving TAA benefits or services under a new petition certification (subsequent to the petition associated with this individual record). <b>Record 97</b> if the WIA Youth participant receives WIA Youth Services strictly during the summer months in 2010 and participate in TANF funded summer employment. <b>Record 98</b> if the participant retired from employment. <b>Record 99</b> if the participant either disclosed an invalid social security number (SSN) or chose not to disclose a SSN. <b>Record 00</b> if the participant exited for a reason other than one of the conditions listed above. Note: Exit Reason "98 = Retirement" has been added for program management purposes only and individuals who exit the program based on this reason will not be excluded from calculation of the performance measures. Rather, these individuals will be included in the performance measure calculations.	01 = Institutionalized 02 = Health/Medical 03 = Deceased 04 = Family Care 05 = Reserve Forces Called to Active Duty 06 = Relocated to Mandated Residential Program 09 = Began receiving benefits and services under a new petition certification 97 = WIA Youth who meet criteria for exclusion from WIA Youth Performance Measures 98 = Retirement 99 = Not a Valid SSN 00 = Other	O	R	R	O	R	R	R	

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream								
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth		
					SI	SC	IT	SI	SC	IT	14 - 21		
<b>SECTION C - AMERICAN JOB CENTER SERVICES AND ACTIVITIES</b>													
<b>Section C.01 - General Service Overview</b>													
1000	Date of First Self-Service	DT 8	Record the first date the participant received any self-services >= the date of participation.  Leave blank if the participant did not receive a self-service or this data element does not apply to the individual.	YYYYMMDD	R	R	R	R	R	R			
1001	Date of First Staff-Assisted Service	DT 8	Record the first date the participant received any staff-assisted/intensive/training services >= the date of participation.  Leave blank if the participant did not receive a staff-assisted core/intensive/training service or this data element does not apply to the individual.	YYYYMMDD		R	R		R	R	R		
1002	Most Recent Date Received self-services	DT 8	Indicate the most recent date a job seeker received a self-service during the reporting period, either a physical location or through an electronic resource. A self-service is defined as any service that was provided to the job seeker without substantial staff involvement.	YYYYMMDD	R			R					
1003	Most Recent Date Received staff-assisted Services	DT 8	Record the most recent date on which the participant received any staff-assisted core/intensive/training services.  Leave blank if the participant did not receive a staff-assisted core/intensive/training service or this data element does not apply to the individual.	YYYYMMDD		R	R		R	R	R		
<b>Section C.02 - Core Services</b>													
1020	Date of First Staff-Assisted CORE Service	DT 8	Record the first date the participant received any staff-assisted CORE service >= the date of participation.  Leave blank if the participant did not receive a staff-assisted CORE service or this data element does not apply to the individual.	YYYYMMDD		R	R		R	R			
1022	Most Recent Date Received Self-Services/ Informational Activities	DT 8	Record the most recent date on which the participant received self-services and informational activities. Self-service and informational activities are those core services accessible to the general public electronically or through a physical location that are designed to inform and educate individuals about the labor market and their employment strengths, weaknesses, and the range of services appropriate to their situation, and that do not require significant staff involvement with the individual.  Leave blank if the participant did not receive self-services and informational activities or this data element does not apply to the individual.	YYYYMMDD	R	R	R	R	R	R			

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
1023	Most Recent Date Received Career Guidance Services	DT 8	Record the most recent date on which the participant received staff-assisted career guidance services. Career guidance services include the provision of information, materials, suggestions, or advice which are intended to assist the job seeker in making occupation or career decisions.  Leave blank if the participant did not receive a career guidance service or this data element does not apply to the individual.	YYYYMMDD		R			R		
1024	Most Recent Date Received Workforce Information Services	DT 8	Indicate the most recent date that the participant received staff-assisted workforce information services including information on state and local labor market conditions; industries, occupations and characteristic of the workforce; area business identified skills needs; employer wage and benefit trends; short and long term industry and occupational projections; worker supply and demand; and job vacancies survey results. Workforce information also includes local employment dynamics information such as workforce availability; business turnover rates; job creation; and job identification of high growth and high demand industries. Leave blank if the participant did not receive a staff-assisted workforce information service or the data element does not apply to the individual.	YYYYMMDD		R			R		
1025	Most Recent Date Received Job Search Activities	DT 8	Record the most recent date that the participant was provided staff-assisted job search activities which are designed to help the participant plan and carry out a successful job hunting strategy. The services include resume preparation assistance, job search workshops, job finding clubs, and development of a job search plan. "Resume Assistance" - Providing instructions on the content and format of resumes and cover letters and providing assistance in the development and production of the same. "Job Search Workshops" - An organized activity that provides instructions on resume writing, application preparation, interviewing skills, and/or job lead development. "Job Finding Clubs" - Have all the elements of a Job Search Workshop, plus a period of structured application where participants attempt to obtain jobs. "Job Search Planning" - Development of a plan (not necessarily a written plan) that includes the necessary steps and timetables to achieve employment in specific occupational, industry, or geographic area.  Leave blank if the participant did not receive a staff-assisted job search activity or the data element does not apply to the individual.  Additional Note: This definition excludes participants who receive workforce information services or attend a TAP employment workshop. Those services will be collected and reported separately.	YYYYMMDD		R			R		

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
1026	Most Recent Date Referred to Employment	DT 8	Indicate the most recent date that the participant received a staff-assisted referral to employment. A referral to employment is (a) the act of bringing to the attention of an employer a job seeker or group of registered job seekers who are available for a job and (b) the record of such a referral.  Leave blank if the participant did not receive a referral to employment or this data element does not apply to the individual.	YYYYMMDD		R			R			
1027	Most Recent Date Received Other Staff-Assisted Core Services	DT 8	Record the most recent date on which the participant received other core services requiring a significant expenditure of staff time. These additional staff-assisted core services may include, but are not limited to, (a) reemployment services; (b) federal bonding program; (c) job development contacts; (d) referrals to educational services; and (e) tax credit eligibility determination.  Leave blank if the participant did not receive any other staff-assisted core services or this data element does not apply to the individual.	YYYYMMDD		R			R			
<b>Section C.04 - Intensive and Training Services</b>												
1200	Date of First Intensive Service	DT 8	Record the first date the participant received any intensive service >= the date of participation.  Leave blank if the participant did not receive any intensive service or this data element does not apply to the individual.	YYYYMMDD			R			R		
1201	Most Recent Date Received Intensive Services	DT 8	Record the most recent date on which the participant received intensive services (excluding case management) as described in WIA section 134(d)(3).  Leave blank if the participant did not receive intensive services or this data element does not apply to the individual.	YYYYMMDD			R			R		
1207	Received Pre-Vocational Activities	IN 1	Record 1 if the participant, at any time during participation in the program, received short-term prevocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct, to prepare individuals for unsubsidized employment or training. Record 0 if the participant did not receive any of the services described above.  Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No			R			R		
1208	Date Entered Training #1	DT 8	Record the date on which the participant's first training service actually began. Leave blank if the individual did not receive training services or if this data element does not apply to the individual.	YYYYMMDD			R <sup>T</sup>			R <sup>T</sup>		R <sup>T</sup>

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					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
1209	Type of Training Service #1	IN 2	Use the appropriate code to indicate the type of approved training being provided to the participant.  Record 0 if the participant did not receive a training service. Leave blank if this data element does not apply to the individual.	01=On the Job Training 02=Skill Upgrading 03=Entrepreneurial Training 04=ABE or ESL in conjunction with Training (non-TAA funded) 05=Customized Training 06=Other Occupational Skills Training 07=Remedial Training (ABE/ESL . TAA only) 08=Prerequisite Training 09=Apprenticeship Training 10=Other basic skills training (WIA Youth) 00=No Training Service			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>
1210	Occupational Skills Training Code #1	IN 8	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received training services.  Leave blank if occupational code is not available or not known.  Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual receives multiple training services, use the occupational skills training code for the most recent training.	00000000			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>
1211	Training Completed #1	IN 1	Record 1 if the individual completed approved training. Record 0 if the individual did not complete training (withdrew). Leave blank if training services are still in progress. Leave blank if the individual did not receive training services or if this data element does not apply to the individual.	1 = Yes 0 = No (Withdrew)			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>
1212	Date Completed, or Withdrew from, Training #1	DT 8	Record the date when the participant completed training or withdrew permanently from training. If multiple training services were received, record the most recent date on which the individual completed training. Leave blank if training services are still in progress. Leave blank if the individual did not receive training services or if this data element does not apply to the individual.	YYYYMMDD			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>
1213	Date Entered Training #2	DT 8	Record the date on which the individual's second training service actually began. Leave blank if the individual did not receive a second training service or this data element does not apply to the individual.	YYYYMMDD			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
1214	Type of Training Service #2	IN 2	<p>If the participant received a second type of training, record the appropriate code to indicate the type of approved training being provided to the participant.</p> <p>Record 0 if the participant did not receive a second training service. Leave blank if this data element does not apply to the individual.</p>	01=On the Job Training 02=Skill Upgrading 03=Entrepreneurial Training 04=ABE or ESL in conjunction with Training (non-TAA funded) 05=Customized Training 06=Other Occupational Skills Training 07=Remedial Training (ABE/ESL . TAA only) 08=Prerequisite Training 09=Apprenticeship Training 10=Other basic skills training (WIA Youth) 00=No Training Service			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>
1215	Occupational Skills Training Code #2	IN 8	<p>Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received training services.</p> <p>Leave blank if occupational code is not available or not known.</p> <p>Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual receives multiple training services, use the occupational skills training code for the most recent training.</p>	00000000			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>
1216	Training Completed #2	IN 1	<p>Record 1 if the individual completed approved training. Record 0 if the individual did not complete training (withdrew). Leave blank if training services are still in progress. Leave blank if the individual did not receive a second training service or this data element does not apply to the individual.</p>	1 = Yes 0 = No (Withdrew)			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>
1217	Date Completed, or Withdrew from, Training #2	DT 8	<p>Record the date when the participant completed training or withdrew permanently from training. If multiple training services were received, record the most recent date on which the individual completed training. Leave blank if training services are still in progress. Leave blank if the individual did not receive a second training service or this data element does not apply to the individual.</p>	YYYYMMDD			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
1218	Date Entered Training #3	DT 8	Record the date on which the individual's third training service actually began. If the individual received more than 3 training services, record the date on which the individual actually began the last (or most recent) training service. Leave blank if the individual did not receive a third training service or this data element does not apply to the individual.	YYYYMMDD			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>
1219	Type of Training Service #3	IN 2	If the participant received a third type of training, record the appropriate code to indicate the type of approved training being provided to the participant. Record 0 if the participant did not receive a third services. Leave blank if this data element does not apply to the individual. Additional Note: If the participant receives more than three training services, record the last (or most recent) training services received by the participant in this field.	01=On the Job Training 02=Skill Upgrading 03=Entrepreneurial Training 04=ABE or ESL in conjunction with Training (non-TAA funded) 05=Customized Training 06=Other Occupational Skills Training 07=Remedial Training (ABE/ESL . TAA only) 08=Prerequisite Training 09=Apprenticeship Training 10=Other basic skills training (WIA Youth) 00=No Training Service			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>
1220	Occupational Skills Training Code #3	IN 8	Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received training services.  Leave blank if occupational code is not available or not known or if this data element does not apply to the individual.  Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual receives multiple training services, use the occupational skills training code for the most recent training. If the individual received more than 3 training services, use the occupational skills training code for the last (or most recent) training service.	00000000			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>
1221	Training Completed #3	IN 1	Record 1 if the individual completed approved training. Record 0 if the individual did not complete training (withdrew). Leave blank if training services are still in progress Leave blank if the individual did not receive a third training service or this data element does not apply to the individual.	1 = Yes 0 = No (Withdrew)			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
1222	Date Completed, or Withdrew from, Training #3	DT 8	Record the date when the participant completed training or withdrew permanently from training. If multiple training services were received, record the most recent date on which the individual completed training. Leave blank if training services are still in progress. Leave blank if the individual did not receive a third training service or this data element does not apply to the individual.	YYYYMMDD			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>
1223	Established Individual Training Account (ITA)	IN 1	Record 1 if any of the individual's services were purchased utilizing an Individual Training Account established for adults or dislocated workers and funded by WIA title I. Record 0 if the individual does not meet the condition described above. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No			R <sup>T</sup>			R <sup>T</sup>	
1224	Pell Grant Recipient	IN 1	Record 1 if the individual is or has been notified s/he will be receiving a Pell Grant at any time during participation in the program. This information may be updated at any time during participation in the program. Record 0 if the individual does not meet the condition described above. Leave blank if this data element does not apply to the individual or if unavailable.	1 = Yes 0 = No			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>
1233	Distance Learning	IN 1	Record 1 if the participant received training through distance learning during the report quarter. Record 0 if the participant did not receive any services under the condition described above.	1 = Yes 0 = No			R <sup>T</sup>			R <sup>T</sup>	R <sup>T</sup>

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
<b>Section C.05 - Additional Services for WIA Youth Customers</b>												
1300	Enrolled in Education	IN 1	Record 1 if the participant is enrolled in secondary school, post-secondary school, adult education programs, or any other organized program of study. States may use this coding value if the youth participant was either already enrolled in education at the time of participation in the program or became enrolled in education at any point while participating in the program. Record 0 if the participant was not enrolled in education. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No							R	
1301	Most Recent Date Received Educational Achievement Services	DT 8	Record the most recent date on which the participant received an educational achievement service. Educational achievement services include, but are not limited to, tutoring, study skills training, and instruction leading to secondary school completion, including dropout prevention strategies. Leave blank if the participant did not receive educational achievement services or this data element does not apply to the individual.	YYYYMMDD							R	
1302	Most Recent Date Participated in Alternative School	DT 8	Record the most recent date on which the individual participated in alternative school. Leave blank if the individual did not participate in alternative school or this data element does not apply to the individual.	YYYYMMDD							R	
1303	Most Recent Date Received Summer Employment Opportunities	DT 8	Record the most recent date on which the participant received summer employment opportunities directly linked to academic and occupational learning. Leave blank if the participant did not receive summer employment opportunities or this data element does not apply to the individual.	YYYYMMDD							R	
1304	Most Recent Date Participated in Work Experience	DT 8	Record the most recent date on which the individual participated in work experience, whether paid or unpaid, including internships and job shadowing. Leave blank if the individual did not participate in work experience or this data element does not apply to the individual.	YYYYMMDD							R	
1305	Most Recent Date Received Leadership Development Opportunities	DT 8	Record the most recent date on which the participant received services that include, but are not limited to, opportunities that encourage responsibility, employability, and other positive social behaviors such as: (a) exposure to post-secondary educational opportunities; (b) community and service learning projects; (c) peer-centered activities, including peer mentoring and tutoring; (d) organizational and team work training, including team leadership training; (e) training in decision making, including determining priorities; and (f) citizenship training, including life skills training such as parenting, work behavior training, and budgeting of resources. Leave blank if the participant did not receive a follow-up service or this data element does not apply to the individual.	YYYYMMDD							R	

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
1306	Most Recent Date Received Supportive Services	DT 8	Record the most recent date on which the participant received a supportive service. Support services for youth participants include; (a) linkages to community services; (b) assistance with transportation; (c) assistance with child care and dependent care; (d) assistance with housing; (e) referrals to medical services; and (f) assistance with uniforms or other appropriate work attire and work-related tools, including such items as eye glasses and protective eye gear. Leave blank if the participant did not receive supportive services or this data element does not apply to the individual.	YYYYMMDD								R
1307	Most Recent Date Received Adult Mentoring Services	DT 8	Record the most recent date on which the participant received adult mentoring services. Adult mentoring services may last for a duration of at least twelve (12) months and may occur both during and after program participation. Leave blank if the participant did not receive adult mentoring services or this data element does not apply to the individual.	YYYYMMDD								R
1308	Most Recent Date Received Career Guidance/Counseling Services	DT 8	Record the most recent date on which the participant received career guidance/counseling services. Leave blank if the participant did not receive career guidance/counseling services or this data element does not apply to the individual.	YYYYMMDD								R
1309	Most Recent Date Received Follow-up Services	DT 8	Record the most recent date on which the participant received follow-up services after exiting the program. Follow-up services for youth participants include: (a) regular contact with a youth participant's employer, including assistance in addressing work-related problems that arise; (b) assistance in securing better paying jobs, career development and further education; (c) work-related peer support groups; (d) adult mentoring; and (e) tracking the progress of youth in employment after training. All youth participants must receive some form of follow-up services for a minimum duration of 12 months. Leadership development opportunities, adult mentoring, and supportive services that are provided to the youth participant as follow-up services should not be recorded here. Leave blank if the participant did not receive follow-up services or data element does not apply to the individual.	YYYYMMDD								R
1310	Date of Completion of Youth Services	DT 8	<b>LEAVE ELEMENT BLANK PENDING FURTHER INSTRUCTION FROM ETA.</b> Record the date the participant received their last service in the WIA Youth program other than follow-up services. This element is only required for participants who completed the WIA Youth program but are co-enrolled in the WIA Adult program or another partner program that would extend their exit date beyond their completion date in WIA Youth. <b>Additional Note:</b> This date is equivalent to the date of exit for purposes of the literacy/numeracy measure. That is, if the participant's date of completion of youth services was during the second or third year then they would not be included in the literacy/numeracy measure in that year or future years. This date would also be the trigger for the start of WIA youth follow-up services.	YYYYMMDD								R

**Section C.05 - Other Related Assistance and Support Services for Adult Customers**

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
1400	Received Supportive Services (except needs-related payments)	IN 1	Record 1 if the participant received supportive services (WIA section 134(e)(2)) which include, but are not limited to, assistance with transportation, child care, dependent care, and housing that are necessary to enable the individual to participate in activities authorized under WIA title IB. Record 0 if the participant did not receive any supportive services as described above. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No		R	R		R	R	
1401	Received Needs-Related Payments	IN 1	Record 1 if the participant received needs related payments (WIA section 134(e)(3)) for the purpose of enabling the individual to participate in approved training funded under WIA Title IB. Record 0 if the participant did not receive any needs-related payments as described above. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No			R			R	
1402	Received Services through a Disaster National Emergency Grant	IN 1	Record 1 if the individual received a temporary job working in clean-up and recovery of the affected area and received workforce services through a Disaster National Emergency Grant (Disaster NEG), including core, intensive, and training services as defined in the WIA. Record 2 if the individual received a temporary job through a Disaster NEG working in clean-up and recovery of the affected area, but received no other workforce services through the Disaster NEG. Record 3 if the individual received workforce services through a Disaster NEG, including core, intensive, and training services as defined in the WIA, but did not receive a temporary job through the Disaster NEG. Leave blank if the NEG participant did not receive services through a Disaster NEG or this data element does not apply to the individual.	1 = Temporary job and workforce services 2 = Temporary job only 3 = Workforce services only					R <sup>NEG</sup>	R <sup>NEG</sup>	
1403	Most Recent Date Received Rapid Response Services	DT 8	Record the most recent date on which the participant received a rapid response service authorized under WIA section 134(a)(2)(A). Rapid response encompass the activities necessary to plan and deliver services to enable dislocated workers to transition to new employment as quickly as possible, following either a permanent closure or mass layoff, or a natural or other disaster resulting in a mass job dislocation.  Leave blank if the participant did not receive rapid response services or this data element does not apply to the individual.	YYYYMMDD					R	R	

**SECTION D - PROGRAM OUTCOMES INFORMATION**

**Section D.01 - Employment and Job Retention Data**

1500	Employed in 1st Quarter After Exit Quarter	IN 1	Record 1 if the participant was employed in the first quarter after the quarter of exit. Record 0 if the participant was not employed in the first quarter after the quarter of exit. Record 3 if information on the participant's employment status in the first quarter after the quarter of exit is not yet available. Leave blank if this data element does not apply to the individual. (has not exited or is not a participant).	1 = Yes 0 = No 3 = Information not yet available	O	R	R	O	R	R	R
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No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEG's			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
1501	Type of Employment Match 1st Quarter After Exit Quarter	IN 1	Use the appropriate code to identify the method used in determining the participant's employment status in the first quarter following the quarter of exit. Wage records will be the primary data source for tracking employment in the first quarter after the exit quarter. If participants are not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest. Record 0 if the participant was not employed in the first quarter after the quarter of exit. Leave blank if this data element does not apply to the individual.  Additional Note: If the participant is found employed in a wage record source (e.g., Federal, Military) that cannot be translated into quarterly earnings amounts, states should treat these employment matches as supplemental data and use coding value 5 = Supplemental through case management, participant survey, and/or verification with the employer.	1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available 0 = Not employed	O	R	R	O	R	R	R
1502	Occupational Code After Exit (if available)	IN 8	Record the 8-digit occupational code that best describes the participant's employment using the O*Net Version 4.0 (or later versions) classification system. This information can be based on any job held after exit from the program. Leave blank if occupational code is not available or not known, or the data element does not apply.  Additional Notes: This information can be based on any job held after exit and only applies to adults, dislocated workers and older youth who entered employment in the quarter after the exit quarter. If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual had multiple jobs, use the occupational code for the most recent job held.	00000000			R			R	R <sup>OY</sup>
1505	Entered Training-Related Employment	IN 1	Record 1 if the employment in which the participant entered uses a substantial portion of the skills taught in the training received by the participant. This information can be based on any job and only applies to adults, dislocated workers, older youth and TAA participants who entered employment in the quarter after the exit quarter. Record 0 if the employment in which the participant entered does not use a substantial portion of the skills taught in the training received by the participant. Record 9 if not known. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown			R			R	R <sup>OY</sup>

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
1506	Entered Non-Traditional Employment	IN 1	Record 1 if the participant's employment is in an occupation or field of work for which individuals of the participant's gender comprise less than 25% of the individuals employed in such occupation or field of work. Non-traditional employment can be based on either local or national data, and both males and females can be in non-traditional employment. This information can be based on any job held after exit and only applies to adults, dislocated workers and older youth who entered employment in the quarter after the exit quarter. Record 0 if the participant does not meet the condition described above. Record 9 if not known. Leave blank if this data element does not apply to the individual.	1 = Yes 0 = No 9 = Unknown		R	R		R	R		R <sup>OY</sup>
1507	Employed in 2nd Quarter After Exit Quarter	IN 1	<b>Record 1</b> if the participant was employed in the second quarter after the quarter of exit. <b>Record 0</b> if the participant was not employed in the second quarter after the quarter of exit. <b>Record 3</b> if the participant has exited but employment information is not yet available.	1 = Yes 0 = No 3 = Information not yet available	O	R	R	O	R	R		R <sup>OY</sup>
1508	Type of Employment Match 2nd Quarter After Exit Quarter	IN 1	Use the appropriate code to identify the method used in determining the participant's employment status in the second quarter following the quarter of exit. Wage records will be the primary data source for tracking employment in the second quarter after the exit quarter. If participants are not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest. Record 0 if the participant was not employed in the second quarter after the quarter of exit. Leave blank if this data element does not apply to the individual.  Additional Note: If the participant is found employed in a wage record source (e.g., Federal, Military) that cannot be translated into quarterly earnings amounts, states should treat these employment matches as supplemental data and use coding value 5 = Supplemental through case management, participant survey, and/or verification with the employer.	1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available 0 = Not employed	O	R	R	O	R	R		R <sup>OY</sup>
1509	Employed in 3rd Quarter After Exit Quarter	IN 1	Record 1 if the participant was employed in the third quarter after exit; Record 0 if the participant was not employed in the third quarter after exit. Record 3 if the participant has exited but employment information is not yet available.	1 = Yes 0 = No 3 = Information not yet available	O	R	R	O	R	R		R <sup>OY</sup>

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
1510	Type of Employment Match 3rd Quarter After Exit Quarter	IN 1	Use the appropriate code to identify the method used in determining the participant's employment status in the third quarter following the quarter of exit. Wage records will be the primary data source for tracking employment in the third quarter after the exit quarter. If participants are not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest. Record 0 if the participant was not employed in the third quarter after the quarter of exit. Leave blank if this data element does not apply to the individual.  Additional Note: If the participant is found employed in a wage record source (e.g., Federal, Military) that cannot be translated into quarterly earnings amounts, states should treat these employment matches as supplemental data and use coding value 5 = Supplemental through case management, participant survey, and/or verification with the employer.	1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available 0 = Not employed	O	R	R	O	R	R	R <sup>OY</sup>
1511	Employed in 4th Quarter After Exit Quarter	IN 1	<b>Record 1</b> if the participant was employed in the fourth quarter after exit. <b>Record 0</b> if the participant was not employed in the fourth quarter after exit. <b>Record 3</b> if the participant has exited but employment information is not yet available.	1 = Yes 0 = No 3 = Information not yet available	O	R	R	O	R	R	R <sup>OY</sup>
1512	Type of Employment Match 4th Quarter After Exit Quarter	IN 1	Use the appropriate code to identify the method used in determining the participant's employment status in the fourth quarter following the quarter of exit. Wage records will be the primary data source for tracking employment in the fourth quarter after the exit quarter. If participants are not found in the wage records, grantees may then use supplemental data sources. If the participant is found in more than one source of employment using wage records, record the data source for which the participant's earnings are greatest. Record 0 if the participant was not employed in the fourth quarter after the quarter of exit. Leave blank if this data element does not apply to the individual.  Additional Note: If the participant is found employed in a wage record source (e.g., Federal, Military) that cannot be translated into quarterly earnings amounts, states should treat these employment matches as supplemental data and use coding value 5 = Supplemental through case management, participant survey, and/or verification with the employer.	1 = UI Wage Records (In-State & WRIS) 2 = Federal Employment Records (OPM, USPS) 3 = Military Employment Records (DOD) 4 = Other Administrative Wage Records 5 = Supplemental through case management, participant survey, and/or verification with the employer 6 = Information not yet available 0 = Not employed	O	R	R	O	R	R	R <sup>OY</sup>

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
1514	Industry Code of Employment 1st Qtr After Exit Quarter	IN 6	Record the 4 to 6-digit industry code that best describes the individual's employment using the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the highest gross wage should be reported.  Enter 999999 if 'Wages 1st Quarter After the Exit Quarter exist and NAICS Code is not known. Leave blank if this data element does not apply to the person or wages are not yet available.	000000	O	R	R	O	R	R	R	
1516	Industry Code of Employment 2nd Qtr After Exit Quarter	IN 6	Record the 4 to 6-digit industry code that best describes the individual's employment using the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the highest gross wage should be reported.  Enter 999999 if 'Wages 2nd Quarter After the Exit Quarter exist and NAICS Code is not known. Leave blank if this data element does not apply to the person or wages are not yet available	000000	O	R	R	O	R	R	R	
1517	Industry Code of Employment 3rd Qtr After Exit Quarter	IN 6	Record the 4 to 6-digit industry code that best describes the individual's employment using the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the highest gross wage should be reported.  Enter 999999 if 'Wages 3rd Quarter After the Exit Quarter exist and NAICS Code is not known. Leave blank if this data element does not apply to the person or wages are not yet available	000000	O	R	R	O	R	R	R	
1518	Industry Code of Employment 4th Qtr After Exit Quarter	IN 6	Record the 4 to 6-digit industry code that best describes the individual's employment using the North American Industrial Classification System (NAICS). If more than one NAICS is reported, then the NAICS associated with the highest gross wage should be reported.  Enter 999999 if 'Wages 4th Quarter After the Exit Quarter exist and NAICS Code is not known. Leave blank if this data element does not apply to the person or wages are not yet available	000000	O	R	R	O	R	R	R	
<b>Section D.02 - Wage Record Data</b>												
1600	Wages 3rd Quarter Prior to Participation Quarter	DE 8.2	Record total earnings from wage records for the third quarter prior to the quarter of participation. Leave blank if data element does not apply to the individual.	000000.00	O	R	R	O	R	R	R <sup>OY</sup>	
1601	Wages 2nd Quarter Prior to Participation Quarter	DE 8.2	Record total earnings from wage records for the second quarter prior to the quarter of participation. Leave blank if data element does not apply to the individual.	000000.00	O	R	R	O	R	R	R <sup>OY</sup>	

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
1602	Wages 1st Quarter Prior to Participation Quarter	DE 8.2	Record total earnings from wage records for the first quarter prior to the quarter of participation. Leave blank if data element does not apply to the individual.	000000.00	O	R	R	O	R	R	

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
1603	Wages 1st Quarter After Exit Quarter	DE 8.2	Record total earnings from wage records for the first quarter after the quarter of exit. Please enter 999999.99 if data are not yet available for this item. Leave blank if data element does not apply to the individual.	000000.00	O	R	R	O	R	R	R
1604	Wages 2nd Quarter After Exit Quarter	DE 8.2	Record total earnings from wage records for the second quarter after the quarter of exit. Please enter 999999.99 if data are not yet available for this item. Leave blank if data element does not apply to the individual.	000000.00	O	R	R	O	R	R	R <sup>OY</sup>
1605	Wages 3rd Quarter After Exit Quarter	DE 8.2	Record total earnings from wage records for the third quarter after the quarter of exit. Please enter 999999.99 if data are not yet available for this item. Leave blank if data element does not apply to the individual.	000000.00	O	R	R	O	R	R	R <sup>OY</sup>
1606	Wages 4th Quarter After Exit Quarter	DE 8.2	Record total earnings from wage records for the fourth quarter after the quarter of exit. Please enter 999999.99 if data are not yet available for this item. Leave blank if data element does not apply to the individual.	000000.00	O	R	R	O	R	R	R <sup>OY</sup>
<b>Section D.03 - Education and Credential Data</b>											
1700	Type of Recognized Credential #1	IN 1	Use the appropriate code to record the type of recognized diploma, degree, or certificate attained by the participant who received training services. Record 0 if the participant received training services, but did not attain a recognized diploma, degree, or certificate. Leave blank if data element does not apply to the individual.  Diplomas, degree, or certificates must be attained either during participation or by the end of the third quarter after the quarter of exit from services (other than follow-up services).	1 = High School Diploma/GED 2 = AA or AS Diploma/Degree 3 = BA or BS Diploma/Degree 4 = Post Graduate Degree 5 = Occupational Skills Licensure 6 = Occupational Skills Certificate 7 = Other Recognized Diploma, Degree, or Certificate 0 = No recognized credential			R <sup>T</sup>			R <sup>T</sup>	R <sup>OY</sup>
1701	School Status at Exit	IN 1	<b>Record 1</b> if the participant has not received a secondary school diploma or its recognized equivalent and is attending any secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school. <b>Record 2</b> if the participant has not received a secondary school diploma or its recognized equivalent and is attending an alternative high school or an alternative course of study approved by the local educational agency whether full or part-time. <b>Record 3</b> if the participant has received a secondary school diploma or its recognized equivalent and is attending a post-secondary school or program (whether full or part-time), or is between school terms and intends to return to school. <b>Record 4</b> if the participant is no longer attending any school and has not received a secondary school diploma or its recognized equivalent. <b>Record 5</b> if the participant is not attending any school and has either graduated from high school or holds a GED. Leave blank if data element does not apply to the individual.	1 = In-school, H.S. or less 2 = In-school, Alternative School 3 = In-school, Post-H.S. 4 = Not attending school or H.S. Dropout 5 = Not attending school; H.S. graduate							R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
1702	Youth Placement Information	IN 1	Use the appropriate code to record the primary activity the participant entered in the first quarter following the exit quarter (youth may qualify for more than one activity). For example, if the participant enters advanced training and has entered a qualified apprenticeship, please Record 4. Record 0 if the participant did not enter any one of the activities listed in the coding values. Leave blank if data element does not apply to the individual.	1 = Entered post-secondary education 2 = Entered advanced training 3 = Entered military service 4 = Entered a qualified apprenticeship 0 = None of the above								R
1703	Youth Retention Information	IN 1	Use the appropriate code to record the primary activity the participant entered in the third quarter following the exit quarter (youth may qualify for more than one activity). For example, if the participant enters advanced training and has entered a qualified apprenticeship, please Record 4. Record 0 if the participant did not enter any one of the activities listed in the coding values. Leave blank if data element does not apply to the individual.	1 = In post-secondary education 2 = In advanced training 3 = In military service 4 = In a qualified apprenticeship 0 = None of the above								R
1704	Attained Degree or Certificate	IN 1	<b>Record 1</b> if the participant attained a secondary school (high school) diploma recognized by the State. <b>Record 2</b> if the participant attained a GED or high school equivalency diploma recognized by the State. <b>Record 3</b> if the participant attained a certificate in recognition of an individual's attainment of technical or occupational skills or other post-secondary degree/diploma.. <b>Record 0</b> if the participant did not attain a diploma, GED, or certificate. Leave blank if data element does not apply to the individual.  <b>SPECIAL NOTE: Fields #1704 and #1705 will be used to calculate both the current WIA Younger Youth Diploma Rate and the common measure Attainment of a Degree or Certificate for all youth (14-21). To achieve positive outcomes on both measures, the state should make sure that coding values 1 or 2 are reported when the youth receives a diploma or equivalent either during participation in the program or by the end of the first quarter after the quarter of exit. If the youth receives another degree or certificate beyond the first quarter after the quarter of exit, the state should not update the record.</b>  If the youth did not receive a high school diploma or GED by the end of the first quarter after exit, but did receive one or more certificates while either participating in the program or by the end of the third quarter after exit, the state should record the most recent certificate attained.	1 = Attained a secondary school (high school) diploma. 2 = Attained a GED or high school equivalency diploma. 3 = Attained a certificate or other post-secondary degree/diploma. 0 = Did not attain a diploma, GED, degree or certificate								R
1705	Date Attained Degree or Certificate or Credential	DT 8	Record the date on which the participant attained the degree, certificate or other Credential reported under elements 1700 or 1704 (relating to Type of Recognized Credential 1 & 2 and Attained Degree or Certificate). Leave blank if the participant did not attain a degree or certificate. or if this data element does not apply.	YYYYMMDD			R <sup>T</sup>			R <sup>T</sup>		R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream						
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth
					SI	SC	IT	SI	SC	IT	14 - 21
<b>Section D.04 - Youth Literacy and Numeracy Assessment Data</b>											
1800	Literacy/Numeracy Gains Begin Date	DT 8	<p><b>LEAVE ELEMENT BLANK PENDING FURTHER INSTRUCTION FROM ETA.</b> The date used in calculating anniversary dates for the Literacy/Numeracy Gains measure. Record the Date of First Youth service except when the youth's initial activities center around summer employment in which case record the earlier of the date of first youth service at the conclusion of summer employment or date that educational activities begin (in those instances where educational activities overlap with summer employment).</p> <p>Note that this element only applies to out-of-school WIA Youth who are Basic Skills Deficient.</p>	YYYYMMDD							R
1801	Category of Assessment	IN 1	<p><b>Record 1</b> if the participant was assessed using approved tests for Adult Basic Education (ABE)</p> <p><b>Record 2</b> if the participant was assessed using approved tests for English-As-A-Second Language (ESL)</p> <p><b>Record 3</b> if the participant was assessed using approved tests for both ABE and ESL.</p> <p><b>Record 0</b> if the participant was not assessed.</p> <p>Leave blank if this data element does not apply to the individual.</p>	<p>1 = ABE</p> <p>2 = ESL</p> <p>3 = Both ABE and ESL</p> <p>0 = Not assessed</p>							R
1802	Type of Assessment Test	IN 2	<p>Use the appropriate code to record the type of assessment test that was administered to the participant. States may only use coding value 10 = Other Approved Assessment Tool in circumstances where the state has received prior approval from USDOL/USDOE.</p> <p>Record 0 if the participant was not assessed in literacy or numeracy.</p> <p>Leave blank if this data element does not apply to the individual.</p>	<p>1 = TABE 9-10</p> <p>2 = CASAS (Life Skills)</p> <p>3 = ABLE</p> <p>4 = WorkKeys</p> <p>5 = SPL</p> <p>6 = BEST</p> <p>7 = BEST Plus</p> <p>8 = TABE Class E</p> <p>9 = Wonderlic</p> <p>10 = Other Approved Assessment Tool</p>							R

No.	DATA ELEMENT NAME	DATA TYPE/ FIELD LENGTH	DATA ELEMENT DEFINITIONS/INSTRUCTIONS	CODE VALUE	WIA Funding Stream							
					WIA Adults			WIA Dislocated Workers Rapid Response NEGs			WIA Youth	
					SI	SC	IT	SI	SC	IT	14 - 21	
1803	Functional Area	IN 1	Use the appropriate code for the functional area of the assessment test that was administered to the participant. States may only use coding values 7 & 8 where the state has received approval from USDOL/USDOE to use an "Other Approved Assessment Tool" under WISRD Element #1801. Record 0 if the participant was not assessed in literacy or numeracy. Leave blank if this data element does not apply to the individual.	1 = Reading 2 = Writing 3 = Language 4 = Mathematics 5 = Speaking 6 = Oral 7 = Other Literacy Functional Area 8 = Other Numeracy Functional Area 0 = Not assessed								R
1804	Date Administered Pre-Test	DT 8	Record the date on which the pre-assessment test was administered to the participant. Leave blank if the participant was not assessed in literacy or numeracy or this data element does not apply to the individual.	YYYYMMDD								R
1805	Pre-Test Score	IN 3	Record the raw scale score achieved by the participant on the pre-assessment test. Leave blank if the participant was not assessed in literacy or numeracy or if this data element does not apply to the individual.	000								R
1806	Educational Functioning Level	IN 1	Record the educational functioning level that is associated with the participant's raw scale score. Record 0 if the participant was not assessed in literacy or numeracy. Leave blank if the data element does not apply to the individual.	0 = Not Assessed 1 = Beginning ESL Literacy 2 = Low Beginning ESL Literacy 3 = Beginning ABE Literacy/High Beginning ESL Literacy 4 = Beginning Basic Education/Low Intermediate ESL 5 = Low Intermediate Basic Education/High Intermediate ESL 6 = High Intermediate Basic Education/Advanced ESL 7 = Low Adult Secondary Education/Exit ESL 8 = High Adult Secondary Education								R

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					SI	SC	IT	SI	SC	IT	14 - 21	
1807	Date Administered Post-Test (Year #1)	DT 8	Record the date on which the post-test was administered to the participant during his/her first year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered. Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or the data element does not apply to the individual.	YYYYMMDD								R
1808	Post-Test Score (Year #1)	IN 3	Record the raw scale score achieved by the participant. Leave blank if the participant did not receive a post-test during his/her first year of participation in the program or if the data element does not apply to the individual.	000								R
1809	Educational Functioning Level (Year #1)	IN 1	Record the educational functioning level that is associated with the participant's raw scale score. Record 0 if the participant did not receive a post-test during his/her first year of participation in the program. Leave blank if this data element does not apply to the individual.	0 = Not Assessed 1 = Beginning ESL Literacy 2 = Low Beginning ESL Literacy 3 = Beginning ABE Literacy/High Beginning ESL Literacy 4 = Beginning Basic Education/Low Intermediate ESL 5 = Low Intermediate Basic Education/High Intermediate ESL 6 = High Intermediate Basic Education/Advanced ESL 7 = Low Adult Secondary Education/Exit ESL 8 = High Adult Secondary Education								R

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					SI	SC	IT	SI	SC	IT	14 - 21	
1810	Date Administered Post-Test (Year #2)	DT 8	Record the date on which the post-test was administered to the participant during his/her second year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered. Leave blank if the participant did not receive a post-test during his/her second year of participation in the program or this data element does not apply to the individual.  Additional Note: For WISRD Elements #1809-1811, these fields are only reported for youth who remain basic skills deficient and continue to participate in the program for a second full year. At the completion of the second year, the individual should be post-tested and the information reported in these fields. To determine an increase of one or more levels, the individual's post-test scores from the second year in the program will be compared to the scores from the test that was administered at the latest point during the first year.	YYYYMMDD								R
1811	Post-Test Score (Year #2)	IN 3	Record the raw scale score achieved by the participant. Leave blank if the participant did not receive a post-test during his/her second year of participation in the program or if the data element does not apply to the individual.	000								R
1812	Educational Functioning Level (Year #2)	IN 1	Record the educational functioning level that is associated with the participant's raw scale score. Record 0 if the participant did not receive a post-test during his/her second year of participation in the program. Leave blank if the data element does not apply to the individual.	0 = Not Assessed 1 = Beginning ESL Literacy 2 = Low Beginning ESL Literacy 3 = Beginning ABE Literacy/High Beginning ESL Literacy 4 = Beginning Basic Education/Low Intermediate ESL 5 = Low Intermediate Basic Education/High Intermediate ESL 6 = High Intermediate Basic Education/Advanced ESL 7 = Low Adult Secondary Education/Exit ESL 8 = High Adult Secondary Education								R

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					SI	SC	IT	SI	SC	IT	14 - 21	
1813	Date Administered Post-Test (Year #3)	DT 8	Record the date on which the post-test was administered to the participant during his/her third year of participation in the program. If multiple post-tests were administered, record the most recent date on which the functional area post-test was administered. Leave blank if the participant did not receive a post-test during his/her third year of participation in the program or the data element does not apply to the individual.  Additional Note: For WISRD Elements #1812-1814, these fields are only reported for youth who remain basic skills deficient and continue to participate in the program for a third full year. At the completion of the third year, the individual should be post-tested and the information reported in these fields. To determine an increase of one or more levels, the individual's post-test scores from the third year in the program will be compared to the scores from the test that was administered at the completion of the second year.	YYYYMMDD								R
1814	Post-Test Score (Year #3)	IN 3	Record the raw scale score achieved by the participant. Record 0 if the participant did not receive a post-test during his/her third year of participation in the program. Leave blank if the data element does not apply to the individual.	000								R

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					SI	SC	IT	SI	SC	IT	14 - 21	
1815	Educational Functioning Level (Year #3)	IN 1	Record the educational functioning level that is associated with the participant's raw scale score. Record 0 if the participant did not receive a post-test during his/her third year of participation in the program. Leave blank if the data element does not apply to the individual.	0 = Not Assessed 1 = Beginning ESL Literacy 2 = Low Beginning ESL Literacy 3 = Beginning ABE Literacy/High Beginning ESL Literacy 4 = Beginning Basic Education/Low Intermediate ESL 5 = Low Intermediate Basic Education/High Intermediate ESL 6 = High Intermediate Basic Education/Advanced ESL 7 = Low Adult Secondary Education/Exit ESL 8 = High Adult Secondary Education								R
1816 to 1843	Information on Additional Functional Areas		The collection of ABE/ESL assessment data for youth who are basic skills deficient is organized according to the Type of Assessment Test and Functional Area, providing space for the collection of up to 3 annual post-test scores in each functional area. Additional space has been provided on the record layout so that information on youth achievement in more than one functional area (e.g., reading, mathematics) can be reported as needed to fully reflect progress toward literacy or numeracy gains. For example, if the youth is assessed using TABE 9-10 in Reading and Math, data elements 1801-1814 will be used to track achievement in the Reading functional area (if necessary, for up to 3 full years) and then repeat to track achievement in the Math functional area (if necessary, for up to 3 full years) using the additional spaces 1815-1842 provided on the record layout.									R
<b>Section D.05 - Youth Skill Attainment Goals - Not Required for Common Measure Waiver States</b>												
1900	Goal #1 Type	IN 1	Use the appropriate code to record the type of skill attainment goal. Setting one basic skills goal is required if the younger youth participant is basic literacy skills deficient. Leave blank if this data element does not apply to the individual.	1 = Basic Skills 2 = Occupational Skills 3 = Work Readiness Skills								R <sup>YY</sup>
1901	Date Goal #1 Was Set	DT 8	Record the date on which the first goal was set for the younger youth participant. Leave blank if data element does not apply to the individual.	YYYYMMDD								R <sup>YY</sup>

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					SI	SC	IT	SI	SC	IT	14 - 21		
1902	Attainment of Goal #1	IN 1	Record 1 if the goal was attained. Attainment of a goal is to be based on an individual's assessment using widely accepted and recognized measurement/assessment techniques. Record 2 if the goal was set, but not attained. A goal is not attained when the anniversary date has passed without attainment of the goal. The anniversary date of a goal is the date one year after the date the goal was set. Record 3 if the goal was set, but attainment is pending. This code should not be used after exit. When the younger youth participant exits, this field should be marked with a "1" or "2" for all goals that have been set. Leave blank if this data element does not apply to the individual.	1 = Attained 2 = Set, but not attained 3 = Set, but attainment is pending									R <sup>YY</sup>
1903	Date Attained Goal #1	DT 8	Record date on which the goal was attained. This date should normally be on or before the one-year anniversary of the date the goal was set. However, it may be later if the younger youth participant had a gap in service where he/she was placed in hold status during which services were not received, but plans to return to the program. Leave blank if this data element does not apply to the individual.	YYYYMMDD									R <sup>YY</sup>
1904	Goal #2 Type	IN 1	Use the appropriate code to record the type of skill attainment goal. Setting one basic skills goal is required if the younger youth participant is basic literacy skills deficient. Record 0 if a second goal was not set for the younger youth participant. Leave blank if this data element does not apply to the individual.	1 = Basic Skills 2 = Occupational Skills 3 = Work Readiness Skills 0 = 2nd goal not set									R <sup>YY</sup>
1905	Date Goal #2 Was Set	DT 8	Record the date on which the second goal was set for the younger youth participant. Leave blank if no second goal was set or data element does not apply to the individual.	YYYYMMDD									R <sup>YY</sup>
1906	Attainment of Goal #2	IN 1	Record 1 if the goal was attained. Attainment of a goal is to be based on an individual's assessment using widely accepted and recognized measurement/assessment techniques. Record 2 if the goal was set, but not attained. A goal is not attained when the anniversary date has passed without attainment of the goal. The anniversary date of a goal is the date one year after the date the goal was set. Record 3 if the goal was set, but attainment is pending. This code should not be used after exit. When the younger youth participant exits, this field should be marked with a "1" or "2" for all goals that have been set. Record 0 if a second goal was not set for the younger youth participant. Leave blank if this data element does not apply to the individual.	1 = Attained 2 = Set, but not attained before 1 year anniversary date 3 = Set, but attainment is pending 0 = 2nd goal not set									R <sup>YY</sup>
1907	Date Attained Goal #2	DT 8	Record date on which the goal was attained. This date should normally be on or before the one-year anniversary of the date the goal was set. However, it may be later if the younger youth participant had a gap in service where he/she was placed in hold status during which services were not received, but plans to return to the program. Leave blank if no second goal was set, or this data element does not apply to the individual.	YYYYMMDD									R <sup>YY</sup>

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1908	Goal #3 Type	IN 1	Use the appropriate code to record the type of skill attainment goal. Setting one basic skills goal is required if the younger youth participant is basic literacy skills deficient. Record 0 if a third goal was not set for the younger youth participant. Leave blank if no third goal was set, or this data element does not apply to the individual.	1 = Basic Skills 2 = Occupational Skills 3 = Work Readiness Skills 0 = 3rd goal not set								R <sup>YY</sup>
1909	Date Goal #3 Was Set	DT 8	Record the date on which the third goal was set for the younger youth participant. Leave blank if a third goal was not set for the younger youth participant, or this data element does not apply to the individual.	YYYYMMDD								R <sup>YY</sup>
1910	Attainment of Goal #3	IN 1	Record 1 if the goal was attained. Attainment of a goal is to be based on an individual's assessment using widely accepted and recognized measurement/assessment techniques. Record 2 if the goal was set, but not attained. A goal is not attained when the anniversary date has passed without attainment of the goal. The anniversary date of a goal is the date one year after the date the goal was set. Record 3 if the goal was set, but attainment is pending. This code should not be used after exit. When the younger youth participant exits, this field should be marked with a "1" or "2" for all goals that have been set. Record 0 if a third goal was not set for the younger youth participant. Leave blank if this data element does not apply to the individual.	1 = Attained 2 = Set, but not attained before 1 year anniversary date 3 = Set, but attainment is pending 0 = 3rd goal not set								R <sup>YY</sup>
1911	Date Attained Goal #3	DT 8	Record date on which the goal was attained. This date should normally be on or before the one-year anniversary of the date the goal was set. However, it may be later if the younger youth participant had a gap in service where he/she was placed in hold status during which services were not received, but plans to return to the program. Leave blank if no third goal was set, or this data element does not apply to the individual.	YYYYMMDD								R <sup>YY</sup>
1912 to 1947	Information on Additional Youth Goals		Space is provided in the record layout so that information on additional goals can be reported as needed to fully reflect goals set and attained by each youth. All goals set in the program year and the preceding program year should be reported. States should report all goals set during the youth's period of participation.									R <sup>YY</sup>
<b>Section E - User Defined Fields</b>												
2000	WIB Name	AN 75	Record the WIB Name from which the individual received services  Leave blank if this data element does not apply or is unknown	N/A								
2001	Office Name	AN 75	Record the Office Name from which the individual received services  Leave blank if this data element does not apply or is unknown	N/A								
2002	Case Manager	AN 75	Record the name of the case manager assigned to the individual  Leave blank if this data element does not apply or is unknown	N/A								

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2003	User Field 1	AN 75	User defined field Leave blank if this data element does not apply or is unknown	N/A								
2004	User Field 2	AN 75	User defined field Leave blank if this data element does not apply or is unknown	N/A								
<p><b>Definitions:</b>  <b>SI:</b> Self-Service and Informational Activities  <b>SC:</b> Staff-Assisted Core Services  <b>I/T:</b> Intensive or Training Services</p> <p>For more information on these definitions see TEGl 17-05 at: <a href="http://wdr.doleta.gov/directives/attach/TEGL17-05.pdf">http://wdr.doleta.gov/directives/attach/TEGL17-05.pdf</a></p>												
Revision 17												