



**WORKFORCE INVESTMENT ACT
TITLE I-B PROGRAMS**

**MANAGEMENT INFORMATION SYSTEM
FORMS MANUAL**

REVISED PROGRAM YEAR 2013

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REGISTRATION FORM

General Overview:

The Registration Form has been designed to collect all data necessary to meet Federal and State reporting requirements.

If an individual becomes a participant, this information becomes part of the participant record and is subject to retention requirements.

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

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

The registration form should be maintained for three (3) years following the intake date for an individual who is ineligible for the program or, for other reasons, is not enrolled in the program. Registration forms and associated documents for those not enrolled must be destroyed (shredded) after three (3) years following the intake date.

REGISTRATION FORM

1	Intake Date	Record the date on which the individual applied for entry into the program.
2	SSN	<p>Record the nine-digit identification number assigned to the individual by the Social Security Administration under the Social Security Act.</p> <p>In accordance with the Privacy Act of 1974, a recipient/sub-recipient may not deny to any individual any right benefit or privilege provided the law because of the individual's refusal to disclose his/her Social Security Number. The recipient/ sub-recipient can properly require disclosure of an individual's Social Security Number when wages or stipends are paid.</p> <p>The individual should be advised of the uses made of the Social Security Number at intake.</p> <p>The individual should also be advised that the Social Security Number is used for the payment of wages and needs-based/related payments even though it may not be possible at intake to determine which form of payment the applicant may receive.</p> <p>If the individual cannot produce a valid Social Security Number within 24 hours, it will be necessary to assign a pseudo Social Security number in SKIES.</p>
3	First Name, Last Name, MI	Enter the individual's legal first name, last name, and middle initial.
4	Birthdate	Enter the individual's date of birth. (mm/dd/yyyy)
5	Gender	Check Male or Female
6	Address	<p>Enter the home address (number, street and apartment number, if any).</p> <p>Enter the City and County code. The County code two-digit alpha is found in Appendix A. If you update the address at a later date, do not change the county code. It must remain the same as the application form.</p> <p>Enter the five-digit ZIP Code of the applicant's home address. The four-digit code is optional.</p>
7	Email	Record the individual's Email.
8	Phone	Enter the primary telephone number of the applicant, or a number at which they may be reached, including area code
9	Alt. Phone	Enter an alternate phone number. If there is no alternate phone number, leave blank.
10	Ethnicity	Check Yes, or No. Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central

		American, or other Spanish culture or origin, regardless of race.
11	Race	<p>Mark one or more designations of the individual's race/ethnic group from among the following categories:</p> <p><u>Asian</u>: A person having origins in any of the original people of the far East, Southeast Asia, or the Indian Subcontinent. This area includes Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan.</p> <p><u>Black/African American</u>: A person having origins in any of the black racial groups of Africa.</p> <p><u>American Indian/Alaskan Native</u>: A person having origins in any of the original peoples of North and South American (including Central American), and whose cultural identification is through tribal affiliation or community recognition.</p> <p><u>Native Hawaiian/Other Pacific Islander</u>: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><u>White</u>: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><u>Not Disclosed</u>: Individuals may choose not to disclose this information.</p>
12	Legally Entitled to work in U.S.	<p>Mark one designation for the individual's citizenship.</p> <p><u>Citizen</u>: A citizen or naturalized citizen of the United States.</p> <p><u>Eligible Non-Citizen</u>: Lawfully admitted permanent resident aliens, lawfully admitted refugees and parolees, and other individuals authorized by the Attorney General to work in the United States. Enter the expiration date of the temporary alien card. If date expires during participation, I&N must extend the card or the participant <u>must</u> be terminated as of that date.</p> <p><u>Non-citizen</u>: Neither a citizen nor an eligible non-citizen.</p>
13	Military Service	Mark Yes or No. Military Service is defined as a person who served in the active U.S. military, naval, or air service.
14	Emergency Contact	Enter the name and phone number of a person who can be contacted if there is an emergency or if the individual cannot otherwise be contacted.

15	Employment Status	<p>Mark one designation.</p> <p><u>Employed</u>: An employed individual is one who, during the 7 consecutive days prior to registration, did any work at all as a paid employee, in his or her own business, profession or farm, worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family, or is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad, weather, vacation labor-management dispute, or personal reasons, whether or not paid by the employer for time off, and whether or not seeking another job.</p> <p>If employed. Indicate hours per week.</p> <p><u>Employed with Military separation</u>: Individual who is employed as defined above and has been given a date of separation from military service.</p> <p><u>Employed with notice of termination</u>: 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, or (c) is a Transitioning Service Member including those who register in conjunction with attending a TAP Employment Workshop.</p> <p><u>Not employed</u>: An individual who does not meet the definition of employed.</p>
16	Limited English Proficiency	<p>Mark Yes or No. Mark Yes if the individual 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. Otherwise record No. Note: Limited English Proficiency is self-assessed and identified. Do not assign on behalf of the client.</p>
17	Need Translation Assistance	<p>Mark yes if the individual needs an interpreter. Otherwise, mark no. Note: this element is self-assessed and identified. Do not assign on behalf of the client.</p>
18	Unemployment Compensation	<p>Mark one designation.</p> <p><u>Claiming unemployment</u>: if the individual has filed a claim and has been determined monetarily eligible for benefits payments under one or more State or Federal unemployment compensation program, and who has not exhausted benefits rights or whose benefit period has not ended.</p> <p><u>Exhausted</u>: if the individual has exhausted all Unemployment Compensation benefits rights for which</p>

		the individual has been determined monetarily eligible, including extended supplemental benefits rights.
19	Education	<p><u>Highest Grade Completed:</u> Record the highest school grade completed by the individual from the following list:</p> <p>00 No school grades completed</p> <p>01-11 Number of elementary/secondary grades completed</p> <p>NOTE: Individuals who completed 12th grade but did not receive a diploma or equivalent are to be coded "11". Individuals with a disability who successfully completed and Individual Education Program (IEP) for youth with disabilities are to be coded at "12".</p> <p>12 High school graduate</p> <p>13-15 If a high school graduate or equivalent, the number of school years completed including college or full-time technical or vocational school.</p> <p>16 Bachelor's degree or equivalent</p> <p>17 Education beyond the Bachelor's degree</p> <p>18 Sixth year or more of college, Master's degree (2-year program), Ph.D. or equivalent</p> <p><u>Attained Certificate of Attendance/Completion:</u> Mark Yes if the individual attained a certificate of equivalency for a high school degree</p>
20	Seasonal/Farm Worker	<p>Mark Yes or No.</p> <p><u>Seasonal Farmer:</u> a person who, during the 12 months preceding application was employed at least 25 days in farm work or earned at least \$400 in farm work; and who has been primarily employed in farm work on a seasonal basis, without a constant year-round salary from an employer.</p> <p><u>Migrant Farmworker:</u> a seasonal farmworker who performs or has performed farm work during the preceding 12 months which requires travel such that the worker is unable to return to his/her domicile or permanent place of residence within the same day.</p>

		<p><u>Farm work</u>: work performed for wages in agricultural production or agricultural services as defined in the most recent edition of the Standard Industries 01-Agricultural Production-Corps; 02-Agricultural Production-Livestock excluding 027-Animal Specialties; 07-Agricultural Services excluding 074-Veterinary Services, 0752-Animal Specialty Services, and 078-Landscape and Horticultural Services</p>
21	In School	Mark Yes or No. If Yes, mark type of schooling.
22	Disability	<p>Mark Yes or No.</p> <p>Yes: any individual who has a physical (motion, vision, hearing) or mental (learning or developmental) impairment which substantially limits one or more of such person's major life activities and has a record of such as impairment, or is regarded as having such an impairment.</p> <p>No: if the individual is not disabled.</p> <p>Individuals may choose not to disclose this information.</p>
23	Veteran	<p>Definition: A person who served in the active U.S. military, naval, or air service and who was discharged or released from such service under conditions other than dishonorable.</p> <p><u>Mark Yes – Less than 180 days</u> if the individual served for a period less than or equal to 180 days and was discharged or released from service under conditions other than dishonorable.</p> <p><u>Mark Yes – More than 180 days</u> if the individual served for a period more than 180 days and was discharged or released from service under conditions other than dishonorable.</p> <p>Enter start date of military service.</p> <p>Enter anticipated end date of military services.</p> <p>Mark No if the individual is not a veteran.</p>
24	Transition Services	Mark if the individual will be retiring or separating from the Military within the next 24 months or 12 months. Record the dates.
25	Campaign Veteran	<p>Mark Yes or No.</p> <p>Definition: a veteran who served on active duty in the U.S. armed forces during a war or in a campaign or expedition for which a campaign badge or expeditionary medal has been authorized as identified and listed by the Office of Personnel Management (OPM). Updated information may be obtained on the OPM website: http://ww.opm.gov/veterans/html/vgedal2.htm.</p>

26	Disabled Veteran	<p>Mark one designation.</p> <p><u>Disabled Veteran</u>: A veteran who is entitled to compensation regardless of rate (include those rated at 0%) or who but for the receipt of military retirement pay would be entitled to compensation for a disability under laws administered by the Department of Veterans' Affairs (DVA), or who was discharged or released from active duty because of a service-connected disability.</p> <p><u>Special Disabled Veteran</u>: A veteran who (a) is entitled to compensation (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) 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; or (b) a person who was discharged or released from active duty because of a service-connected disability. "Special Disabled" is also included in the count of "Disabled".</p>
27	Recently Separated Veteran	<p>Mark Yes or No.</p> <p><u>Recently Separated Veteran</u>: Veteran who applied for participation under Title I-B of WIA within 48 months after discharge or release from active U.S. military, naval, or air service.</p>
28	Single Parent	<p>Mark Yes if individual is a single, separated, divorced or widowed individual who has primary responsibility for one or more dependent children under age 18. Otherwise, mark No.</p>
29	Basic Literacy Skills Deficiency	<p>Mark Yes if the individual is determined:</p> <p>(1) Computes or solves problems, read, writes, or speaks English at or below grade levels 8.9 on a generally accepted standardized test or a comparable score on a criterion-referenced test; or (2) unable to compute or solve problems or read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society.</p>
30	Low Income	<p>Mark Yes if the individual is in one or more of the following:</p> <p>A. Receives, or is a member of a family which receives cash payments under a Federal, State or income-based public assistance program;</p> <p>B. Received an income, or a member of a family that received a total family income, for the six-month period prior to registration for the program involved (exclusive of unemployment compensation, child support payments, payments described in subparagraph A and old-age and survivors insurance benefits received under section 202 of the Social Security Act (42 USC 402) that, in relation to family size does not exceed the higher of:</p> <ul style="list-style-type: none"> — The guideline for the equivalent period, or — 70 percent of the lower living standard income level, for an equivalent period; <p>C. A member of a household that receives (or has been determined within the 6 month period prior</p>

		<p>to registration for the program involved to be eligible to receive) food stamps pursuant to the Food Stamp Act of 1977 (7USC 20011 et seq);</p> <p>D. Qualifies as a homeless individual, as defined in subsections (a) and (c) of section 103 of the Stewart B. McKinney Homeless Assistance Act (42 USC 11302);</p> <p>E. Is a foster child on behalf of whom State or local government payments are made; or</p> <p>F. In cases permitted by regulations promulgated by the Secretary of Labor, is an individual with a disability who meets the requirements of a program describes in subparagraph A or B above, but who is a member of a family which does not meet such requirements.</p>
31	Public Assistance Recipient	<p>Mark Yes if the individual is receiving income or money payments under the TANF Act and is <u>not</u> going to exhaust payments within the next 12 months.</p> <p><u>TANF Exhaustee</u>: Mark Yes if the individual would be otherwise eligible to receive TANF assistance but is no longer receiving TANF assistance because he/she has reached either the Federal five year lifetime limit on receipt of assistance, or a State-imposed lifetime limit. This includes individuals who have no dependents under the age of 18.</p> <p><u>Food Stamps</u>: Mark Yes if the individual is receiving, or has been determined eligible to receive in the six month period prior to application, food stamps pursuant to the Food Stamp Act of 1977.</p> <p><u>General Assistance</u>: Mark Yes if the individual is receiving state or local government cash assistance based on need.</p> <p><u>Refugee Assistance</u>: Mark Yes if the individual is receiving income or money payments under the Refugee Assistance Act (Public Law 96-212).</p> <p><u>Social Security Disability Insurance</u>: Mark Yes if the individual is receiving Social Security Disability Insurance (SSDI) monthly cash benefits.</p> <p><u>Supplemental Security Income</u>: (SSI) (SSA Title XVI). Mark Yes if the individual is receiving supplemental income or money payments pursuant to a State Plan approved under the Social Security Act, Title XVI (Supplemental Security Income for the Aged, Blind, and Disabled).</p> <p><u>TANF will exhaust within 12 months</u>: Mark Yes if individual will reach either the Federal five year lifetime limit on receipt of assistance, or a State-imposed lifetime limit within 12 months. This includes individuals who have no dependents under the age of 18.</p> <p><u>TANF amount</u>: Record the monthly grant amount of the public assistance being received.</p>

32	Pell Grant Recipient	Mark Yes if individual has received a Pell Grant
33	Displaced Homemaker	An individual who has been providing unpaid services to family members in the home and who: 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
34	Dislocated Worker	<p>A person who has been terminated, voluntarily terminated, laid off or has received a notice of termination or layoff from employment; and</p> <p>a. Is eligible for, or has exhausted, entitlement to unemployment insurance compensation; or</p> <p>b. Is not eligible for unemployment insurance compensation due to insufficient earnings or having performed services for an employer that was not covered under a state unemployment insurance compensation law, but demonstrates a sufficient attachment to the workforce and is unlikely to return to a previous industry or occupation; or</p> <p>A person has been terminated or laid off, or has received a notice of termination or layoff from employment as a result of any permanent closure of, or any substantial layoff at a plant, facility or enterprise; or</p> <p>A person is employed at a facility, has not received a notice but the employer has made a general announcement that the facility will close within 180 days; or</p> <p>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.</p>
35	Eligible Non-US Citizen	Lawfully admitted permanent resident aliens, lawfully admitted refugees and parolees, and other individuals authorized by the Attorney General to work in the United States.
36	Homeless/ Runaway	<p>Mark Yes if the individual lacks a fixed regular, and adequate nighttime residence; and who has a primary nighttime residence that is:</p> <p>A. A public or private operated shelter for temporary accommodations (including welfare hotels, congregate shelter, and transitional housing for the mentally ill);</p> <p>B. An institution that provides temporary residence for individuals intended to be institutionalized; or</p> <p>C. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.</p> <p>The term does not include a person imprisoned or detained pursuant to an Act of Congress or State law. Otherwise mark “no”.</p>

37	Education Below Level	<p>Mark Yes if the individual meets one of the following:</p> <ol style="list-style-type: none"> 1. Lacks basic skills for appropriate grade level; or 2. Failing in one or more classes and/or credit deficient; or 3. Tests below satisfactory level for age; or <p>Has failed to meet school's standards for promotion and has been retained in a grade for one or more years. Otherwise mark "no".</p>
38	Offender	<p>Mark Yes if the individual:</p> <ol style="list-style-type: none"> (1) has been subject to any state of the criminal justice process for whom services under WIA may be beneficial; or (2) requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.
39	Pregnant/ Parenting Youth	<p>Mark Yes if the individual is 21 years of age or under and is pregnant, or a youth (male or female) who is providing custodial care for one or more dependents under age 18. Otherwise mark No.</p>
40	Foster Child	<p>Mark Yes if the individual is a foster child on behalf of whom state or local government payments are made. Otherwise mark No.</p>
41	Needs Additional Assistance	<p>Mark Yes if the individual is a youth aged 14-21, who requires additional assistance to complete an educational program, or to secure and hold employment.</p>
42	Youth Not Low Income (5%)	<p>Mark Yes if the individual is not low income. Otherwise, mark No</p>
43	Selective Service	<p>Mark one designation for the individual's selective service.</p> <p><u>Registered</u>: Registered as required by Section 3 of the Military Selective Service Act.</p> <p><u>Not Registered</u>: Individual is not registered as required by Section 3 of the Military Selective Service Act.</p> <p><u>Not Applicable</u>: Not required to register by Section 3 of the military Selective Service Act.</p> <p><u>Males 18 to 26</u>. Federal law requires that men born after December 31, 1959, must register with Selective Service within 30 days of their 18th birthday. A male may register up to 120 days prior to his 18th birthday. When a participant has his 18th birthday while enrolled in WIA, registration for selective service must occur. The only men not required to register are nonimmigrant aliens, men on activity duty in the Armed Forces, including students at the military service academies, and individuals who are unable to register because they are hospitalized, incarcerated, or otherwise institutionalized at the time required to register. Men unable to register must register</p>

within 30 days of their discharge or release. Members of the National Guard, Reserve, Civil Air Patrol, ROTC students, armed forces enlistees, and delayed entry program individuals, handicapped or disabled men must register. All aliens, permanent resident status individuals, refugees and parolees, and documented aliens (illegal, dual nationals) must also register.

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

Males 26 years and older who are not registered. For males born after December 31, 1959, and 26 years of age and older: A determination shall be made as to whether the male has received an honorable discharge from the military. If so, no further action is necessary and an otherwise eligible male may participate in WIA programs. Appropriate documentation would include making a copy of the individual's military discharge (form DD-214) for the intake record.

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

Males wishing to participate in WIA programs that do not meet any of the above qualifications are to be instructed to send information necessary for a determination to The Office of General Counsel, Selective Service System National Headquarters.

Necessary information includes:

- a. The individual's name;
- b. The individual's current address;
- c. The individual's date of birth;
- d. Optional - the applicant's Social Security Number; (individuals may voluntarily provide this to the

		<p>Selective Service to aid in differentiating among persons with identical names. Selective Services does not, however, require this information.</p> <ul style="list-style-type: none"> e. A statement that the individual is requesting an advisory option under Section 3 of the Military Selective Service Act; and f. The individual's documentation regarding his reasons for not registering for the draft. <p>The Selective Service System (SSS) will send a Registration Status Information Letter. If the letter indicates that the individual was not required to register or was exempt, then the individual may be considered eligible for WIA. If the information per the SSS letter indicates that the man was required to register and failed to do so or is not registered then the individual may not be enrolled in WIA without an exception report clearly stating the extreme personal circumstances that prevented the individual from registering. The exception must be signed by the appropriate Workforce Development Council staff person.</p>
44	Family Size	<p>"Family" means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:</p> <ul style="list-style-type: none"> ▪ A husband, wife, and dependent children ▪ A parent or guardian and dependent children ▪ A husband and wife <p>A child will be considered a dependent child when:</p> <ol style="list-style-type: none"> 1. Living with a parent or guardian and related by blood, marriage (step-child), or court decree, and 2. If 18 or older, any income of their own for the past 6 months has been <u>less than</u> 30% of the LLS (i.e., not self-supporting), and 3. Is not themselves: <ol style="list-style-type: none"> a. Married or living with a dependent child, or b. Receiving cash welfare payments (excluding SSI). <p>A single residence includes temporary, voluntary residence elsewhere (e.g. attending school or college, or visiting relatives). It does not include involuntary temporary residence elsewhere (e.g. incarceration, or placement as a result of a court order).</p> <p>NOTE: An "individual with a disability" shall, for the purpose of income eligibility determination, be considered to be an unrelated individual who is a family unit of one.</p>

45	Family Annual Income	Total yearly includable family (see Family Size above) income. Refer to Family Income Form section for a list of includable and excludable income sources.
46	Job of Dislocation	Record Employer's name for the job from which the individual was dislocated regardless of when it occurred.
47	Job Title	Record the job title from which the individual was dislocated.
48	Last Day of Work	Record the last day of employment at the dislocation job. If there is no dislocation job (e.g. displaced homemakers) leave blank. If necessary, leave blank until qualifying dislocation takes place, and then record the actual dislocation date.
49	Hourly Wage	Record the hourly wage for the job title of dislocation. Hourly wage includes any bonuses, tips, gratuities, commissions, and overtime pay earned.
50	NAICS	Record the six digit NAICS for the job of dislocation. www.census.gov/epcd/www/naics.html
51	O*NET Code	Record the eight-digit O'NET code for the job title of dislocation. http://www.onetonline.org/
52	Dislocated Worker Eligibility	<p>Mark the one criterion that makes the individual eligible to be served under WIA IB dislocated workers.</p> <p><u>General Dislocated Worker:</u></p> <ol style="list-style-type: none"> 1. Has been terminated or laid off, or who has received a notice of termination or layoff, from employment; 2. Is eligible for or has exhausted entitlement or unemployment compensation; or has been employed for a duration sufficient to demonstrate to the appropriate entity at a one-stop center referred to in section (134) attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and 3. Unlikely to return to a previous industry or occupation. <p><u>Plant Closure:</u></p> <p>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;</p> <p><u>180 Days Prior Notice/ Public Notice:</u></p> <p>Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or</p> <p><u>Self Employed/Unemployed:</u></p> <p>Was self-employed (including employment as a farmer, a rancher, or a fisherman) but unemployed as result of general economic conditions in the community in which the individual resides or because</p>

		<p>of natural disaster.</p> <p><u>Displaced Homemaker:</u> Record “yes” if an individual that has been providing unpaid services to family members in the home and who: (1) has been dependent on the income of another family member but is no longer supported by that income; and (2) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment; or for the purposes of carrying out innovative statewide activities noted in WIA section 134, the following definition of a displaced homemaker (contained in §134(a)(A)(vi)(I) may be used: (1) an individual who is receiving public assistance and is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act (42 USC 601 et.seq)</p>
53	Skills Level	<p><u>Test:</u> Record the name of the administered assessment.</p> <p><u>Form:</u> Record the version of the administered assessment (if applicable).</p> <p><u>Score:</u> Record the raw score.</p> <p><u>Grade:</u> Record the grade level equivalent at which the individual is functioning as determined by the assessment. Record 13 for individuals assessed as Grade 13 or above.</p> <p>Note: the assessment must have been administered within the last twelve months.</p>
54	Services	Record only those services that are funded activities coordinated with the individual’s WIA Title I activities, possibly through a formal co-enrollment, by inclusion in the individual’s WIA service plan or through follow-up services.
55	Contract #(s)	Record corresponding contract number(s)
56	Comments	Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for action; providing additional tracking information indicates appropriateness of action and/or planned future action.
57	Signature of Applicant	Obtain the signature of the individual attesting that the information on the application is true to the best of the applicant’s knowledge and there is no intent to commit fraud. The signature should acknowledge that the information on the registration form would be used to determine eligibility, that the individual may be required to document the accuracy of the information, that the information is subject to external verification and may be released for such purposes. The signature should also acknowledge that, if found ineligible subsequent to participation, the individual will be exited. If the individual is exited as a result of falsifying information on the registration, he/she may also be prosecuted for fraud. Record the date the individual signed the registration form using two digits each month, day, and year.

58	Signature of Parent, Guardian or Responsible Adult (if under 18)	<p>For minors under 18 years, except minors who are heads of households*, the signature of a parent, guardian, or other responsible adult is required. Record the date the parent, guardian or responsible adult signed the application form.</p> <p>*An individual who is responsible for more than 50 percent of the support of one of more members of a household or family, in addition to him/herself, is considered a head of household.</p>
59	Signature of Service Provider Representative	The individual doing the interviewing and making eligibility determination will sign and date the application form.

WORK HISTORY FORM

General Overview:

The Work History Form has been designed to collect all necessary employment information to determine an applicant's program eligibility.

WORK HISTORY

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

FAMILY INCOME FORM

General Overview:

This form is only necessary when eligibility is based on FAMILY INCOME and the recommended verification sources are unavailable.

In cases where the recommended verification sources of Family Income are unavailable, or the attainment of such documentation would place an undue hardship on the applicant, a Family Income Form may be used. The purpose of the form is to document information that verifies the WIA applicant's family income at time of registration and family income during the last six months (26 weeks). This entails verifying the size and makeup of the applicant's FAMILY. The applicant should complete the Family Income Form with the assistance of WIA intake staff to ensure it is completed correctly.

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

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

A dependent child is defined as a child:

- Under age 19 at the end of the previous calendar year, or
- Under age 24 at the end of the previous calendar year and was a student.

A dependent child was a student if he or she:

Was enrolled as a full-time student at a school during any 5 months of the previous calendar year or took a full-time, on-farm training course during any 5 months of the previous calendar year. The course had to be given by a school or a state, county or local government agency. A school includes technical, trade, and mechanical schools. It does not include on-the-job training courses or correspondence schools. Also, regardless of residence and/or citizenship, anyone claimed as a dependent on another person's Federal Income Tax return for the previous year shall be presumed to be part of the person's family for the current year. To negate this assumption, the person who was claimed as a dependent for income tax purposes would be required to provide information that demonstrates the individual is no longer financially dependent.

PLEASE REFER TO UPDATED HOUSEHOLD INCOME GUIDELINES.

FAMILY INCOME FORM
(SIX MONTH TOTAL)

1.	SSN	Record the nine-digit identification number assigned to the individual by the Social Security Administration under the Social Security Act.
2.	First Name, Last Name, MI	Enter the individual's legal first name, last name, and middle initial.
3.	Name	Record name of the individual or family member whose income is being recorded.
4.	Relationship	Indicate whether individual in 3 is Self, Spouse, Parent, Sibling, Guardian, or Dependent child.
5.	Age	Record individual or family members age in years.
6.	Includable Income	<ul style="list-style-type: none"> • Money, wages, and salaries before any deductions. • Net receipts from non-farm self-employment (recipients from a person's own unincorporated business, professional enterprise, or partnership after deductions for business expense). • New receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses). • Regular payments from railroad retirement, strike benefits from union funds, and worker's compensation (not lump sum) training stipends. • Alimony. • Military family allotments or other regular support from an absent family member or someone not living in the household. • Pensions whether private, government employee (including military retirement pay), law enforcement firefighters (LEF) disability income. • Regular insurance or annuity payment. • College or university grants, fellowships, and assistantships, state work-study, (not needs based scholarships): the key is whether or not the money is a loan to be paid back. If it is to be paid back, then it is a loan, and excludable income, if not, then it is includable. • Dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts. • Net gambling or lottery winnings. • OJT wages from WIA participation.

		<ul style="list-style-type: none"> • L&I paid on a monthly basis. • If the payment cannot meet one of the excludable criteria, then the payment will be includable income.
7.	Excludable Income	<ul style="list-style-type: none"> • Unemployment compensation. • Child support. • Old Age and Survivors Insurance (OASI). • Public assistance payments (including TANF, SSI, RCA, GA, emergency assistance money payments, and general relief money payments). • Foster child care payments. • Financial assistance under Title IV of the Higher Education Act, i.e. Pell grants, federal supplemental educational opportunity grants and federal work study (Stafford and Perkins loans, like any other kind of loans, are debt and not income). Needs-based scholarship assistance. • Allowances, earnings, and payments (except OJT) to individuals participating in WIA. • Capital gains. • Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car. • Tax refund, gifts, loans, lump-sum inheritance, one-time insurance payments, or compensation for injury (lump sum). • Non-cash benefits such as employer fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals, and housing assistance. • Trade Readjustment Allowance (TRA). • Workforce Training Assistance. • Job Corp. • Income earned while on active military duty and other benefits specified at 38 U.S.C. 4213 items (1) and (3) section 4213 requires WIA to disregard pay or allowances received by any person while serving on active duty. Note: This should be ex-service personnel who did not receive veteran 1 status, i.e., discharged other than honorable status. Section 4213 goes on to tell us to disregard benefits received by ex-service personnel who have veteran status. These benefits can only be received if the person has not been discharged under honorable,

		<p>general, unsuitable, etc. The six specific benefits are:</p> <ul style="list-style-type: none"> • CH 11 – compensation for service connected with disability or death. • CH 13 dependency and indemnity compensation for service-connected death. • CH 31 – vocational rehabilitation. • CH 34 – veteran’s education assistance. • CH 35 – war orphans and widows education assistance. • CH 36 – administration of education. <p>If payment is a one-time lump sum, it is generally excludable. If it is in monthly installments, then it is includable.</p>
8.	Total Includable Six Month Income	Total all includable income for the past six months.
9.	Total Annual Income	Total all Includable income and multiply by two. This amount is the annualized income.

STATUS FORM

General Overview:

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

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

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

STATUS FORM

1.	Social Security Number	Record the nine-digit identification number assigned to the participant by the Social Security Administration under the Social Security Act.
2.	Name	Enter the participant's legal first name, last name, and middle initial.
3.	Activity	Record the appropriate three-digit code for the activity in which the participant will be enrolled. Refer to Appendix B for the correct WIA activity codes.
4.	Staff Initials	Record the initials of the local area representative.
5.	Start Date	Record the actual date that the participant will enter the activity.
6.	Contract	Record the Contract number.
7.	Estimated End Date	Record the date the participant is expected to leave the assigned activity. If the participant is expected to continue in this activity beyond the estimated end date, you need to send in a status form showing the new estimated end date.
8.	Job Title	If the participant received any training for a specific occupation, record the job title. Note: If the participant is in an activity under the Basic Skills group, no job title is required, but the work/training site is. The job title can be left blank if not in a training activity.
9.	O'NET Code	Record the eight-digit O'NET code, for the above job title in item 8.
10.	Hourly Wage	Record hourly wage for the job title in item 10 if in a work activity.
11.	Hours per Week	Record the hours per week worked in item 10 if applicable.
12.	Name	Record the name for the work/training site and its NAICS code.
13.	Address	Record the address for the work/training site. Record the city, state and zip code for the work/training site.
14.	Phone	Record the phone number for the worksite.
15.	Contact Name	Record the contact person's name for the work/training site.
16.	Work/Training Type	Record the code for the type of the work/training site. (i.e. PRI = Private PUB = Public)
17.	Health Care	Record "yes" if the participant is working in unsubsidized employment and is receiving health care in the job. Otherwise mark "no".
18.	Non-Traditional Training	Mark "yes" if the training is in an occupation or field or work for which individuals of the participant's gender comprise less than 25% of the individuals employed in such occupation or field or work. Both males and females can be in non-traditional training. Nontraditional training can be based on either local or national data.

19.	Established Individual Training Account	Record "yes" if any of the individual's services were purchased utilizing an Individual Training Account established for adults or dislocated workers and funded by WIA Title I.
20.	Activity Status	Completed: An activity is completed if the participant achieves the activity goal. The plan should be reviewed to determine if the activity goal has been achieved in accordance with the service plan in effect for the individual.
21.	Start Date	Record the start date of the activity the participant is leaving.
22.	End Date	Record the date the participant leaves the activity. If the participant is entering another activity this date should be the same date that he/she started the new activity. If the participant is exiting, this date should be the same as the exit date.
23. a, b, c	Contract Number	Record the contract number.
24.	Received Supportive Services	<p>Mark "yes" if the participant received Supportive services. Otherwise mark "no".</p> <p>NOTE: For adults and dislocated worker, supportive services include services such as transportation, childcare, dependent care, and housing, which are necessary to enable an individual to participate in activities authorized under Title I of WIA consistent with the provisions of Title I.</p> <p>For youth, as defined in WIA section 101 (46) may include linkage to community services; assistance with transportation, assistance with child care and dependent care; assistance with housing; referrals to medical services; and assistance with uniforms or other appropriate work attire and work related tools, including such items as eye glasses and protective eye gear.</p>
25.	Received Needs-Related Payment	Mark "yes" if the participant received Needs Related Payments. Otherwise mark "no".
26.	Received PELL Grant	<p>Mark "yes" if the participant is or has been notified they will be receiving a PELL Grant. Otherwise mark "no".</p> <p>Note: This item may be updated at anytime while the individual is receiving WIA services</p>
27.	Received High School Diploma or GED	Mark "yes" if the participant received a High School Diploma or GED while in WIA. Otherwise mark "no". Record the date the participant received the High School Diploma or GED.
28.	Attained Recognized Credential	Mark the type of recognized education/occupational certificate, credential, diploma/degree attained.
29.	Wage Date	Enter the date the hourly wage or hours per week changed for the unsubsidized job or date the participant begins receiving health care in an unsubsidized job.
30	Hourly Wage	Enter the new wage the participant is receiving for the unsubsidized job.

31.	Health Care	Mark "yes" if the participant is working in unsubsidized employment and starts receiving health care in that position. Otherwise mark "no".
32.	Hours per week	Enter the new hours per week worked for the participant that is in unsubsidized job.
33.	Service Participation	Record only those programs that fund activities coordinated with the individual's WIA Title I activities, possibly through a formal co-enrollment by inclusion in the individual WIA service plan or through follow-up services. Services should be recorded cumulatively. Do not report sources that funded only core services classified as informational or self-service.
34.	Comments	Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for action; providing additional tracking information indicates appropriateness of action and/or planned future action.
35.	Completed by	The individual completing the form will sign and date the status form.

WIA YOUTH SKILLS OUTCOME FORM

General Overview:

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

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

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

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

WIA YOUTH SKILLS OUTCOME FORM

1.	Social Security Number	Record the nine-digit identification number assigned to the participant by the Social Security Administration under the Social Security Act.
	Name	Enter the participant's legal first name, last name, and middle initial.
3.	Contract Number	Enter the contract number.
4.	Goal Year	Record Program Year.
5.	Goal Number	Record number (1), (2), or (3).
6.	Type of Goal	<p>Record type of goal selected:</p> <p>Basic Skill Goals: Basic education skills include reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning, and the capacity to use these skills.</p> <p>Occupational Skills Goals: Primary occupational skills encompass the proficiency to perform actual tasks and technical functions required by certain occupational fields at entry, intermediate or advance levels. Secondary occupational skills entail familiarity with and use of set-up procedures, safety measures, work-related terminology, record keeping and paperwork formats, tools, equipment and materials, and breakdown and clean-up routines.</p> <p>Work Readiness Skills Goals: Work readiness skills include world of work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision making, and job search techniques (resumes, interviews, applications, and follow-up letters). They also encompass survival/daily living skills such as using the phone, telling time, shopping, renting an apartment, opening a bank account, and using public transportation. They also include positive work habits, attitudes, and behavior such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with 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.</p>
7.	Date Goal Set	Record date goals set. The date goal was set is the date a goal identified for the youth, except that the date if the first goal set must be recorded as the registration date.

8.	Detailed Description of Goal to be Achieved	Use this section to give a detailed description of the goal that is to be achieved.
9.	Signature of Service Provider Representative	Service Provider representative's signature.
10.	Date	Date the form was filled out.
11.	Hold	Mark "yes" if there was a hold implemented. Otherwise mark "no". Registrants can be placed in hold status for reasons, including but not limited to jury duty and hospitalization. A registrant who completes a training activity but is identified as needing further training should be put into hold status until the beginning of the next training.
12.	Hold Start Date	Indicate the date the hold was implemented.
13.	Hold End Date	Indicate the date the hold ended (do not estimate an end date).
14.	Reason for Hold	Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for actions; providing additional tracking information indicates appropriateness of action and/or planned future action.
15.	Signature of Service Provider Representative	Service provider representative's signature.
16.	Date	Date the form was filled out.
17.	Hold	Mark "yes" if there was a hold implemented. Otherwise mark "no". Registrants can be placed in hold status for reasons, including but not limited to jury duty and hospitalization. A registrant who completes a training activity but is identified as needing further training should be put into hold status until the beginning of the next training.
18.	Hold Start Date	Indicate the date the hold was implemented.
19.	Hold End Date	Indicate the date the hold ended.
20.	Reason for Hold	Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for actions; providing additional tracking information indicates appropriateness of action and/or planned future action.
21.	Signature of Service Provider Representative	Local area representative's signature.
22.	Date	Date the form was filled out.
23.	Type of Attainment	Record (1) Attained, (2) Set but not attained, or (3) Set but attainment pending.

		<p>(1) <u>Attained</u>. Attainment of a goal is based on individual assessments using widely accepted and recognized measurement/assessment techniques.</p> <p>(2) <u>Set but not attained</u> Goal set, but not attained. Goals not attained include goals whose anniversary date has passed without attainment of the goal. The anniversary date of a goal is one calendar year after the date the goal was set.</p> <p>(3) <u>Set but attainment pending</u> Goal set, but attainment pending. Includes goals that have not been attained, but have anniversary dates after the end of the report quarter. This category also includes goals that have been postponed because of gaps in service where the participant was placed in a hold status during which services were not received, but the participant planned to return to the program. (State Only)</p>
24.	Effective Date	Record the date the goal was attained.
25.	Signature of Service Provider Representative	Service Provider representative's signature.
26.	Date	Date the form was completed.

EXIT FORM

General overview:

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

There are two ways to determine exit:

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

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

EXIT FORM

1.	Social Security Number	Record the nine-digit identification number assigned to the participant by the Social Security Administration under the Social Security Act.
2.	Name	Enter the participant's legal first name, last name, and middle initial.
3.	Phone	Record current phone number.
4.	Address Change	Mark if there is an address change for the participant.
5.	Address	Enter any changes to the participant's address or phone number.
6.	Activity	Record the activity code (see appendix B) for the activity the participant is leaving.
7.	Start Date	Record the start date of the activity the participant is leaving.
8.	Activity Status	Record the activity status: (Note: an activity is completed if the participant achieves the activity goal. The plan should be reviewed to determine if the activity goal has been achieved in accordance with the service plan in effect for the individual.)
9.	End Date	Record the date the participant leaves the activity. If the participant is entering another activity this date should be the same date that he/she started the new activity. If the participant is exiting, this date should be the same as the exit date.
10.	Received Supportive Services	Mark "yes" if the participant received Supportive services. Otherwise mark "no".
11.	Received Needs-Related Payment	Mark "yes" if the participant received Needs Related Payments. Otherwise mark "no".
12.	Received PELL Grant	Mark "yes" if the participant is or has been notified they will be receiving a PELL Grant. Otherwise mark "no". Note: This item may be updated at anytime while the individual is receiving WIA services
13.	Received High School Diploma or GED	Mark "yes" if the participant received a High School Diploma or GED while in WIA. Otherwise mark "no". Record the date the participant received the High School Diploma or GED.
14.	Attained Recognized Credential	Mark the type of recognized education/occupational certificate, credential, diploma/degree attained.
15.	Wage Date	Enter the date the hourly wage or hours per week changed for the unsubsidized job or date the participant begins receiving health care in an unsubsidized job.
16.	Hourly Wage	Enter the new wage the participant is receiving for the unsubsidized job.

17.	Health Care	Mark "yes" if the participant is working in unsubsidized employment and starts receiving health care in that position.
18.	Hours per week	Enter the new hours per week worked for the participant that is in unsubsidized job.
19.	Exit Code	Record Exit Code. See Appendix C for Exit Codes.
20.	Exit Date	Record the date the participant exited WIA Title I. There are two ways to determine exit: <ol style="list-style-type: none"> 1. A participant who has a date of case closure, completion or know exit from WIA funded or non-WIA funded partner services (hard exit) or 2. A participant who does not receive only WIA funded or non-WIA funded partner services for 90 days and is not scheduled for further services (soft exit)
21.	Contract Number	Record the contract number for the activity the participant is exiting.
22.	Receiving TANF	<u>Yes</u> if the individual is receiving income or money payments under the TANF Act and is <u>not</u> going to exhaust payments within the next 12 months. <u>No</u> if the individual is <u>not</u> receiving income or money payments under the TANF Act. Record the amount of the TANF grant if the individual is receiving TANF.
23.	Entered Postsecondary Education or Advanced Training	Mark "1" if the individual entered an occupational skills employment/training program, not funded under Title I of the WIA, which does not duplicate training received under Title I. Includes only training outside of the one-stop, WIA and partner system. Includes training provided by a partner program following exit. An example of advanced training is a community college program that does not lead to an advanced degree. [Include entry into postsecondary educational programs that lead to an academic degree(e.g. AA,AS FA, BS) in the postsecondary education category] Mark "2" if postsecondary education is a program at an accredited degree-granting institution that leads to an academic degree (e.g. AA, AS, BA, BS). Do not include programs offered by degree-granting institutions that do not lead to an academic degree as postsecondary education. Mark "3" if individual did not enter any other training.
24.	Attending Secondary School	Mark "yes" if individual is attending Secondary School. Otherwise mark "no".
25.	Labor Status	Mark "1" if individual is employed Mark "2" if individual is unemployed.

		Note: If the individual is employed at the time of exiting the Employment Data section must be filled out. If the individual is attending training at the time of exiting the Employment Data may be used to record where attending training.
26.	Name of Employer	Record employer's name.
27.	NAICS Code	Record NAICS Code.
28.	Employer's Address	Record individual employer's address.
29.	Start Date	Record the start date of the job.
30.	Job Title	Record job title.
31.	O'NET Code	Record the code for the job title record in 31.
32.	Hourly Wage	Record the hourly wage for the job title record in 31.
33.	Hours per Week	Record hours worked per week for the job title.
34.	Entered Military Service	Mark "yes" if the individual entered into the active U.S. military, naval, or air service. Otherwise mark "no".
35.	Entered Qualified Apprenticeship	Record "yes" if the individual entered into a program approved and recorded by the ETA/Bureau of Apprenticeship and Training or by a recognized State Apprenticeship Agency. Otherwise record "no".
36.	Non-Traditional Employ	Record "yes" if the individual entered non-traditional employment in an occupation or field of work for which individuals of the participant's gender comprise less than 25% of the individuals employed in such occupation or field of work. Other wise record "no".
37.	UI Covered	Record "yes" is the individual entered employment that is UI covered otherwise mark "no".
38.	Training Related	Record "yes" if the individual entered employment that is training related. Other record "no". Training-related employment is employment in which the individual uses a substantial portion of the skills taught in the training received by the individual.
39.	Signature of Service Provider Representative	The Service Provider representative filling out the form must sign and date the form.

FOLLOW UP FORM

General overview:

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

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

FOLLOW UP FORM

1	Social Security Number	Record the nine-digit identification number assigned to the participant by the Social Security Administration under the Social Security Act.
2	Name	Enter the participant's legal first name, last name, and middle initial.
3	Contract Number	Record the contract number.
4	Address Change	Mark "yes" if there is an address change for the participant. Mark "no" if the address is the exit address or has been reported on previous follow up forms
5	Address	Enter any changes to the participant's address or phone number. Address does not need to be recorded if it has not changed.
ADD ACTIVITY		
6	Activity	Record the appropriate three-digit code for the activity in which the participant will be enrolled. Refer to Appendix B for the correct WIA activity codes.
7	Start Date	Record the actual date that the participant will enter the activity.
8	Estimated End Date	Record the date the participant is expected to leave the assigned activity. If the participant is expected to continue in this activity beyond the estimated end date, you need to send in a status form showing the new estimated end date.
LEAVE ACTIVITY		
9	Activity	Record the activity code for the activity the participant is leaving.
10	Activity Status	Completed: an activity is completed if the participant achieves the activity goal. The plan should be reviewed to determine if the activity goal has been achieved in accordance with the service plan in effect for the individual.
11	Start Date	Record the start date of the activity the participant is leaving.
12	End Date	Record the date the participant leaves the activity.
EMPLOYMENT/TRAINING DATA		
13	Name	Select "Same" if the employer/training provider is the same as exit employer/training provider or if the employer/training provider has been recorded on previous Follow Up forms. Otherwise select "New" and record new employer/training provider name.
14	Address	Record the address, phone, and contact information for the employer/training provider in item 13.
15	Start Date	Record employment/training start date.
16	Job/Training Title	Record the job title or job title or the job title the former participant is training for.

17	O*Net Code	Record the eight-digit O*Net code for the job title in item 16.
18	Hours per Week	Record the hours per week worked in item 16
19	NAICS Code	Record the NAICS code for the employer in item 13.
20	Hourly Wage	Record hourly wage for the job title in item 16 if applicable.
WAGE PROGRESSION UPDATE		
21	Wage Date	Enter the date the hourly wage or hours per week changed for the unsubsidized job.
22	Hourly Wage	Enter the new wage the participant is receiving for the unsubsidized job.
23	Hours per Week	Enter the new hours per week worked for the participant that is in unsubsidized job.
FOLLOW UP AND OUTCOMES		
24	Registration Date	Record the registration date into the program the former participant exited.
25	Exit Date	Record the date the former participant exited from the program.
26	Selected Quarter after Exit	Mark the quarter that corresponds with the former participants exit date.
27	Selected Quarter After Exit Date Range	Record the date range for the selected quarter after exit.
28	Contact Date	Record the date the former participant is contacted.
29	Type of Contact	Mark the type of contact with the former participant.
30	Method of Contact	Mark the method of contact with the former participant.
31	Postsecondary Education/Training/Military	Mark the types of activities the former participant is engaged in at any time during the selected quarter (if applicable).
32	Attained Recognized Credential	Mark the type of recognized education/occupational certificate, credential, diploma/degree attained.
33	Termination	Mark the termination reasons for the former participant during the selected quarter (if applicable).
34	Comments	Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for action; providing additional tracking information indicates appropriateness of action and/or planned future action.
35	Signature of Service Provider Representative	The Service Provider representative filling out the form must sign and date the form.



WASHINGTON COUNTY CODE AND NAME
Workforce Investment Act Title I-B Programs

CODE	COUNTY	CODE	COUNTY
AD	ADAMS	WA	WAHKIAKUM
AS	ASOTIN	WH	WHATCOM
BE	BENTON	WT	WHITMAN
CA	COLUMBIA	WW	WALLA WALLA
CH	CHELAN	YL	YAKIMA LOWER-
CK	CLARK		VALLEY
CL	CLALLAM	YM	YAKIMA MIDDLE
CO	COWLITZ		VALLEY
DO	DOUGLAS	YU	YAKIMA UPPER
FE	FERRY		VALLEY
FR	FRANKLIN		
GA	GARFIELD		
GH	GRAYS HARBOR		
GR	GRANT		
IS	ISLAND		
JE	JEFFERSON		
KG	KING		
KS	KING (Within Seattle City Limits)		
KI	KITTITAS		
KL	KLICKITAT		
KT	KITSAP		
LE	LEWIS		
LI	LINCOLN		
MA	MASON		
OK	OKANOGAN		
PA	PACIFIC		
PI	PIERCE		
PT	PIERCE (WITHIN TACOMA CITY LIMITS)		
PO	PEND OREILLE		
SJ	SAN JUAN		
SK	SKAGIT		
SM	SKAMANIA		
SN	SNOHOMISH		
SP	SPOKANE		
SS	SPOKANE (Within Spokane City Limits)		
ST	STEVENS		
TH	THURSTON		

ACTIVITY CODES
Workforce Investment Act Title I-B Programs
Effective July 1, 2013

Code **Service Description and Definition**

- OST 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) coincide with exit rather than short-term training that is part of services received while enrolled in ETA-funded youth programs; and 3) result in attainment of a certificate. (*SKIES group = Training, Service Group = Occupational Skills Training*)
- OCS Class-Size Contracted Training: Class-size training provided through a direct contract between a WDC and a training provider. (*SKIES group = Training, Service Group = Occupational Skills Training*)
- OSC Short Term Classroom Training: Instruction conducted in an institution or work site setting designed to provide or upgrade technical skills and information required for individuals to perform a specific job or group of jobs. (*SKIES group = Training, Service Group = Occupational Skills Training*)
- OTO Training paid by other: Occupational training that is paid for by another funding source. (*SKIES group = Training, Service Group = Occupational Skills Training*)
- OA0 Automated Office Skills: Courses are intended to equip people with the necessary knowledge and skills in basic computer applications. (*SKIES group = Training, Service Group = Occupational Skills Training*)
- OJT On the Job Training: Training provided by an employer to a paid participant while engaged in productive work in a job that improves knowledge or skills essential to the full and adequate performance of the job; provides reimbursement to the employer of up to 50% of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training; limited in duration as is appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participants, as appropriate. (*SKIES Group = Training, Group Service = On the Job Training*)
- OJO OJT Paid by Other: On-the-Job training that is paid for by another funding source. (*SKIES Group = Training, Group Service = On the Job Training*)
- TUR Skills Upgrading or Retraining: Instruction designed to upgrade current skill sets leading to the certificate or endorsement required for individuals to qualify for a specific job or group of jobs. (*SKIES Group = Training, Group Service = Skills Upgrading or Retraining*)

- TET Entrepreneurial Training: Training provided to individuals interested in starting their own business. Training may include, but not be limited to, how to start a business, how to obtain the necessary permits and licenses, how to successfully run a business, and how to write a business plan. (*SKIES Group = Training, Group Service = Entrepreneurial Training*)
- TAT Apprenticeship Training: Training that is provided through a Registered Apprenticeship training system that combines paid learning on-the-job and related technical and theoretical instruction in a skilled occupation. (*SKIES Group = Training, Group Service = Customized Training*)
- IAB Adult Educational & Literacy with Training: Adult education and literacy instruction is intended to upgrade basic skills in order to prepare the individual for further training, future employment, or retention in present employment. Includes remedial reading, writing, mathematics, literacy training, study skills, English for non-English speakers, bilingual training, and GED preparation (including computer assisted competency training, and school to post-secondary education transition.) This group must be offered in combination with other allowable training services (not including customized training). (*SKIES Group = Training, Service Group = Adult Educational & Literacy with Training*)
- IEP English as a Second Language: In ESL programs, instructors use specialized teaching methods, adapting vocabulary and reading materials to match students' English proficiency levels. Must be offered in combination with other allowable training services not including customized training), or is considered an "intensive" service if not provided in combination with training. (*SKIES Group = Training, Service Group = Adult Educational & Literacy with Training*)
- IPE Pre-Employment Skills Training: A training services program of demonstrated effectiveness (as determined/approved by the local area Workforce Development Council) offered in the local area by a community-based organization or another private organization to serve special participant populations that face multiple barriers to employment. The U.S. Department of Labor suggests that this contracted approach be used infrequently. (*SKIES Group = Training, Service Group = Adult Educational & Literacy with Training*)
- ICT Customized Training: Training customized to meet employer needs with a commitment by an employer or group of employers to employ the individual upon successful completion of the training. (*SKIES Group = Training, Service Group = Adult Educational & Literacy with Training*)
- IOB Basic Skills: Basic skills instruction is intended to prepare the individual for further training, future employment, or retention in present employment. Includes remedial reading, writing, mathematics, literacy training, study skills, English for non-English speakers, bilingual training, and GED preparation (including computer assisted competency training, and school to post-secondary education transition), and basic computer literacy. (*SKIES Group = Intensive, Service Group = Intensive Services*)
- IOA Out-of-Area Job Search: A participant seeking employment outside their normal commuting area when no "suitable work" is available within their commuting area. (*SKIES Group = Intensive, Service Group = Intensive Services*)
- IRS Relocation: A participant is successful obtaining employment outside their normal commuting area when no "suitable work" is available within their commuting area and participant receives reimbursement. (*SKIES Group = Intensive, Service Group = Intensive Services*)

- IPV Short-Term Pre-Employment / Vocational 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. Short term pre-vocational classes include mathematics or language skills at the 12th grade level or lower; occupational specific mathematics and language skills such as technical writing and pre-calculus even though they may be above the 12th grade level; communication skills; basic computer and software application skills; occupational specific baseline courses such as medical terminology for medical support occupations; and any class which completes a gap in baseline knowledge for a given occupation as determined by assessment against industry standards. (*SKIES Group = Intensive, Service Group = Intensive Services*)
- WEX Work / Internship Experience: WIA adult and dislocated workers: per WIA Final Rule 663.200(b), work experience is a planned, structured learning experience that takes place in a workplace for a limited period of time. Work experience may be paid or unpaid, as appropriate. A work experience workplace may be in the private for profit sector, the non-profit sector, or the public sector. Labor standards apply in any work experience where an employee/employer relationship, as defined by the Fair Labor Standards Act, exists. Per 664.40(c). (*SKIES Group = Intensive, Service Group = Intensive Services*)
- JBS Job Search and placement assistance: Services which are designed to help the job seeker plan and carry out a successful job hunting strategy, to include the preparation of appropriate job search materials and utilization of the Internet to identify and apply for employment opportunities. (*SKIES Group = Core, Service Group = Core*)
- FOO Program Follow Up Services: Follow-up services occur following the participant's placement into unsubsidized employment and/or program exit. Follow-up services are two-way exchanges between the services provider and either the participant (or their advocate), or the participant's employer. Services include regular contact with the participant or employer for verification of employment, assistance in securing better paying jobs, additional career planning and counseling; assistance with work-related problems; peer support groups; information about additional educational or employment opportunities, and referral to other community services. Additional Youth Follow Up Services include: job shadowing; adult mentoring or tutoring; and leadership development activities. (*SKIES Group = Follow Up, Service Group = Follow Up*)
- SSO Support services: Goods in the form of food / meals purchased to help participants become or stay independent. The purpose of support services is to offer a resource for participants who are actively engaged in job search, work activities or training. Support services should be provided based on the real and immediate needs of the participant. (*SKIES Group = Supportive Services, Service Group = Supportive Services*)
- HFT Hold – Gap in Service: Participants can be placed in hold status for up to 180 consecutive calendar days for reasons that temporarily prevent them from participating in program activities but plan to resume participation after the situation is resolved. A gap in service may be due to but not limited to: delay before the start of training, health/medical situation, care for a family member, jury duty, incarceration, and temporary move from the area. Reasons for the gap in service must be documented in the case notes. (*SKIES Group = Intensive, Service Group = Hold*)

Code Status Description and Definition

- UER Unsubsidized Employment: Working in Unsubsidized Employment and actively registered (not in follow up)
- IAC Finished Services and Not Scheduled for Future Services: the participant is to enter when all planned services are finished and no other future services (except follow-up services) are scheduled. This activity can be no longer than 90 days. The participant must exit WIA on or before the 90th day.

ADDITIONAL YOUTH SERVICES**Code Service Description and Definition**

- AAS Educational Achievement Services (Youth Only): Including but not limited to tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention strategies; also alternative secondary school service. (*SKIES Group = Training, Service Group = Educational Achievement Services*)
- AOB Pursuing GED/Diploma/Certificate (Youth Only): A youth who at the time of enrollment or at any point during participation is enrolled in secondary school, post-secondary school, adult education programs, or other organized program of study intended to lead to attainment of a GED, high school diploma or certificate. (*SKIES Group = Training, Service Group = Educational Achievement Services*)
- ADP Youth Dropout Prevention Strategies: Focus retrieval and prevention strategies towards youth who have dropped out of school or are at-risk of dropping out of school. (*SKIES Group = Training, Service Group = Educational Achievement Services*)
- EES Employment Services (Youth Only): Preparation for and success in employment services including but not limited to paid and unpaid work experiences, including internships and job shadowing. (*SKIES Group = Training, Service Group = Employment Services – Youth Only*)
- EWP Paid Work Experience (Youth Only): Designed to enable youth to gain exposure to the working world and its requirements. WEX should help youth acquire the personal attributes, knowledge, and skills needed to obtain a job and advance in employment. The purpose is to provide the youth participant with the opportunities for career exploration and skill development and is not to benefit the employer, although the employer may, in fact benefit from the activities performed by the youth. WEX may be subsidized or unsubsidized. (*SKIES Group = Training, Service Group = Employment Services – Youth Only*)
- EWU Unpaid Work Experience (Youth Only): Designed to enable youth to gain exposure to the working world and its requirements. WEX should help youth acquire the personal attributes, knowledge, and skills needed to obtain a job and advance in employment. The purpose is to provide the youth participant with the opportunities for career exploration and skill development and is not to benefit the employer, although the employer may, in fact benefit from the activities performed by the youth. WEX may be subsidized or unsubsidized. (*SKIES Group = Training, Service Group = Employment Services – Youth Only*)

- EJS Youth Job Shadowing: Vocational Exploration including Youth Job Shadowing and Informational interviews with local employers as part of career exploration, job shadowing, other employer-based vocational exploration including summer career camps. (*SKIES Group = Training, Service Group = Employment Services – Youth Only*)
- SOP Summer Youth Employment Opportunity (Youth Only): Summer Youth Employment opportunity linked to academic and occupational learning. (*SKIES Group = Training, Service Group = Summer Youth Employment Opportunities*)
- SWE Youth Summer Work Experience: This service applies to youth served with Recovery Act funds. The period of “summer” will be from May 1 through September 30. “Summer Employment” may include any set of allowable WIA Youth services that occur during the above referenced summer months as long as it includes a work experience component. Youth programs include activities that promote youth development and citizenship, such as leadership development through voluntary community service opportunities; adult mentoring and follow-up; and targeted opportunities for youth living in high poverty areas. (*SKIES Group = Training, Service Group = Summer Youth Employment Opportunities*)
- MCS Youth Mentoring: Youth will receive instruction and constructive critiquing of academic performance and social behavior by a caring adult. Youth are challenged to attain short-term goals that will ultimately lead to becoming self-sufficient and successful adults. (*SKIES Group = Intensive, Service Group = Additional Support for Youth*)
- MAS Youth Additional Support for youth Services: Include, but not limited to: (a) adult mentoring for a duration of at least twelve months, that may occur both during and after program participation or (b) 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. (*SKIES Group = Intensive, Service Group = Additional Support for Youth*)
- CWR Youth Leadership Development Opportunities: Include but 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. (*SKIES Group = Intensive, Service Group = Citizenship and Leadership Service*)
- CCS Youth Community Service: A structured work experience, through which students learn and develop by participating in thoughtful organized community service work activities that meet actual community needs. (*SKIES Group = Intensive, Service Group = Citizenship and Leadership Service*)

EXIT CODES

Workforce Investment Act Title I-B Programs

Code	Exit Outcome and Notes
UE	Entered unsubsidized employment: Client has entered stable unsubsidized employment that is expected to be permanent or longer than 150 days. Employer information should be collected (name, address, wage, number of hours worked per week, etc.)
AT	Entered Advanced 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 advances levels.
EA	Entered a Qualified Apprenticeship: A qualified apprenticeship program is a program approved and recorded by the ETA/Bureau of Apprenticeship and Training or by a recognized State Apprenticeship Agency. Approval is by certified registration or other appropriate written credential.
MS	Entered Military Service
SE	Self-Employment
SS	Attending Secondary School (Youth Only)
PS	Entered post-secondary education
AS	In school, alternative school
EE	Employability Enhancement (Youth Only): Client has achieved at least one youth skills outcome goal that was established AND has not entered employment, training or military. Evidence of goal being set, progress and completion of goal should be detailed in case notes.
RP	Relocated to mandated residential program (youth)
OS	Institutionalized: Client will be institutionalized in any scenario for longer than 150 days. Case notes or written notification from courts or institution should be included.
OH	Health/Medical: Client unable to complete training or participate in activities due to health or medical reasons that were unknown to staff before enrolling or that were pre-existing and have become an impediment. Used when client is unable to participate in any way for at least 150 days. In case of pre-existing health or medical conditions, case notes should fully document why the participant was enrolled and the current status. Case notes should continue to document the condition if the condition has some impact on the participant's ability to participate in the program. In the case of unknown conditions, case notes should document the condition and any available documentation from other sources should be used.
OD	Deceased: Clear case notes are acceptable documentation.
OR	Returned/recalled to Active Duty: Clear case notes are acceptable documentation.
OP	Lack of Transportation: Used when participant is without his/her own means of transportation, or has no public transportation between home and the location of employment/training and/or other supportive services. Case notes should document why this code is being used (originally had transportation at time of enrollment, etc.)
OL	Cannot Locate: Case notes should document the efforts to locate and get in touch with the participant on an intensive basis.
OY	Family Care: Used when participant can no longer participate in the program due to the need to stay home to care for a family member on a long term basis. Clear case notes are acceptable documentation.
OR	Retired
OM	Miscellaneous: Used only when no other exit code will fit the situation. Extensive case notes and supporting documentation should be provided when using this code.