CalJOBS℠

Forms and Procedures Handbook

A guide to information tracked in the

California Job Openings Browse System (CalJOBS)

Revised November 2018

Provided by:

SAN DIEGO WORKFORCE PARTNERSHIP®

Contents

INTRODUCTION

The California Job Openings Browse System (CalJOBS) Forms & Procedures Handbook has been developed to clarify the procedures for recording services provided to individuals. The intent is to increase the consistency of the use of CalJOBS and therefore the consistency of the data and the accuracy of data reporting. This handbook will also aid in tracking an individual's history, progression, and status, and will enhance the Service Provider's ability to provide seamless and comprehensive services.

This handbook provides line item instructions for completing forms in CalJOBS. Many of the procedures covered in this handbook are basic daily functions and are provided for new staff learning the job. However, the handbook can serve as a reference manual for experienced staff. The chapters of this handbook are organized to cover forms in CalJOBS. The forms that will be covered in this handbook are listed below:

1. Search Form
2. CalJOBS Registration
3. WIOA Application
4. Alternate Contacts Form
5. Participation Form
6. Activity Enrollment Form *(information will vary by activity code)*
7. Case Notes Form
8. Scanning Form
9. Credentials Form
10. Employment Form
11. Literacy & Numeracy Records Form
12. Measurable Skills Gain Form
13. Closure Form
14. Outcome Form
15. Follow-up Form

The procedures and definitions outlined in this handbook are intended to support the service flow protocols established by the existing policies and procedures.

All questions surrounding the interpretation and proper use of this handbook should be directed to your San Diego Workforce Partnership (SDWP) Program Specialist. Data Management Team should only be contacted regarding the technical operational and system training aspects of CalJOBS.

DATA ENTRY TIPS

To successfully complete forms in CalJOBS, here are some data entry tips:

1. Required fields in forms are marked with a red asterisk (*).
2. Enter information using the "Tab" key or mouse to move from one field to another.
3. The forms are data-driven and will "refresh" with new questions based on answers. **Please be patient and ensure data is saved correctly.**
4. Dialog boxes that have a verify link (i.e. Birth Date) allow staff to indicate the document use for verification (i.e. Birth Certificate to show proof of birth date). To use the verify link follow these steps:

   Demographic Information

   Edit Date of Birth

   • **Date of Birth:**   02/20/1990

   [**Verify** | **Scan** | **Upload** | **Link**]
   ✔ Birth Certificate

   Date of Birth Verification

   ○ Baptismal Record with Date of Birth
   ◉ Birth Certificate
   ○ DD-214
   ○ Driver's License
   ○ Federal, State or Local Government ID Card
   ○ Hospital Birth Record
   ○ Passport
   ○ Public Assistance/Social Service Record
   ○ School Records/Identification
   ○ Work Permit
   ○ Decree of court
   ○ Native American Tribal Document
   ○ Tribal Record with Date of Birth
   ○ Other Applicable Documentation, (specify)
   ○ Documentation in Case File

   Reset

   a. Click the verify link **once**, the area will expand with available options of documents to choose from.
   b. Select the document that will be used to show proof of such item.
   c. Once selected, click the verify link **again**.
   d. A check mark appears on the form, indicating staff has verified the status of such item.

5. Click the Next >> button to save information on each screen, and to proceed to the next screen.
   a. CalJOBS will execute the business rules established for each screen to ensure the accuracy of data input.
   b. **Bold red text** will be displayed to identify errors made within the data entry process.
   c. Staff can correct the mistake(s) and click the Next >> button again to re-save the data and proceed.
6. Some dialog boxes have a pop-up calendar icon, 🖩 (i.e. application date)
   a. Click the icon to select the appropriate date
   b. To navigate to other months or years, click the < to see a previous month.
   c. Click << to see a previous year.
   d. For next month, click > and for next year, click >>.
   e. Click Select when the correct month, date and year displays.
   f. Click the Today link to automatically insert today's current business date in a date field.

SEARCHING FOR AN INDIVIDUAL

SEARCH FORM

When searching for an individual in CalJOBS follow the steps below:

1. From the left navigational menu, under **Services for Workforce Staff**, select *Manage Individuals*.
2. Then, select *__Assist an Individual__*.
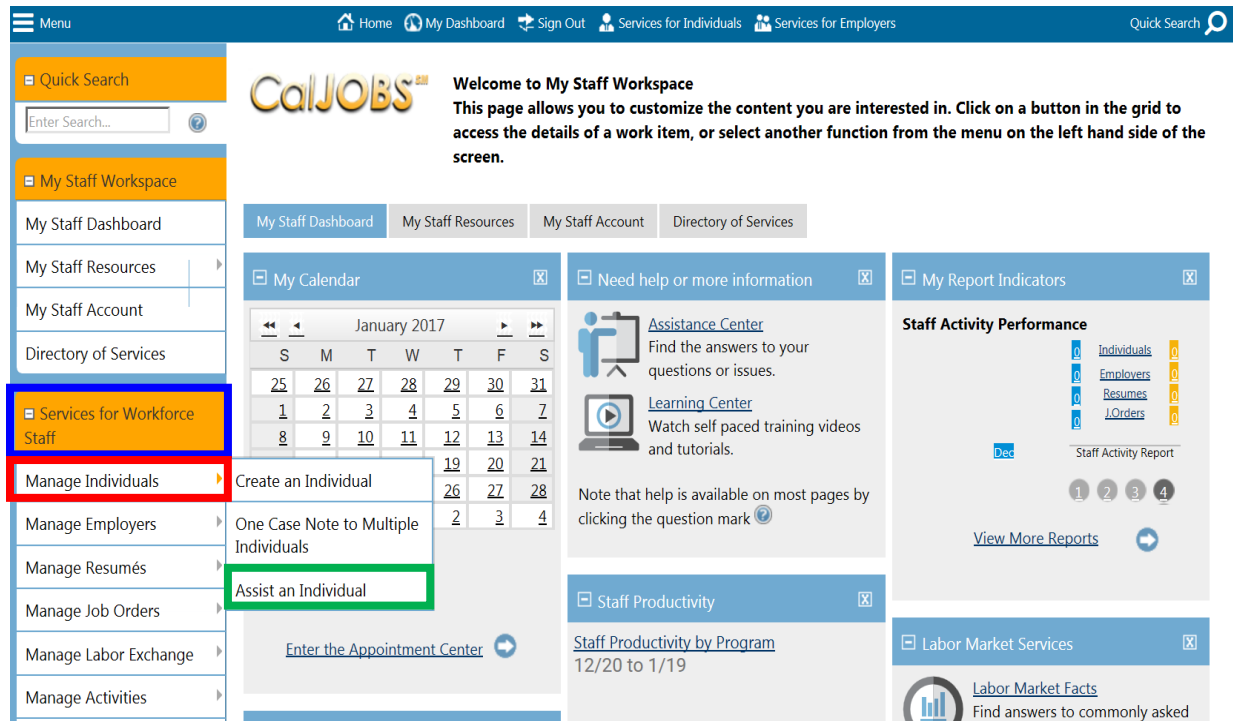
3. This will bring staff to the Search Form. Enter information in the form and then click the **Search** button.

Staff can search for an individual by:
- Entering first name, last name, and last 4 numbers of social security number **OR**
- Entering the individual's full social security number **OR**
- Using any of the other available fields

Quick Assist

You have saved Individual item(s) in My Search Lists.

This will show the last 5 individuals staff assisted.

Here are the 5 most recent individuals you assisted: [dropdown] Assist

Search

General Criteria

Individual Username:	[ ]
Individual User ID:	[ ]
StateID Number:	[ ]
First Name:	[ ]
Last Name:	[ ]
SSN (last 4 digits):	[ ]
SSN (full number):	[ ] Example: 999999999
State Source ID:	[ ]
State Activity ID:	[ ]
Date of Birth:	[ ] 📅 (mm/dd/yyyy)
Telephone Number:	[ ] - [ ] - [ ] ☐ Include Alternate
Scan Card ID:	[ ]
Email Address:	[ ]
Registration IP:	[ ]
Login IP:	[ ]
Resumé Available:	None Selected ▼
Individual Registered within	[ ] days
Last Login Date:	Between [ ] 📅 Today And [ ] 📅 Today
Program Participation (Active only):	None Selected ▼
Application # (Open or closed):	[ ]

[Top | Search | Bottom]

Assigned LWIA / One Stop

| LWIA/Region: | None Selected ▼ |
| One Stop Location: | Select an LWIA/Region ▼ |

Additional Search Options can be found by clicking *More Search Options*.

[More Search Options]

Search

4. Search results will display a list of individuals who have met the search criteria.
   a. To access an individual's profile, under the *Action* column click the <u>Programs tab</u>.

To sort any column, click the column title
(for example, sorting list by *First Name)*

1

For help click the question mark icon.

Results View: **Summary** | Detailed
To sort on any column, click a column title.

User Name 2	First Name 3	Last Name 3	SSN 4	Vet 5	State ID 6	Last Login Date 7	RTW 8	Last Exited 9	Created 10	Action 11	Select ☐ 12
CCENTENO1	Blue	Sharpie	8290	No	10223	10/15/2015	Y		10/15/2015	Summary Tab Notes Tab Activities Tab Programs Tab	☐
GREENSHARPIE12	Red	Sharpie	6023		10246	10/16/2015	N		10/16/2015	Summary Tab Notes Tab Activities Tab Programs Tab	☐
GREENSHARPIE13	Green	Sharpie	2106	No	10248	10/16/2015	Y		10/16/2015	Summary Tab Notes Tab Activities Tab Programs Tab	☐
NEWCLIENT123	Purple	Sharpie	1291	No	10258	10/16/2015	N		10/16/2015	Summary Tab Notes Tab Activities Tab Programs Tab	☐

Enter page number: [　] Go   Records per page: [100 ▾] Go

Viewing page 1 of 10

▥➡

[New search criteria] [Modify current criteria]

SEARCH FORM	
FIELD	**DESCRIPTION**
1. **Detailed**	This view displays more data for staff to decide which individuals to assist, but takes up more space for displaying the search results.
2. **Username**	To assist an individual, click on the individual's username. A picture of a flag next to the individual's username identifies them as a veteran.
3. **First Name & Last Name**	Provides the first and last name of the individual.
4. **SSN**	Provides the last 4 numbers of the individual's social security number.
5. **Vet**	Identifies whether individual is a veteran.
6. **State ID**	Provides the State ID of the individual.
7. **Last Login Date**	Provides the last date of when the individual logged into CalJOBS.
8. **RTW**	Right to Work (RTW) column indicates whether the appropriate RTW documentation related to the individual's citizenship has been validated.
9. **Last Exited**	Provides last date of exit for those individuals who have exited from the system.
10. **Created**	Provides the date the individual's record was created.
11. **Action**	Has links to specific tabs or locations. If staff, click on a link it will re-direct them to the Staff Profiles folder for the selected individual to view the following folders: • **Summary** – Opens the Summary Tab, which lists personal information, activity and case management details, and employment and education data. • **Notes** – Opens the Case Notes Tab, which allows staff to view, edit, or print existing notes, as well as add new case notes to the file. • **Activities** – Opens the Activities Tab, which shows options to view the individual's internal job referrals, employment history, event history, wage information for program participation, staff referrals to providers, activity history/service plan, and alternate contacts. • **Programs** – Opens the Programs Tab, which shows the information about the programs and activities that the individual has participated in.
12. **Select**	Allows staff to save individuals to a new or current search list. Staff can use the "Search List" they've created to search that specific list for an individual instead of searching the entire CalJOBS system.

Once staff has selected the individual that they are going to be working with *(to access an individual's profile, under the **Action** column click the Programs tab)* the **Currently Managing** section will display at the top left corner of the navigational menu. A similar page the like the one below will be displayed:

WAGNER-PEYSER RE-ENROLLMENT PROMPT

When a staff attempts to assist an individual, who has a <u>closed</u> Wagner-Peyser participation *(i.e., they have exited from Wagner-Peyser program)*, the system automatically displays a screen to allow staff to review/change the individual's participation information and then re-enroll them in Wagner-Peyser (WP) program. This allows the system to record any Wagner-Peyser activities for federal reporting purposes.

Staff can perform the following steps to **manage the WP re-enrollment prompt**:

- To bypass the WP re-enrollment click **Do not enroll**.
- The system will bypass creation of a WP enrollment and participation record, and will not update participation information for the individual.

This individual is currently not active in Wagner Peyser. To assist this individual, please update the following information so that appropriate services can be recorded.

* *Indicates required fields.*   ⓘ *For help click the question mark icon.*

Staff Information

* LWIA/Region: | San Diego Workforce Partnership, Inc. ⌄ |

* Office Location: | SDC San Diego Workforce Partnership (SDWP) ⌄ |

* Position: | Staff ⌄ |

* Service/Activity Code: | None Selected ⌄ |

Public Assistance   ⓘ

Please provide answers to the following questions if any apply within the last 6 months.

* Has your household received Temporary Assistance for Needy Families (TANF) payments?   ◉ Yes ○ No

* Have you been determined eligible for or received Supplemental Nutritional Assistance Programs Assistance (SNAP formerly known as FoodStamps)?   ○ Yes ◉ No

* Have you received General Assistance Payments?   ○ Yes ◉ No

* Have you received Refugee Cash Assistance Payments?   ○ Yes ○ No

* Have you been supported through the State's Foster Care System?   ○ Yes ◉ No

[Enroll in Wagner Peyser]   [**Do Not Enroll in Wagner Peyser**]

Services will not be recorded for this individual if the 'Do Not Enroll in Wagner Peyser' button is pressed!

WIOA DATA ENTRY

The image below provides *a general overview* of the different steps that are involved when entering data in CalJOBS for WIOA Program and what CalJOBS forms are completed at each step.

Step 1: The individual <u>registers in the system</u>. In this step a CalJOBS Registration Form is completed by the individual or staff can assist with the process.

Step 2: The individual <u>applies to the program and eligibility information is collected</u>. In this step a WIOA Application Form is completed by staff.

Step 3: The individual <u>enrolls in program</u>. In this step, staff document program participation by completing 2 forms, a Participation Form and Activity Enrollment Form.

Step 4: The individual <u>receives program services</u>. In this step staff document program services provided to the individual in an Activity Enrollment Form.

Step 5: The individual <u>exits the program</u>. In this step, staff complete a Closure Form to indicate the individual is ready to be exited. Then, approximately 90 days later an Outcome Form is generated by CalJOBS to indicate that the individual has been officially exited from the program.

Step 6: The individual is <u>tracked for performance</u>. In this step a Follow-Up Form is completed once every quarter for up to 4 quarters.

WIOA DATA ENTRY

STEP 1 Registers in the system	STEP 2 Applies to program	STEP 3 Enrolls in program	STEP 4 Receives services	STEP 5 Exits the program	STEP 6 Is tracked for performance
CalJOBS Registration Form	WIOA Application	Participation Form + Activity Enrollment Form	Program Specific Services	Closure Form *(Pre-Exit)* / Outcome Form *(Official Exit)*	Follow-up Form

Step 1
Form completed by individual, staff can assist with process.

Step 2 through Step 6
Forms are completed by Staff ONLY

CALJOBS REGISTRATION

INTRODUCTION AND PURPOSE

All individuals receiving program services must be registered in CalJOBS. CalJOBS Registration must be completed before beginning a program application, staff can assist the individual with completing registration. All information is self-disclosed, data is considered part of the normal registration and is used later to help manage the individual, create resumes, enroll the individual in programs, and provide services. The registration also captures demographic information, which aids in local workforce development project initiatives.

EXISTING INDIVIDUALS IN CALJOBS

Prior to completing a CalJOBS Registration, staff must search for the individual in CalJOBS to ensure that they are **not** already registered.

For those already registered, staff can verify or update information in the CalJOBS Registration located under: ***My Individual Profiles → Personal Profile → General Information***

[Assist an individual | Staff Services | Individual Portfolio]

My Individual Profiles
- Personal Profile
  - General Information
  - Background
  - Activities
  - Memo
  - Documents
- Search History Profile
- Self Assessment Profile
- Communications Profile

My Individual Plans

Staff Profiles
- General Profile
- Case Management Profile
  - Case Summary
  - Programs
  - Plan
  - Assessments
- Report Profile
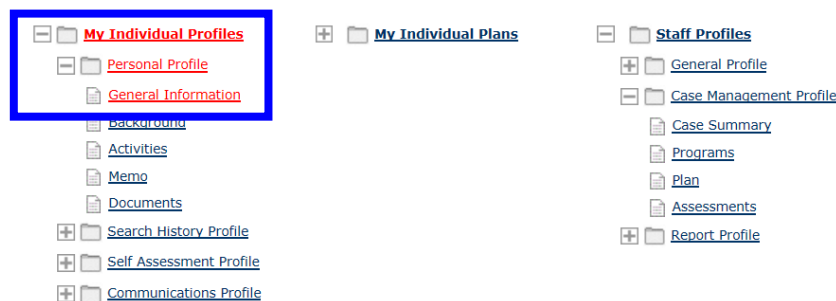
General Information	Background	Activities	Memo	Documents

* *Indicates required fields.*   For help click the question mark icon.

Staff Information

Registration Date:	08/17/2015 (mm/dd/yyyy) Change Registration Date
Registration Source:	Direct - Staff Entered Entry
*Assigned LWIA:	San Diego Workforce Partnership, Inc.
*Assigned Office:	14623 San Diego Workforce Partnership (SDWP)
Registration Office:	14623 San Diego Workforce Partnership (SDWP)
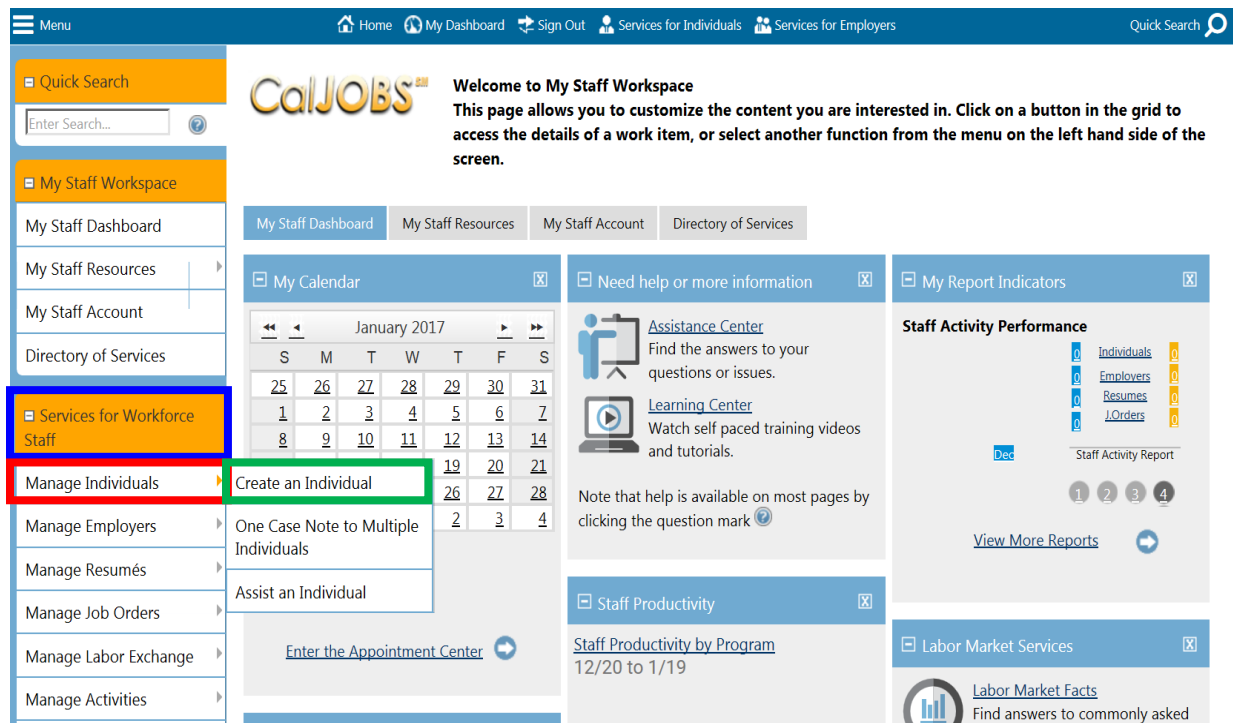
COMPLETING CALJOBS REGISTRATION

For those individuals not registered in CalJOBS, follow the steps below to assist the individual with completing CalJOBS Registration.

1. From the left navigational menu, under **Services for Workforce Staff**, select *Manage Individuals*.
2. Then, select **Create an Individual**.
3. Answer all questions and submit completed CalJOBS Registration using the Finish button.

REGISTRATION SCREEN 1

Indicates required fields.

For help click the question mark icon next to each section.

Login Information

*User Name:

Enter a unique user name (8 - 256 characters, and must include characters, letters or numbers. Allowable characters are + @ . _ Spaces are not allowed.

*Password:

●●●●●●●●●●

Enter Password: (8 - 20 characters, and must include at least one uppercase letter, one lowercase letter, one number and one special character. Allowable characters are # @ $ % ^ . ! *_).

Example: **Sample1#**

*Confirm Password:

●●●●●●●●●

*Security Question: What is your mother's maiden name?

*Security Question Response: Password1@

Special characters are not allowed.

Social Security Number

*Social Security Number (SSN):

Do not enter dashes (for example, 999001111)

*Re-enter Social Security Number:

Primary Location Information

*Country: United States

*Please enter your zip code: Find zip code

*Are you authorized to work in the United States? ○ Yes ○ No

E-mail Address

Primary E-mail:

Read Our E-mail Security Policy

Confirm Primary E-mail Address:

SCREEN 1 CONTINUED …

Demographic Information

* Date of Birth: [   ] (mm/dd/yyyy)

Age:

* Gender: ○ Female ○ Male ○ I do not wish to answer.

* Have you registered with the Selective Service? [None Selected ▼]

[Selective Services web site]

Scan Card Information

Scan Card ID: [   ]

Please do not use any personal identification information as your user name (e.g. Social Security Number or FEIN). You will need your User Name and Password for all future activities in this system. Please write this information down and keep it in a secure place. To ensure account security, we strongly urge you NOT to share your User Name or Password with anyone for any reason.

Next >>

REGISTRATION SCREEN 2

For help click the question mark icon.

Name

* First Name: [   ]

  Middle Initial: [   ]

* Last Name: [   ]

<< Back   Next >>

REGISTRATION SCREEN 3

* Indicates required fields.

For help click the question mark icon next to each section.

Residential Address

Are you homeless?

○ Yes ◉ No

This is where you live.

* Address Line 1: [   ]

  Address Line 2: [   ]

Apt #, Lot #, Building #, Suite #

* Zip Code: [92105] Find zip code

* City: [San Diego]

* State: [California ▼]

* County / Parish : [San Diego County ▼]

* Country: [United States ▼]

  State Of Residency: [California ▼]

Mailing Address

This is where you receive your mail.

☐ Use residential address

* Address Line 1: [   ]

  Address Line 2: [   ]

Apt #, Lot #, Building #, Suite #

* Zip Code: [92105]

* City: [San Diego]

* State: [California ▼]

* Country: [United States ▼]

<< Back   Next >>

REGISTRATION SCREEN 4

For help click the question mark icon next to each section.

Phone Numbers

⊘

•Primary Phone: [   ] - [   ] - [   ] Ext: [   ]

•Primary Phone Type: [None Selected ▼]

Alternate Phone: [   ] - [   ] - [   ] Ext: [   ]

Alternate Phone Type: [None Selected ▼]

Text Message Cell Phone
Number: [   ] - [   ] - [   ]

Only certain communications such as Virtual Recruiter Alerts can be sent via text message. Normal text messaging rates apply. Other important notices, including some regarding unemployment benefits, will NOT be sent via text message.

Fax: [   ] - [   ] - [   ]

(<< Back)   (Next >>)

REGISTRATION SCREEN 5

For help click the question mark icon next to each section.

Preferred Notification Method

⊘

•Please select a method in which you   [None Selected   ▼]
prefer to receive your notifications:

Site Access

⊘

•From where are you accessing this   [None Selected   ▼]
website?

How did you hear about this website?   [None Selected   ▼]

(<< Back)   (Next >>)

REGISTRATION SCREEN 6

For help click the question mark icon next to each section.

Citizenship

⑦

*Citizenship   [None Selected ▾]

Disability

⑦

*Do you have a disability?
   ○ Yes, I have a disability.
   ○ No, I do not have a disability.
   ○ I do not wish to answer.

*Are you deaf or do you have serious difficulty hearing?
   ○ Yes ○ No ○ Not Specified

*Are you blind or do you have serious difficulty seeing even when wearing glasses?
   ○ Yes ○ No ○ Not Specified

*Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
   ○ Yes ○ No ○ Not Specified

*Do you have serious difficulty walking or climbing stairs?
   ○ Yes ○ No ○ Not Specified

*Do you have difficulty dressing or bathing?
   ○ Yes ○ No ○ Not Specified

Providing this information is optional and refusal to provide disability information will not subject you to any adverse treatment. Information regarding your disability status will be kept confidential as provided by law and will be used only in accordance with the law. Please note that for some programs, the information is needed to determine eligibility. Note too that you may be eligible for additional support services and programs if you have a disability.

[<< Back]   [Next >>]

REGISTRATION SCREEN 7

⑦ For help click the question mark icon.

Education Information

*Your Highest Education Level Achieved: [None Selected ▾]

If you have a High School Diploma or High School Equivalency Diploma, please select the appropriate value of High School Diploma or High School Equivalency Diploma.

*Are you attending school?   [None Selected ▾]

[<< Back]   [Next >>]

REGISTRATION SCREEN 8

? *For help click the question mark icon.*

Employment Information

● Current Employment Status: [None Selected ▼]

● Type of business worked in: [None Selected ▼]

● <u>Unemployment Eligibility Status</u>?   [None Selected ▼]

● Are you currently looking for work?   ○ Yes ○ No

●

Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service?

○ Yes, I have recently received a notice of termination or military separation.
○ No, I have not recently received a notice of termination or military separation.

Farm Worker Information

● Have you performed work as a farm worker or food processor, including packing houses, nurseries, or orchards, for at least 25 days within the past 12 months?   ○ Yes ○ No

[<< Back]   [Next >>]

REGISTRATION SCREEN 9

? *For help click the question mark icon.*

Job Title

Please enter a job title below. As you are entering the job title, you may see a list of common job titles similar to what you are entering. If you see your job title in the list, select it.

● What is your desired job title?:   [_____]

Your desired job and occupation titles can be changed at any time after registration.

Job Occupation

Please select the occupation that best matches your job title. You may either select from the Suggested Occupations drop-down list, which is populated based on the job title above, or you can search for an occupation using the search link.

Suggested occupation(s):

[None Selected ▼]

[<u>Search for an occupation</u>]

● Occupation Title:

● Occupation Code:

[<< Back]   [Next >>]

REGISTRATION SCREEN 10

For help click the question mark icon.

Ethnic Origin

* Are you of Hispanic or Latino heritage?
○ Yes ○ No ○ I do not wish to answer.

* Race - Please check all that apply:
☐ African American/Black
☐ American Indian/Alaskan Native
☐ Asian
☐ Hawaiian/Other Pacific Islander
☐ White
☐ I do not wish to answer.

`<< Back`   `Next >>`

REGISTRATION SCREEN 11

For help click the question mark icon.

Military Service

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

* Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?
○ Yes ◉ No

* Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?
○ Yes ◉ No

* Are you currently in the military, a veteran or the spouse of a veteran?
○ Yes ◉ No

Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated?
○ Yes ◉ No

`<< Back`   `Next >>`

REGISTRATION SCREEN 12

* *Indicates required fields.*

Public Assistance

Please provide answers to the following questions if any apply within the last 6 months.

* Has your household received Temporary Assistance for Needy Families (TANF) payments?   ○ Yes ○ No

* Have you been determined eligible for or received Supplemental Nutritional Assistance Programs Assistance (SNAP formerly known as FoodStamps)?   ○ Yes ○ No

* Have you received General Assistance Payments?   ○ Yes ○ No

* Have you received Refugee Cash Assistance Payments?   ○ Yes ○ No

* Have you been supported through the State's Foster Care System?   ○ Yes ○ No

[<< Back]   [Finish]

REGISTRATION FORM		
SECTION	**FIELD**	**DESCRIPTION**
Login Information	*User Name	Enter a unique user name, at least 8 characters, and must include letters or numbers. Allowable characters are: + @ . – Spaces are not allowed.
	*Password	Must be 8-20 characters, and must include at least one uppercase letter, one lowercase letter, one number, and one special character. Allowable characters are (!), (@), (#), ($), (%), (^), (*), (.), (_).
	*Confirm Password	Retype password. **Avoid copying and pasting**.
	*Security Question	Select a security question from drop-down list.
	*Security Question Response	Enter response for security question.
Social Security Number	*Social Security Number (SSN)	Enter the individual's SSN in 123456789 format. Ensure individual's information is correct. In certain cases, a pseudo social security number can be entered. If staff decides to use pseudo social security number be aware that additional data collection will be required for performance purposes. **Pseudo Social Security Number**: - Number should include the San Diego DOL code **971**, the individual's **birth day**, the **month** the individual was born, and the **year of birth**. - Example: Mary Smith, born on March 6, 1965 would have a pseudo social security number of 971-06-0365.
	*Re-Enter Social Security Number	Retype SSN. **Avoid copying and pasting**.
Primary Location Information	*Country	Enter Country.
	*Please enter your zip code	Enter zip code or use the "Find Zip Code" link.
	*Are you authorized to work in the United States?	Select **Yes** or **No**.
E-mail Address	Primary E-mail	Enter individual's email address. **If individual provides staff with an email address staff should verify that email works or individual still has access to it.**
	Confirm Primary E-mail Address	Retype individual's email address. **Avoid copying and pasting**.
Demographic Information	*Date of Birth	Enter the individual's date of birth.
	Age	Once the date of birth is entered, the age will automatically be calculated by the system.
	*Gender	Select the gender.
	*Have you registered with the Selective Service?	Choose the option that reflects the Selective Service status from the drop-down menu. If female, select *Not applicable*.

REGISTRATION FORM		
SECTION	**FIELD**	**DESCRIPTION**
		• If male: ○ **Yes** - if registered with Selective Service. ○ **No** - if between the ages of 18 and 25 and have not yet registered with Selective Service. ○ **Documented exempt from registration** - if serving in the military on full-time active duty, or attending one of the service academies. ○ **Not applicable** - if born before January 1, 1960, OR are less than 18 years old. If you have questions about who is required to register, consult the Who Must Register? chart provided by the Selective Service.
Scan Card Information	Scan Card ID	Enter individual's scan card unique ID number.
Name	*First Name	Enter the individual's first name.
	Middle Initial	Enter the individual's middle initial.
	*Last Name	Enter the individual's last name.
Residential Address	Are you homeless?	Select **Yes** or **No**.
	*Address Line 1	Enter the individual's home street address.
	Address Line 2	Enter the individual's apartment, lot, building, or suite number.
	*Zip Code	Enter zip code or use the "Find Zip Code" link.
	*City	Enter the individual's city.
	*State	Select from the drop-down menu the individual's state.
	*County/Parish	Select from the drop-down menu the individual's County/Parish.
	*Country	Select from the drop-down menu the individual's Country.
	State of Residency	Select from the drop-down menu the individual's state of residency.
Mailing Address	Use residential address (checkbox)	Check the box if the mailing address is the same as the residential address. **Otherwise, update information in fields to reflect correct mailing address.**
	*Address Line 1	Enter the individual's mailing address.
	Address Line 2	Enter the individual's mailing apartment number, lot, building, or suite number.
	*Zip Code	Enter zip code or use the "Find Zip Code" link.
	*City	Enter the individual's mailing city.

REGISTRATION FORM		
SECTION	**FIELD**	**DESCRIPTION**
	*State	Select from the drop-down menu the individual's state.
	*Country	Select from the drop-down menu the individual's country.
Phone Numbers	*Primary Phone	Enter the individual's primary phone number, including area code.
	*Primary Phone Type	Select an option from the drop-down menu.
	Alternate Phone	Enter the individual's alternate phone number, including area code. **Although not a required field, staff are encouraged to obtain an alternate phone number.**
	Alternate Phone Type	Select an option from the drop-down menu.
	Text Message Cell Phone Number	If individual wants to receive information via text message, enter the phone number they want to receive text messages to. **Staff should inform individual that only certain communications such as Virtual Recruiter Alerts can be sent via text message. Normal text messaging rates apply. Other important notices, including some regarding unemployment benefits, will NOT be sent via text message.**
	Fax	Enter individual's fax number.
Preferred Notification Method	*Please select a method in which you prefer to receive your notifications	This setting determines **how CalJOBS** will attempt to contact the individual. Available options may include: • **Internal message** - Communications will be delivered to individual's Message Center. • **Email** - Communications will be sent to the email address provided. • **Text Message (if available)** - Communications will be sent to the cell phone number provided. This option requires that cell phone have text messaging capability. • **Text Message Notification (if available)** - Communications will be sent to the cell phone number provided. This option requires that cell phone have text messaging capability. • **Internal Message with Email Notification** - An email notification will alert individual when communications are delivered to their Message Center.
Site Access	*From where are you accessing this web site?	This section displays information about how the individual is accessing CalJOBS.
	How did you hear about this website?	Select a response for **accessing this website from (i.e. Community Center, Youth Center)** and provide a response to **how did you hear about the website** (i.e. Workforce Partner).

REGISTRATION FORM		
SECTION	**FIELD**	**DESCRIPTION**
Citizenship	*Citizenship	Select an option from drop-down menu. • **Citizen of U.S. or U.S. Territory** - Someone who was born in the United States, or someone who has gone through the proper steps to become a naturalized citizen. • **U.S. Permanent Resident** - A non-citizen who has been given permission from the United States government to live in the U.S. permanently without deportation, and who has a permanent resident card or stamp on their visa indicating their status. This selection will populate additional fields requiring you to enter your **USCIS (Alien Registration) Number and Expiration Date**. USCIS refers to U.S. Citizenship and Immigration Services. • **Alien/Refugee Lawfully Admitted to U.S.** - Someone who has been given protection by the United States government for a specific reason. Example: A Cuban resident who has been given political asylum because his life would be in danger if he returned to Cuba. This person will hold documents that state they are a refugee or asylee from a certain country. This selection will populate additional fields requiring you to enter your **USCIS (Alien Registration) Number and Expiration Date**. USCIS refers to U.S. Citizenship and Immigration Services. • **None of the above** - Someone holding a visa type not listed above.
Disability	*Do you have a disability? *Are you deaf or do you have serious difficulty hearing? *Are you blind or do you have serious difficulty seeing even when wearing glasses?	Select the appropriate answer. **Definition of Disability**: The Americans with Disabilities Act (ADA) has a three-part definition of "disability" that reflects the specific types of discrimination experienced by people with disabilities. Accordingly, it is not the same as the definition of disability in other laws, such as state workers' compensation laws or other federal or state laws that provide benefits for people with disabilities and disabled veterans. Under the ADA, an individual with a disability is a person who: 1. has a physical or mental impairment that substantially limits one or more major life activities; 2. has a record of such an impairment; or 3. is regarded as having such an impairment. A *physical impairment* is defined by the ADA as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine. A *mental impairment* is defined by the ADA as any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The first part of the definition makes clear that the ADA applies to persons who have impairments and that these must substantially limit major life activities such as seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself, and working. An individual with epilepsy, paralysis, HIV infection, AIDS, a substantial hearing or visual impairment, mental retardation, or a specific learning disability is covered, but an individual with a minor, nonchronic condition of short duration, such as a sprain,

SECTION	FIELD	DESCRIPTION
	*Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	broken limb, or the flu, generally would not be covered. The second part of the definition protects people who have a history of a disability from discrimination, whether or not they currently are substantially limited in a major life activity. It protects people with a history of cancer, heart disease, or other debilitating illness, whose illnesses are either cured, controlled or in remission. It also protects people with a history of mental illness. The third part of the definition protects individuals who are regarded as having a substantially limiting impairment, even though they may not have such an impairment. For example, this provision would protect a qualified individual with a severe facial disfigurement from being denied employment because an employer feared the "negative reactions" of customers or co-workers. **Substantial disability** is more specifically defined by the requirement that significant functional limitations be identified in at least three of seven life areas: • Communication skills • Learning • Self-care • Mobility • Self-direction • Capacity for independent living • Economic self-sufficiency
	*Do you have serious difficulty walking or climbing stairs?	
	*Do you have difficulty dressing or bathing?	
Education Information	*Your Highest Education Level Achieved	Select an option from drop-down menu.
	*Are you attending school?	Select an option from drop-down menu.
Employment Information	*Current employment status	Select an option from drop-down menu. Options include: • **Working Full Time** – the individual is currently employed at a job where you work at least 32 hours per week. • **Working Part Time** - the individual is currently employed in a job where you work less than 32 hours per week. • **Not Working** - the individual is currently unemployed, but has been employed in the past. • **Never Worked** - the individual has never been employed for pay. • **Other** - Select this option if individual is working as a contractor, or a temporary employee.
	*Type of business worked in	Select an option from drop-down menu.

REGISTRATION FORM		
SECTION	**FIELD**	**DESCRIPTION**
	*Unemployment Eligibility Status?	Select an option from drop-down menu: • **Claimant** - Any individual who 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, because of an extended duration period, has not ended and who has not exhausted his/her benefit rights. • **Exhaustee** - Any individual who has exhausted all unemployment compensation (UC) benefit rights for which the individual has been determined monetarily eligible, including extended supplemental benefit right. • **No, Neither Claimant nor Exhaustee** - Any individual who does not meet the conditions listed above. A person who **has not** (a) filed a claim to be determined monetarily eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and who also **has not** (b) exhausted all unemployment compensation (UC) benefit rights for which the individual has been determined monetarily eligible, including extended supplemental benefit right.
	*Are you currently looking for work?	Select **Yes** or **No**. *If individual is **currently looking for work**, such as consulting online job boards, or filling out applications at local businesses, **choose Yes**.*
	*Within the last 12 months, have you received a notice of termination or layoff from your job or received documentation that you are separating from military service?	Select **Yes** or **No**. If *Yes*, CalJOBS will display a **Date of Layoff**, **Termination or Military Separation** field. Enter the date in a MM/DD/YYYY format, or click the "Today" link to enter today's date.

REGISTRATION FORM		
SECTION	**FIELD**	**DESCRIPTION**
Farm Worker Information	*Have you performed work as a farm worker or food processor, include packing houses, nurseries, or orchards, for at least 25 days within the past 12 months?	Select **Yes** or **No**. • **Seasonal Farm Worker,** if the individual has been primarily employed in agricultural labor and did not receive a year-round salary ("Primarily employed in agricultural labor" means that during the 12-month eligibility determination period, the farm worker depended primarily on farm work for support. Fifty percent of his/her total income came from farm work or was employed at least 50 percent of his/her total work time in farm work, and, worked at least 25 days in farm work or earned at least $800 in farm work.); or • **Migrant Farm Worker**, if the individual is a farm worker has to travel to do the farm work so that they are unable to return to their permanent residence within the same day. Full-time students traveling in organized groups, rather than with their families, are excluded; or • **Migrant Food Processor**, if the individual is a person who during the preceding 12 months has worked at least an aggregate of 25 or more days or parts of days in which some work was formed in food processing activities, who earned at least half their income from processing work, and were not employed in food processing year round by the same employer. Migrant food processing workers who are full-time students, but who travel in organized groups rather than their families, are excluded. If *Yes*, this section will display additional questions about farm worker activities that are required.
Job Title	*What is your desired job title?	This section displays information about the type of job the individual desires.
Job Occupation	*Occupation Title	This will automatically be displayed based on previous answers.
	*Occupation Code	If no information appears, click the "Search for an Occupation" to complete this section.
Ethnic Origin	*Are you of Hispanic or Latino heritage?	Select **Yes**, **No**, or **I do not wish to answer**. Hispanics/Latinos are people of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.
	*Race – Please check all that apply	Check all boxes that apply. Use the following information as a guideline: • **African American/Black:** A person having origins in any of the black racial groups of Africa. • **American Indian/Alaskan Native:** 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. • **Asian:** 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 includes, for example, Cambodia, China, Japan, Korea, Malaysia, the Philippine Islands, Thailand and Vietnam. • **Hawaiian/Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

REGISTRATION FORM		
SECTION	**FIELD**	**DESCRIPTION**
		• **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. • **I do not wish to answer:** The individual wishes not to make a selection for this category.
Military Service	*Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?	Answer **Yes** or **No.** *Family caregivers include parents; a spouse; a child; a stepfamily member; an extended family member or an individual who lives with the veteran and provides daily cares for the veteran.*
	*Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?	Answer **Yes** or **No.**
	*Are you currently in the military, a veteran, or the spouse of a veteran?	If individual is in the **military, a veteran, or the spouse of a veteran**, click the **Yes** button. If *Yes*, the section will display additional questions about the individual/individual's spouse military service.
	Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated?	If the individual is the **spouse/dependent of someone in the active-duty military service, National Guard, or reserves who is currently activated**, select Yes.
Public assistance		Answer whether individual or household has received public assistance in the last 6 months. Select **Yes** or **No.**
	*Has your household received Temporary Assistance for Needy Families (TANF) Payments?	• **Has your household received Temporary Assistance for Needy Families (TANF) payments?** - This program provides cash assistance to families with dependent children, through the U.S. Department of Health and Human Services. If individual's household has received any assistance under this program within the past six months, answer 'yes'.
	*Have you been determined eligible for or received Supplemental Nutritional Assistance Programs Assistance (SNAP formerly known as Food Stamps)?	• **Have you been determined eligible for or received Supplemental Nutritional Assistance Programs Assistance** - Formerly known as the Food Stamp program, SNAP is a federal aid program, administered by the U.S. Department of Agriculture, which provides food-purchasing assistance for low- and no-income people. If individual has received any assistance under this program within the past six months, or has been determined eligible prior to enrolling in this program, answer 'yes'. • **Have you received General Assistance Payments?** - Denotes welfare programs that benefit adults without dependents, usually meaning single persons, or less commonly, childless

	REGISTRATION FORM	
SECTION	**FIELD**	**DESCRIPTION**
	*Have you received General Assistance Payments?	married couples. If you have received any assistance under this program within the past six months, answer 'yes'. • **Have you received Refugee Cash Assistance Payments?** - This question refers to the Refugee Cash Assistance (RCA) program, which helps refugees by providing cash and medical assistance. If individual has received any assistance under this program within the past six months, answer 'yes'. • **Have you been supported through the State's Foster Care System?** - Refers to placement within an institution, group home, or with a foster parent arranged through the government or social service agency. If individual received foster care within the past six months, answer 'yes'.
	*Have you received Refugee Cash Assistance Payments?	**Number of individuals living in your household** 1) If individual answered 'yes' to any of the above questions, this question will not display. 2) If individual answered 'no' to all questions above, this question will display and is a required field. **Total income earned within the last 6 months** 1) If individual answered '*yes*' to any of the above questions, this question will not display. 2) If all previous answers were '*no*', this question will display and is a required field.
	*Have you been supported through the State's Foster Care System?	

WIOA APPLICATION

INTRODUCTION AND PURPOSE

Once an individual is registered in CalJOBS, to be eligible to receive services under WIOA Program, a WIOA Application must be completed for the individual. This application is used primarily to record information necessary to calculate eligibility for WIOA funded programs. The information is also important for capturing characteristics and barrier information that can be used to describe the populations served by WIOA programs. Some fields on the WIOA Application are automatically populated based on information in CalJOBS Registration.

When completing the WIOA Application, the individual will be asked to provide documentation in support of all information required for eligibility that is contained in the application. Hard copies of the eligibility documents shall be kept in the individual's file. Under no circumstance should staff complete a WIOA Application in CalJOBS if file is incomplete and eligibility documents are missing. **WIOA eligibility requirements are not addressed in this handbook. For detailed WIOA eligibility requirements and information refer to the** *SDWP Operations Manual, Chapter VII.*

In addition to recording any demographic information or barrier(s) to employment required for eligibility purposes, SDWP requires that all disclosed barriers be recorded in CalJOBS. **Verification will be required for <u>any</u> barriers used for WIOA eligibility purposes, those identified in the Eligibility Certification & Review Form (ECRF)**. By recording all demographic information and barrier(s) to employment, SDWP and service providers will have more comprehensive data of the individuals served in WIOA programs.

COMPLETING AN ADULT & DISLOCATED WORKER WIOA APPLICATION

Follow the steps below to complete a WIOA Application in CalJOBS:

1. Click the individual's name under **Currently Managing** section, located on the top left corner of the screen.
   This will bring staff to the portfolio view of the individual.

2. Expand the *Staff Profiles* folder by clicking on the plus sign (+) next to the folder icon.
   This will reveal the subfolders of the Staff Profile folder.

3. Then expand the *Case Management Profile*.
   This will reveal the individual tabs/screens of the Case Management Profile folder.

4. Select the link titled, *Programs*.
   The Programs screen is where all the program applications are available for view. Also, this is the screen that will gives staff access to add a WIOA Application.

5. To begin working on WIOA Application click on the link ***Create Workforce Innovation and Opportunity Act (WIOA) Program***.
   *Answer all questions and submit completed application using the **Finish** button.*

Case Summary	Programs	Plan	Assessments

⊞ Show Summary Tabs   **Sharpie, Violet**

Filter Applications: **Filter Activities:**

All ▼   ☑ Open   ☑   ☑

                                        Closed   Voided

Filter Programs

All Programs ▼

Wagner-Peyser (WP) Program	Apps: 1

Create Wagner Peyser (WP) Application

⊞ ❋ 📄 ✓ WP #15696270 - Complete

LWIA:	33 - San Diego Workforce Partnership, Inc.
Onestop:	1277 - SDC San Diego Workforce Partnership (SDWP)
Total Activities:	1
Application Date	01/19/2017
Participation Date:	01/19/2017
Closure Date:	N/A
Exit Date:	N/A

Workforce Innovation and Opportunity Act (WIOA) Program	Apps: 0

Create Workforce Innovation and Opportunity Act (WIOA) Application

Trade Adjustment Assistance (TAA) Program	Apps: 0

Create Trade Adjustment Assistance (TAA) Application

Generic Program	Apps: 0

Create Generic Application

Activity Status: O = Open, C = Closed, S = System Closed, V = Voided

(AD & DW) W<small>IOA</small> A<small>PPLICATION</small> S<small>CREEN</small> 1

The top of the page initially displays tabs as segments (**Progress Bar**) to identify the progress from stepping through each tab, gathering basic data and helping to determining the individual's eligibility for the WIOA Program.

Completed tabs will be marked with a **green** checkmark.

(AD & DW) WIOA Application Screen 2

⊞ **Individual Details**   ⊞ **Preferences**

* *indicates required fields.*

WIOA Wizard

Start — Contact — Demographics — Veteran — Employment — Education — Public Assistance

Barriers — Family Income — Miscellaneous — Eligibility and Grants

Contact Information

* **First Name:** Violet

Middle Initial:

* **Last Name (including suffix e.g. Jr., Sr., PhD, etc.):** Sharpie

* **SSN (do not enter dashes. eg: 999999999):** 971032085 **[Edit SSN]**

[**Verify** | **Scan** | **Upload** | **Link**]

> Only use the *Verify* link to indicate which documents were used for eligibility purposes in the *Eligibility Certification & Review Form (ECRF)*.

Current Address

* **Address 1:** 1450 university ave

Address 2:

City: San Diego

* **State:** California

* **County/Parish:** San Diego County

* **Zip Code:** 92105 **[Find Zip Code]**

* **Country:** United States

* [**Verify** | **Scan** | **Upload** | **Link**]

* **Primary Phone Number:** 619 228 2909 Ext.

* **Primary Phone Type:** Work Phone

Alternative Phone: Ext.

Alternative Phone Type: None Selected

Fax:

Email:

SCREEN 2 CONTINUED …

Mailing Address

☐ Staff has reviewed this address for correctness

☐ Check here to use the residential address information

• **Mail Address 1:** 1450 UNIVERSITY AVE

 Mail Address 2:

• **Mailing City:** San Diego

• **Mailing State:** California

• **Mailing Zip/Postal Code:** 92103-3405

• **Mailing Country:** United States

Alternate Contacts

Manage Alternate Contacts

Contact List

No Contacts for individual

Case Assignment

Current Case Manager: **Case currently Not Assigned to a Case Manager**

Assign Case Manager

Assign Me

Remove Case Manager Assignment

☐ Check here to allow saving of a partial application

Exit Wizard

<< Back   Next >>

Message from webpage

❓ Changes to this page have not been saved. Click OK to exit without saving. Click Cancel and then Next if you wish to save changes on this page.

OK   Cancel

If you need to SAVE and EXIT
- Step 1: Click the **NEXT** button to save changes on the current page.
- Step 2: Then, click **EXIT WIZARD**, a pop-up window will display.
- Step 3: Click **OK** to save the changes up that point and exit application.

(AD & DW) WIOA Application Screen 3

WIOA Wizard

| Start | Contact | Demographics | Veteran | Employment | Education | Public Assistance |

| Barriers | Family Income | Miscellaneous | Eligibility and Grants |

Demographic Information

• **Date of Birth:** 02/20/1990

[**Verify** | **Scan** | **Upload** | **Link**]

Age at Earliest Eligibility: 26 (Today's Age: 26)

• **Gender:** ○ Male ● Female ○ Did not self-identify

Selective Service Website

Registered for the Selective Service: Not applicable

[**Verify** | **Scan** | **Upload** | **Link**]
✔ Not Applicable

Selective Service Registration Number:

Selective Service Registration Date:

• **Authorization to Work in US:** Citizen of U.S. or U.S. Territory

[**Verify** | **Scan** | **Upload** | **Link**]

• **Considered to be of Hispanic heritage:** ○ Yes ● No

• **Considered to be of Hispanic heritage:** ○ Yes ● No

• **Race - Ethnicity:**
- ☐ African American/Black
- ☐ American Indian/Alaskan Native
- ☑ Asian
  - ☑ Indian   ☐ Pakistani
  - ☐ Bangladesh   ☐ Sri Lankan
  - ☐ Nepalese   ☐ Sikkimese
  - ☐ Bhutanese   ☐ Japanese
  - ☐ Chinese   ☐ Korean
  - ☐ Malaysian   ☐ Thai
  - ☐ Laotian   ☐ Cambodian
  - ☐ Vietnamese   ☐ Filipino
  - ☐ Other Asian
- ☐ Hawaiian/Other Pacific Islander
- ☐ White
- ☐ I do not wish to answer.

• **Considered to have a disability:** ○ Yes ● No ○ Participant did not self-identify ○ Chose not to identify

[**Verify** | **Scan** | **Upload** | **Link**]

Category of Disability : None Selected

☐ Check here to allow saving of a partial application

Exit Wizard

< < Back   Next >>

(AD & DW) WIOA Application Screen 4

WIOA Wizard

Start — Contact — Demographics — **Veteran** — Employment — Education — Public Assistance

Barriers — Family Income — Miscellaneous — Eligibility and Grants

Transitioning Service Member

* **Transitioning Service Member:** ○ Yes ◉ No

Type of Transitioning Service Member: None Selected ▾

Estimated Discharge Date: ____ (mm/dd/yyyy) 📅 Today

Veteran Information

* **Eligible Veteran Status:**
  ○ Yes <= 180 days
  ○ Yes, Eligible Veteran
  ○ Yes, Other Eligible Person
  ◉ No

  [**Verify** | **Scan** | **Upload** | **Link**]

  Obtain DD214

* **Served more than 1 tour of duty:** ○ Yes ◉ No

Military Service Entry Date: ____ (mm/dd/yyyy) 📅

Military Service Discharge Date: ____ (mm/dd/yyyy) 📅

* **Disabled Veteran:** No ▾

Homeless Veteran: ○ Yes ◉ No

Received Services from Veterans Vocational Rehabilitation: ○ Yes ○ No

☐ Check here to allow saving of a partial application

Exit Wizard

[<< Back] [Next >>]

(AD & DW) WIOA Application Screen 5

WIOA Wizard

Start	Contact	Demographics	Veteran	Employment	Education

Public Assistance	Barriers	Family Income	Miscellaneous	Eligibility and Grants

Employment Information

* Employment Status: [Not Employed ▼]

[**Verify** | **Scan** | **Upload** | **Link**]

* If Employed, Individual is Under-Employed: ○ Yes ○ No ● Not Applicable

* Unemployment Eligibility Status: [Neither Claimant nor Exhaustee ▼]

UI Referred By Status: [None Selected ▼]

Claimant has been exempted from work search: ○ Yes ○ No

Date claimant was exempted from work search: [   ] 📅 Today

Unemployment Compensation Verify   [**Verify** | **Scan** | **Upload** | **Link**]

Number of Weeks Unemployed: [0]

* Long-term Unemployed (27 or more consecutive weeks):   ○ Yes ● No

Please enter the Wage and Onet Code for all applicants with current/previous employment.

Current or Most Recent Hourly Rate of Pay: [   ]

Search Onet

Occupation of Most Recent Employment Prior to WIA/WIOA participation (if available):   -

Employment History

Company Name	City	Job Title (Occupation)	Start/End Dates	Action
No Employment History				

[Add Employment History]

☐ Check here to allow saving of a partial application

Exit Wizard

(<< Back)   (Next >>)

Dislocated Worker

Dislocated Worker Category:

○ **Category 1**: Terminated or laid off, or has received notice of termination or layoff, **and** is **eligible for or has exhausted entitlements to UC, and** is unlikely to return to previous industry or occupation.

○ **Category 2**: Terminated or laid off, or has received notice of termination or layoff, **and** has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment, but **is not eligible for UC due to insufficient earnings**, or **the employer is not covered under the state UC law, and** is unlikely to return to previous industry or occupation.

○ **Category 3**: Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of the **Permanent closure of** or **substantial layoff** at a plant, facility or enterprise.

○ **Category 4**: Individual is **employed** at a facility at which the employer has made a **general announcement that the facility will close**. Enter the date the facility will close (if known) in the Projected Layoff Date below.

○ **Category 5**: Individual was **previously self-employed** (including farmers, ranchers and fishermen), but **is unemployed** due to general **economic conditions** in the community of residence or because of **natural disaster**. Record the last date of self-employment in the Actual Layoff Date.

○ **Category 6**: **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**; or is the **dependent spouse** of a member of the Armed Forces on active duty and whose **family income is significantly reduced** because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; **and** is **unemployed** or **underemployed** and is experiencing difficulty in obtaining or upgrading employment.

○ Category 7: The **spouse of a member of the Armed Forces** on active duty, **and** who has experienced a **loss of employment as a direct result of relocation to accommodate a permanent change in duty station** of such member.

○ Category 8: The **spouse of a member of the Armed Forces** on active duty and who is **unemployed** or **underemployed** and is experiencing difficulty in obtaining or upgrading employment.

○ **Category 12: Dislocated Worker Grant (DWG) eligibility:** Individual does not meet criteria outlined for Dislocated Workers in categories 1 - 8 above, but is an individual that meets **DWG** eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster.

◉ None of the above. Individual does not meet the definition of Dislocated Worker.

[**Verify** | **Scan** | **Upload** | **Link**]

Projected Layoff Date:	☐ Today
Actual Layoff Date (if date is in the future, please leave empty):	☐ Today
Attended a Group Orientation (Rapid Response):	○ Yes ◉ No
Most Recent Date Attended Rapid Response Service	☐ Today

Find Rapid Response Event

Rapid Response Event Number

Search Individual Employment History

Dislocation Employer:	
Employer Address 1:	
Employer Address 2:	
Employer City:	
Employer State:	None Selected ▼
Employer Zip:	
Dislocation Hourly Wage	

Exit Wizard

<< Back   Next >>

(AD & DW) WIOA APPLICATION SCREEN 6

WIOA Wizard

Start — Contact — Demographics — Veteran — Employment — **Education** — Public Assistance

Barriers — Family Income — Miscellaneous — Eligibility and Grants

WIOA Education Information

- **Highest School Grade Completed:**   None Selected ▼

- **High School Diploma or equivalent received:**   ○ Yes ○ No

- **Highest Education Level completed:**   None Selected ▼

- **Highest Grade and Educational Level**   [**Verify** | Scan | Upload | Link]

- **School Status:**   None Selected ▼

    [**Verify** | Scan | Upload | Link]

Education Partner Services

- **Receiving services from Adult Education (WIOA Title II):**   ○ Yes ○ No ● Did not self-identify

- **Receiving services from YouthBuild:**   ○ Yes ○ No ● Did not self-identify

- **YouthBuild Grant Number (If unknown, enter all 9s.):**   [   ]

    Format: AA-99999-99-99-A-99

- **Receiving services from Job Corps:**   ○ Yes ○ No ● Did not self-identify

- **Receiving Services from Vocational Education (Carl Perkins):**   ○ Yes ○ No ● Did not self-identify

- **Individualized Education Program Participant:**   Not Applicable ▼

☐ Check here to allow saving of a partial application

Exit Wizard

[<< Back]   [Next >>]

(AD & DW) WIOA Application Screen 7

WIOA Wizard

Start	Contact	Demographics	Veteran	Employment	Education	**Public Assistance**

Barriers	Family Income	Miscellaneous	Eligibility and Grants

Public Assistance

Individual or member of a family that is receiving, or in the past 6 months has received, the following:

- **Temporary Assistance for Needy Families (TANF):** ○ Yes ◉ No

  TANF Recipient: ○ Applicant ○ Family Member ○ Not Applicable

  [**Verify** | **Scan** | **Upload** | **Link**]

- **Supplemental Security Income (SSI):** ○ Yes ◉ No

  SSI Recipient: ○ Applicant ○ Family Member ○ Not Applicable

  [**Verify** | **Scan** | **Upload** | **Link**]

- **General Assistance (GA):** ○ Yes ◉ No

  GA Recipient: ○ Applicant ○ Family Member ○ Not Applicable

  [**Verify** | **Scan** | **Upload** | **Link**]

- **Supplemental Nutrition Assistance Program (SNAP):** ○ Yes ◉ No

  [**Verify** | **Scan** | **Upload** | **Link**]

- **Refugee Cash Assistance (RCA)** ○ Yes ◉ No

  RCA Recipient: ○ Applicant ○ Family Member ○ Not Applicable

  [**Verify** | **Scan** | **Upload** | **Link**]

Individual receives, or in the last 6 months, received:

- **Social Security Disability Insurance Income (SSDI):** ○ Yes ◉ No

  [**Verify** | **Scan** | **Upload** | **Link**]

Individual currently meets the following:

- **Receiving services under SNAP Employment & Training Program:** ○ Yes ◉ No

- **Receiving, or has been notified will receive, Pell Grant:** ○ Yes ◉ No

- **Ticket to Work Holder issued by the Social Security Administration:** ○ Yes ◉ No

☐ Check here to allow saving of a partial application

Exit Wizard

< < Back   Next > >

(AD & DW) WIOA Application Screen 8

WIOA Wizard

Start — Contact — Demographics — Veteran — Employment — Education — Public Assistance

Barriers — Family Income — Miscellaneous — Eligibility and Grants

Individual Barriers

- **English language learner** ○ Yes ● No
[**Verify** | **Scan** | **Upload** | **Link**]

- **Basic Skills Deficient/Low Levels of Literacy** ○ Yes ● No
[**Verify** | **Scan** | **Upload** | **Link**]

- Add//View Basic skills scores: **Click Here**

- **Homeless:** ○ Yes ● No
[**Verify** | **Scan** | **Upload** | **Link**]

- **Ex-Offender - individual has been arrested/convicted of a crime:** ○ Yes ● No ○ Did not disclose
[**Verify** | **Scan** | **Upload** | **Link**]

Barriers to Employment

- **Disabled:** No

- **Displaced Homemaker** [No ▼]
[**Verify** | **Scan** | **Upload** | **Link**]

- Meets long term unemployment definition: No

- **Within 2 years of exhausting TANF lifetime eligibility:** ○ Yes ● No
[**Verify** | **Scan** | **Upload** | **Link**]

- Older individual (age 55 and older): No

- **Hawaiian Native:** ○ Yes ● No

Hawaiian or Pacific Islander is not selected as a Race for this individual. Please update the Demographics section if this is not accurate.

- **American Indian/Alaskan Native:** No

- **Single Parent (including single pregnant women):** ○ Yes ● No ○ Participant did not self-identify

- **Cultural Barriers:** ○ Yes ● No ○ Participant did not self-identify

- **Eligible Migrant Season Farmworker as defined in WIOA Sec 167(i):** ○ Yes ● No

- **Meets Governor's special barriers to employment:** ○ Yes ● No

☐ Check here to allow saving of a partial application

Exit Wizard

[<< Back]   [Next >>]

(AD & DW) WIOA Application Screen 9

WIOA Wizard

Start — Contact — Demographics — Veteran — Employment — Education — Public Assistance

Barriers — Family Income — Miscellaneous — Eligibility and Grants

Family Income

• **Due to the individual's disability, they qualify as a Family of 1:**   ○ Yes ● No

Low income has not been established based on previous entries. Therefore, low income will be based on family size and income. Family size and income are required entries.

• **Family Size:**   None Selected ▾

[**Verify** | **Scan** | **Upload** | **Link**]

• **Annualized Family Income:**   None Entered

[**Verify** | **Scan** | **Upload** | **Link**]

Income Table

☐ Check here to allow saving of a partial application

Exit Wizard

[<< Back]   [Next >>]

(AD & DW) WIOA Application Screen 10

WIOA Wizard

Start   Contact   Demographics   Veteran   Employment   Education   Public Assistance

Barriers   Family Income   **Miscellaneous**   Eligibility and Grants

Barriers

• **Gang Status:**   N/A

• **Youth of Incarcerated Parent:**   ○ Yes ● No

Parole Number:

• **Substance Abuse:**   ○ Yes ● No

☐ Check here to allow saving of a partial application

Exit Wizard

< < Back   Next > >

(AD & DW) WIOA APPLICATION SCREEN 11

WIOA Wizard

| Start | Contact | Demographics | Veteran | Employment | Education | Public Assistance |

| Barriers | Family Income | Miscellaneous | **Eligibility and Grants** |

Applicant Eligibility

Income Table: **Income Table**

Program	Eligible	Priority	Calculated Exception/Limitation	Reason(s) Not Eligible	Action
Adult	Yes	LI			☐ Inactive
Dislocated Worker	Undetermined			No DW Eligibility Date.	☐ Inactive
Youth	Undetermined			No Youth Eligibility Date.	☐ Inactive

VET = Veteran, BSD = Basic Skills Deficient, PA = Public Assistance, LI = Low Income, SLP = Additional Priorities

Program highlighted in **green** means individual was found eligible for WIOA program.

Save Checkboxes

WIOA Grant Eligibility

Incumbent Worker Eligibility: ○ Yes ○ No ● Not Applicable   ☐ Inactive
Applicant does not meet the requirements for Incumbent Worker eligibility.

National Dislocated Worker Grant NDWG: ○ Yes ○ No ● Not Applicable

Statewide Adult Eligibility: ○ Yes ○ No ● Not Applicable   ☐ Inactive

Statewide Dislocated Worker Eligibility: ○ Yes ○ No ● Not Applicable   ☐ Inactive
Applicant does not meet the requirements for Statewide Dislocated Worker eligibility.

Statewide Youth Eligibility: ○ Yes ○ No ● Not Applicable   ☐ Inactive
Applicant does not meet the requirements for Statewide Youth eligibility.

Statewide Rapid Response Additional Assistance Eligibility: ○ Yes ○ No ● Not Applicable   ☐ Inactive
Applicant does not meet the requirements for Statewide Rapid Response Additional Assistance eligibility.

SCREEN 11 CONTINUED …

Non-WIOA Grants

Non-WIOA Special Grants:	○ Yes ○ No ⦿ Not Applicable	☐ Inactive	
Local Funded Grants:	○ Yes ○ No ⦿ Not Applicable	☐ Inactive	

Grants

Grant Type	Grant ID	Grant Name	ETA/Local Grant Code	Date Added	Action
No records found					

View Available Grants

Staff Eligibility Information

Current Case Manager: Case currently Not Assigned to a Case Manager
Assign Case Manager
Assign Me
Remove Case Manager Assignment

Comments:

[Spell Check]

[Add a new Case Note | Show Filter Criteria]

ID	Create Date	Subject	Action
No data found.			

Exit Wizard

(<< Back) (Next >>) (Finish)

Click the Finish button to submit completed WIOA Application.

⬇

Workforce Innovation and Opportunity Act (WIOA) Program	Apps: 1

Create Workforce Innovation and Opportunity Act (WIOA) Application

⊞ ✳ 🖨 ✅ WIOA #15696273 - Complete

LWIA:	33 - San Diego Workforce Partnership, Inc.	Application Date	01/01/2017
Onestop:	1277 - SDC San Diego Workforce Partnership (SDWP)	Participation Date:	N/A
		Closure Date:	N/A
Open/Total Activities:	0 / 0	Exit Date:	N/A

1. Application Wizard ✳ : Allows staff to edit a WIOA Application

2. Verification Wizard ✅ : Displays a list of documents used to verify information in WIOA Application.

3. Print Application 🖨 : Use to print WIOA Application

(ADULT & DISLOCATED WORKER) WIOA APPLICATION		
SECTION	FIELD	DESCRIPTION
Application/Registration Information	*Application Date	Enter the individual's Application date. This date becomes **locked down upon save**. **Application Date:** This is the date the individual applied to the program.
	• Adult Eligibility • Dislocated Worker Eligibility • Youth Eligibility	This section: • Designates under which program the individual will be enrolled, • Determines the program activity codes that will be made available by CalJOBS, and • Determines the performance measures the individual will fall under. **Eligibility Date:** This is the date the individual's eligibility is determined for the program, the *2nd Review Signature Date* on the Eligibility Certification & Review Form (ECRF).
Location Information	*Local Area/Region	Select *San Diego Workforce Partnership*.
	*Office Location of Responsibility	Select an option from drop-down menu. This should be the name of the agency (i.e. SDC YMCA).
	*Office Location	Select an option from drop-down menu. This should be the name of the agency (i.e. SDC YMCA).
	Agency Code	**REQUIRED FIELD** Search for Agency Code by clicking on the "Agency Code Search" link.
Contact Information *Please verify information is correct.* This information is pre-filled based on information provided at Registration.	*First Name	
	Middle Initial	Pre-filled
	*Last Name	
	*SSN	Pre-filled If SSN is incorrect, click the Edit SSN hyperlink and make changes.
Current Address *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	*Address Line 1	Pre-filled Enter the individual's home street address.
	Address Line 2	Pre-filled Enter the individual's apartment, lot, building, or suite number.
	City	Pre-filled Enter the individual's city.
	*State	Pre-filled Enter the individual's state.
	*County/Parish	Pre-filled Enter the individual's County/Parish.

	(ADULT & DISLOCATED WORKER) WIOA APPLICATION	
SECTION	**FIELD**	**DESCRIPTION**
	*Zip Code	Pre-filled Enter zip code or use the "Find Zip Code" link.
	*Country	Pre-filled Enter the individual's Country.
	*Primary Phone Number	Pre-filled Enter the individual's primary phone number, including area code.
	*Primary Phone Type	Pre-filled Select an option from the drop-down menu.
	Alternative Phone	Pre-filled Enter the individual's alternate phone number, including area code. **Although not a required field, staff are encouraged to try to obtain an alternate phone.**
	Alternative Phone Type	Pre-filled Select an option from the drop-down menu.
	Fax	Pre-filled Enter individual's fax number.
	Email	Pre-filled Enter individual's email address, if any (example newindividual@gmail.com). **If individual provides staff with an email address staff should verify that email works or still has access to it.**
Mailing Address *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	Staff has reviewed this address for correctness	Check the box. Serves as a helpful tool to ensure that current address information is correct.
	Check here to use the residential address information	Check the box. Select this box if individual wants to use the residential address as the mailing address.
	*Mail Address 1	Pre-filled Enter the individual's mailing address.
	Mail Address 2	Pre-filled Enter the individual's mailing address apartment, lot, building, or suite number.
	*Mailing City	Pre-filled Enter the individual's mailing city.
	*Mailing State	Pre-filled Enter the individual's mailing state.
	*Mailing Zip/Postal Code	Pre-filled Enter the individual's mailing zip/postal code.
	*Mailing Country	Pre-filled Enter the individual's mailing country.

(ADULT & DISLOCATED WORKER) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
Alternate Contacts *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	Manage Alternate Contacts	This link will help staff add or remove any new contacts. This information is used if the individual cannot be reached through their primary contact information or contact is lost with the individual. *Provider staff **should not** be listed as an alternate contact.*
	Contact List	Pre-filled If contact information for alternate contacts had been previously entered the information would populate this list.
Case Assignment	Current Case Manager (*Assign Case Manager, Assign Me, Remove Case Manager Assignment*)	The system will display the current program case manager for this individual in the **Current Case Manager** field, if a case manager was previously determined. Click the **Assign Case Manager** link to change the case manager or click the **Assign Me** link to assign yourself as the case manage.
Demographic Information *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	*Date of Birth	Pre-filled
	Age at Earliest Eligibility	This is automatically generated based on date of birth.
	*Gender	Pre-filled
	*Have you registered with the Selective Service?	Pre-filled Selective Service - A male who turns 18 years of age while enrolled in a WIOA program is required to register with the Selective Service within 30 days of his 18th birthday. If *after* enrollment individual registers for Selective Service: • **Do not** update the WIOA Application • Add a Case Note in CalJOBS documenting that individual has been registered. Reference *SDWP Operations Manual, Chapter VII*.
	Selective Service Registration Number	Pre-filled
	Selective Service Registration Date	Pre-filled
	*Authorization to Work in the U.S.	Pre-filled Select an option from the drop-down menu. Reference *SDWP Operations Manual, Chapter VII*.
	*Considered to be of Hispanic heritage	Pre-filled Select *Yes* or *No*. Hispanics/Latinos are people of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.
	*Race - Ethnicity	Pre-filled Check all boxes that apply. Use the following information as a guideline: • **African American/Black:** A person having origins in any of the black racial groups of Africa. • **American Indian/Alaskan Native:** 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. • **Asian:** 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

SECTION	FIELD	DESCRIPTION
		Bhutan). This includes, for example, Cambodia, China, Japan, Korea, Malaysia, the Philippine Islands, Thailand and Vietnam. • **Hawaiian/Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. • **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. • **I do not wish to answer:** You do not wish to make a selection for this category.
	*Considered to have a disability	Pre-filled Select **Yes**, **No**, **Participant did not self-identify**, or **Chose not to identify**. If *Yes*, select from drop-down menu the type of disability. Reference *SDWP Operations Manual, Chapter VII*.
	Category of Disability	
Transitioning Service Member	*Transitioning Service Member	Select **Yes** or **No**. A Transitioning Service Member (TSM) is an individual in active duty status (including separation leave) who registers for employment services and is within 24 months of retirement or 12 months of separation. *ACTIVE DUTY (38 USC 101(21))- means full-time duty in the active military service of the United States. Such term includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty.*
	Type of Transitioning Service Member	This field is required only if 'Yes' is selected for **Transitioning Service Member**. Select an option from the drop-down menu.
	Estimated Discharge Date	Enter estimated discharge date.

(ADULT & DISLOCATED WORKER) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**

Veteran Information	*Eligible Veteran Status	Click the appropriate radio button.
		
		• **Yes <= 180 days** - Select if the individual has served for less than, or equal to, 180 days as active U.S. military, naval, or air service and who was discharged under conditions other than dishonorable.
		• **Yes, Eligible Veteran** - Record for individuals who have served on active duty for period or more than 180 days and who were discharged or released under conditions other than dishonorable; who were 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** - Select if the individual is: (a) the spouse of any person who died on active duty of a service-connected disability; (b) the spouse of any person who has a total, permanent disability resulting from a service-connected disability, or the spouse of a veteran who died under the existence of such a disability; or, (c) the spouse of any member of the Armed Forces serving on active duty, who, at the time of the 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:
		  o missing in action
		  o captured in the line of duty by a hostile force, or
		  o forcibly detained or interned in the line of duty by a foreign government or power
		• **No** - Record 'No' if the individual does not meet any of the criteria listed above.

	*Served more than 1 tour of duty	Select **Yes** or **No**. Selecting 'Yes' will populate additional field(s) below. These added fields will allow you to enter the additional Entry/Discharge Dates for individuals with more than one tour of duty.
	Military Service Entry Date	Enter date.
	Military Service Discharge Date	Enter date.
	*Disabled Veteran	Select an option from the drop-down menu. Use the following guidelines to determine if the individual meets the criteria for one of the Disabled selections in the drop-down list: • **Yes, Disabled** - Select if the individual is a veteran who 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 receipt of military retirement pay would be entitled to compensation, under laws administered by the Department of Veteran's Affairs (DVA), or who was discharged or released from active duty because of a service-connected disability. • **Yes, Special Disabled** - Select if the individual is a veteran entitled to compensation (or who, but for receipt of military retirement pay would be entitled to compensation) under laws administered by the Department of Veteran's Affairs (DVA) for a disability, (i) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined by the DVA to have a serious employment handicap.

(ADULT & DISLOCATED WORKER) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
	Homeless Veteran	Select **Yes** or **No**.
	Received Services from Veterans Vocational Rehabilitation	Select **Yes** or **No**.

Employment Information
 	
Please verify that information is correct.
 	
This information is pre-filled based on information provided at Registration.
	*Employment Status	Select an option from the drop-down menu.
		
		• **Employed** - The individual 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 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 paid by the employer for time-off, and whether seeking another job.
		• **Employed, but received notice of termination of Employment or Military Separation** - The individual 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** - An individual does not meet any one of the conditions described above.

	*If Employed, individual is under-employed	Select *Yes*, *No*, or *Not Applicable*. <u>Underemployed</u> - an individual who is working part time, but desires full time employment or who is working in employment not commensurate with the individuals demonstrated level of educational attainment. Reference *SDWP Operations Manual, Chapter VII*.
	*Unemployment Eligibility Status	Pre-filled Select an option from the drop-down menu. • **Neither Claimant nor Exhaustee** - Individuals who do not fall in either of the following categories: (1) individuals who have been determined as monetarily eligible for benefit payments; (2) individuals who have not exhausted all unemployment compensation (UC) benefit rights for which the individual has been determined monetarily eligible. • **Claimant** - Any individual who 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, because of an extended duration period, has not ended and who has not exhausted his/her benefit rights. • **Exhaustee** - Any individual who has exhausted all unemployment compensation (UC) benefit rights for which the individual has been determined monetarily eligible, including extended supplemental benefit right.
	UI Referred By Status	Select an option from the drop-down menu.
	Claimant has been exempted from work search	Select **Yes** or **No**.

(ADULT & DISLOCATED WORKER) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
	Data claimant was exempted from work search	Enter date.
	Unemployment Compensation Verify	Select appropriate verification document.
	Number of weeks unemployed	A prompt will appear if no information is entered here. Enter the number of weeks (0-26) that the individual was unemployed during the 26 weeks (6 months) immediately before applying for WIOA (i.e If the individual has never worked enter 26, as the number of weeks unemployed). Enter this information whether the individual is unemployed at the time of application.
	*Long-term Unemployed (27 or more consecutive weeks):	Pre-filled Select **Yes** or **No**. **LONG TERM UNEMPLOYED INDIVIDUAL** (see Bureau of Labor Statistics definition) – is a person who has been unemployed for 27 or more consecutive weeks.
	Current or most recent hourly rate of pay	Enter the hourly rate of pay.
	Occupation of most recent employment prior to WIA/WIOA participation (if available)	Click the Search Onet hyperlink and choose occupation.
	Employment History	Staff can add employment history by clicking on "Add Employment History" link.
Dislocated Worker By clicking on the link "Verify" a list of verification documents will appear listing what documents are being used to provide proof of the item. Select which document and then click "Verify" one more time so that CalJOBS registers it as verified.	Dislocated Worker Category	Select one of the dislocated worker categories, based on the definition provided on the screen. If the individual does not meet one of the eight categories listed, select the 'None of the Above' option towards the bottom. If the individual falls under a category from 1-6, click the **Verify** link to select from a list of methods to confirm the information. **Dislocation Event #** - To have the system prefill this information, click the **Event Search** link directly above to open a new popup window that allows you to use various search criteria to perform a Rapid Response Search. From the results, click an **Event Number** to prefill the Dislocation Event # field, and the Dislocation Employer fields. **Search Individual Employment History** - Before entering the Dislocation Employer information below, click the **Search Individual Employment History** link to review the individual's saved employment history. This link opens a popup window from which you can select a saved employer to have the system prefill this information. After the popup opens, adjust the filter dropdown as needed, and click the **Select** link from the **Action** column for the employer you wish to select. To close the popup, click the link at the bottom of the popup window.
WIOA Education Information	*Highest School Grade Completed	Select an option from the drop-down menu.
	*High School Diploma or equivalent received	Select **Yes** or **No**.
	*Highest Education Level completed	Select an option from the drop-down menu.

(ADULT & DISLOCATED WORKER) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
	*Highest Grade and Educational Level	Select an option from the drop-down menu.
	*School Status	Select an option from the drop-down menu. Youth participating in adult education under Title II of WIOA, YouthBuild, Job Corps, high school equivalency programs, and dropout re-engagement programs are considered as "not attending any school" and are counted as Out of School Youth for WIOA eligibility.
Education Partner Services	*Receiving services from Adult Education (WIOA Title II)	Select the appropriate radio button.
	*Receiving services from YouthBuild	Select the appropriate radio button.
	YouthBuild Grant Number (if unknown, enter all 9s)	Enter number if known.
	*Receiving services from Job Corps	Select the appropriate radio button.
	*Receiving services from Vocational Education (Carl Perkins)	Select the appropriate radio button.
	Individualized Education Program Participant	Select an option from the drop-down menu.

(ADULT & DISLOCATED WORKER) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
Public Assistance *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	*Individual* or *member of a family* that is receiving, or in the past 6 months has received the following:	
	*Temporary Assistance for Needy Families (TANF)	Pre-filled Select **Yes** or **No**. **TANF**; this program provides cash assistance to families with dependent children, through the U.S. Department of Health and Human Services. Select Yes if the individual has received case assistance or other support services from the TANF agency in the last six months prior to participation in the program.
	TANF Recipient	• Select for which individual the verification document is for. • Then, select appropriate verification document used.
	*Supplemental Security Income (SSI)	Pre-filled Select **Yes** or **No**. **SSI** is a government program that provides stipends to low-income people who are either aged (65 or older), blind, or disabled. Select Yes if the individual is receiving or has received SSI in the last six months prior to participation in the program.
	SSI Recipient	• Select for which individual the verification document is for. • Then, select appropriate verification document used.
	*General Assistance (GA)	Pre-filled Select **Yes** or **No**. **GA** is defined as State or Local cash assistance. Select Yes if the individual is receiving or has received GA payments in the last six months prior to participation in the program.
	GA Recipient	• Select for which individual the verification document is for. • Then, select appropriate verification document used.
	*Supplemental Nutrition Assistance Program (SNAP)	Pre-filled Select **Yes** or **No**. **SNAP** is a federal aid program, administered by the U.S. Department of Agriculture, which provides food-purchasing assistance for low- and no-income people. If the individual has received any assistance under this program within the past six months, or has been determined eligible prior to enrolling in this program, answer 'yes'.
	*Refugee Cash Assistance (RCA)	Pre-filled Select **Yes** or **No**.

(ADULT & DISLOCATED WORKER) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
	RCA Recipient	• Select for which individual the verification document is for. • Then, select appropriate verification document used.
	Individual receives, or in the past 6 months, received:	
	*Receiving Social Security Disability Insurance Income (SSDI)	Pre-filled Select **Yes** or **No**. **SSDI** is a payroll tax-funded, federal insurance program. It is designed to provide income supplements to people who are physically restricted in their ability to be employed because of a notable disability, usually a physical disability. SSDI can be supplied on either a temporary or permanent basis. Unlike Supplemental Security Income (SSI), SSDI does not depend on the income of the disabled individual receiving it. Select *Yes* if the individual is receiving or has received SSDI benefit payments in the last six months prior to participation in the program.
	Individual currently meets the following:	
	*Receiving services under SNAP Employment & Training Program	Pre-filled Select **Yes** or **No**.
	*Receiving, or has been notified will receive, Pell Grant	Pre-filled Select **Yes** or **No**.
	*Ticket to Work Holder issued by the Social Security Administration	Pre-filled Select **Yes** or **No**.
Individual Barriers	*English language learner	Select **Yes** or **No**. Select 'Yes' if the individual is a person who is learning the English language in addition to his or her native language.
	*Basic Skills Deficient/Low Levels of Literacy	Select **Yes** or **No**. Reference *SDWP Operations Manual, Chapter VII*.
	Add/View Basic skills scores	Click the "click here" link to enter information.
	*Homeless	Select **Yes** or **No**. If **Yes**: • Under "Residential Address" please provide the address of the shelter/location the individual last stayed in or the address of a relative who is authorized to receive the individual's mail. • Under "Mailing Address" provide an address at which the individual can receive correspondence. Reference *SDWP Operations Manual, Chapter VII*.
	*Ex-Offender – individual has been arrested/convicted of a crime	Select **Yes** or **No** or **Did not disclose**.

(ADULT & DISLOCATED WORKER) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
Barriers to Employment *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	Disabled.	Pre-filled
	*Displaced Homemaker	Pre-filled Select **Yes** or **No**. **DISPLACED HOMEMAKER** (WIOA sec. 3(16)) – means an individual who has been providing unpaid services to family members in the home and who – • (A)(i) has been depending on the income of another family member but is no longer supported by that income; or • (ii) is the dependent spouse of a member of the Armed Forced on active duty (as defined in section 101(d)(1) of title 10, United States Code) and whose family income is significantly reduced because of a deployment (as defined in section 991(b) of title 10, United States Code, or pursuant to paragraph (4) of such section), a call or order to active duty pursuant to a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code, a permanent change of station or the service-connected (as defined in section 101(16) of title 38, United States Code) death or disability of the member; and • (B) Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment
	Meets long term unemployment definition	Pre-filled **LONG TERM UNEMPLOYED INDIVIDUAL** (see Bureau of Labor Statistics definition) – is a person who has been unemployed for 27 or more consecutive weeks.
	*Within 2 years of exhausting TANF lifetime eligibility	Select **Yes** or **No**.
	Older individual (age 55 and older)	Pre-filled
	*Hawaiian Native	Pre-filled Select **Yes** or **No**.
	*American Indian/Alaskan Native	Pre-filled
	*Single Parent (including single pregnant women)	Select **Yes** or **No** or Participant did not self-identify. Reference *SDWP Operations Manual, Chapter VII*.
	*Cultural barriers	Select **Yes** or **No** or Participant did not self-identify. Reference *SDWP Operations Manual, Chapter VII*.
	*Eligible Migrant Season Farmworker as defined in WIOA sec 167(i)	Pre-filled Select **Yes** or **No**. An individual must be, on the date of application for enrollment, an *Eligible MSFW* or a *dependent* of an eligible MSFW (Migrant Seasonal Farmworker), as outlined by the following: • **Eligible Seasonal Farmworker** - a low-income individual who for 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agricultural or fish farming labor that is characterized by chronic unemployment or underemployment; and faces multiple barriers to economic self-sufficiency; and dependents of the seasonal farmworker are also eligible. • **Eligible Migrant Farmworker** - an eligible seasonal farmworker whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent

(ADULT & DISLOCATED WORKER) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**

		place of residence within the same day; and dependents of the migrant farmworker are also eligible.
		• **Eligible MSFW Youth** - an eligible MSFW, ages 14-24, who is individually eligible or is a dependent of an eligible MSFW.
		• **Dependent** - an individual who:
		   o was claimed as a dependent on the eligible MSFW's Federal income tax return for the previous year; or
		   o Is the spouse of the eligible MSFW; or
		   o If not claimed as a dependent for Federal income tax purposes, is able to establish:
		     1. A relationship as the eligible MSFW's
		        i. Child, grandchild, great grandchild, including legally adopted children;
		        ii. Stepchild;
		        iii. Brother, sister, half-brother, half-sister, stepbrother, or stepsister;
		        iv. Parent, grandparent, or other direct ancestor but not foster parent;
		        v. Foster child;
		        vi. Stepfather or stepmother;
		        vii. Uncle or aunt;
		        viii. Niece or nephew;
		        ix. Father-in-law, mother-in-law, son-in-law; or
		        x. Daughter-in-law, brother-in-law, or sister-in-law; and
		     2. The receipt of over half of his/her total support from the eligible MSFW's family during the eligibility determination period.
		• **Additional conditions to be met include:**
		   o Male applicants must not have violated Section 3 of the Military Selective Service Act by not presenting and submitting to registration as required.
		   o To be eligible, participants must have the right to work in the United States.

	*Meets Governor's special barriers to employment	Select **Yes** or **No**.
Family Income *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	*Due to the individual's disability, they qualify as a family of 1	Pre-filled Select **Yes** or **No**.
	*Family Size	If **No** to all questions in the *Public Assistance* section, then this section will ask individuals to indicate the number of people living in their household, and income within the last 6 months. This will help determine eligibility for certain program services based on low income.
	*Annualized Family Income	The *Family Income* section will indicate, in red text, whether family size and income information are optional in determining Low Income Status. **IMPORTANT** Optional fields are underlined encouraged to assist with reporting and case management. • Choose from the drop-down menu family size. • Enter **annualized** family income in the space provided. Reference ***SDWP Operations Manual, Chapter VII***.

(ADULT & DISLOCATED WORKER) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
Barriers *Please verify that information is correct.* Reference *SDWP Operations Manual, Chapter VII*.	*Gang Status	Select an option from the drop-down menu. An individual who is or has been subject to any stage of gang membership, gang involvement, or is at risk or gang involvement for whom services under WIOA may be beneficial; or who required assistance in overcoming artificial barriers to employment resulting from gang membership, involvement, or close connections to those in organized gangs.
	*Youth of Incarcerated Parent	Select **Yes** or **No**.
	Parole Number	Select **Yes** or **No**.
	*Substance Abuse	Select **Yes** or **No**. Substance abuse is defined as excessive use of alcohol or drugs (both prescription and illegal) that leads to clinically significant impairment or distress and occurring within a 12-month period and including: 1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household) 2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use) 3. Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct) 4. Continued substance use despite having persistent of recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

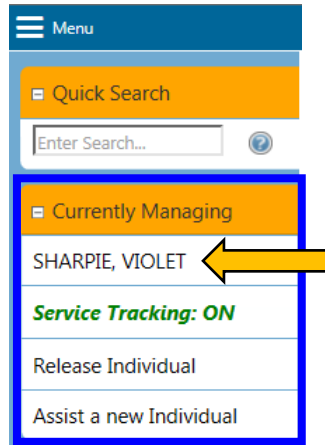| Applicant Eligibility	This table displays an eligibility matrix summarizing which customer program groups (eligibility-types) the individual is eligible for, as well as priority of service conditions, and any reasons for not being eligible.
	
	The "inactive" box: This means an individual is eligible for the program and is highlighted in green.
	- *If staff check the "inactive" box this will discontinue the ability to enroll the individual in activities associated with that customer group.*
	
	Meets Low Income:
	The top of the Application Eligibility area displays whether the applicant meets the definition for low income.
	- If it's indicated as **Yes** that means that Low Income was already established (either based on previously verified low income related to responses for the Public Assistance tab, or later income entered and verified on the Family Income tab).
	- Otherwise it will indicate **No**.
	- Staff can also click a link to see a table for current low income guidelines, the same as the one on the Family Income tab.
	
	Eligibility Matrix:
	The eligibility matrix is a table which has a row for each customer program group (i.e., each eligibility type) that staff may have identified for application on the first Start tab.
	- The **Eligible** column indicates whether the applicant is eligible for services via that program type.
	- The **Priority** column will indicate the different priority statuses that apply to the individual, which staff must consider for priority of services, in addition to the basic eligibility status (e.g., Veteran, Basic Skills Deficient, and Low Income). Priority is important for staff who need to be aware of Priority Service, since WIOA does not mandate the same level of business rules to enforce Priority of Service in Enrollments
	- The **Exceptions/Limitation** column is primarily a column for exceptions/limitation that are determining possible eligibility, which staff mush consider. For example, a 5% Exception for youth who are in school and ineligible may display in this column, or an indication for 5% Limitation.
	- The **Reasons(s) Not Eligible** column will indicate identifiable reasons why eligibility is No or Undetermined in the Eligible column. For example:
	  o If the eligibility type and date were not selected for Program Type on the Start tab, this column will indicate No Eligibility Date.
	  o If the Exception column indicated 5% Exception, this column may indicate 5% Exception Checkbox Required.
	- The **Actions** column will include a checkbox for staff to Inactivate an individual who is eligible (i.e., in green).
	  o This will discontinue the ability to enroll them in activities associated with that customer program group, but will not change their application status).
	  o The column may include other checkboxes, if any other scenario, allows for a staff action.
	  o For example, identifiable reasons why eligibility is No or Undetermined in the Eligible column.
	  o For example, if a 5% Exception is required of the individual, as in-school youth, and staff is allowed to grant that exception, then a "Service under 5% exception" checkbox will display.

(ADULT & DISLOCATED WORKER) WIOA APPLICATION		
SECTION	FIELD	DESCRIPTION
WIOA Grant Eligibility		This table displays state and national WIOA grant eligibility, which controls access to Grant funding streams in the Activity/Enrollment record.
Non-WIOA Grants		This table displays listings for Non-WIOA grants that are associated, or can be associated with the individual.
Grants		This table displays listings for ET/Local grant that are associated, or can be associated with the individual.
Staff Eligibility Information		This section contains the Case Manager assignment, staff comments, and staff case notes, as well as a link to access any WIOA Legacy Application Data, if applicable. • **Assign Case Manager** - Clicking this link allows staff to assign a case manager to this application (create/edit). • **Assign Me** - Clicking this link allows staff to assign this application to his/her own case load. • **Remove Case Manager Assignment** - Clicking this link allows staff to remove the Case Manager assigned to this application. • **Comments** - This optional field is available for adding text to staff with access to one of the Eligibility groups. The Spell Check link will check spelling for the entered text. • **Add a new Case Note** - Opens the case note interface in a new window, and allows staff to add a case note to CalJOBS. • **Show Filter Criteria** - Perform a new case note search according to the filter criteria entered, and click the Filter link to refresh the current screen to display results. • **Case Notes** - From the case notes table, click a link under the Subject column to view/edit an individual case note, or click Edit from the Action column. Clicking the envelope icon to send a message to the user. • **WIA Legacy Application Data** - This link only displays at the bottom if the WIOA Application if a WIA application was converted for the WIOA application.

COMPLETING A YOUTH WIOA APPLICATION

Follow the steps below to complete a WIOA Application in CalJOBS:

1. Click the individual's name under **Currently Managing** section, located on the top left corner of the screen.
   This will bring staff to the portfolio view of the individual.

2. Expand the *Staff Profiles* folder by clicking on the plus sign (+) next to the folder icon.
   This will reveal the subfolders of the Staff Profile folder.

3. Then expand the *Case Management Profile*.
   This will reveal the individual tabs/screens of the Case Management Profile folder.

4. Select the link titled, *Programs*.
   The Programs screen is where all the program applications are available for view. Also, this is the screen that will gives staff access to add a WIOA Application.

5. To begin working on WIOA Application click on the link ***Create Workforce Innovation and Opportunity Act (WIOA) Program***.
   Answer all questions and submit completed form using the **Finish** *button.*

Case Summary	Programs	Plan	Assessments

⊞ Show Summary Tabs   **Sharpie, Violet**

Filter Applications: **Filter Activities:**

All ▾   ☑ Open   ☑   ☑
                                            Closed   Voided

Filter Programs

All Programs ▾

Wagner-Peyser (WP) Program	Apps: 1

Create Wagner Peyser (WP) Application

⊞ ☀ 🗎 ✅ WP #15696270 - Complete

LWIA: 33 - San Diego Workforce Partnership, Inc.

Onestop: 1277 - SDC San Diego Workforce Partnership (SDWP)

Total Activities: 1

Application Date   01/19/2017

Participation Date: 01/19/2017

Closure Date: N/A

Exit Date: N/A

Workforce Innovation and Opportunity Act (WIOA) Program	Apps: 0

Create Workforce Innovation and Opportunity Act (WIOA) Application

Trade Adjustment Assistance (TAA) Program	Apps: 0

Create Trade Adjustment Assistance (TAA) Application

Generic Program	Apps: 0

Create Generic Application

Activity Status: O = Open, C = Closed, S = System Closed, V = Voided

(YOUTH) WIOA APPLICATION SCREEN 1

CalJOBS℠

This page will help you gather WIOA information on the selected Individual. Please fill in the required fields and then click the Next button to proceed through each step.

⊞ Individual Details   ⊞ Preferences   * indicates required fields.   ❓ Help

WIOA Wizard

Start   Contact   Demographics   Veteran   Employment   Education   Eligibility and Grants

Identifying Information

Username/Login Name: SDCVIOLETSHARPIE
User ID: 30707529
State ID: 1001591402
User Account Create Date: 1/19/2017 2:53:39 PM
WIA Converted Application ID: Not applicable

> The top of the page initially displays tabs as segments (**Progress Bar**) to identify the progress from stepping through each tab, gathering basic data and helping to determining the individual's eligibility for the WIOA Program.
>
> Completed tabs will be marked with a **green** checkmark.

Currently Participating In

Currently participating in the following programs:

Wagner Peyser   Application Date: 01/19/2017
                               Participation Date: 01/19/2017

Application/Registration Information

* **Application Date:**   [   ] (mm/dd/yyyy) 📅 Today

Incumbent Worker Eligibility: ☐
Adult Eligibility: ☐
Dislocated Worker Eligibility: ☐
Youth Eligibility: ☐

Location Information

* **Local Area/Region:**   San Diego Workforce Partnership, Inc.
* **Office Location of Responsibility:**   [None Selected ▼]
* **Office Location:**   [None Selected ▼]

Agency Code: Agency Code Search

[   ] - [   ]

┌────────────────────────┐
│ **Required field**   │
│ Enter Agency Code   │
└────────────────────────┘

Exit Wizard

(Next >>)

(YOUTH) WIOA APPLICATION SCREEN 2

Contact Information

* **First Name:** Violet

Middle Initial:

* **Last Name (including suffix e.g. Jr., Sr., PhD, etc.):** Sharpie

* **SSN (do not enter dashes. eg: 999999999):** 971032085 **[Edit SSN]**

[**Verify** | Scan | **Upload** | **Link**]

> Only use the *Verify* link to indicate which documents were used for eligibility purposes in the *Eligibility Certification & Review Form (ECRF)*.

Current Address

* **Address 1:** 1450 university ave

Address 2:

City: San Diego

* **State:** California

* **County/Parish:** San Diego County

* **Zip Code:** 92105 **[Find Zip Code]**

* **Country:** United States

* [**Verify** | **Scan** | **Upload** | **Link**]

* **Primary Phone Number:** 619 228 2909 Ext.

* **Primary Phone Type:** Work Phone

Alternative Phone: Ext.

Alternative Phone Type: None Selected

Fax:

Email:

Mailing Address

☐ Staff has reviewed this address for correctness

☐ Check here to use the residential address information

* **Mail Address 1:** 1450 UNIVERSITY AVE

Mail Address 2:

* **Mailing City:** San Diego

* **Mailing State:** California

* **Mailing Zip/Postal Code:** 92103-3405

* **Mailing Country:** United States

Alternate Contacts

Manage Alternate Contacts

Contact List

No Contacts for individual

Case Assignment

Current Case Manager: Case currently Not Assigned to a Case Manager
                                     Assign Case Manager
                                     Assign Me
                                     Remove Case Manager Assignment

☐ Check here to allow saving of a partial application

Exit Wizard

<< Back   Next >>

Message from webpage   X

? Changes to this page have not been saved. Click OK to exit
without saving. Click Cancel and then Next if you wish to save
changes on this page.

OK   Cancel

If you need to SAVE and EXIT
- Step 1: Click the **NEXT** button to save changes on the current page.
- Step 2: Then, click **EXIT WIZARD**, a pop-up window will display.
- Step 3: Click **OK** to save the changes up that point and exit application.

(YOUTH) WIOA APPLICATION SCREEN 3

WIOA Wizard

Start — Contact — **Demographics** — Veteran — Employment — Education — Public Assistance

Barriers — Family Income — Miscellaneous — Eligibility and Grants

Demographic Information

• Date of Birth: 02/20/1990

[**Verify** | **Scan** | **Upload** | **Link**]

Age at Earliest Eligibility: 26 (Today's Age: 26)

• Gender: ○ Male ● Female ○ Did not self-identify

Selective Service Website

Registered for the Selective Service: Not applicable

[**Verify** | **Scan** | **Upload** | **Link**]
✔ Not Applicable

Selective Service Registration Number:

Selective Service Registration Date:

• Authorization to Work in US: Citizen of U.S. or U.S. Territory

[**Verify** | **Scan** | **Upload** | **Link**]

• Considered to be of Hispanic heritage: ○ Yes ● No

• Considered to be of Hispanic heritage: ○ Yes ● No

• Race - Ethnicity:
☐ African American/Black
☐ American Indian/Alaskan Native
☑ Asian

☑ Indian	☐ Pakistani
☐ Bangladesh	☐ Sri Lankan
☐ Nepalese	☐ Sikkimese
☐ Bhutanese	☐ Japanese
☐ Chinese	☐ Korean
☐ Malaysian	☐ Thai
☐ Laotian	☐ Cambodian
☐ Vietnamese	☐ Filipino
☐ Other Asian	

☐ Hawaiian/Other Pacific Islander
☐ White
☐ I do not wish to answer.

• Considered to have a disability: ○ Yes ● No ○ Participant did not self-identify ○ Chose not to identify

[**Verify** | **Scan** | **Upload** | **Link**]

Category of Disability : None Selected

☐ Check here to allow saving of a partial application

Exit Wizard

< < Back   Next > >

(YOUTH) WIOA APPLICATION SCREEN 4

WIOA Wizard

Start — Contact — Demographics — **Veteran** — Employment — Education — Public Assistance

Barriers — Family Income — Miscellaneous — Eligibility and Grants

Transitioning Service Member

• **Transitioning Service Member:**	○ Yes ● No
Type of Transitioning Service Member:	None Selected ▾
Estimated Discharge Date:	_____ (mm/dd/yyyy) 🗓 Today

Veteran Information

• **Eligible Veteran Status:**
- ○ Yes <= 180 days
- ○ Yes, Eligible Veteran
- ○ Yes, Other Eligible Person
- ● No

[**Verify** | **Scan** | **Upload** | **Link**]

Obtain DD214

• **Served more than 1 tour of duty:**	○ Yes ● No
Military Service Entry Date:	_____ (mm/dd/yyyy) 🗓
Military Service Discharge Date:	_____ (mm/dd/yyyy) 🗓
• **Disabled Veteran:**	No ▾
Homeless Veteran:	○ Yes ● No
Received Services from Veterans Vocational Rehabilitation:	○ Yes ○ No

☐ Check here to allow saving of a partial application

Exit Wizard

[<< Back] [Next >>]

(Youth) WIOA Application Screen 5

WIOA Wizard

Start — Contact — Demographics — Veteran — **Employment** — Education

Public Assistance — Barriers — Family Income — Miscellaneous — Eligibility and Grants

Employment Information

• Employment Status: `Not Employed`

[**Verify** | **Scan** | **Upload** | **Link**]

• If Employed, Individual is Under-Employed: ○ Yes ○ No ● Not Applicable

• Unemployment Eligibility Status: `Neither Claimant nor Exhaustee`

UI Referred By Status: `None Selected`

Claimant has been exempted from work search: ○ Yes ○ No

Date claimant was exempted from work search: [_____] 🔲 Today

Unemployment Compensation Verify   [**Verify** | **Scan** | **Upload** | **Link**]

Number of Weeks Unemployed: `0`

• Long-term Unemployed (27 or more consecutive weeks):   ○ Yes ● No

Please enter the Wage and Onet Code for all applicants with current/previous employment.

Current or Most Recent Hourly Rate of Pay: [_____]

Search Onet

Occupation of Most Recent Employment Prior to WIA/WIOA participation (if available):   -

Employment History

Company Name	City	Job Title (Occupation)	Start/End Dates	Action
No Employment History				

[Add Employment History]

☐ Check here to allow saving of a partial application

Exit Wizard

<< Back   Next >>

(Youth) WIOA Application Screen 6

WIOA Wizard

Start — Contact — Demographics — Veteran — Employment — **Education** — Public Assistance

Barriers — Family Income — Miscellaneous — Eligibility and Grants

---

Youth Eligibility Education Information

Youth Eligibility Date: 1/1/2017

Age for compulsory school attendance: 17

Most Recent Date Attended Secondary School:

Within compulsory school age and did not attend the most recent complete school year calendar quarter (use most recent date attended secondary school): ○ Yes ● No

Did not Attend (compulsory age) [**Verify** | **Scan** | **Upload** | **Link**]
✔ Documentation in Case File

* **Has secondary school diploma/equivalent at Youth Program eligibility?** ○ Yes ○ No

The School Status prompt below may be system–set or selections may be limited based on responses to questions above.

* **School Status at Youth Program eligibility:** | None Selected ▾ |

[**Verify** | **Scan** | **Upload** | **Link**]
✔ Documentation in Case File

* **(WIOA) Attending any School** *(used for In-School/Out-of-School determination)*: | None Selected ▾ |

[**Verify** | **Scan** | **Upload** | **Link**]
✔ Documentation in Case File

WIOA Education Information

• **Highest School Grade Completed:**	None Selected ▼
• **High School Diploma or equivalent received:**	○ Yes ○ No
• **Highest Education Level completed:**	None Selected ▼
• **Highest Grade and Educational Level**	[**Verify**	Scan	Upload	Link]
• **School Status:**	None Selected ▼
	[**Verify**	Scan	Upload	Link]

Education Partner Services

• **Receiving services from Adult Education (WIOA Title II):**	○ Yes ○ No ⦿ Did not self-identify
• **Receiving services from YouthBuild:**	○ Yes ○ No ⦿ Did not self-identify
YouthBuild Grant Number (If unknown, enter all 9s.):	[_____]
	Format: AA-99999-99-99-A-99
• **Receiving services from Job Corps:**	○ Yes ○ No ⦿ Did not self-identify
• **Receiving Services from Vocational Education (Carl Perkins):**	○ Yes ○ No ⦿ Did not self-identify
Individualized Education Program Participant:	Not Applicable ▼

☐ Check here to allow saving of a partial application

Exit Wizard

[<< Back]   [Next >>]

(YOUTH) WIOA APPLICATION SCREEN 7

WIOA Wizard

Start	Contact	Demographics	Veteran	Employment	Education	Public Assistance

Barriers	Family Income	Miscellaneous	Eligibility and Grants

Public Assistance

Individual or member of a family *that is receiving, or in the past 6 months has received, the following:*

▪ Temporary Assistance for Needy Families (TANF):   ○ Yes ◉ No

TANF Recipient: ○ Applicant ○ Family Member ○ Not Applicable

[**Verify** | **Scan** | **Upload** | **Link**]

▪ Supplemental Security Income (SSI):   ○ Yes ◉ No

SSI Recipient: ○ Applicant ○ Family Member ○ Not Applicable

[**Verify** | **Scan** | **Upload** | **Link**]

▪ General Assistance (GA):   ○ Yes ◉ No

GA Recipient: ○ Applicant ○ Family Member ○ Not Applicable

[**Verify** | **Scan** | **Upload** | **Link**]

▪ Supplemental Nutrition Assistance Program (SNAP):   ○ Yes ◉ No

[**Verify** | **Scan** | **Upload** | **Link**]

▪ Refugee Cash Assistance (RCA)   ○ Yes ◉ No

RCA Recipient: ○ Applicant ○ Family Member ○ Not Applicable

[**Verify** | **Scan** | **Upload** | **Link**]

Individual *receives, or in the last 6 months, received:*

▪ Social Security Disability Insurance Income (SSDI):   ○ Yes ◉ No

[**Verify** | **Scan** | **Upload** | **Link**]

Individual currently meets the following:

• **Foster Child (State or local payments are made for applicant):**   ○ Yes ⦿ No

[**Verify** | **Scan** | **Upload** | **Link**]

• **Youth currently living in a high-poverty area:**   ○ Yes ⦿ No ○ Information Not Provided

[**Verify** | **Scan** | **Upload** | **Link**]

• **Youth currently receives, or is eligible to receive, free or reduced lunch under the Richard B. Russell National School Lunch Act:**   ○ Yes ⦿ No ○ Information Not Provided

[**Verify** | **Scan** | **Upload** | **Link**]

• **Receiving services under SNAP Employment & Training Program:**   ○ Yes ⦿ No

• **Receiving, or has been notified will receive, Pell Grant:**   ○ Yes ⦿ No

• **Ticket to Work Holder issued by the Social Security Administration:**   ○ Yes ⦿ No

Exit Wizard

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(Youth) WIOA Application Screen 8

WIOA Wizard

Start — Contact — Demographics — Veteran — Employment — Education — Public Assistance

Barriers — Family Income — Miscellaneous — Eligibility and Grants

Individual Barriers

• **English language learner**
　　○ Yes ◉ No
　　[**Verify** | **Scan** | **Upload** | **Link**]

High School drop out (WIOA Definition):　　No

Not attending school; within age of compulsory school attendance:　　No

• **Basic Skills Deficient/Low Levels of Literacy**
　　○ Yes ◉ No
　　[**Verify** | **Scan** | **Upload** | **Link**]

Add//View Basic skills scores:　　**Click Here**

• **Homeless:**
　　○ Yes ◉ No
　　[**Verify** | **Scan** | **Upload** | **Link**]

• **Runaway:**
　　○ Yes ◉ No
　　[**Verify** | **Scan** | **Upload** | **Link**]

• **Ex-Offender - individual has been arrested/convicted of a crime:**
　　○ Yes ◉ No ○ Did not disclose
　　[**Verify** | **Scan** | **Upload** | **Link**]

• **Pregnant/Parenting youth:**
　　○ Yes ◉ No
　　[**Verify** | **Scan** | **Upload** | **Link**]

• **Youth Requires Additional Assistance to complete an educational program or to secure/hold employment:**
　　○ Yes ◉ No
　　[**Verify** | **Scan** | **Upload** | **Link**]

• **Out-of-Home Placement:**
　　○ Yes ◉ No
　　[**Verify** | **Scan** | **Upload** | **Link**]

• **Eligible under Section 477 of the Social Security Act:**
　　○ Yes ◉ No
　　[**Verify** | **Scan** | **Upload** | **Link**]

Barriers to Employment

Disabled:	No
• **Displaced Homemaker**	No [dropdown]
	[**Verify** | **Scan** | **Upload** | **Link**]
Meets long term unemployment definition:	No
• **Within 2 years of exhausting TANF lifetime eligibility:**	○ Yes ◉ No
	[**Verify** | **Scan** | **Upload** | **Link**]
Older individual (age 55 and older):	No
• **Hawaiian Native:**	○ Yes ◉ No

Hawaiian or Pacific Islander is not selected as a Race for this individual. Please update the Demographics section if this is not accurate.

• **American Indian/Alaskan Native:**	No
• **Single Parent (including single pregnant women):**	◉ Yes ○ No ○ Participant did not self-identify
• **Cultural Barriers:**	○ Yes ◉ No ○ Participant did not self-identify
• **Eligible Migrant Season Farmworker as defined in WIOA Sec 167(i):**	○ Yes ◉ No
• **Meets Governor's special barriers to employment:**	○ Yes ◉ No

Exit Wizard

<< Back   Next >>

(YOUTH) WIOA APPLICATION SCREEN 9

WIOA Wizard

Start	Contact	Demographics	Veteran	Employment	Education	Public Assistance

Barriers	Family Income	Miscellaneous	Eligibility and Grants

Family Income

• **Due to the individual's disability, they qualify as a Family of 1:**   ○ Yes ● No

Low income has not been established based on previous entries. Therefore, low income will be based on family size and income. Family size and income are required entries.

• **Family Size:**   [None Selected ▼]

[**Verify** | **Scan** | **Upload** | **Link**]

• **Annualized Family Income:**   [None Entered]

[**Verify** | **Scan** | **Upload** | **Link**]

Income Table

☐ Check here to allow saving of a partial application

Exit Wizard

[<< Back]   [Next >>]

(Youth) WIOA Application Screen 10

WIOA Wizard

Start	Contact	Demographics	Veteran	Employment	Education	Public Assistance

Barriers	Family Income	**Miscellaneous**	Eligibility and Grants

Barriers

* **Gang Status:** [N/A ▾]

* **Youth of Incarcerated Parent:** ○ Yes ● No

Parole Number: [   ]

* **Substance Abuse:** ○ Yes ● No

☐ Check here to allow saving of a partial application

Exit Wizard

[<< Back]   [Next >>]

(YOUTH) WIOA APPLICATION SCREEN 11

WIOA Wizard

Start — Contact — Demographics — Veteran — Employment — Education — Public Assistance

Barriers — Family Income — Miscellaneous — **Eligibility and Grants**

Applicant Eligibility

Income Table: Income Table

Youth applicant meets low income based upon living in a high poverty area or free/reduced school lunch: No

Program	Eligible	Priority	Calculated Exception/Limitation	Reason(s) Not Eligible	Action
Adult	Undetermined			No Eligibility Date.	☐ Inactive
Dislocated Worker	Undetermined			No DW Eligibility Date.	☐ Inactive
Youth	Yes, Out-of-school				☐ Inactive

VET = Veteran, BSD = Basic Skills Deficient, PA = Public Assistance, LI = Low Income, SLP = Additional Priorities

Program highlighted in **green** means individual was found eligible for WIOA program.

Save Checkboxes

WIOA Grant Eligibility

Incumbent Worker Eligibility: ○ Yes ○ No ● Not Applicable   ☐ Inactive
Applicant does not meet the requirements for Incumbent Worker eligibility.

National Dislocated Worker Grant NDWG: ○ Yes ○ No ● Not Applicable

Statewide Adult Eligibility: ○ Yes ○ No ● Not Applicable   ☐ Inactive

Statewide Dislocated Worker Eligibility: ○ Yes ○ No ● Not Applicable   ☐ Inactive
Applicant does not meet the requirements for Statewide Dislocated Worker eligibility.

Statewide Youth Eligibility: ○ Yes ○ No ● Not Applicable   ☐ Inactive
Applicant does not meet the requirements for Statewide Youth eligibility.

Statewide Rapid Response Additional Assistance Eligibility: ○ Yes ○ No ● Not Applicable   ☐ Inactive
Applicant does not meet the requirements for Statewide Rapid Response Additional Assistance eligibility.

Non-WIOA Grants

Non-WIOA Special Grants:	○ Yes ○ No ● Not Applicable	☐ Inactive
Local Funded Grants:	○ Yes ○ No ● Not Applicable	☐ Inactive

Grants

Grant Type	Grant ID	Grant Name	ETA/Local Grant Code	Date Added	Action
No records found					

View Available Grants

Staff Eligibility Information

Current Case Manager: Case currently Not Assigned to a Case Manager
Assign Case Manager
Assign Me
Remove Case Manager Assignment

Comments:

[Spell Check]

[Add a new Case Note | Show Filter Criteria]

ID	Create Date	Subject	Action
No data found.			

Exit Wizard

<< Back   Next >>   Finish

Click the Finish button to submit completed WIOA

Workforce Innovation and Opportunity Act (WIOA) Program	Apps: 1

Create Workforce Innovation and Opportunity Act (WIOA) Application

WIOA #15696273 - Complete

LWIA:	33 - San Diego Workforce Partnership, Inc.	Application Date	01/01/2017
		Participation Date:	N/A
Onestop:	1277 - SDC San Diego Workforce Partnership (SDWP)	Closure Date:	N/A
Open/Total Activities:	0 / 0	Exit Date:	N/A

4. Application Wizard : Allows staff to edit a WIOA Application

5. Verification Wizard : Displays a list of documents used to verify information in the WIOA Application.

6. Print Application : Use to print WIOA Application

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
Application/Registration Information	*Application Date	Enter the individual's Application Date using either the calendar icon or free-text entry. This date becomes **locked down upon save**. **Application Date:** This is the date the individual applied to the program.
	• Adult Eligibility • Dislocated Worker Eligibility • Youth Eligibility	This section: • Designates under which program the individual will be enrolled, • Determines the program activity codes that will be made available by CalJOBS, and • Determines the performance measures the individual will fall under. **Eligibility Date:** This is the date the individual's eligibility is determined for the program, the *2nd Review Signature Date* on the Eligibility Certification & Review Form (ECRF).
Location Information	*Local Area/Region	Select *San Diego Workforce Partnership*.
	*Office Location of Responsibility	Select an option from drop-down menu. This should be the name of the agency (i.e. SDC YMCA).
	*Office Location	Select an option from drop-down menu. This should be the name of the agency (i.e. SDC YMCA).
	Agency Code	**REQUIRED FIELD** Search for Agency Code by clicking on the "Agency Code Search" link.
Contact Information *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	*First Name	Pre-filled
	Middle Initial	
	*Last Name	
	*SSN	Pre-filled If SSN is incorrect, click the Edit SSN hyperlink and make changes.
Current Address *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	*Address Line 1	Pre-filled Enter the individual's home street address.
	Address Line 2	Pre-filled Enter the individual's apartment, lot, building, or suite number.
	City	Pre-filled Enter the individual's city.
	*State	Pre-filled Enter the individual's state.
	*County/Parish	Pre-filled Enter the individual's County/Parish.
	*Zip Code	Pre-filled

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
		Enter zip code or use the "Find Zip Code" link.
	*Country	Pre-filled Enter the individual's Country.
	*Primary Phone Number	Pre-filled Enter the individual's primary phone number, including area code.
	*Primary Phone Type	Pre-filled Select an option from the drop-down menu.
	Alternative Phone	Pre-filled Enter the individual's alternate phone number, including area code. **Although not a required field, staff are encouraged to try to obtain an alternate phone.**
	Alternative Phone Type	Pre-filled Select an option from the drop-down menu.
	Fax	Pre-filled Enter individual's fax number.
	Email	Pre-filled Enter individual's email address, if any (example newindividual@gmail.com). **If individual provides staff with an email address staff should verify that email works or still has access to it.**
Mailing Address *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	Staff has reviewed this address for correctness	Check the box. Serves as a helpful tool to ensure that current address information is correct.
	Check here to use the residential address information	Check the box. Select this box if individual wants to use the residential address as the mailing address.
	*Mail Address 1	Pre-filled Enter the individual's mailing address.
	Mail Address 2	Pre-filled Enter the individual's mailing address apartment, lot, building, or suite number.
	*Mailing City	Pre-filled Enter the individual's mailing city.
	*Mailing State	Pre-filled Enter the individual's mailing state.
	*Mailing Zip/Postal Code	Pre-filled Enter the individual's mailing zip/postal code.
	*Mailing Country	Pre-filled Enter the individual's mailing country.

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
Alternate Contacts *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	Manage Alternate Contacts	This link will help staff add or remove any new contacts. This information is used if the individual cannot be reached through their primary contact information or contact is lost with the individual. *Provider staff **should not** be listed as an alternate contact.*
	Contact List	Pre-filled If contact information for alternate contacts had been previously entered the information would populate this list.
Case Assignment	Current Case Manager (*Assign Case Manager, Assign Me, Remove Case Manager Assignment*)	The system will display the current program case manager for this individual in the **Current Case Manager** field, if a case manager was previously determined. Click the **Assign Case Manager** link to change the case manager or click the **Assign Me** link to assign yourself as the case manage.
Demographic Information *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	*Date of Birth	Pre-filled
	Age at Earliest Eligibility	This is automatically generated based on date of birth.
	*Gender	Pre-filled
	*Have you registered with the Selective Service?	Pre-filled Selective Service - A male who turns 18 years of age while enrolled in a WIOA program is required to register with the Selective Service within 30 days of his 18th birthday. If *after* enrollment individual registers for Selective Service: • **Do not** update the WIOA Application • Add a Case Note in CalJOBS documenting that individual has been registered. Reference *SDWP Operations Manual, Chapter VII*.
	Selective Service Registration Number	Pre-filled
	Selective Service Registration Date	Pre-filled
	*Authorization to Work in the U.S.	Pre-filled Select an option from the drop-down menu. Reference *SDWP Operations Manual, Chapter VII*.
	*Considered to be of Hispanic heritage	Pre-filled Select *Yes* or *No*. Hispanics/Latinos are people of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race.
	*Race - Ethnicity	Pre-filled Check all boxes that apply. Use the following information as a guideline: • **African American/Black:** A person having origins in any of the black racial groups of Africa. • **American Indian/Alaskan Native:** 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. • **Asian:** 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

SECTION	FIELD	DESCRIPTION
		Bhutan). This includes, for example, Cambodia, China, Japan, Korea, Malaysia, the Philippine Islands, Thailand and Vietnam. • **Hawaiian/Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. • **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. • **I do not wish to answer:** You do not wish to make a selection for this category.
	*Considered to have a disability	Pre-filled Select **Yes**, **No**, **Participant did not self-identify**, or **Chose not to identify**. If *Yes*, select from drop-down menu the type of disability. Reference *SDWP Operations Manual, Chapter VII*.
	Category of Disability	
Transitioning Service Member	*Transitioning Service Member	Select **Yes** or **No**. A Transitioning Service Member (TSM) is an individual in active duty status (including separation leave) who registers for employment services and is within 24 months of retirement or 12 months of separation. *ACTIVE DUTY (38 USC 101(21))- means full-time duty in the active military service of the United States. Such term includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty.*
	Type of Transitioning Service Member	This field is required only if 'Yes' is selected for **Transitioning Service Member**. Select an option from the drop-down menu.
	Estimated Discharge Date	Enter estimated discharge date.

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**

Veteran Information
 	
By clicking on the link "Verify" a list of verification documents will appear listing what documents are being used to provide proof of the item. Select which document and then click "Verify" one more time so that CalJOBS registers it as verified.
	*Eligible Veteran Status	Click the appropriate radio button.
		
		• **Yes <= 180 days** - Select if the individual has served for less than, or equal to, 180 days as active U.S. military, naval, or air service and who was discharged under conditions other than dishonorable.
		• **Yes, Eligible Veteran** - Record for individuals who have served on active duty for period or more than 180 days and who were discharged or released under conditions other than dishonorable; who were 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** - Select if the individual is: (a) the spouse of any person who died on active duty of a service-connected disability; (b) the spouse of any person who has a total, permanent disability resulting from a service-connected disability, or the spouse of a veteran who died under the existence of such a disability; or, (c) the spouse of any member of the Armed Forces serving on active duty, who, at the time of the 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:
		   ○ missing in action
		   ○ captured in the line of duty by a hostile force, or
		   ○ forcibly detained or interned in the line of duty by a foreign government or power
		• **No** - Record 'No' if the individual does not meet any of the criteria listed above.

	*Served more than 1 tour of duty	Select **Yes** or **No**. Selecting 'Yes' will populate additional field(s) below. These added fields will allow you to enter the additional Entry/Discharge Dates for individuals with more than one tour of duty.
	Military Service Entry Date	Enter date.
	Military Service Discharge Date	Enter date.
	*Disabled Veteran	Select an option from the drop-down menu. Use the following guidelines to determine if the individual meets the criteria for one of the Disabled selections in the drop-down list: • **Yes, Disabled** - Select if the individual is a veteran who 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 receipt of military retirement pay would be entitled to compensation, under laws administered by the Department of Veteran's Affairs (DVA), or who was discharged or released from active duty because of a service-connected disability. • **Yes, Special Disabled** - Select if the individual is a veteran entitled to compensation (or who, but for receipt of military retirement pay would be entitled to compensation) under laws administered by the Department of Veteran's Affairs (DVA) for a disability, (i) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined by the DVA to have a serious employment handicap.
	Homeless Veteran	Select **Yes** or **No**.

(YOUTH) WIOA APPLICATION		
SECTION	FIELD	DESCRIPTION
	Received Services from Veterans Vocational Rehabilitation	Select **Yes** or **No**.

Employment Information
 	
Please verify that information is correct.
 	
This information is pre-filled based on information provided at Registration.
	*Employment Status	Select an option from the drop-down menu.
		
		• **Employed** - The individual 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 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 paid by the employer for time-off, and whether seeking another job.
		• **Employed, but received notice of termination of Employment or Military Separation** - The individual 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** - An individual does not meet any one of the conditions described above.

	*If employed, individual is under-employed	Select *Yes*, *No*, or *Not Applicable*. Underemployed - an individual who is working part time, but desires full time employment or who is working in employment not commensurate with the individuals demonstrated level of educational attainment. Reference *SDWP Operations Manual, Chapter VII*.
	* Unemployment Eligibility Status	Pre-filled Select an option from the drop-down menu. • **Neither Claimant nor Exhaustee** - Individuals who do not fall in either of the following categories: (1) individuals who have been determined as monetarily eligible for benefit payments; (2) individuals who have not exhausted all unemployment compensation (UC) benefit rights for which the individual has been determined monetarily eligible. • **Claimant** - Any individual who 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, because of an extended duration period, has not ended and who has not exhausted his/her benefit rights. • **Exhaustee** - Any individual who has exhausted all unemployment compensation (UC) benefit rights for which the individual has been determined monetarily eligible, including extended supplemental benefit right.
	UI Referred By Status	Select an option from the drop-down menu.
	Claimant has been exempted from work search	Select **Yes** or **No**.

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
	Data claimant was exempted from work search	Enter date.
	Unemployment Compensation Verify	Select appropriate verification document.
	Number of weeks unemployed	A prompt will appear if no information is entered here. Enter the number of weeks (0-26) that the individual was unemployed during the 26 weeks (6 months) immediately before applying for WIOA (i.e If the individual has never worked enter 26, as the number of weeks unemployed). Enter this information whether the individual is unemployed at the time of application.
	*Long-term Unemployed (27 or more consecutive weeks):	Pre-filled Select **Yes** or **No**. **LONG TERM UNEMPLOYED INDIVIDUAL** (see Bureau of Labor Statistics definition) – is a person who has been unemployed for 27 or more consecutive weeks.
	Current or most recent hourly rate of pay	Enter the hourly rate of pay.
	Occupation of most recent employment prior to WIA/WIOA participation (if available)	Click the <u>Search Onet</u> hyperlink and choose occupation.
	Employment History	Staff can add employment history by clicking on "<u>Add Employment History</u>" link.

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
Youth Eligibility Education Information *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	Youth Eligibility Date	Pre-filled
	Age for compulsory school attendance	Pre-filled *California (Age of Required School Attendance) = 6 - 18 years old*
	Most Recent Date Attended Secondary School	This field is conditionally required when: • The *Youth Eligibility Date* is 7/1/2015 or later, *and*: • The age on the *Youth Eligibility Date* is at or below the compulsory school age, and • *Attending Any School* is 'No'
	Within compulsory school age and did not attend the most recent complete school year calendar quarter (use most recent date attended secondary school)	This field is conditionally required when: • The *Youth Eligibility Date* is 7/1/2015 or later, *and*: • The age on the *Youth Eligibility Date* is at or below the compulsory school age, and • *Attending Any School* is 'No' This field will be disabled and set to 'No' if the individual's age is above the compulsory school age, or *(WIOA) Attending Any School* is set to 'Yes'. *California (Age of Required School Attendance) = 6 - 18 years old*
	Did not attend (compulsory age)	Select appropriate verification document.
	Has secondary school diploma/equivalent at Youth Program eligibility?	Select **Yes** or **No**.
	School status at Youth Program Eligibility	Select an option from the drop-down menu.
	(WIOA) Attending any School (used for In-School/Out-of-School determination)	• This value must be set to 'Yes' when the **"School status at Youth Program Eligibility"** selection is *In-school* for staff to continue. • Select 'No' when the **"School status at Youth Program Eligibility"** selection is *Not attending school*. • Youth participating in adult education under Title II of WIOA, YouthBuild, Job Corps, high school equivalency programs, and dropout re-engagement programs are considered as "not attending any school" and are counted as Out of School Youth for WIOA eligibility.
WIOA Education Information	*Highest School Grade Completed	Select an option from the drop-down menu.
	*High School Diploma or equivalent received	Select **Yes** or **No**.
	*Highest Education Level completed	Select an option from the drop-down menu.
	*Highest Grade and Educational Level	Select an option from the drop-down menu.
	*School Status	Select an option from the drop-down menu. Youth participating in adult education under Title II of WIOA, YouthBuild, Job Corps, high school equivalency programs, and dropout re-engagement programs are considered as "not attending any school" and are counted as Out of School Youth for WIOA eligibility.

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
Education Partner Services	*Receiving services from Adult Education (WIOA Title II)	Select the appropriate radio button.
	*Receiving services from YouthBuild	Select the appropriate radio button.
	YouthBuild Grant Number (If unknown, enter all 9s)	Enter number if known.
	*Receiving services from Job Corps	Select the appropriate radio button.
	*Receiving services from Vocational Education (Carl Perkins)	Select the appropriate radio button.
	Individualized Education Program Participant	Select an option from the drop-down menu.
Public Assistance *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	*Individual* or *member of a family* that is receiving, or in the past 6 months has received the following:	
	*Temporary Assistance for Needy Families (TANF)	Pre-filled Select **Yes** or **No**. **TANF** this program provides cash assistance to families with dependent children, through the U.S. Department of Health and Human Services. Select Yes if the individual has received case assistance or other support services from the TANF agency in the last six months prior to participation in the program.
	TANF Recipient	• Select for which individual the verification document is for. • Then, select appropriate verification document used.
	*Supplemental Security Income (SSI)	Pre-filled Select **Yes** or **No**. **SSI** is a government program that provides stipends to low-income people who are either aged (65 or older), blind, or disabled. Select Yes if the individual is receiving or has received SSI in the last six months prior to participation in the program.
	SSI Recipient	• Select for which individual the verification document is for. • Then, select appropriate verification document used.
	*General Assistance (GA)	Pre-filled Select **Yes** or **No**. **GA** is defined as State or Local cash assistance. Select Yes if the individual is receiving or has received GA payments in the last six months prior to participation in the program.
	GA Recipient	• Select for which individual the verification document is for. • Then, select appropriate verification document used.
	*Supplemental Nutrition Assistance Program (SNAP)	Pre-filled Select **Yes** or **No**. **SNAP** is a federal aid program, administered by the U.S. Department of Agriculture, which provides food-purchasing assistance for low- and no-income people. If the individual has received any assistance under this program within the past six months, or has been determined eligible prior to enrolling in this program, answer 'yes'.
	*Refugee Cash Assistance (RCA)	Pre-filled Select **Yes** or **No**.

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
	RCA Recipient	• Select for which individual the verification document is for. • Then, select appropriate verification document used.
	Individual receives, or in the past 6 months, received:	
	*Receiving Social Security Disability Insurance Income (SSDI)	Pre-filled Select **Yes** or **No**. **SSDI** is a payroll tax-funded, federal insurance program. It is designed to provide income supplements to people who are physically restricted in their ability to be employed because of a notable disability, usually a physical disability. SSDI can be supplied on either a temporary or permanent basis. Unlike Supplemental Security Income (SSI), SSDI does not depend on the income of the disabled individual receiving it. Select *Yes* if the individual is receiving or has received SSDI benefit payments in the last six months prior to participation in the program.
	Individual currently meets the following:	
	*Foster Child (State or local payments are made for applicant)	Pre-filled Select **Yes** or **No**.
	*Youth currently living in a high poverty area	Pre-filled Select **Yes** or **No**.
	*Youth currently receives, or is eligible to receive, free or reduced lunch under the Richard B. Russell National School Lunch Act	Pre-filled Select **Yes** or **No**.
	*Receiving services under SNAP Employment & Training Program	Pre-filled Select **Yes** or **No**.
	*Receiving, or has been notified will receive, Pell Grant	Pre-filled Select **Yes** or **No**.
	*Ticket to Work Holder issued by the Social Security Administration	Pre-filled Select **Yes** or **No**.
Individual Barriers	*English language learner	Select **Yes** or **No**. Select 'Yes' if the individual is a person who is learning the English language in addition to his or her native language.
	*High School dropout (WIOA Definition)	Pre-filled
	Not attending school; within age of compulsory school attendance	Pre-filled
	*Basic Skills Deficient/Low Levels of Literacy	Select **Yes** or **No**. Reference *SDWP Operations Manual, Chapter VII*.
	Add/View Basic skills scores	Click the "click here" link to enter information.

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
	*Homeless	Select **Yes** or **No**. If **Yes**: • Under "Residential Address" please provide the address of the shelter/location the individual last stayed in or the address of a relative who is authorized to receive the individual's mail. • Under "Mailing Address" provide an address at which the individual can receive correspondence. Reference *SDWP Operations Manual, Chapter VII*.
	*Runaway	Select **Yes** or **No**. Reference *SDWP Operations Manual, Chapter VII*.
	*Youth in, or aged out of, Foster Care	Select an option from the drop-down menu. Reference *SDWP Operations Manual, Chapter VII*.
	*Ex-Offender – individual has been arrested/convicted of a crime	Select **Yes** or **No**.
	*Pregnant/Parenting youth	Select **Yes** or **No** or **Did not disclose.**
	*Youth Requires Additional Assistance to complete an educational program or to secure/hold employment	Select **Yes** or **No**. Reference *SDWP Operations Manual, Chapter VII*.
	*Out-of-Home Placement	Select **Yes** or **No**. It could be a shelter home, foster home, group home, residential treatment center, or relative placement of juveniles.
	*Eligible under Section 477 of the Social Security Act	Select **Yes** or **No**. Is the youth 14-24 years old and is a current/former foster youth who is in need of assistance obtaining a high school diploma, career exploration, training in daily living skills, training in budgeting and financial management skills, and preventive health activities, among other services.
Barriers to Employment *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	Disabled	Pre-filled
	*Displaced Homemaker	Pre-filled Select **Yes** or **No**. **DISPLACED HOMEMAKER** (WIOA sec. 3(16)) – means an individual who has been providing unpaid services to family members in the home and who – • (A)(i) has been depending on the income of another family member but is no longer supported by that income; or • (ii) is the dependent spouse of a member of the Armed Forced on active duty (as defined in section 101(d)(1) of title 10, United States Code) and whose family income is significantly reduced because of a deployment (as defined in section 991(b) of title 10, United States Code, or pursuant to paragraph (4) of such section), a call or order to active duty pursuant to a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code, a permanent change of station or the service-connected (as defined in section 101(16) of title 38, United States Code) death or disability of the member; and • (B) Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
	Meets long term unemployment definition	Pre-filled **LONG TERM UNEMPLOYED INDIVIDUAL** (see Bureau of Labor Statistics definition) – is a person who has been unemployed for 27 or more consecutive weeks.
	*Within 2 years of exhausting TANF lifetime eligibility	Select **Yes** or **No**.
	Older individual (age 55 and older)	Pre-filled
	*Hawaiian Native	Pre-filled Select **Yes** or **No**.
	*American Indian/Alaskan Native	Pre-filled
	*Single Parent (including single pregnant women)	Select **Yes** or **No** or Participant did not self-identify. Reference *SDWP Operations Manual, Chapter VII*.
	*Cultural barriers	Select **Yes** or **No** or Participant did not self-identify. Reference *SDWP Operations Manual, Chapter VII*.

	*Eligible Migrant Season Farmworker as defined in WIOA sec 167(i)	Pre-filled
		
		Select **Yes** or **No**.
		
		An individual must be, on the date of application for enrollment, an *Eligible MSFW* or a *dependent* of an eligible MSFW (Migrant Seasonal Farmworker), as outlined by the following:
		
		• **Eligible Seasonal Farmworker** - a low-income individual who for 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agricultural or fish farming labor that is characterized by chronic unemployment or underemployment; and faces multiple barriers to economic self-sufficiency; and dependents of the seasonal farmworker are also eligible.
		
		• **Eligible Migrant Farmworker** - an eligible seasonal farmworker whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day; and dependents of the migrant farmworker are also eligible.
		
		• **Eligible MSFW Youth** - an eligible MSFW, ages 14-24, who is individually eligible or is a dependent of an eligible MSFW.
		
		• **Dependent** - an individual who:
		   ○ was claimed as a dependent on the eligible MSFW's Federal income tax return for the previous year; or
		   ○ Is the spouse of the eligible MSFW; or
		   ○ If not claimed as a dependent for Federal income tax purposes, is able to establish:
		     1. A relationship as the eligible MSFW's
		       i. Child, grandchild, great grandchild, including legally adopted children;
		       ii. Stepchild;
		       iii. Brother, sister, half-brother, half-sister, stepbrother, or stepsister;
		       iv. Parent, grandparent, or other direct ancestor but not foster parent;
		       v. Foster child;
		       vi. Stepfather or stepmother;
		       vii. Uncle or aunt;
		       viii. Niece or nephew;

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**

		ix. Father-in-law, mother-in-law, son-in-law; or
		x. Daughter-in-law, brother-in-law, or sister-in-law; and
		2. The receipt of over half of his/her total support from the eligible MSFW's family during the eligibility determination period.
		• **Additional conditions to be met include:**
		    o Male applicants must not have violated Section 3 of the Military Selective Service Act by not presenting and submitting to registration as required.
		    o To be eligible, participants must have the right to work in the United States.

	*Meets Governor's special barriers to employment	Select **Yes** or **No**.
Family Income *Please verify that information is correct.* This information is pre-filled based on information provided at Registration.	*Due to the individual's disability, they qualify as a family of 1	Pre-filled Select **Yes** or **No**.
	*Family Size	If **No** to all questions in the _Public Assistance_ section, then this section will ask individuals to indicate the number of people living in their household, and income within the last 6 months. This will help determine eligibility for certain program services based on low income.
	*Annualized Family Income	The *Family Income* section will indicate, in red text, whether family size and income information are optional in determining Low Income Status. **IMPORTANT** Optional fields are <u>encouraged</u> to assist with reporting and case management. • Choose from the drop-down menu family size. • Enter annualized family income in the space provided. Reference *SDWP Operations Manual, Chapter VII*.
Barriers *Please verify that information is correct.* Reference *SDWP Operations Manual, Chapter VII*.	*Gang Status	Select an option from the drop-down menu. An individual who is or has been subject to any stage of gang membership, gang involvement, or is at risk or gang involvement for whom services under WIOA may be beneficial; or who required assistance in overcoming artificial barriers to employment resulting from gang membership, involvement, or close connections to those in organized gangs.
	*Youth of Incarcerated Parent	Select **Yes** or **No**.
	Parole Number	Select **Yes** or **No**.
	*Substance Abuse	Select **Yes** or **No**. Substance abuse is defined as excessive use of alcohol or drugs (both prescription and illegal) that leads to clinically significant impairment or distress and occurring within a 12-month period and including: 5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household) 6. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
		7. Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct) Continued substance use despite having persistent of recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

Applicant Eligibility	This table displays an eligibility matrix summarizing which customer program groups (eligibility-types) the individual is eligible for, as well as priority of service conditions, and any reasons for not being eligible.
	The "inactive" box: This means an individual is eligible for the program and is highlighted in green.
	- *If staff check the "inactive" box this will discontinue the ability to enroll the individual in activities associated with that customer group.*
	Meets Low Income:
	The top of the Application Eligibility area displays whether the applicant meets the definition for low income.
	- If it's indicated as **Yes** that means that Low Income was already established (either based on previously verified low income related to responses for the Public Assistance tab, or later income entered and verified on the Family Income tab).
	- Otherwise it will indicate **No**.
	- Staff can also click a link to see a table for current low income guidelines, the same as the one on the Family Income tab.
	Eligibility Matrix:
	The eligibility matrix is a table which has a row for each customer program group (i.e., each eligibility type) that staff may have identified for application on the first Start tab.
	- The **Eligible** column indicates whether the applicant is eligible for services via that program type.
	- The **Priority** column will indicate the different priority statuses that apply to the individual, which staff must consider for priority of services, in addition to the basic eligibility status (e.g., Veteran, Basic Skills Deficient, and Low Income). Priority is important for staff who need to be aware of Priority Service, since WIOA does not mandate the same level of business rules to enforce Priority of Service in Enrollments
	- The **Exceptions/Limitation** column is primarily a column for exceptions/limitation that are determining possible eligibility, which staff mush consider. For example, a 5% Exception for youth who are in school and ineligible may display in this column, or an indication for 5% Limitation.
	- The **Reasons(s) Not Eligible** column will indicate identifiable reasons why eligibility is No or Undetermined in the Eligible column. For example:
	o If the eligibility type and date were not selected for Program Type on the Start tab, this column will indicate No Eligibility Date.
	o If the Exception column indicated 5% Exception, this column may indicate 5% Exception Checkbox Required.
	- The **Actions** column will include a checkbox for staff to Inactivate a individual who is eligible (i.e., in green).
	o This will discontinue the ability to enroll them in activities associated with that customer program group, but will not change their application status).
	o The column may include other checkboxes, if any other scenario, allows for a staff action.
	o For example, identifiable reasons why eligibility is No or Undetermined in the Eligible column.
	o For example, if a 5% Exception is required of the individual, as in-school youth, and staff is allowed to grant that exception, then a "Service under 5% exception" checkbox will display.

(YOUTH) WIOA APPLICATION		
SECTION	**FIELD**	**DESCRIPTION**
WIOA Grant Eligibility		This table displays state and national WIOA grant eligibility, which controls access to Grant funding streams in the Activity/Enrollment record.
Non-WIOA Grants		This table displays listings for Non-WIOA grants that are associated, or can be associated with the individual.
Grants		This table displays listings for ET/Local grant that are associated, or can be associated with the individual.
Staff Eligibility Information		This section contains the Case Manager assignment, staff comments, and staff case notes, as well as a link to access any WIOA Legacy Application Data, if applicable. • **Assign Case Manager** - Clicking this link allows staff to assign a case manager to this application (create/edit). • **Assign Me** - Clicking this link allows staff to assign this application to his/her own case load. • **Remove Case Manager Assignment** - Clicking this link allows staff to remove the Case Manager assigned to this application. • **Comments** - This optional field is available for adding text to staff with access to one of the Eligibility groups. The Spell Check link will check spelling for the entered text. • **Add a new Case Note** - Opens the case note interface in a new window, and allows staff to add a case note to CalJOBS. • **Show Filter Criteria** - Perform a new case note search according to the filter criteria entered, and click the Filter link to refresh the current screen to display results. • **Case Notes** - From the case notes table, click a link under the Subject column to view/edit an individual case note, or click Edit from the Action column. Clicking the envelope icon to send a message to the user. • **WIA Legacy Application Data** - This link only displays at the bottom if the WIOA Application if a WIA application was converted for the WIOA application.

COMPLETING AN ALTERNATE CONTACTS FORM

The Alternate Contacts Form is used to record additional and alternate contact information for an individual. This information is used if the individual cannot be reached through their primary contact information or contact is lost with the individual. Dependable alternate contact information is vital to the success of the individual and the provider. Recommended alternate contacts include parents and grandparents who are less likely to move as often as individuals. ***Provider staff <u>shall not</u> be listed as an alternate contact.***

Staff can document alternate contacts for an individual in multiple places such as ***Staff Profiles, Program Application, Outcome,*** or ***Follow-Up Form.***

Follow the steps below when entering/editing alternate contacts under ***Staff Profiles*** section:

1) Once you are in the individual's profile, expand the **Staff Profiles** folder by clicking on the plus sign (+) next to the folder icon.
2) Expand the ***General Profiles***.
3) Then select the link titled, ***<u>Activities.</u>*** Click on "Alternate Contacts".
4) Enter alternate contact information and then click the Save button.

Follow the steps below when entering/editing alternate contacts for an individual in their *Program Application*, *Outcome*, or *Follow-Up Form*:

1) Click the **Manage Alternate Contacts** link
Enter alternate contact information and then click the Save button

ALTERNATE CONTACTS FORM SCREEN 1

CalJOBS℠   **Below is a list of contacts for SHARPIE, VIOLET. If you would like to add to this list, click the Add Contact button.**

Contact	Relationship	Phone Number	Date Inactive	Action

Add Contact

ALTERNATE CONTACTS FORM SCREEN 2

CalJOBS℠   **Contact List for SHARPIE, VIOLET. Please provide information for the following fields and click the Save button when you are finished. If you do not want to add this contact at this time, click the Cancel button to exit this page.**

* indicates required fields.

Alternate Contact Information

*Contact Name	[_____]
Address 1	[_____]
Address 2	[_____]
City	[_____]
State	California ▾
Zip	[_____]
*Phone Number	[____] -Phone Prefix [____] -Phone Suffix [_____]
Email Address	[_____]
*Relationship	None Selected ▾
Other Description	[_____]
Date contact is no longer valid	[_____] (mm/dd/yyyy)

Save   **Cancel**

ALTERNATE CONTACTS FORM SCREEN 3

CalJOBS℠   **Below is a list of contacts for SHARPIE, VIOLET. If you would like to add to this list, click the Add Contact button.**

Contact	Relationship	Phone Number	Date Inactive	Action
Bart Simpson	Friend	460 - 198 - 9184		Edit

Add Contact

SCANNING DOCUMENTS

INTRODUCTION AND PURPOSE

When completing Program Application, Participation Form, Activity Enrollment Forms, or Case Closure Form staff can indicate the type of verification and can attach a document to the verification link. Staff can also scan and attach documents to Case Notes, such as a copy of supportive service receipts.

Once documents have been scanned, staff can view all scanned documents or only those used for verification.

When scanning documents for an individual follow the steps below:

1) Click the "Scan a Document" link to begin the scanning process.
2) Complete the Scanning Form
3) Then hit Scan Document [Scan Document] button.
    a) This will provide staff with a preview of the scanned image.
4) The scan image will display in the **Scanned Images** box.
5) Enter a document name, the name cannot be changed after initial save/upload.
6) Press Upload Document [Upload Document] button to save and upload the scanned document.

SCANNING FORM SCREEN 1

This page allows you to scan documents and store them in the system. Please follow the directions below to begin scanning.

*
Indicates required fields.

ⓘ *For help click the question mark icon.*

You must have a recent version of the DynamicWebTWAIN PlugIn to view your scanned documents. Please click here to download this software.

Document Association

Program:	Workforce Innovation and Opportunity Act (WIOA) Program
Application:	WIOA Application Application Date 1/1/2017
Verification Item:	WIOA - Date of Birth Verification
Verification Type:	Documentation in Case File

Document Information

* Document Tags:
Keywords that will be indexed with this attachment.

User Accessible: ○ Yes ● No

Scan Options

Select Source: [▼]
Pixel Type: ○ BW   ● Gray   ○ RGB
Resolution: [100 ▼]

Settings

☐ Show Source User Interface   ☐ Discard Blank Page
☑ Use Auto Document Feed   ☐ Duplex
☐ Insert new scanned image before current image

Scan Document

SCREEN 1 CONTINUED …

Scanned Images

Thumbnails	Zoom	Image Edit

Image Control Links

ᴋ ◄ 0 / 0 ► ᴍ

[Remove Current Image | Remove All Images]

Pointer   Hand   Crop

☐ Display interactive messages

Document Name

Specifying a document name for this scanned document is optional. If you do not provide a document name, the system will either use the Verification Type document selected, if available, or the current date and time as the document name.

Document Name:
(Optional)

Upload Document

SCANNING DOCUMENTS		
SECTION	**FIELD**	**DESCRIPTION**
Document Association	Program	Program will be automatically designated based on the Program. For example, if scanning documents for WIOA Program, Workforce Innovation and Opportunity Act (WIOA) Program will be designated.
	Application	Will be pre-filled with the individual's application information.
	Verification Item	Select the verification item that will be associated to the document uploaded.
	Verification Type	If an option is not already selected, chose an option. This is the kind of document being used to confirm the information
Document Information	*Document Tags	Enter keywords that can be used by staff when searching for these terms in association with a document. For example, a copy of an individual's Social Security card may be scanned into CalJOBS with the words "Social Security" in the Document Tags field. Staff who are searching for documents with the words "Social Security" in the Document Tags field would see a list of all scanned documents with those words in that field.
	User Accessible	**IMPORTANT** Select **No**. Only staff will have access to viewing the documents that were scanned.
Scan Options	Select Source	Select the Source from which staff are scanning the verification document from the drop-down list. If there are no scanners displayed in the drop-down list, it means that CalJOBS cannot find any scanners that may be connected to the staff's computer.
	Pixel Type	Select a Pixel Type for the scanned document using the following guidelines: BW Gray RGB
	Resolution	Select the Resolution for the scanned image from the drop-down list. Higher resolutions result in better-quality scanned images, but at the expense of a larger file size.
Settings	Settings	Select a setting. Use the **Image Control Links** to change the alignment and orientation of your scanned image.
Scanned Images	Scanning	When staff have finished selecting settings, click the Scan Document button to scan the verification document and view a preview of the scanned image on the screen. Use the Image Control Links to change the alignment and orientation of the scanned image which are located on the right hand side of the screen.
Document Name	Document Name	Enter a title for the document in the **Document Name** field and click the *Upload Document* button to upload the verification document from your computer and save it on the system.

VIEWING SCANNED DOCUMENTS

To view all scanned documents for an individual, follow the steps below:

1) Expand the **Staff Profiles** folder by clicking on the plus sign (+) next to the folder icon.
2) Then expand the *General Profile.*
3) Select the link titled, ***Documents (Staff)***.
4) A screen like the one below will appear with a list of all the documents scanned:
   a) Staff can view, delete, scan or link documents.

Staff Profiles

   General Profile
     Summary
     Case Notes
     Activities
     Documents (Staff)

Summary	Case Notes	Activities	Documents (Staff)

Documents Available

Listed below are the documents available on the selected Individual. Click the *View* link below to view that particular item.

⊞ Show Filter Options (Showing all records)

Documents Available

Listed below are the documents available on the selected Individual. Click the *View* link below to view that particular item.

⊞ Show Filter Options (Showing all records)

Results View: **Summary** | Detailed
Click a column title to sort.
☐ View Thumbnails

Document Name	Category	Size	Modify Date	Action
Birth_Certificate_(9-5-11).jpg	General	194 KB	3/20/2015	View | Delete
DD-214.jpg	Verification	152 KB	3/20/2015	View | Delete
~~for new casenote.tif~~	~~tion~~	34 KB	3/10/2015	View | Delete
Tax_Return_(9-6-11).jpg	General	~~158 KB~~		~~View | Delete~~

|◀ ◀ Page 1 ▾ of 2 ▶ ▶| Rows 5 ▾

[Add a Document]   [Scan a Document]   [Link a Document]

PROGRAM ENROLLMENT

INTRODUCTION AND PURPOSE

As part of the enrollment process, an individual must complete the WIOA Participation Form and Activity Enrollment Form. These two (2) forms are used to record the enrollment of an eligible WIOA individual into the program.

Participation Form

1. Used to gather details of the individual's status.
2. Required before the individual can be enrolled in any WIOA activities.

Activity Enrollment Form

1. **For WIOA Program:**
   o For Youth three (3) activities must be entered to document enrollment in WIOA program:
     - Activity Code 412 Objective Assessment,
     - Activity Code 413 Develop Service Strategies (IEP/ISS/EDP), and
     - A third (3rd) activity code, excluding the following:
       - Activity Code 412 *OR*
       - Activity Code 413 *OR*
       - <u>ANY</u> of the Supportive services activity codes

   o For Adult & Dislocated Worker:
     - Use *Activity Code 125 Job Search/Placement Asst., inc. Career Counseling* to document enrollment in WIOA program.

COMPLETING A PARTICIPATION FORM

Once staff have completed the program application for an individual, a plus sign appears next to the individual's program application link.

When completing a Participation Form, follow the steps below:

1. Expand **Workforce Innovation and Opportunity Act (WIOA) Program** application by clicking on the plus sign (+).
2. Then, expand the **Participation** form by clicking on the plus sign (+).
3. Select the *Create Participation* link to enroll the individual into WIOA program.
4. Answer all questions presented in the form and submit completed Participation Form using the **Save** button.

Workforce Innovation and Opportunity Act (WIOA) Program			Apps: 1

Create Workforce Innovation and Opportunity Act (WIOA) Application

⊟ ⚙ 📄 ✅ WIOA #15696273 - Complete

LWIA:	33 - San Diego Workforce Partnership, Inc.	Application Date	01/01/2017
		Participation Date:	01/01/2017
Onestop:	1277 - SDC San Diego Workforce Partnership (SDWP)	Closure Date:	N/A
		Exit Date:	N/A
Open/Total Activities:	1 / 1		

Case Information

ABC Eligibility Date: N/A	**Adult Eligibility Date:** 01/01/2017
Dislocated Worker Eligibility Date: N/A	**Youth Eligibility Date:** 01/01/2017
Incumbent Worker Eligibility Date: N/A	

Location and Staff

LWIA: 33 - San Diego Workforce Partnership, Inc.	**Onestop:** 1277 - SDC San Diego Workforce Partnership (SDWP)
Create Staff Username: 30326332	**Edit Staff Username:** 30326332
Case Manager: N/A	**Temporary Case Manager:** N/A

⊞ **Eligibility Summary**

⊞ **Participation**

PARTICIPATION FORM SCREEN 1

General Information

Staff User Add:	30326332
State ID:	1001591402
Name:	Violet Sharpie
Application Date:	01/01/2017
Earliest Eligibility Date:	01/01/2017

Participation Information

* Participation Date: [01/01/2017] 📅 Today

Date of Birth: 02/20/1990

Age at Participation: 26

* Employment Status at Participation:

[Not Employed ▾]

[**Verify** | **Scan** | **Upload** | **Link**]
✔ Documentation in Case File

* UC/UI Status: [Neither Claimant nor Exhaustee ▾]

[**Verify** | **Scan** | **Upload** | **Link**]

Highest Grade Completed: 12 Elementary/Secondary school grades completed

School Status at Participation:

Not attending school; Secondary School Graduate or has a recognized equivalent

[**Verify** | **Scan** | **Upload** | **Link**]
✔ Documentation in Case File

Out-of-School Youth: Yes

Save   Cancel   Delete   Print

PARTICIPATION FORM		
SECTION	**FIELD**	**DESCRIPTION**
General Information	Staff User Ad	The individual's **Staff User Ad**, **State ID**, **Name, Application Date, and Earliest Eligibility Date** are shown for reference and cannot be modified from this screen.
	State ID	
	Name	
	Application Date	
	Earliest Eligibility Date	
Participation Information This information is pre-filled based on information provided in WIOA Application. *Please verify that information is correct.*	*Participation Date	Enter participation date. This should be the date the individual begins their first service. This date **cannot** be prior to the WIOA Application date, or after the date of the individual's first service.
	Date of Birth	Pre-filled
	Age at Participation	Auto populates based on information entered in <u>Participation Date</u> section.
	*Employment Status at Participation	Select an option from the drop-down menu.
	*UC/UI Status	Select an option from the drop-down menu. WPRS = Worker Profiling and Reemployment Services
	Highest Grade Completed	Pre-filled
	School Status at Participation	Pre-filled (only applicable to Youth)
	Update Application School Status	Pre-filled (only applicable to Youth)
	Out of School Youth	Pre-filled (only applicable to Youth)

COMPLETING AN ACTIVITY ENROLLMENT FORM

When documenting program services for an individual follow the steps below:

1) Expand **Workforce Innovation and Opportunity Act (WIOA) Program** section by clicking on the plus sign (+).
2) Then, expand the **Activities/Enrollments/Services** section by clicking on the plus sign (+).
3) Then, click the ***Create Activity/Service/Enrollment*** link to document program services.

Workforce Innovation and Opportunity Act (WIOA) Program			Apps: 1

Create Workforce Innovation and Opportunity Act (WIOA) Application

WIOA #15696273 - Complete

LWIA:	33 - San Diego Workforce Partnership, Inc.	Application Date	01/01/2017
		Participation Date:	01/01/2017
Onestop:	1277 - SDC San Diego Workforce Partnership (SDWP)	Closure Date:	N/A
		Exit Date:	N/A
Open/Total Activities:	1 / 1		

Case Information

ABC Eligibility Date: N/A
Dislocated Worker Eligibility Date: N/A
Incumbent Worker Eligibility Date: N/A

Adult Eligibility Date: 01/01/2017
Youth Eligibility Date: 01/01/2017

Location and Staff

LWIA: 33 - San Diego Workforce Partnership, Inc.
Create Staff Username: 30326332
Case Manager: N/A

Onestop: 1277 - SDC San Diego Workforce Partnership (SDWP)
Edit Staff Username: 30326332
Temporary Case Manager: N/A

⊞ **Eligibility Summary**

⊞ **Participation**

⊞ **Activities / Enrollments / Services**

Create Activity / Service / Enrollment

OPENING AN ACTIVITY

Follow these steps below to open an activity.

1. Complete the *General Information* tab and click **Next**.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

General Information

Participant User Name: SDCVIOLETSHARPIE

Participant State ID: 1001591402

Last Name, First Name MI: Sharpie, Violet

Social Security Number: 2085

Address: 1450 University Ave
San Diego, CA 92105

Application Summary: **Program:**WIOA
Application Date:1/1/2017
Earliest Eligibility Date:01/01/2017

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
No data found.			

Next >>

[Exit Wizard]

2. Staff will be re-directed to the *Service Provider* Tab.
   a) Now that activity has been created, an activity case note must be added. To do so, click the *General Information* tab to return to that section.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

Enrollment Service Provider Information

Enrollment Summary:
Enrollment ID: 9132873
Username: SDCVIOLETSHARPIE
WIOA Application ID: 15696273
Youth Funding:Out Of School Youth
Activity Code: 412
Activity Dates: 1/1/2017 - 1/1/2017

* **Provider:**

[Select Provider]

* **Service, Course or Contract:**

[Select Service, Course or Contract]

Provider Locations:

[Select Provider Locations]

Provider Contacts:

[Select Provider Contacts]

* **Occupational Training Code:**   Not Applicable

<< Back   Next >>

[Exit Wizard]

3. Staff will be re-directed to the *General Information* tab.
   a) Scroll to the bottom of the page and under <u>Staff Information</u> click the "Add a new Case Note" link to add an activity case note.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

General Information

Participant User Name:	SDCVIOLETSHARPIE
Participant State ID:	1001591402

Staff Information

Staff ID:	30326332
＊Position:	Staff
Current Case Manager:	Case currently Not Assigned to a Case Manager **Assign Case Manager** **Assign Me** **Remove Case Manager Assignment**
Previous Case Manager:	
Comments:	

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
No data found.			

Staff Create:

Create Date:

Last Edited by:

Last Edit Date:

[Exit Wizard]

Next >>

4. After completing the case note form staff will be re-directed back to the *General Information* tab listing the activity case note.
   a) Then, click the save button to the save the information entered in the *General Information* tab.

5. Staff will be re-directed to the *Service Provider* Tab. Now that the activity is created & an activity case note has been added, staff will exit the Activity Enrollment Form and leave the activity open.

   a) To exit and leave activity open click the "Exit Wizard" link located at the bottom of the screen. A pop-up window will appear asking staff if they want to exit the activity without saving, click **OK**.

| General Information | Service Provider | Enrollment Cost | Financial Aid | Enrollment Budget | Budget Planning | Closure Information |

Enrollment Service Provider Information

Enrollment Summary: Enrollment ID: 9132873
Username: SDCVIOLETSHARPIE
WIOA Application ID: 15696273
Youth Funding:Out Of School Youth
Activity Code: 412
Activity Dates: 1/1/2017 - 1/1/2017

* **Provider:**

[Select Provider]

* **Service, Course or Contract:**

[Select Service, Course or Contract]

Provider Locations:

Message from webpage

Click OK to exit this activity without saving.
Note: NONE of the changes you have entered on this screen will be saved.
Click Cancel and then the Next button if you wish to save your data.

Provider Contacts:

OK   Cancel

* **Occupational Traini**

<< Back   Next >>

[Exit Wizard]

6. The system will take staff back to the Programs page with a WIOA Activity Record table that lists the individual's activities.

   a) Under "Status" column the green circle ⓞ indicates activity remains open.
   b) Under "Actual End Date"column the link **Closed** indicates activity remains open.

Workforce Innovation and Opportunity Act (WIOA) Program	Apps: 1

Create Workforce Innovation and Opportunity Act (WIOA) Application

WIOA #15696273 - Complete

LWIA:	33 - San Diego Workforce Partnership, Inc.	Application Date	01/01/2017
		Participation Date:	01/01/2017
Onestop:	1277 - SDC San Diego Workforce Partnership (SDWP)	Closure Date:	N/A
		Exit Date:	N/A
Open/Total Activities:	1 / 1		

Case Information

ABC Eligibility Date: N/A   **Adult Eligibility Date:** 01/01/2017
Dislocated Worker Eligibility Date: N/A   **Youth Eligibility Date:** 01/01/2017
Incumbent Worker Eligibility Date: N/A
Location and Staff

LWIA: 33 - San Diego Workforce Partnership, Inc.   **Onestop:** 1277 - SDC San Diego Workforce Partnership (SDWP)
Create Staff Username: 30326332   **Edit Staff Username:** 30326332
Case Manager: N/A   **Temporary Case Manager:** N/A

⊞ **Eligibility Summary**

⊞ **Participation**   01/01/2017

⊟ **Activities / Enrollments / Services**   1

Create Activity / Service / Enrollment

Search: [   ]

Status	Activity / Provider	WZ	Funding / Grant	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
ⓞ	412 - Objective Assessment No Provider Information	Ⓦ	Youth	01/01/2017	01/01/2017	01/01/2017	Close

Activity Status: ⓞ = Open, Ⓒ = Closed, Ⓢ = System Closed, Ⓥ = Voided

CLOSING AN ACTIVITY

Follow these steps below to close an activity.

1) Under the Actual End Date Column, click the **Close** link

Workforce Innovation and Opportunity Act (WIOA) Program	Apps: 1

Create Workforce Innovation and Opportunity Act (WIOA) Application

☐ ✳ 🖨 ✅ WIOA #15696273 - Complete

LWIA:	33 - San Diego Workforce Partnership, Inc.	Application Date	01/01/2017
		Participation Date:	01/01/2017
Onestop:	1277 - SDC San Diego Workforce Partnership (SDWP)	Closure Date:	N/A
		Exit Date:	N/A
Open/Total Activities:	1 / 1		

Case Information

ABC Eligibility Date: N/A   **Adult Eligibility Date:** 01/01/2017

Dislocated Worker Eligibility Date: N/A   **Youth Eligibility Date:** 01/01/2017

Incumbent Worker Eligibility Date: N/A
Location and Staff

LWIA: 33 - San Diego Workforce Partnership, Inc.   **Onestop:** 1277 - SDC San Diego Workforce Partnership (SDWP)

Create Staff Username: 30326332   **Edit Staff Username:** 30326332

Case Manager: N/A   **Temporary Case Manager:** N/A

⊞ Eligibility Summary	

⊞ Participation	01/01/2017

⊟ Activities / Enrollments / Services	1

Create Activity / Service / Enrollment

Search:

Status	Activity / Provider	WZ	Funding / Grant	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
O	412 - Objective Assessment No Provider Information	W	Youth	01/01/2017	01/01/2017	01/01/2017	Close

Activity Status: O = Open, C = Closed, S = System Closed, V = Voided

2) Staff will be re-directed to the *Closure Information* tab.
   a) Scroll to the bottom of the page and under <u>Staff Information</u> click the "Add a new Case Note" link to add an activity case note.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

Closure Information

Enrollment Summary: Enrollment ID: 9132873
Username: SDCVIOLETSHARPIE

Staff Information

Staff ID: 30326332

* Position: Staff

Current Case Manager: Case currently Not Assigned to a Case Manager
Assign Case Manager
Assign Me
Remove Case Manager Assignment

Previous Case Manager:

Comments:

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
No data found.			

Staff Create:

Create Date:

Last Edited by:

Last Edit Date:

3) After completing the case note form staff will be re-directed back to the *Closure Information* tab listing the activity case note.
   a) Then, click the finish button to the save the information entered and close the activity.

Staff Information

Staff ID: 30326332

*Position: [Staff ▾]

Current Case Manager: Case currently Not Assigned to a Case Manager
Assign Case Manager
Assign Me
Remove Case Manager Assignment

Previous Case Manager: [   ]

Comments: [   ]

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
16755569	02/08/2017	**Applicant Statement**	**Edit** | ✉

◀◀ ◀ Page [1 ▾] of 1 ▶ Rows: [100 ▾] ▶▶

Staff Create:

Create Date:

Last Edited by:

Last Edit Date:

                                (<< Back) (Finish) (Delete)

Exit Wizard

4) The system will take staff back to the Programs page with a WIOA Activity Record table that lists the individual's activities.

   a) Under "Status" column the orange block indicates activity has been closed.
   b) Under "Actual End Date" column the link **with a date & completion status** indicates activity has been closed.

Workforce Innovation and Opportunity Act (WIOA) Program	Apps: 1

Create Workforce Innovation and Opportunity Act (WIOA) Application

WIOA #15696273 - Complete

LWIA:	33 - San Diego Workforce Partnership, Inc.	Application Date	01/01/2017
		Participation Date:	01/01/2017
Onestop:	1277 - SDC San Diego Workforce Partnership (SDWP)	Closure Date:	N/A
		Exit Date:	N/A
Open/Total Activities:	1 / 1		

Case Information

ABC Eligibility Date: N/A

Dislocated Worker Eligibility Date: N/A

Incumbent Worker Eligibility Date: N/A

Adult Eligibility Date: 01/01/2017

Youth Eligibility Date: 01/01/2017

Location and Staff

LWIA: 33 - San Diego Workforce Partnership, Inc.

Create Staff Username: 30326332

Case Manager: N/A

Onestop: 1277 - SDC San Diego Workforce Partnership (SDWP)

Edit Staff Username: 30326332

Temporary Case Manager: N/A

⊞ **Eligibility Summary**	
⊞ **Participation**	01/01/2017
⊟ **Activities / Enrollments / Services**	1

Create Activity / Service / Enrollment

Search:

Status	Activity / Provider	WZ	Funding / Grant	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
C	413 - Develop Service Strategies (IEP/ISS/EDP) No Provider Information	W	Youth	01/20/2017	01/20/2017	01/20/2017	01/20/2017 Successful Completion

Activity Status: O = Open, C = Closed, S = System Closed, V = Voided

OPENING & CLOSING AN ACTIVITY

Follow these steps below to open and close an activity.

1) Complete the *General Information* tab and click **Next**.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

General Information

Participant User Name: SDCVIOLETSHARPIE

Participant State ID: 1001591402

Last Name, First Name MI: Sharpie, Violet

Social Security Number: 2085

Address: 1450 University Ave
San Diego, CA 92105

Application Summary: **Program:**WIOA
Application Date:1/1/2017
Earliest Eligibility Date:01/01/2017

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
No data found.			

Next >>

[Exit Wizard]

2) Staff will be re-directed to the *Service Provider* Tab.
   a) Since most activities (except for activity code 300) do not require funding, staff will skip past the ***Service Provider***, ***Enrollment Cost, Financial Aid, Enrollment Budget*** and ***Budget Planning*** tabs*.*
   b) To skip past these tabs, click on the *Closure Information* tab.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

Enrollment Service Provider Information

Enrollment Summary:

Enrollment ID: 9132873
Username: SDCVIOLETSHARPIE
WIOA Application ID: 15696273
Youth Funding:Out Of School Youth
Activity Code: 412
Activity Dates: 1/1/2017 - 1/1/2017

* Provider:

[Select Provider]

* Service, Course or Contract:

[Select Service, Course or Contract]

Provider Locations:

[Select Provider Locations]

Provider Contacts:

[Select Provider Contacts]

* Occupational Training Code: Not Applicable

<< Back   Next >>

[Exit Wizard]

3) Staff will be re-directed to the *Closure Information* tab.
   a) Scroll to the bottom of the page and under <u>Staff Information</u> click the "Add a new Case Note" link to add an activity case note.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	**Closure Information**

Closure Information

Enrollment Summary: Enrollment ID: 9132873
                          Username: SDCVIOLETSHARPIE

Staff Information

Staff ID: 30326332

＊Position: Staff

Current Case Manager: Case currently Not Assigned to a Case Manager
                           Assign Case Manager
                           Assign Me
                           Remove Case Manager Assignment

Previous Case Manager:

Comments:

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
No data found.			

Staff Create:

Create Date:

Last Edited by:

Last Edit Date:

[Exit Wizard]   Next >>

4) After completing the case note form staff will be re-directed back to the *Closure Information* tab listing the activity case note.
   a) Then, click the finish button to the save the information entered and close the activity.

Staff Information

Staff ID:	30326332
* Position:	Staff ⌄
Current Case Manager:	Case currently Not Assigned to a Case Manager **Assign Case Manager** **Assign Me** **Remove Case Manager Assignment**
Previous Case Manager:	
Comments:	

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
16755569	02/08/2017	**Applicant Statement**	**Edit** | ✉

◄◄ ◄ Page 1 ⌄ of 1 ► Rows: 100 ⌄
►►

Staff Create:

Create Date:

Last Edited by:

Last Edit Date:

<< Back   Finish   Delete

Exit Wizard

5) The system will take staff back to the Programs page with a WIOA Activity Record table that lists the individual's activities.

a) Under "Status" column the orange block indicates activity has been closed.

b) Under "Actual End Date"column the link **with a date & completion status** indicates activity has been closed.

Workforce Innovation and Opportunity Act (WIOA) Program	Apps: 1

Create Workforce Innovation and Opportunity Act (WIOA) Application

WIOA #15696273 - Complete

LWIA:	33 - San Diego Workforce Partnership, Inc.	Application Date	01/01/2017
		Participation Date:	01/01/2017
Onestop:	1277 - SDC San Diego Workforce Partnership (SDWP)	Closure Date:	N/A
		Exit Date:	N/A
Open/Total Activities:	1 / 1		

Case Information

ABC Eligibility Date: N/A
Dislocated Worker Eligibility Date: N/A
Incumbent Worker Eligibility Date: N/A

Adult Eligibility Date: 01/01/2017
Youth Eligibility Date: 01/01/2017

Location and Staff

LWIA: 33 - San Diego Workforce Partnership, Inc.
Create Staff Username: 30326332
Case Manager: N/A

Onestop: 1277 - SDC San Diego Workforce Partnership (SDWP)
Edit Staff Username: 30326332
Temporary Case Manager: N/A

⊞ Eligibility Summary	
⊞ Participation	01/01/2017
⊟ Activities / Enrollments / Services	1

Create Activity / Service / Enrollment

Search:

Status	Activity / Provider	WZ	Funding / Grant	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
C	413 - Develop Service Strategies (IEP/ISS/EDP) No Provider Information	W	Youth	01/20/2017	01/20/2017	01/20/2017	01/20/2017 Successful Completion

Activity Status: O = Open, C = Closed, S = System Closed, V = Voided

ACTIVITY ENROLLMENT FORM SCREEN 1

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

General Information

Participant User Name: SDCVIOLETSHARPIE

Participant State ID: 1001591402

Last Name, First Name MI: Sharpie, Violet

Social Security Number: 2085

Address: 1450 University Ave
San Diego, CA 92105

Application Summary: **Program:**WIOA
Application Date:1/1/2017
Earliest Eligibility Date:01/01/2017

Participation Date: 01/01/2017

WIOA Youth Funding: Out Of School Youth

＊Customer Program Group: 20E - Youth Out School

＊LWIA Region: San Diego Workforce Partnership, Inc.
LWIA cannot be modified if staff has local region assignment.

＊Office Location: None Selected

Agency Code Search: **Click Here**

Agency Code: [   ] - [   ]

> **Required:**
> Enter Agency Code

Enrollment Information

Grant: None Selected

WIOA Title II Partner Program: ☐ **Yes**, service is a WIOA Title II Partner Program.

＊Activity Code: [   ] [   ]

[Select Activity Code]

Projected Begin Date: [   ] 📅 Today

Actual Begin Date: [   ] 📅 Today

＊Projected End Date: [   ] 📅 Today

Any classes attended through Distance Learning: ○ Yes ⦿ No

Participant has been issued an ITA and the ITA will pay for this service: None Selected

> Click the Select Activity Code, a pop-up window will appear listing available activity codes.
>
> If a *Projected Begin Date* (rather than Actual) is entered, the record is considered a pending activity and is not considered for any reporting, because it is merely a planned activity, not an activity provided or received.
>
> When completing the "Closure" tab the system will not allow staff to close activity if an *Actual Begin Date* is not entered.

SCREEN 1 CONTINUED …

Staff Information

Staff ID: 30326332

* Position: Staff

Current Case Manager: Case currently Not Assigned to a Case Manager
                             Assign Case Manager
                             Assign Me

                             Remove Case Manager Assignment
Previous Case Manager:

Comments:

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
No data found.			

Next >>

[**Exit Wizard**]

ACTIVITY ENROLLMENT FORM SCREEN 2

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	**Closure Information**

Closure Information

Enrollment Summary:
Enrollment ID: 9132903
Username: SDCVIOLETSHARPIE
WIOA Application ID: 15696273
Youth Funding:Out Of School Youth
Activity Code: 125
Activity Dates: 1/20/2017 - 1/20/2017

Last Activity Date: [_____] 📅 Today

Completion Code: None Selected ▾

School Status
on Last Day of Service: None Selected ▾

School Status Verification: [**Verify** | **Scan** | **Upload** | **Link**]

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
No data found.			

(<< Back)   (Finish)   (Delete)

Exit Wizard

Finish and Start a New Activity

Activity Enrollment Form		
SECTION	**FIELD**	**DESCRIPTION**
General Information	Participant User Name	The individual's **User Name**, **State ID**, **First and Last Name**, **Social Security Number**, **Address**, and **Application Summary** are shown for reference and cannot be modified from this screen.
	Participant State ID	
	Last Name, First Name MI	
	Social Security Number	
	Address	
	Application Summary	
	Participation Date	The **Participation Date** shown for the individual was established previously. Under WIOA, participation does not occur until the first activity has been recorded in the system for the individual. This field cannot be modified.
	* Customer Program Group	The individual's **Customer Program Group** is shown for reference and cannot be modified.
	* LWIA Region	Select San Diego Workforce Partnership, Inc.
	* Office Location	Select an option from drop-down menu.
	Agency Code Search	**MANDATORY FIELD** Staff need to enter the agency code they have been provided by their program specialist. Staff can find the agency code by clicking on the "Agency Code Search" link.
	Agency Code	This will auto populate based on the information in the previous field.
Enrollment Information	Grant	Select a **Grant** for this activity, if applicable.
	WIOA Title II Partner Program	WIOA Title II programs provide adult education and literacy instruction. If *Yes* is selected, it indicates that the funding for the activity is being provided by the partner program and no fund tracking will occur, and staff will be prompted to **Select a Partner** from the drop-down list to choose from a list of WIOA Title II partners.
	* Activity Code	Activity Codes identify the categories of services that can be offered to individuals as either Program Services (such as Occupational Skills Training, On-the-Job Training, or Initial Assessment) or Support Services (such as Child Care, Transportation, or Uniform Allowances). Click the "Select Activity Code" link to access a pop-up window that allows staff to select an activity code for this activity.
	Projected Begin Date	Staff may select either a **Projected Begin Date** or **Actual Begin Date**, as appropriate, and a **Projected End Date**. Dates should be entered using an MM/DD/YYYY format (e.g., 09/12/2006). Staff can also enter a date by clicking on the calendar icon in that field.
	Actual Begin Date	**NOTE:**
	* Projected End Date	*If a Projected Begin Date (rather than Actual) is entered, the record is considered a pending activity and is not considered for any reporting, because it is merely a planned activity, not an activity provided or received. When completing the "Closure" tab the system will not allow staff to close activity if an Actual Begin Date is not entered.*

Activity Enrollment Form

SECTION	FIELD	DESCRIPTION
	Any classes attended through Distance Learning	Select *Yes* or *No*. *A method of studying in which lectures are broadcast or classes are conducted by correspondence or over the Internet, without the student's needing to attend a school or college. Also, called distance education.*
	Participant has been issued an ITA and the ITA will pay for this service.	Select an option from drop-down menu.
Staff Information	Staff ID	**Staff ID** information is listed, but cannot be modified.
	* Position	Select staff **Position** from the drop-down list.
	Current Case Manager (*Assign Case Manager, Assign Me, Remove Case Manager Assignment*)	The system will display the current program case manager for this individual in the **Current Case Manager** field, if a case manager was previously determined. Click the **Assign Case Manager** link to change the case manager associated with this activity enrollment. Click the **Assign Me** link to assign yourself as the case manager for this individual.
	Previous Case Manager	The **Previous Case Manager** field displays the name of the staff user saved in the previous transaction's case manager field.
	Comments	If staff would like to add any additional information about this activity enrollment, enter the details in the **Comments** box.
	Case Notes	Enter case note details. Click the "Spell Check" link to correct errors. Case Note Description elaborates on services provided, planned activities, referrals, attempts to contact, and/or other important information in an individual's file. Activities shall always be supported by a case note that clearly and completely describes the event/activity being documented so that it may be understood by anyone reviewing the note. Reviewers may include other line staff, managers, Information Systems staff, Program Specialists, Monitors/Auditors, and other pertinent professionals. Case notes should be concise, clear, spelled properly, and grammatically correct. Only commonly used and accepted acronyms and abbreviations shall be used. Case notes should be professional, ethical, and objective. Case notes are part of the individual's legal file and may be used to determine the legitimacy of grievances or disputes.
Closure Information	Enrollment Summary	Will display information such as Enrollment ID, Username, Application ID, Activity Code, and Activity Dates.
	Last Activity Date	Enter the **Last Activity Date** for this individual's enrollment in the field provided, using an MM/DD/YYYY format (e.g. 12/09/2006).
	Completion Code	Select a **Completion Code** for this activity from the drop-down list.
	School Status on Last Day of Service	Select a **School Status on Last Day of Service** for this activity from the drop-down list.
	School Status Verification	Verify the **School Status on Last Day of Service** for this activity using the **Verify** link.
	Case Notes	Enter case note details. Click the "Spell Check" link to correct errors.

INDEPENDEDNT EMPLOYMENT PLAN (IEP)/ INDEPENDENT SERVICE STRATEGY (ISS)

INTRODUCTION AND PURPOSE

The Individual Employment Plan (IEP)/Independent Service Strategy (ISS) is required by WIOA for every individual enrolled into intensive staff-assisted services. The IEP/ISS is an ongoing strategy jointly developed by the participant and the case manager that identifies the participant's employment and/or education goals, the appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment/education goals.

An individual can only have one IEP/ISS open at a time. The IEP/ISS itself must be created first, followed by the plan's goals and objectives.

To access IEP/ISS:

[Assist an individual | Staff Services | Individual Portfolio]

IEP/ISS Form

CalJOBS℠ Step 1 of 4. Enter your information below. When you are finished click the *Next>>* button.

Plan	Goals	Objectives	Services

* *Indicates required fields.*   ⓘ *For help click the question mark icon.*

Identifying Information

Plan ID Number	0
State ID	31979
User Name	SDCEPOE1
User ID	33046
Name	Poe, Edgar
Created By	Not Available
Create On	
Last Edited By	
Edited On	

Currently Participating In

ⓘ

Currently participating in the following programs:

Wagner Peyser: Application Date: 03/27/2017
Participation Date: 03/27/2017

Workforce Innovation and Opportunity Act: Application Date: 02/01/2017
Participation Date: 03/20/2017

CONTINUED...

Plan Information

* Plan Start Date ☐☐☐☐☐☐☐ (mm/dd/yyyy) 📅 Today

* LWIA/Region San Diego Workforce Partnership, Inc. ▾

* Plan started in office location 14623 San Diego Workforce Partnership ▾

Plan closed on ☐☐☐☐☐☐☐ (mm/dd/yyyy) 📅 Today

When printing plan do you want to print services? ☐

Exit Wizard

Next >>

Goals Tab

CalJOBS℠ Step 2 of 4. Enter your information below. When you are finished click the *Next>>* button.

Plan	Goals	Objectives	Services

❓ *For help click the question mark icon.*

General Information

User Name SDCEPOE1

User ID 33046

Name Poe, Edgar

IEP Goals

#	Goal	Date Established	Est. date for Completion	Program	Staff	Status	Action
4058	Schooling - obtain HSD	03/20/2017	08/01/2017	WIOA	Staff04, SDC	Open	Edit Delete

Add New Goal

Exit Wizard

<< Back   Next >>

Adding a new IEP goal:

* *Indicates required fields.*

General Information

User Name	SDCEPOE1 ✕
User ID	33046
Name	Poe, Edgar
Plan Start Date	3/20/2017

Goal Information

* LWIA/Region San Diego Workforce Partnership, Inc. ▾

* Office 14623 San Diego Workforce Partnership ▾

* Program Affiliation
☐ Wagner-Peyser (WP) Program
☐ Workforce Innovation and Opportunity Act (WIOA) Program

* Type of Goal None Selected ▾ ⟶

- Employment
- Training
- Schooling

* Term of Goal None Selected ▾ ⟶

- Short Term
- Long Term
- Intermediate Term

* Description of Goal [_____]

* Date Established [____] (mm/dd/yyyy) 📷 Today

* Estimated Completion Date [____] (mm/dd/yyyy) 📷 Today

Actual Completion Date [____] (mm/dd/yyyy) 📷 Today

* Completion Status Open ▾ ⟶

- Open
- Closed

Reason Closed None Selected ▾ ⟶

- Successful
- Unsuccessful

Goal Details(Comments)

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

Continued …

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

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Format | Font | Size | A |

[Spell Check | Clear Text | Remove All Formatting]

Created By

Last Edited By

Save   Cancel

CalJOBS℠ **Step 3 of 4. Enter your information below. When you are finished click the *Next>>* button.**

Plan	Goals	Objectives	Services

 ⓘ *For help click the question mark icon.*

General Information

User Name	SDCEPOE1
User ID	33046
Name	Poe, Edgar

Objective Information

Goal Description	Objective	Date Established	Review Date	Program(s)	Staff	Status	action
obtain HSD	Research how many credits needed for HSD	03/25/2017	05/09/2017	WIOA	Staff04, SDC	Open	Edit Delete
obtain HSD	enroll in school to complete credits	03/30/2017	05/14/2017	WIOA	Staff04, SDC	Open	Edit Delete
obtain HSD	obtain HSD	03/20/2017	05/04/2017	WIOA	Staff04, SDC	Open	Edit Delete

Add new objective

Select pre-defined objectives

Exit Wizard

<< Back   Next >>

Add a new objective:

* *Indicates required fields.*

For help click the question mark icon.

General Information

Username   SDCEPOE1

User ID   33046

Name   Poe, Edgar

Objective Information

* **Goal**   obtain HSD

Goal Date Established   3/20/2017

* **LWIA/Region**   San Diego Workforce Partnership, Inc.

* **Office Location**   14623 San Diego Workforce Partnership

* **Program Affiliation**   Workforce Innovation and Opportunity Act (WIOA) Program

* **Objective**   Research how many credits needed for HSD

* **Date Established**   03/25/2017 (mm/dd/yyyy)   Today

* **Review Date**   05/09/2017 (mm/dd/yyyy)   Today

Actual Completion Date   (mm/dd/yyyy)   Today

Completion Status   Open

Reason Closed   None Selected

Created By   5182

Last Edited By   5182

Objective Details
(Comments)

Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

B *I* U I_x | ≡ ≡ ≡ ≡ | ⌸ ⌸ | ≡ Ω ⊞

Format   Font   Size   A▾ ▤ ← → ?

[Spell Check | Clear Text | Remove All Formatting]

Save   Cancel

Plan	Goals	Objectives	Services

For help click the question mark icon.

General Information

User Name	SDCEPOE1
User ID	33046
Name	Poe, Edgar

IEP Services

App # - program	Service/Activity	Begin Date	End Date	Provider	Staff
2239054 - WIOA	205 - Development of IEP/ISS/EDP	A - 03/20/2017	A - 03/20/2017	Employment Service	5182
2239054 - WIOA	412 - Objective Assessment	A - 03/20/2017	A - 03/20/2017		5182

Exit Wizard

<< Back   Finish   Delete

This tab displays the services that are associated to the IEP.

General Information - This section displays the **User Name** and **Name** of the individual you are currently assisting.

IEP Services - This section lists the services associated with the IEP. Information displayed includes the **App # - program**, **Service/Activity** code, **Begin Date**, **End Date**, **Provider**, and the **Staff** who recorded the service.

IEP has been documented:

#	LWIA/Region	Office Location	Status	# of Goals	Staff	Date	Action
3761	San Diego Workforce Partnership, Inc.	14623 San Diego Workforce Partnership (SDWP)	OPEN	1	Staff04, SDC	03/20/2017	Edit Delete Display/Print

Individual Employment Plan

Create Individual Employment Plan/Service Strategy

*Indicates System Required Fields
Indicates Unchangeable Field

IEP/ISS SUMMARY		
PLAN		
SECTION	*FIELD*	*DESCRIPTION*
Identifying Information	Plan ID Number	Unchangeable field
	State ID	Unchangeable field
	User Name	Unchangeable field
	User ID	Unchangeable field
	Name	Unchangeable field
	Created By	Unchangeable field
	Create On	Unchangeable field
	Last Edited By	Unchangeable field
	Edited On	Unchangeable field
	Plan ID Number	Unchangeable field
Currently Participating In	Currently Participating in the following programs: Workforce Innovation and Opportunity Act	Unchangeable field. Application Date Participation Date
Plan Information	*Plan Start Date	Enter the Participation Date
	*LWDB/Region	
	*Plan started in office location	
	Plan closed on	Enter the Closure Date
	When printing plan do you want to print services?	No, leave unchecked
GOALS		
SECTION	*FIELD*	*DESCRIPTION*
General Information	User Name	Unchangeable field
	User ID	Unchangeable field
	Name	Unchangeable field
IEP Goals	#	The system will list all goals entered for the participant on this page, including dates and the status of each goal. All goals must be closed prior to the closure form being completed.
	Goal	
	Date Established	
	Est. date for completion	
	Program	
	Staff	
	Status	
	Action	

ADD NEW GOAL

SECTION	FIELD	DESCRIPTION
General Information	User Name	Unchangeable field
	State ID	Unchangeable field
	User ID	Unchangeable field
	Name	Unchangeable field
	Plan Start Date	Unchangeable field
Goal Information	*LWBD/Region	
	*Office	
	*Program Affiliation	Check box - Title I - Workforce Development
	*Type of Goal	Employment - The goal is related to successful placement in employment Training - The goal is related to successful credential attainment Schooling - The goal is related to successful placement in post-secondary and/or credential attainment.
	*Term of Goal	Short Term - The time-frame for the goal is 1-3 months Long Term - The time frame for the goal is more than 6 months Intermediate Term - The time frame for the goal is 3-6 months
	*Description of Goal	This will name the goal in the list of goals (includes "Type of Goal" from above) Examples: Employment - Find a job ASAP, Schooling - Get GED/HS Diploma
	*Date Established	Enter the date the goal was established
	*Estimated Completion Date	Enter the estimated completion date based on the plan discussed with the participant.
	Actual Completion Date	If a goal was met, enter the completion date
	*Completion Status	Open - If the participant is working towards the goal Closed - If the participant has met that goal
	Reason Closed	Successful - The goal was met successfully Unsuccessful - The goal was not met prior to closure
	Goal Details (Comments)	Enter goal details, as applicable. Describe how the goal will be accomplished. Include any ties to supportive services, incentives, stipends or work experience.

OBJECTIVES

SECTION	FIELD	DESCRIPTION
General Information	User Name	Unchangeable field
	User ID	Unchangeable field
	Name	Unchangeable field
Objective Information	Goal Description	The system will list all objectives entered for the participant on this page, including dates and the status of each objective. All objectives must be closed prior to the closure form being completed.
	Objective	
	Date Established	
	Review Date	
	Program(s)	
	Staff	
	Status	

	Action	

ADD NEW OBJECTIVE		
SECTION	*FIELD*	*DESCRIPTION*
General Information	User Name	Unchangeable field
	State ID	Unchangeable field
	User ID	Unchangeable field
	Name	Unchangeable field
	Plan Start Date	Unchangeable field
Objective Information	*Goal	Select the goal that corresponds to the new objective
	Goal Date Established	Enter the date the goal was established
	*LWBD/Region	
	*Office Location	
	*Program Affiliation	Select "Title I - Workforce Development"
	*Objective	This will name the objective in the list of objectives. Examples: Create resume and cover letter, complete prerequisites for training
	*Date Established	Enter the date the goal was established
	*Review Date	Enter the date the objective was reviewed with the participant by the case manager (every 3-6 months)
	Actual Completion Date	If an objective was met, enter the completion date
	Completion Status	Open - If the participant is working towards the goal Closed - If the participant has met that goal
	Reason Closed	Successful - The objective was met successfully Unsuccessful - The objective was not met prior to closure
	Created By	Unchangeable field
	Last Edited By	Unchangeable field
	Objective Details (Comments)	Enter objective details, as applicable. Describe how the objective will be accomplished. Include any ties to supportive services, incentives, stipends or work experience.

OBJECTIVE ASSESSMENT SUMMARY

INTRODUCTION AND PURPOSE

The Objective Assessment Summary provides background information of an individual of the academic levels, skills levels, and service needs of each participant, which shall include a review of:

- program expectations,
- educational history and expectations,
- basic skills,
- occupational skills,
- prior work experience,
- employability & work readiness,
- interests,
- aptitudes (including interests and aptitudes for nontraditional jobs),
- supportive service needs and barriers to employment,
- mental health services, and
- developmental needs.

The Objective Assessment Summary must be conducted after enrollment and prior to providing program services.

To access Objective Assessment Summary:

General Section

General Information

User Name:	LIZMOUNTBATTEN
User ID:	34314
State ID:	32814
* Program:	None Selected ▾
* Application ID:	None Selected ▾
* LWIA:	None Selected ▾
* Office:	None Selected ▾
* Assessment Create Date:	11/05/2018 🔲 Today
Attach Active Plan:	○ Yes ● No
IEP ID #	
Age at Assessment	49

Contact Information

* Name	Elizabeth Mountbatte
* Address Line 1	123 Buckingham Place
Address Line 2	
* City	San Diego
* State	California ▾
* Zip Code	92105
* Primary Phone Number	949 - 123 - 4567
Alternate Phone Number	- -
Fax Number	- -
* Email	example@workforce.o

Edit Contact Info

Alternate Contact

Alternate Contact   Click Here

Staff

Staff User ID   5200 (SDC,Staff15)

Date Completed   11/05/2018

Overall Note

Spell Check

Cancel   Next >>

Expectation Section

[General] [Expectation] [Education] [Degree] [Certificate] [Employment] [Work Readiness]
[Barriers] [Tests] [Referrals]

Program Expectations

* Are you seeking immediate employment   ○ Yes   ● No

* What services are you seeking

Spell Check

Employment Expectations

Occupation 1   Select Occupation

> 11-1011.00
>
> Chief Executives

Occupation 2   Select Occupation

Occupation 3   Select Occupation

Employment Type   [Regular ▾]

Full or Part Time   [Full Time (30 Hours or More) ▾]

Shift Preferences
☐ 1st   ☐ 2nd   ☐ 3rd
☐ Rotating   ☐ Split Shift   ☐ Any

Desired Salary   [None Selected ▾]

Benefits Needed
☐ Health Insurance   ☐ Paid Vacation Time
☐ Paid Sick Leave   ☐ Retirement/Pension

Longest Commute Distance (mi)   [   ]

Job Search Assistance Requested
☐ Help Getting Started in Job Search   ☐ Resume Assistance
☐ Completing Job Applications   ☐ Interviewing Skills
☐ Job Openings   ☐ Referrals to Employers

* Desires Help in Career Planning   ○ Yes   ● No

* Seeking Training Services   ○ Yes   ● No

* Training Preferences

[text area]

Spell Check

Seeking Post-secondary Education (Youth)   ○ Yes   ○ No

Post-Secondary Preferences

[text area]

Spell Check

Other Assistance Expected

[text area]

Spell Check

Education Section

Education History

Highest Grade Completed

12th Grade Completed & Did not receive ▼

Currently Enrolled in School

No, Not Attending Any School ▼

Education History Assessment Summary

Spell Check

Basic Skills / Education Factors

High School Dropout ☐

Basic Skills Deficient ☐

☐ Reading below 9th Grade
☐ Math below 9th Grade
☐ Language Below 9th Grade
☐ Literacy
☐ Non-Reader

Lacks Computer Skills ☐

Primary language spoken at home: None Selected ▼

Needs interpretation services ☐

Limited English Proficiency ☐

Currently Enrolled in ABE/Literacy or ESOL ☐

Behind Grade Level for Age (Youth Only) ☐

Financial Aid ☐

☐ Needs a Free Application for Federal Student Aid (FAFSA)
☐ Pell Grant
☐ Monetary Award Program (MAP) Grant
☐ Other Financial Aid

Basic Skills / Education Factors Assessment Summary

Spell Check

Degree Section

Degrees

Degree	Issuing Institution	Completion Date	Action
[Add a New Degree]			

Add a New Degree

* Type of Education Qualification/Degree   None Selected ▼ ———→

* Actual Title of the Education Program

Standard Title which Best Describes Program   None Selected ▼

* Issuing School or Institution

* State   California ▼

* Country   United States ▼

* Completion Date   (mm/yyyy)

Comments

6th Grade Completed
7th Grade Completed
8th Grade Completed
9th Grade Completed
10th Grade Completed
11th Grade Completed
12th Grade Completed & Did not receive diploma or equivalent
Certificate of Attendance/Completion (Disabled Individuals)
High School Equivalency Diploma
High School Diploma or Equivalent
High School Diploma
1 Year at College or a Technical or Vocational School
2 Years at College or a Technical or Vocational School
3 Years at College or a Technical or Vocational School
Vocational School Certificate
Associate's Degree
Bachelor's Degree
Master's Degree
Doctorate Degree
Specialized Degree (e.g. MD, DDS)

Cancel   Save

Certificate Section

Add a New Certificate

* Certificate License

* Issue Organization

Certificate Number

* Completion Date   (mm/yyyy)

Expiration Date   (mm/yyyy)

* State   California ▼

* Country   United States ▼

Cancel   Save

Employment Section

Occupational Transferable Skills

Summary of Skill Assessment

Spell Check

Employment History

Employer	Start/End Dates	State	Action
Great Britain	03/2018 - Present		Edit	Delete

[Add a New Employment History]

Work Readiness Section

Work Readiness

Number of Children under 18

Dependent Care ☐

- ☐ Child Care
- ☐ Special Needs Child
- ☐ Adult Care
- ☐ Not at This Time

Dependent Care Comments

Spell Check

Transportation ☐

Driver's License:

- ☐ Has a Valid License
- ☐ Does not have a License
- ☐ Suspended
- ☐ Restrictions
- ☐ DUI

Driver's License Endorsements:

- ☐ Class H - Hazardous Waste
- ☐ Class N - Tankers
- ☐ Class P - Transport Passengers
- ☐ Class S - School Bus
- ☐ Class T - Double / Triple Trailers
- ☐ No Endorsements
- ☐ City Government Vehicles
- ☐ Motorcycles
- ☐ Private Vehicle class

Automobile:

- ☐ Owns Automobile
- ☐ Auto Needs Repair
- ☐ Lacks Automobile Insurance
- ☐ Cannot Afford Gasoline
- ☐ Automobile Impounded
- ☐ Automobile Repossessed
- ☐ Access to Dependable Automobile
- ☐ Access to Public Transportation
- ☐ Relies on Public Transportation
- ☐ Not at this Time

Contacts ☐

- ☐ Telephone in Home
- ☐ Access Telephone (Neighbor/Other)
- ☐ Adequate Contact Person(s)
- ☐ Transient History
- ☐ Not at this time

Work Attire ☐

- ☐ Uniforms
- ☐ Interviewing Clothes
- ☐ Needs Work Tools/Equipment

Emergency Food/Nutritional Needs: ☐

Work Readiness Summary

Barriers Section

Workplace Behavior

Motivational Factors Affecting Employment ☐

- ☐ Negative Work Attitude
- ☐ Punctuality Issues
- ☐ Attendance Problems
- ☐ Co-Worker Relations Issues

Career Decision Making ☐
(Clearly defined goals/plans)

Interviewing Skills ☐

- ☐ Difficulty Making Positive First Impression
- ☐ Negative Attitude
- ☐ Proper Interview Attire
- ☐ Need to Improve Communication Skills
- ☐ Research Labor Market Information (LMI)
- ☐ Questions for Interviewer
- ☐ Preview List of most common Q&A's
- ☐ References
- ☐ Verbally explain work experience and skills

Resume ☐

- ☐ Has Acceptable Resume
- ☐ Resume Requires Revision
- ☐ Does not Have Resume
- ☐ Unable to Identify/Communicate Transferable Skills

Application Completion ☐

- ☐ Lacks Thoroughness
- ☐ Needs to Address Sensitive Issues (i.e. Criminal Record)
- ☐ Neatness
- ☐ Difficulty Summarizing Skills/Work History

Appearance/Hygiene Issues ☐

Needs to Learn how to use Labor Market ☐
Information

Workplace Behavior Assessment Summary

Spell Check

Health & Behavioral Observations

Health ☐

- ☐ Lacks Medical Insurance Coverage
- ☐ Disclosed Disability
- ☐ Needs Glasses
- ☐ Needs Dental Work
- ☐ Speech Impairment
- ☐ Cannot Afford Medication
- ☐ Reasonable Accommodation Required
- ☐ Limitations in Ability to Work Certain Jobs
- ☐ Health has been cause for Absences from Job
- ☐ Pending Surgery or Medical Leave
- ☐ Not at this time

Behavior ☐

- ☐ Demonstrates Low Self-Esteem
- ☐ Demonstrates Behavioral Problems
- ☐ Requires Medication
- ☐ Disclosed Disability
- ☐ Required Therapy/Treatment
- ☐ Not at this time

Substance Abuse ☐

- ☐ Seeks Referral for Treatment
- ☐ Failed Drug Test
- ☐ Not at this time

Health & Behavior Observations
Assessment Summary:

Spell Check

Living Environment

Housing ☐

- ☐ Homeless
- ☐ Residing in Shelter
- ☐ Facing Possible Eviction
- ☐ Substandard Living Conditions
- ☐ Needs Energy Assistance
- ☐ Resides in Public Housing
- ☐ Not at this time
- ☐ At risk of becoming homeless

Home Life ☐

- ☐ High Risk Family/Living Situation
- ☐ Lacks Family Support System
- ☐ Victim of Domestic Violence
- ☐ Not at this time

Living Environment Assessment Summary:

Spell Check

Economic Factors / Financial Situation

Credit/Financial ☐

- ☐ Bankruptcy
- ☐ Poor Credit History/Bad Debts
- ☐ Needs Money Management Services
- ☐ Needs Consumer Credit Counseling Services
- ☐ Inability to be Bonded
- ☐ Defaulted Student Loan
- ☐ Not at this time

Economic Factors/Financial Situation
Assessment:

Spell Check

Vocational / Occupational Factors

Obsolete Work Skills	☐
License Expired/Revoked	☐
Union Dues in Arrears	☐
Vocational/Occupational Factors Assessment	

Spell Check

Other Assistance Received

Public Assistance ☐

☐ Temporary Aide to Needy Families (TANF)
☐ Supplemental Nutritional Assistance Program (SNAP)
☐ Housing
☐ SSI
☐ Foster Care
☐ Medicaid
☐ Not at this time

Partner Services ☐

☐ Adult Education
☐ Job Corps
☐ MSFW
☐ Native American
☐ Veterans
☐ TAA
☐ NAFTA/TAA
☐ Vocational Education
☐ Vocational Rehabilitation
☐ Wagner-Peyser
☐ Community Services Block Grant
☐ HUD
☐ Older Workers
☐ Food Stamp Employment and Training Activities
☐ Other

Other Assistance Received Assessment:

Spell Check

Barriers To Employment

ⓘ

Lacks Significant Work History ☐

Sporadic or Limited Work History: ☐

Restricted Commuting Distance: ☐

Restricted Work Schedule ☐

Unrealistic Wage ☐

Legal Issues ☐

    ☐ Ex-Offender
    ☐ Currently on Probation
    ☐ Existing/Pending Workers Compensation Claims
    ☐ Pending Court Appearances
    ☐ Court Ordered to Pay Child Support
    ☐ Wage Garnishment

Single Parent ☐

Displaced Homemaker ☐

Pregnant or Parenting Youth: ☐

Runaway Youth ☐

LWIA Designated Barrier ☐

Other (Specify in Comments) ☐

No Barriers to Employment/Work ☐
Readiness Issues:

Access Assessment

To better assist the individual, which of the following tasks are difficult to perform independently in daily life. (Must be voluntarily offered).
☐

- ☐ Chose not to Answer
- ☐ None
- ☐ Seeing
- ☐ Hearing
- ☐ Talking
- ☐ Using hands
- ☐ Getting around
- ☐ Interacting with others
- ☐ Learning or thinking
- ☐ Other (specifiy)

Individual needs the following assistance for program participation or employment (select all that apply)
☐

- ☐ Chose not to Answer
- ☐ None
- ☐ Wheelchair accessible facilities
- ☐ Other (specify)
- ☐ Assistance with writing
- ☐ Audiotaped materials
- ☐ Flexibility (e.g. in hours)
- ☐ Materials in Braille
- ☐ Materials in electronic format
- ☐ Materials in large print
- ☐ Meeting reminders
- ☐ Notetakers for regular meetings
- ☐ Personal coaching
- ☐ Scent free environment
- ☐ Screen magnifier
- ☐ Screen reader
- ☐ Interpretation (including sign language)
- ☐ Considerations for medication
- ☐ Alternative seating arrangements
- ☐ TTY/Text Display Device
- ☐ Videophone

Employment Barriers Assessment Summary:

Spell Check

Tests Section

Tests

Basic Skill Assessment   Click Here

Other Testing   Click Here

Aptitude   ☐

Career Interest   ☐

Testing Results Comments:

Spell Check

<< Back   Cancel   Print   Finish   Next >>

Referrals Section

Referrals

Agency Name	Result	Action
[Add a New Referral]		

<< Back   Cancel   Print   Finish

WIOA Youth

*Indicates System Required Fields

Indicates Unchangeable Field

Objective Assessment Summary		
SECTION	FIELD	DESCRIPTION
GENERAL		
General Information	User Name	Unchangeable field
	User ID	Unchangeable field
	State ID	Unchangeable field
	*Program	Select WIOA
	*Application ID	Select open WIOA application number
	*LWIA	Select San Diego Workforce Partnership, Inc.
	*Office	Select YSP Office Location
	*Assessment Create Date	Select "Today"
	Attach Active Plan	Select "No"
	IEP ID#	Unchangeable if "No" is selected under "Attach Active Plan"
	*First Name	Pre-filled from WIOA Application
	Middle Name	Pre-filled from WIOA Application, if applicable
	*Last Name	Pre-filled from WIOA Application
	*Age at Assessment	Pre-filled from WIOA Application
Contact Information	*Address Line 1	Pre-filled from WIOA Application
	Address Line 2	Pre-filled from WIOA Application, if applicable
	*City	Pre-filled from WIOA Application
	*State	Pre-filled from WIOA Application
	*Zip Code	Pre-filled from WIOA Application
	*Primary Phone Number	Pre-filled from WIOA Application
	Alternate Phone Number	Pre-filled from WIOA Application, if applicable
	Fax Number	Pre-filled from WIOA Application, if applicable
	*Email	Enter the contact email for the participant
Alternate Contact	Alternate Contact	Enter the emergency/alternate contact information from the UPAF
Staff	Staff User ID	Unchangeable field
	*Date Completed	Select the date the Objective Assessment Summary has been completed (within 30 days of enrollment) Note: This should match the date of the Objective Assessment activity code.
	Overall Note	Skip this field

Objective Assessment Summary

SECTION	FIELD	DESCRIPTION
Individual Signature	Create PDF	Do not check
	Include Staff Signature	Check this box
EXPECTATION		
Program Expectations	*Are you seeking immediate employment	Select the appropriate response. If the participant is employed at enrollment, select "No" If the participant is underemployed at enrollment, select "Yes"
	*What services are you seeking	This should describe the types of program services the participant is seeking including, but not limited to: immediate employment, employment retention, part-time seeking full-time, educational services (High School Diploma or enrollment into Post-Secondary), or both education and employment.
Employment Expectations	Occupation 1	This should include a pre-filled ONet code and Occupation Title that was entered on the WIOA application.
	Occupation 2	A minimum of one occupation must be entered
	Occupation 3	A minimum of one occupation must be entered
	Employment Type	If the participant is not seeking employment services, select "None Selected" If the participant is underemployed, or part-time seeking full-time employment, enter the appropriate response.
	Full or Part Time	If the participant is not seeking employment services, select "None Selected"
	Shift Preferences	o **1st** - Standard work day (such as 9 a.m. - 5 p.m.). o **2nd** - A work day that would generally begin after noon. o **3rd** - A work day that would begin when the day shift leaves (i.e. the "graveyard" shift). o **Rotating** - A set combination of two different shifts (such as two weeks of day shift followed by two weeks of night shift). o **Split Shift** - A working shift divided into two or more periods of time, such as morning and evening, with a break of several hours between them.
	Desired Salary	If the participant is not seeking employment services, select "None Selected"
	Benefits Needed	Select all that apply
	Longest Commute Distance	Estimate the longest commute distance the participant is willing to travel for employment
	Job Search Assistance Requested	Required if the participant is seeking employment Select all that apply
	*Desires help in career planning	"Yes" should be selected if the participant will be enrolled under career exploration activity codes listed in the most current Activity Code Dictionary
	*Seeking training services	"Yes" should be selected if the participant will be enrolled under training activity codes
	*Training Preferences	If "No" is selected under seeking training preferences, enter "N/A" If "Yes" is selected under seeking training preferences, describe the type of employment training the participant is seeking.
	Seeking Post-secondary education (Youth)	Select "Yes" if the participant may enroll in post-secondary throughout the duration of the program.
	Post-secondary preferences	If "No" is selected under "Seeking Post-secondary education", enter "N/A" If "Yes" is selected under seeking "seeking Post-secondary education," describe the type of post-secondary education (4-year, 2 year, full time, part time) the participant is seeking.

Objective Assessment Summary

SECTION	FIELD	DESCRIPTION
	Other assistance expected	Enter additional information, if applicable
EDUCATION		
Education History	Highest Grade Completed	Pre-filled from WIOA Application
	Currently enrolled in school	Pre-filled from WIOA Application
	*Education History Assessment Summary	Describe the participant's education history, including last known school attended and relevant information regarding completion of High School Diploma (including credits needed), if applicable.
Basic Skills/ Education Factors	High School Dropout (OSY only)	Check if the participant does not have a high-school diploma or equivalent, regardless if this is being used as the eligibility barrier
	Basic Skills Deficient	Check all that apply if the participant pre-tested as BSD on the CASAS or TABE. Enter the pre-test scores in the Literacy/Numeracy section.
	Lacks computer skills	Check if applicable
	Primary language spoken at home	Select the appropriate response
	Needs interpretation services	Check if applicable
	Limited English Proficiency	Check if applicable. Can be used to self-report basic skills deficient for objective assessment only.
	Currently Enrolled in ABE/Literacy or ESOL	Check if applicable
	Behind Grade Level for Age (Youth Only)	Check if applicable
	Financial Aid	Check if the participant is receiving financial aid for education or is seeking assistance with financial aid
	*Basic Skills/ Education Factors Assessment Summary	Provide a summary of the participant's basic skills assessment, including if they have been tested for BSD, and what test was used to determine the answers provided, or if it was self-reported/observed for objective assessment only.
DEGREE		
Degrees	Add A New Degree	Provide degree information only if the participant has a post-secondary degree or higher, otherwise, skip this section
CERTIFICATE		
Certificates	Add A New Certificate	Provide certificated information only if the participant has an industry recognized certificate license (Examples: CNA, Dental Assistant, Truck Driving, Restaurant Management, etc) otherwise, skip this section
EMPLOYMENT		

	Objective Assessment Summary	
SECTION	**FIELD**	**DESCRIPTION**
Occupational Transferable Skills	*Summary of Skill Assessment	Describe the participant's skills as it relates to their desired occupation. If the participant has no occupational transferable skills, write "N/A"
Employment History	Add New Employment History	Provide any employment within the last 5 years. If the participant has no employment history, skip this section.
WORK READINESS		
Work Readiness	Number of children under 18	Enter the number of children the participant is parenting Enter "0" if the participant is not legally responsible for a child.
	Dependent Care	Check all that apply if the participant is looking for dependent care. Must match with the IEP/ISS and supportive services requested.
	*Dependent Care Comments	Describe the participant's dependent care situation - this may include a self-report of parenting siblings, cousins, grandparents, parents, etc. If the participant is not responsible to the care of a child under 18 or the care of an adult, enter "N/A"
	Transportation - Driver's License	Check the appropriate response(s). Must match with the IEP/ISS and supportive services requested.
	Transportation - Driver's License Endorsements	Check the appropriate response(s)
	Transportation - Automobile	Check the appropriate response(s). Must match with the IEP/ISS and supportive services requested.
	Contacts	Check the appropriate response(s)
	Work Attire	Check the appropriate response(s). Must match with the IEP/ISS and supportive services requested.
	Emergency Food/ Nutritional Needs	Check, if applicable
	*Work Readiness Summary	Describe what obstacles or issues the individual might face that will affect their work readiness, including transportation, dependent care, work attire, access to food, etc. This must include requests for supportive services. If no obstacles are reported, enter "N/A"
Workplace Behavior	Motivational Factors Affecting Employment	Check, if applicable
	Career Decision Making	Check, if the participant has clearly defined goals/career plans
	Interviewing Skills	Check the appropriate responses of the assessment/self-report of the participant's interview skill needs/obstacles
	Resume	Check the appropriate responses of the assessment/self-report of the participant's resume needs/obstacles
	Application Completion	Check the appropriate responses of the assessment/self-report of the participant's application completion needs/obstacles
	Appearance/Hygiene issues	Check, if applicable
	Needs to learn how to use Labor Market Information	Check, if applicable

Objective Assessment Summary		
SECTION	**FIELD**	**DESCRIPTION**
	*Workplace Behavior Assessment Summary	Describe what obstacles or issues the individual might face that will affect their workplace behavior, including behavioral/motivational factors, interviewing/resume/application skills, and any issues with appearance/hygiene, etc. This must include requests for supportive services. If no obstacles are reported, enter "N/A"
BARRIERS		

Objective Assessment Summary

SECTION	FIELD	DESCRIPTION
Health & Behavioral Observations	Health	Check the appropriate response(s)
	Behavior	Check the appropriate response(s)
	Substance Abuse	Check the appropriate response(s)
	*Health & Behavior Observations Assessment Summary	Describe any health or behavioral obstacles or issues the individual might face that will affect their employment/training. If none, type "N/A"
Living Environment	Housing	Check the appropriate response(s)
	Home Life	Check the appropriate response(s)
	*Living Environment Assessment Summary	Describe any living environment obstacles or issues the individual might face that will affect their employment/training. If none, type "N/A"
Economic Factors/ Financial Situation	Credit/Financial	Check the appropriate response(s)
	*Economic Factors/ Financial Situation Assessment	Describe any economic factors or financial situation obstacles or issues the individual might face that will affect their employment/training. If none, type "N/A"
Vocational/ Occupational Factors	Obsolete Work Skills	Check if the participant has skills irrelevant to their career goals/plan as developed on the IEP/ISS
	License Expired/ Revoked	Check if the participant has an expired/revoked license other than a Driver's License.
	Union Dues in Arrears	Check if the participant s part of a union and has not paid their dues
	*Vocational/Occupational Factors Assessment	Describe any vocational or occupational obstacles or issues the individual might face that will affect their employment/training. If none, type "N/A"
Other Assistance Received	Public Assistance	Check the appropriate response(s)
	Partner Services	Check the appropriate response(s)
	*Other Assistance Received Assessment	Describe other assistance or partner programs the participant is currently receiving or enrolled in. If none, type "N/A"

BARRIERS (cont'd)

Objective Assessment Summary

SECTION	FIELD	DESCRIPTION
Barriers to Employment	Lacks Significant Work History	Check if the participant has no work history
	Sporadic or Limited Work History	Check if the participant has less than 2 jobs entered under previous employment
	Restricted Commuting Distance	Check if the participant is limited to commuting under 5 miles from their residence
	Restricted Work Schedule	Check if the participant cannot work either 5 hours per day or if they cannot work certain hours in a day.
	Unrealistic Wage	Check if the participant is currently employed, but earning an unrealistic wage (underemployed)
	Legal Issues	Check the appropriate response(s)
	Single Parent	Check only if the participant previously entered "dependent care under 18" and they are parenting alone.
	Displaced Homemaker	Check if the participant meets the definition of a displaced homemaker
	Pregnant or Parenting Youth	Check if the participant entered dependent care under 18 or if they are currently pregnant
	Runaway Youth	Check if the participant meets the definition of a runaway youth
	LWIA Designated Barrier	Check if the youth has a barrier to employment that has been locally defined
	Other (Specify in Comments)	Skip this box
	No Barriers to Employment/ Work Readiness Issues	This should not be checked since every youth needs at least one barrier to employment for eligibility.
Access Assessment	To better assist the individual, which tasks are difficult to perform	Check the appropriate response(s)
	Individual needs the following assistance for program participation or employment	Check the appropriate response(s)
	*Employment Barriers Assessment Summary	Describe any barriers to employment the individual might face that will affect their employment/training. Include specific locally defined barriers, if applicable. If none, type "N/A"

TESTS

SECTION	FIELD	DESCRIPTION
Tests	Basic Skill Assessment	Enter the type of test given, test name, score/results, and test version. Enter Literacy/Numeracy Records in the Literacy/Numeracy Section if the results of the test determined the participant is Basic Skills Deficient.
	Other Testing	Select from list, if applicable
	Aptitude	Check if the participant was given an aptitude test
	Career Interest	Check if the participant was given a career interest test
	*Testing Results Comments	Describe the tests given to assess the participant, including the names and dates that the tests were given. If no tests were given, enter "N/A"

REFERRALS

SECTION	FIELD	DESCRIPTION
Referrals	Add a New Referral	Provide referral Information only if the participant is referred to an outside agency for required program services, otherwise, skip this section.

CASE NOTES

INTRODUCTION AND PURPOSE

This chapter provide instructions on documenting Activity Case Notes, Stand-alone Case Notes, and Case Note Templates.

There are (2) types of case notes:

1) **Activity Case Note**:
   a) Is attached to an activity when a service has been provided to the individual.
   b) For Example: *case manager met with John Doe to work on resume.*
   c) Activities/Services shall always be supported by an activity case note that clearly and completely describes the event/activity being documented so that it may be understood by anyone reviewing the note. **No opinions or comments of the case manager should be included**. Reviewers may include other line staff, managers, Information Systems staff, Program Specialists, Monitors/Auditors, and other pertinent professionals. Case notes should be concise, clear, spelled properly, and grammatically correct.
   d) All activities MUST have a reciprocal response from the individual. **Leaving a message, mailing a letter, or e-mailing a customer is NOT an activity unless the individual returns the call, or responds to the letter or e-mail, or visits the center and acknowledges the correspondence.**

2) **Stand-alone Case Note**
   a) Is (not attached to an activity) used to document unsuccessful attempts to reach an individual **OR** when there is no reciprocal response from the individual.
   b) For example, *Case Manager called John Doe and left a message **OR** Case Manager emailed John Doe a list of employment resources.*
      i) In both cases, it was a one-way interaction, there was no response from John and therefore no actual service was provided.

In some cases, services are provided to the individual by an outside service provider (not the Workforce Partnership contracted service provider). For example, a customer may receive substance abuse counseling from an independent provider. If the activity is coordinated and verified by the contracted service provider as part of the individual's WIOA services, that activity can and should be recorded in the individual's Activity Record. The information on this activity may come directly from the individual, or from the outside service provider (in the example above, the counselor). The activity date that entered in CalJOBS, is the date when the activity was provided, not the date of the contact with the outside service provider.

If staff learn from an individual's parent, spouse, teacher, or other contact, that the individual has received an activity from an outside service provider (other than the contracted service provider), the activity must be verified by either the individual, or directly by the service provider that provided the activity. An activity reported by the parent, spouse or other contact **should not** be recorded on the individual's Activity Record until it is verified by the individual or the actual service provider. However, the contact with the parent, spouse, etc, should be recorded as a Case Note.

Only commonly used and accepted acronyms and abbreviations shall be used. Case notes should be professional, ethical, and objective. Case notes are part of the individual's legal file and may be used to determine the legitimacy of grievances or disputes.

ADDING AN ACTIVITY CASE NOTE

To add an activity case note (*attached to an activity*) follow the steps below:

1) Expand **Workforce Innovation and Opportunity Act (WIOA) Program** section by clicking on the plus sign (+).
2) Then, expand the **Activities/Enrollments/Services** section by clicking on the plus sign (+).
3) Then, click the ***Create Activity/Service/Enrollment*** link to document program services.

Adding an Activity Case Note in the *General Information* tab

1) Complete the *General Information* tab and click the Next button.
   *This will re-direct staff to the next tab (**Service Provider** tab) and save the information entered in the **General Information** tab.*

2) Return to the *General Information* tab.
   You can return to this tab by clicking directly on the tab itself.

3) In the "Staff Information" section of the *General Information* tab:
   a) Click Add a new Case Note.
   b) Complete the Case Note Form and click the Save button.

4) In the *General Information* tab, click the Next button to save the information and move on the next tab.
   This will save the case note entered in the General Information tab.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

General Information

Participant User Name:	SDCVIOLETSHARPIE
Participant State ID:	1001591402

Staff Information

Staff ID:	30326332
* **Position:**	Staff ▾
Current Case Manager:	Case currently Not Assigned to a Case Manager
	Assign Case Manager
	Assign Me
	Remove Case Manager Assignment
Previous Case Manager:	
Comments:	

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
No data found.			

Adding an Activity Case Note in the *Closure Information* tab

1) Complete the *Closure Information* tab.

2) In the "Staff Information" section of the *Closure Information* tab:
    a) Click Add a new Case Note.
    b) Complete the Case Note Form and click the Save button.

3) Then, click the Finish button to save the information and close the activity.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

Closure Information

Enrollment Summary: Enrollment ID: 9132873
                          Username: SDCVIOLETSHARPIE

Staff Information

Staff ID: 30326332

* Position: Staff

Current Case Manager: Case currently Not Assigned to a Case Manager
                        Assign Case Manager
                        Assign Me
                        Remove Case Manager Assignment

Previous Case Manager:

Comments:

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
No data found.			

Staff Create:

Create Date:

Last Edited by:

Last Edit Date:

ADDING A STAND-ALONE CASE NOTE

To add a stand-alone case note (***not*** *attached to an activity*) follow the steps below:

1) Expand the **Staff Profiles** folder by clicking on the plus sign (+) next to the folder icon.
2) Then expand the *General Profile*.
3) Select the link titled, **Case Notes**.
   - The Case Notes page is where all the program case notes, regardless of where they were created, are available for view.
   - The column titled "Source/ID" identifies if the case note is attached to an Activity Enrollment Form (*Enrollment*), Literacy & Numeracy Records Form (*Literacy Numeracy*), a Closure Form (*Closure*), a Follow-Up Form (*Follow-up*), or if it's a stand-alone case note (*Case Note*).
4) Then click "Add New Case Note" hyperlink.
5) Enter information in the Case Note Form and click the Save button.

⊞ 🗀 **My Individual Profiles**	⊞ 🗀 **My Individual Plans**	⊟ 🗀 **Staff Profiles**
		⊟ 🗀 General Profile
		📄 Summary
		📄 Case Notes
		📄 Activities
		📄 Documents (Staff)
		⊞ 🗀 Case Management Profile
		⊞ 🗀 Report Profile

Summary	**Case Notes**	**Activities**	**Documents (Staff)**

[Add New Case Note | Print Selected Case Notes]

+ Show Case Note Privileges

+ Show Filter Criteria

Results View: **Summary** | Detailed
To sort on any column, click a column title.

App ID	Subject	Contact Date	Create Date	Staff User	LWIA	Office	Program	Source / ID	Action	select ☐
15696273	Applicant Statement	1/1/2017	2/8/2017	Centeno Garcia, Cynthia	33	1277	WIOA	Enrollment-9115044	Edit/Delete	☐

⏮ ◀ Page 1▾ of 1 ▶ ⏭   Rows 100▾

1 Records Found

CASE NOTE FORM

Case Note Template

Autofill by
Template: None Selected ▼

Case Note Summary

Case Note ID: 0

Username: SDCVIOLETSHARPIE

User ID: 30707529

Name: Violet Sharpie

Case Note Details

☐ Please check to suppress this Case Note

✱ Contact Date: [   ] 🗓 Today

✱ LWIA/Region: San Diego Workforce Partnership, Inc. ▼
✱ Office Location: None Selected ▼
✱ Program: None Selected ▼
  Partner Program: None Selected ▼
✱ Subject: [   ]
  Contact Type: None Selected ▼

Suggestion:
Under Subject: Use activity code #
For example - 413: ISS

Contact Type*: C*hoose an option from drop down menu.

Case Note Description: clearly and completely describes the activity or case note being documented so that it may be understood by anyone reviewing the note.

✱ Case Note Description:

[   ]

[Spell Check]

Message Options

☐ Create Message From Case Note on Save

Case Note Attachment(s)

Listed below are the documents associated with this case note. Click the *View* link below to view that particular item.

No records found

Uploaded and scanned documents with spaces in the document name may be incompatable with some browsers. These spaces will be replaced with _ when saving the document in our system.

[Add a Document | Scan a Document]

Save   Cancel

CASE NOTE FORM		
SECTION	**FIELD**	**DESCRIPTION**
Case Note Template	Autofill by template	Staff can auto fill a case note with an existing template.
Case Note Summary	Case Note ID Username User ID Name	**Case Note ID, Username, User ID,** and **Name** information is listed, but cannot be modified.
Case Note Details	Please check to suppress this Case Note	If box is checked only staff from the same region can view the individual's case notes.
	*Contact Date	Enter the date staff contacted/met with individual.
	*LWIA/Region	Select the Program Affiliation for this case note.
	*Office Location	Select an option from the drop-down menu.
	*Program	The system displays the **App ID** for the selected program.
	Partner Program	Select the appropriate partner program for this case note.
	*Subject	Enter a description of subject. If staff know the activity code that this case note will be associated with they can use code# + description. (i.e. 412 – Assessment of barriers)
	Contact Type	Select the appropriate form of contact from drop-down menu.
	*Case Note Description	Enter case note details. Click the "Spell Check" link to correct errors.
Message Options	Create Message From Case Note on Save	To create a system message to be shared with desired recipients, click the *Create Message From* checkbox. By checking the box a new box with additional details will appear asking to **Select Method**.
Case Note Attachments	Add a document or Scan a document	Use the Add a Document or Scan a Document tools to attach documents to the case note.

CREATING A CASE NOTE TEMPLATE

By using case note templates, staff can quickly and easily create case notes by selecting an existing template.

To create a case note template, follow the steps below:
1) Expand the *Staff Profiles* by clicking on the plus sign (+) next to the folder icon.
2) Then, expand the **General Profile** folder by clicking on the plus sign (+) next to the folder icon.
3) Then, click the Case Notes link.
4) Then, click "View Case Note Templates". Staff will be re-directed to a new screen.

⊞ 📁 **My Individual Profiles**	⊞ 📁 **My Individual Plans**	⊟ 📁 **Staff Profiles**
		⊟ 📁 General Profile
		📄 Summary
		📄 Case Notes
		📄 Activities
		📄 Documents (Staff)
		⊞ 📁 Case Management Profile
		⊞ 📁 Report Profile

Summary	**Case Notes**	**Activities**	**Documents (Staff)**

[Add New Case Note | Print Selected Case Notes]

+ Show Case Note Privileges

+ Show Filter Criteria

Results View: **Summary** | Detailed
To sort on any column, click a column title.

App ID	Subject	Contact Date	Create Date	Staff User	LWIA	Office	Program	Source / ID	Action	select ☐
2237200	supportive service - 187	8/16/2015	6/3/2016	Staff04, SDC	33	1277	WIOA	Enrollment-2758099	Edit/Delete	☐
2237200	205 - IEP	8/16/2015	6/8/2016	Staff04, SDC	33	1277	WIOA	Enrollment-2758107	Edit/Delete	☐
0	file review completed	8/12/2015	6/3/2016	Staff04, SDC	33	1277	WIOA	Case Note-0	Edit/Delete	☐

⏮ ◀ Page 1 ▾ of 1 ▶ ⏭   Rows 10 ▾

3 Records Found

Add New Case Note   🖨 Print Selected Case Notes

[View Case Note Templates| View Deleted Case Notes]

5) Then click **<u>Create New Template</u>** and click **Save** button to save template.
   a) If staff fails to provide information for any optional step, they will be required to manually enter this information to save a case note created using a case note template.
   b) From this screen staff, can edit, delete, or create a new template.

Case Note Templates List

Click a column title to sort.

Template ID	Template Name ▲	Template to be used by	Created By	Action
1509	Assessment	Only me	Staff04, SDC	Edit | Delete
1519	Assessment	Only me	Staff04, SDC	Edit | Delete
1508	Case Management	Only me	Staff04, SDC	Edit | Delete
1506	Enrollment	Only me	Staff04, SDC	Edit | Delete
1511	Incentives	Only me	Staff04, SDC	Edit | Delete
1507	ISS	Only me	Staff04, SDC	Edit | Delete
1510	Supportive Service	Only me	Staff04, SDC	Edit | Delete
1514	training	Only me	Staff04, SDC	Edit | Delete

Create New Template

CASE NOTE TEMPLATE FORM SCREEN 1

Template Identifier

Template ID: 0

* Template Name: [   ]   Use a template name that
                                                  you will remember.

Template Type: Individual Template

Template Restriction

* Template to be   [Only me   ▼]
  used by:

Program: [None Selected   ▼]

LWIA: [None Selected   ▼]

Office: [None Selected ▼]

Case Note Content

☐ Please check to suppress this Case Note

Partner Program: [None Selected   ▼]

Subject: [   ]   If staff know the activity code that this case note will
                                                  be associated to staff can use code# + description.

Contact Type: [None Selected ▼]   Example: *412 – Assessment of barriers*

* Case Note Description:

[   ]

[Spell Check]

(Save)   (Cancel)

CASE NOTE TEMPLATE		
SECTION	FIELD	DESCRIPTION
Template Identifier	Template ID	This will be automatically generated by the system.
	*Template Name	Name the template. *Use a template name that you will remember.*
	Template Type	This item will automatically default to the Individual or Employer based on the user type being currently assisting.
Template Restriction	*Template to be used by	Indicate who can use the templates (i.e. all staff)
	Program	Select the program affiliation for this case note.
	LWIA	Select San Diego Workforce Partnership, Inc
	Office	Select from the drop-down menu
Case Note Content	Please check to suppress this case note	If staff check the box to suppress the case note only staff from the same region can view case notes.
	Partner Program	Select the appropriate partner program for this case note.
	Subject	Enter a description of subject. *If staff know the activity code that this case note will be associated to staff can use code# + description. (i.e. 412 – Assessment of barriers)*
	Contact Type	Select the appropriate form of contact from drop-down menu
	*Case Note Description	Enter case note details. Click the "Spell Check" hyperlink to correct errors.

YOUTH PROGRAM SERVICES

INTRODUCTION AND PURPOSE

This chapter will discuss how staff will document Youth program services in CalJOBS. Depending on the activity used to document services, CalJOBS may require different types of information, and therefore the screen will look different. Reference the *PY 16-17 Youth Activities Codes Handout* for a complete list of activity codes.

Below is a list of initial three (3) program services that an individual must receive at enrollment.

Customer Group	Program Service	Activity Code
Youth • Other activity codes can be used to document additional program services provided. • Staff can read the activity code descriptions to assist them in choosing the most appropriate activity code.	1st Program Service	412 Objective Assessment (REQUIRED) - To document 1st program service.
	2nd Program service	413 Develop Service Strategies (REQUIRED) - To document an ISS was developed with participant.
	3rd Program Service: A third (3rd) activity code, excluding the following: • Activity Code 412 OR • Activity Code 413 OR • ANY of the Supportive services activity codes	Third activity code (REQUIRED) - To indicate participant has begun working towards goals outlined in ISS.

All program services/activities will be documented in the "Activity Enrollment Form". Under the section titled <u>Activities/Enrollments/Services.</u>

⊞ **Eligibility Summary**

⊞ **Participation**   08/13/2015

⊟ **Activities / Enrollments / Services**   1

Create Activity / Service / Enrollment

Search: [   ]

Status	Activity / Provider	WZ	Funding / Grant	Projected Begin Date	Actual Begin Date	Projected End Date	Actual End Date
V	300 - Occupational Skills Training - Approved Provider List (ITA) GSI California University	W	Adult	08/19/2015	N/A	12/12/2015	09/30/2016 Void

DOCUMENTING OBJECTIVE ASSESSMENT

Follow the steps to create and *Activity Enrollment Form* and use Activity Code 412 Objective Assessment. When documenting this activity, the only tabs that need to be completed in the Activity Enrollment Form are the *General Information* and *Closure Information* tab.

DOCUMENTING AN INDIVIDUAL SERVICE STRATEGY (ISS)

Follow the steps to create and *Activity Enrollment Form* and use Activity Code 413 Develop Service Strategies (IEP/ISS/EDP). When documenting the ISS activity, the only tabs that need to be completed in the Activity Enrollment Form are the *General Information* and *Closure Information* tab.

SUPPORTIVE SERVICES

To document supportive services, follow the steps to create an *Activity Enrollment Form* and use supportive service activity codes, reference the activity code list for a full list of activity codes. When documenting supportive services, the only tabs that need to be completed are the *General Information* and *Closure Information* tab.

IMPORTANT: An activity must **remain open** to access Supportive Services & Incentive activity codes.

Activity Code	Activity Title	Provider Type
001	Hold, waiting for activities or health/medical	PS - Office Services
400	Youth Summer Employment	PS - Work Experience
480	Support Service - Child/Dependent Care	SS - Child Care
481	Support Service - Transportation Assistance	SS - Transportation
482	Support Service - Medical	SS - Medical
483	Support Service - Temporary Shelter	SS - Shelter
484	Support Service - Incentives / Bonuses	SS - Incentives
485	Support Service -Other	SS - Other
486	Support Service - Counseling	SS - Medical

INTERNSHIP/WORK EXPERIENCE

To document this activity, follow the steps to create an ***Activity Enrollment Form*** and use internship/work experience activity codes, reference the activity code list for a full list of activity codes. When documenting internship/work experience the only tabs that need to be completed are the *General Information* and *Closure Information* tab.

ADULT & DISLOCATED WORKER PROGRAM SERVICES

INTRODUCTION AND PURPOSE

This chapter will discuss how staff will document Adult & Dislocated Worker program services in CalJOBS. Depending on the activity used to document services, CalJOBS may require different types of information, and therefore the screen will look different. Below is a list of program activities that when used will require documentation.

Customer Group	Program Activities	Activity Code in CalJOBS
Adult/Dislocated Worker • Other activity codes can be used to document additional program services provided. • Staff can read the activity code descriptions to assist them in choosing the most appropriate activity code.	1st program service	125 Job Search/Placement Asst., inc. Career Counseling (REQUIRED)
	Individual Employment Plan (IEP)	205 Development of IEP/ISS/EDP (REQUIRED)
	Supportive Services *(if applicable, use appropriate code, depending on services being provided.)*	When providing, supportive services follow these guidelines: **Supportive Service Referral** 1. Case Manager opens activity code *(completes **General Information Tab**)* 2. Add activity case note **Provided Supportive Service** 1. Case Manager closes activity code *(completes **Closure Information Tab**)* 2. Add activity case note
	Training *(if applicable, use appropriate code, depending on services being provided.)* *Before adding Activity Code 300, add **stand-alone case notes** for:* • *ITA Research (ITR): Client conducted school research and has chosen a school and training program.* • *ITA Pending (ITP): ITA Authorization Forms have been submitted to SDWP for approval.* • *ITA Approval (ITV): ITA Authorization Forms have been approved by SDWP.*	• 300 Occupational Skills Training – Approved Provider List (ITA) **OR** • 301 On-The-Job Training (OJT) **OR** • 304 Customized Training (CT)

DOCUMENTING AN INDIVIDUAL EMPLOYMENT PLAN (IEP)

Follow the steps to create and *Activity Enrollment Form* and use Activity Code 205 Development of IEP/ISS/EDP. When documenting this activity, the only tabs that need to be completed in the Activity Enrollment Form are the *General Information* and *Closure Information* tab.

SUPPORTIVE SERVICES

To document supportive services, follow the steps to create an *Activity Enrollment Form* and use supportive service activity codes, reference the activity code list for a full list of activity codes. When documenting supportive services, the only tabs that need to be completed are the *General Information* and *Closure Information* tab.

IMPORTANT: An activity must **remain open** to access Supportive Services & Incentive activity codes.

TRAINING SERVICES FOR ADULT AND DISLOCATED WORKER

The types of training services that need to be documented in CalJOBS include:

1. Individual Training Account (ITA), **OR**
2. On-The-Job Training (OJT), **OR**
3. Customized Training (CT).

DOCUMENTING AN INDIVIDUAL TRAINING ACCOUNT (ITA)

Before adding Activity Code 300, add **stand-alone case notes** for:

- ITA Research (ITR): Client conducted school research and has chosen a school and training program.
- ITA Pending (ITP): ITA Authorization Forms have been submitted to SDWP for approval.
- ITA Approval (ITV): ITA Authorization Forms have been approved by SDWP.

Once the case notes have been documented to document this activity enter information in *Activity Enrollment Form* and use <u>Activity Code 300 Occupational Skills Training – Approved Provider List</u>. When documenting an ITA complete all tabs.

ITA Screen 1: General Information

ITA Screen 1: General Information continued …

Enrollment Information

Grant: None Selected

WIOA Title II Partner Program: ☐ **Yes**, service is a WIOA Title II Partner Program.

* Activity Code: [ ] [ ]

[**Select Activity Code**]

Click the <u>Select Activity Code</u> hyperlink to access a pop-up window to select an activity code.

If a *Projected Begin Date* (rather than Actual) is entered, the record is considered a <u>pending activity</u> and is not considered for any reporting, because it is merely a planned activity, not an activity provided or received.

When completing the "Closure" tab the system will not allow staff to close activity if an *Actual Begin Date* is not entered.

Projected Begin Date: [ ] 🗓 Today

Actual Begin Date: [ ] 🗓 Today

* Projected End Date: [ ] 🗓 Today

Any classes attended through Distance Learning: ○ Yes ◉ No

Staff Information

Staff ID: 5182

* Position: Staff

Current Case Manager:

Group: SD Training

Case Manager: Staff Four, SD

Temporary Case Manager: Not Applicable

Assign Case Manager

Assign Me

Remove Case Manager Assignment

Previous Case Manager: [ ]

Comments: [ ]

Case Notes:
Attach case note to activity by clicking "Add a new Case Note".

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
No data found.			

Next >>

[**Exit Wizard**]

Click the **Next** button to save current screen and move on to the next screen.

ITA Screen 2: Service Provider

General Information	**Service Provider**	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information **2**

Enrollment Service Provider Information

Enrollment Summary:
    Enrollment ID: 2753881
    Username: JANEDOE90
    WIOA Application ID: 2233612
    Activity Code: 300
    Activity Dates: 9/9/2015 - 9/30/2015

* Provider:

[Select Provider]

* Service, Course or Contract:

[Select Service, Course or Contract]

Provider Locations:

[Select Provider Locations]

Provider Contacts:

[Select Provider Contacts]

* Occupational Training Code:

[Occupational Training Code]

[Exit Wizard]
1

<< Back   Next >>   **3**

1. Click "Exit Wizard" to exit activity without closing activity
   OR

2. Click on the *Closure Information* tab to go directly to that tab and close activity
   OR

3. Click the **Next** button to save current screen and move on to the next screen

ITA Screen 3: Enrollment Cost

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

Enrollment Cost Information

300 - Occupational Skills Training - Approved Provider List (ITA)
Alamosa Community College
Accounting

Enrollment Summary:
Enrollment ID: 2753881
Username: JANEDOE90
WIOA Application ID: 2233612
Activity Code: 300
Activity Dates: 9/9/2015 - 9/30/2015

$11,605.00 | Total costs are itemized below:

Total Training Costs

$11,605.00
Available: $11,605.00
Obligated: $0.00

Tuition/Fee
$ 1,400.00
Available: $1,400.00
Obligated: $0.00

Books
$ 55.00
Available: $55.00
Obligated: $0.00

Tools
$ 150.00
Available: $150.00
Obligated: $0.00

Other Costs
$ 10,000.00
Available: $10,000.00
Obligated: $0.00

Comments
Additional service costs

Additional Costs
These optional fields are used to record additional expenses related to the service.

This enrollment currently has no line items.

Select an item from the list and then click on the *Add* button to add the selected Line Item.

Line Items   Other/Misc Program Cost   [Add]

Total Enrollment Cost   **$11,605.00**

[<< Back]   [Next >>]

[Exit Wizard]

Click the **Next** button to save current screen and move on to the next screen

ITA Screen 4: Financial Aid

General Information	Service Provider	Enrollment Cost	**Financial Aid**	Enrollment Budget	Budget Planning	Closure Information

Enrollment Financial Aid

Financial Aid Applicable: ○ Yes ⦿ No

Financial Aid Web Site: [Click here to view the Financial Aid Web Site]

<< Back   Next >>

Click the **Next** button to save current screen and move on to the next screen, *Enrollment Budget* tab.

ITA Screen 5: Enrollment Budget

General Information	Service Provider	Enrollment Cost	Financial Aid	**Enrollment Budget**	Budget Planning	Closure Information

Enrollment Budget Information

Enrollment Summary:
Enrollment ID: 2774725
Username: ORANGESHARPIE
WIOA Application ID: 2234181
Activity Code: 300
Activity Dates: 1/1/2016 - 6/1/2016

Total Enrollment Cost:	$6,605.00
Financial Aid Contribution:	$0.00
Net Cost:	$6,605.00
Total Funded Costs:	$0.00
Total Obligations:	$0.00
Costs To Be Funded:	$6,605.00

Budget Allocation

Budget	Funded Amount	Obligated Amount	Current Balance	Action
		You have no records		

[Click Here To Select a Budget]

<< Back   Next >>

[Exit Wizard]

Click the **Next** button to save current screen and move
on to the next screen, ***Budget Planning*** tab.

ITA SCREEN 6: BUDGET PLANNING

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

Budget Plan Information

Enrollment Summary:	Enrollment ID: 2774725 Username: ORANGESHARPIE WIOA Application ID: 2234181 Activity Code: 300 Activity Dates: 1/1/2016 - 6/1/2016
Total Funded Costs:	$0.00
Total Obligations:	$0.00
Total Paid Obligations:	$0.00
Total Outstanding Obligations:	$0.00
Total Funded Costs to be Obligated:	$0.00

[+] Show Filter Criteria (Showing all records)

<< Back   Next >>

[Exit Wizard]

Click the **Next** button to save current screen and move on to the next screen, *Closure Information* tab.

ITA SCREEN 7: CLOSURE INFORMATION

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

Closure Information

Enrollment Summary:
Enrollment ID: 2754221
Username: ORANGE12
WIOA Application ID: 2234192
Activity Code: 300
Activity Dates: 8/25/2015 - 9/20/2015

Last Activity Date: 09/20/2015 📅 Today

Completion Code: Successful Completion ▾

Case Notes: [**Add a new Case Note** | **Show Filter Criteria**]

ID	Create Date	Subject	Action
No data found.			

Case Notes:
Attach case note to activity by clicking "Add a new Case Note".

(<< Back)   (Finish)   (Delete)

Exit Wizard

Finish and Start a New Activity

Click **Finish** button to save the information and close activity.

- The system will take staff back to the individual's program profile with an **Activity Record** table that lists the all activities provided to the individual.

INDIVIDUAL TRAINING ACCOUNT (ITA)		
SECTION	**FIELD**	**DESCRIPTION**
General Information	Participant User Name	The individual's **User Name**, **State ID**, **First and Last Name**, **Social Security Number**, **Address**, and **Application Summary** are shown for reference and cannot be modified from this screen.
	Participant State ID	
	Last Name, First Name MI	
	Social Security Number	
	Address	
	Application Summary	
	Participation Date	The **Participation Date** shown for the individual was established previously. Under WIOA, participation does not occur until the first activity has been recorded in the system for the individual. This field cannot be modified.
	* Customer Program Group	The individual's **Customer Program Group** is shown for reference and cannot be modified.
	* LWIA Region	Select San Diego Workforce Partnership, Inc
	* Office Location	Select from drop-down menu.
	Agency Code Search	**MANDATORY FIELD** Staff need to enter the agency code they have been provided by their program specialist. Staff can find the agency code by clicking on the "Agency Code Search" link.
	Agency Code	This will auto populate based on the information in the previous field.
Enrollment Information	Grant	Select a **Grant** for this activity, if applicable.
	WIOA Title II Partner Program	WIOA Title II programs provide adult education and literacy instruction. If Yes is selected, it indicates that the funding for the activity is being provided by the partner program and no fund tracking will occur, and staff will be prompted to **Select a Partner** from the drop-down list to choose from a list of WIOA Title II partners.
	* Activity Code	Activity Codes identify the categories of services that can be offered to individuals as either Program Services (such as Occupational Skills Training, On-the-Job Training, or Initial Assessment) or Support Services (such as Child Care, Transportation, or Uniform Allowances). Click the "Select Activity Code" hyperlink to access a pop-up window that allows staff to select an activity code for this activity.
	Projected Begin Date	Staff may select either a **Projected Begin Date** or **Actual Begin Date**, as appropriate, and a **Projected End Date**. Dates should be entered using an MM/DD/YYYY format (e.g., 09/12/2006). Staff can also enter a date by clicking on the calendar icon in that field.
	Actual Begin Date	
	* Projected End Date	**NOTE:** *If a Projected Begin Date (rather than Actual) is entered, the record is considered a pending activity and is not considered for any reporting, because it is merely a planned activity, not an activity provided or received. When completing the*

INDIVIDUAL TRAINING ACCOUNT (ITA)		
SECTION	**FIELD**	**DESCRIPTION**
		"Closure" tab the system will not allow staff to close activity if an Actual Begin Date is not entered.
	Any classes attended through Distance Learning	Select *Yes* or *No*: **Definition:** A method of studying in which lectures are broadcast or classes are conducted by correspondence or over the Internet, without the student's needing to attend a school or college.
Staff Information	Staff ID	**Staff ID** information is listed, but cannot be modified
	* Position	Select **Position** from the drop-down list.
	Current Case Manager (*Assign Case Manager, Assign Me, Remove Case Manager Assignment*)	The system will display the current program case manager for this individual in the **Current Case Manager** field, if a case manager was previously determined. Click the **Assign Case Manager** link to change the case manager associated with this activity enrollment. Click the **Assign Me** link to assign yourself as the case manager for this individual.
	Previous Case Manager	The **Previous Case Manager** field displays the name of the staff user saved in the previous transaction's case manager field.
	Comments	If staff would like to add any additional information about this activity enrollment, enter the details in the **Comments** box.
	Case Notes	To create a case note for the individual, click the **Add a new Case Note** link.
Enrollment Service Provider Information	Enrollment Summary	This information is pre-populated and cannot be changed from here.
	* Provider	Click the **Select Provider** link to access a pop-up list of eligible providers for the individual's activity. The options available for Provider are based on the previously chosen Activity Code, Customer Group, Local Workforce Investment Area, and dates of activity for this enrollment.
	* Service, Course or Contract	The selection for Provider will populate the available options in the **Service, Course, or Contract** field. Click the **Select Service, Course, or Contract** link to access a pop-up window that allows for staff to select a service, course, or contract to associate with the enrollment.
	Provider Locations	Click the **Select Provider Locations** link to choose from a list of locations available for this provider. The options for location are populated per the Provider and Service/Course/Contract staff selected.
	Provider Contacts	Select a **Provider Contact** by clicking the **Select Provider Contacts** link. A pop-up window allows staff to choose from a list of available contacts, based on the Provider, Service/Course/Contract, and Provider Location staff have selected.

INDIVIDUAL TRAINING ACCOUNT (ITA)		
SECTION	**FIELD**	**DESCRIPTION**
	* Occupational Training Code	Click the **Occupational Training Code** to select the occupation associated with the training the individual received. The occupations in this list are tied to the provider's service record.
Enrollment Cost Information	Enrollment Summary	This information is pre-populated and cannot be changed from here.
	Total Training Costs	**Record the total dollar amount of the ITA. The amount may not exceed the established program limit.** Enter figures in the fields available; the cost fields that are displayed are dependent upon the type of activity the individual is enrolling in, and the service provider's record. The system will perform calculations automatically after figures are entered into any of the Training Costs fields. Click the calculator icon to access up a pop-up calculator that can assist in determining figures.
	Additional Costs	To add additional cost entries that are not already specified, select an option from the **Line Items** field and click the *Add* button. Line item options are determined by the service record; staff can delete a line item by clicking the **Remove** link.
Enrollment Financial Aid	Financial Aid Applicable	If *Yes* to "Financial Aid Applicable", the page will reload to show additional financial aid data fields. **The additional fields include:** The **Enrollment Summary** lists information about the individual and activity and is displayed for reference. The **Total Planned Cost** and **Total Funded Cost** are displayed for reference, but are not able to be modified from this screen. Click the **Add Financial Aid** link to add information about any financial aid that the individual is/will be receiving. A pop-up window will appear that lets staff choose from a list of financial aid programs (such as Pell Grants and Stafford Student Loans). Enter information about the amount of financial aid, as applicable. When finished, click the Calculate button to update the cost information on the page. The system will populate the **Total Financial Aid Contribution** and **New Planning Cost** fields based upon financial aid entries.
	Financial Aid Web Site	To access the Financial Aid Website staff can click on the hyperlink titled "Click here to view the Financial Aid Web site"
Enrollment Budget Information	Enrollment Summary	This information is pre-populated and cannot be changed from here.
	Total Enrollment Cost	
	Financial Aid Contribution	
	Net Cost	
	Total Funded Costs	
	Total Obligations	
	Costs To Be Funded	

INDIVIDUAL TRAINING ACCOUNT (ITA)		
SECTION	**FIELD**	**DESCRIPTION**
	Budget Allocation	After you add a budget, the page will reload to display your selection, as well as information on the budget's **Funded Amount**, **Obligated Amount**, and **Current Balance**. Click the **Edit** link in the *Action* column to enter the Funded Amount against this budget for this activity.
Budget Plan Information	Enrollment Summary	This information is pre-populated and cannot be changed from here.
	Total Funded Costs	Total of all allocations for the enrollment from budgets/fund streams and time periods. This is the amount that will be paid by the program from available budgets. These amounts are shown in more detail further down this page.
	Total Obligations	The total amount of approved vouchers, both paid and unpaid. This figure does not include pending vouchers.
	Total Paid Obligations	The total of payments, minus refunds.
	Total Outstanding Obligations	The amount of obligations that have not yet been paid.
	Total Funded Costs to be Obligated	Total Funded Costs minus Total Obligations.
Closure Information	Enrollment Summary	This information is pre-populated and cannot be changed from here.
	Last Activity Date	Enter the **Last Activity Date** for this individual's enrollment in the field provided, using an MM/DD/YYYY format (e.g. 12/09/2006). Click the calendar icon to select a date, or click the **Today** link to enter today's date.
	Completion Code	Select a **Completion Code** for this activity from the drop-down list.
	Case Notes	Add case notes

DOCUMENTING ON-THE-JOB TRAINING (OJT)

To document this activity, follow the steps to create an ***Activity Enrollment Form*** and use <u>Activity Code 301 On-The-Job Training</u>. When documenting OJT, the only tabs that need to be completed are the *General Information* and *Closure Information* tab.

DOCUMENTING CUSTOMIZED TRAINING (CT)

To document this activity, follow the steps to create an ***Activity Enrollment Form*** and use <u>Activity Code 304 Customized Training</u>. When documenting CT, the only tabs that need to be completed are the *General Information* and *Closure Information* tab.

MEASURABLE SKILLS GAIN

INTRODUCTION AND PURPOSE
While the individual is active in the program, Measurable Skills Gain (MSG) must be documented. There are 5 ways to meet MSG measure and each measure is documented in different sections of the Participants CalJOBS profile. See infographic below:

5 ways to meet the MSG measure:

Option 1: Documented achievement of at least 1 Educational Functional Level (EFL) of a participant who is receiving instructions below postsecondary education level.

Option 2: Documented attainment of a secondary school diploma or its recognized equivalent (*must be attained before program exit*).

Option 3: Secondary or postsecondary transcript/report card for sufficient # of credit hours that shows a participant is meeting the State unit's academic standards.

Option 4: Satisfactory or better progress report, towards established milestones, such as completion of OJT or 1 year of an apprenticeship program or similar milestones, from an employer or training provider who is providing training.

Option 5: Successful passage of an exam that is required for a particular occupation or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks, such as knowledge based exams.

Where does data entry occur?

Literacy & Numeracy

Credentials

Measurable Skills Gain
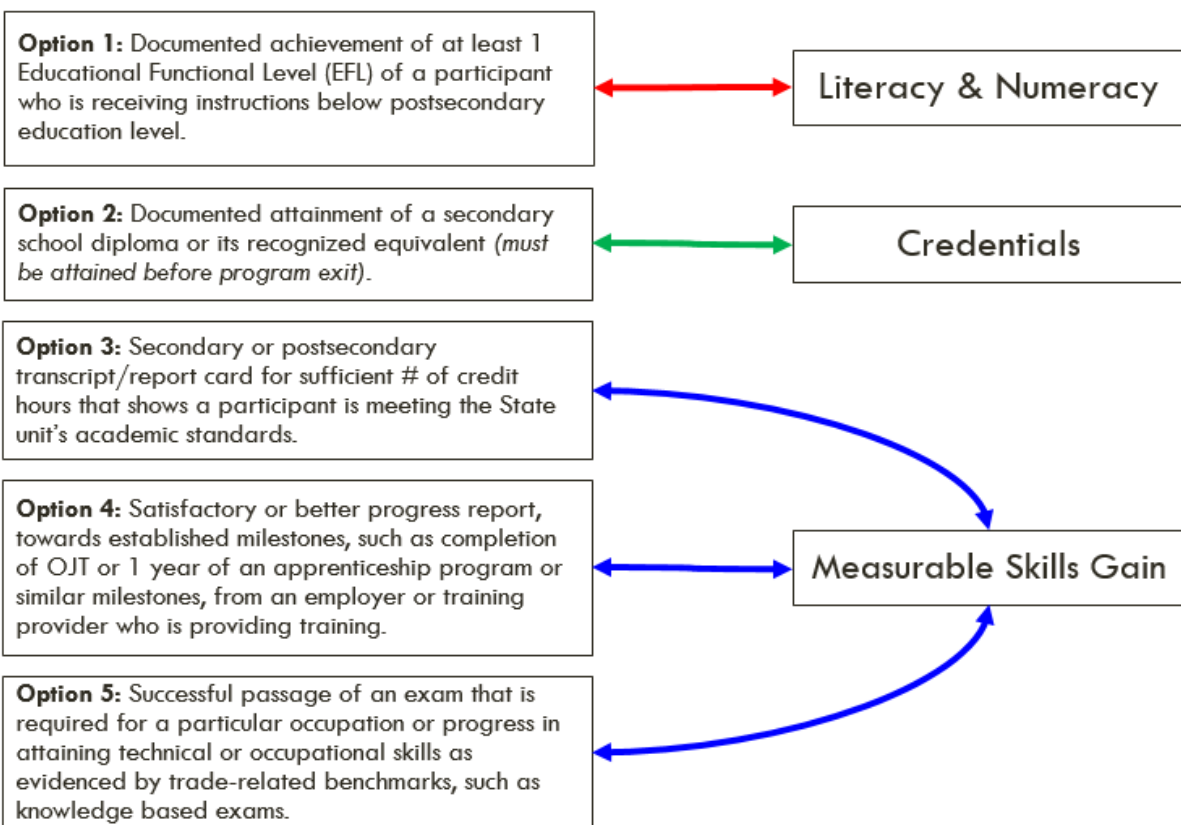
DOCUMENTING MSG OPTION 1

To document option 1 of the Measurable Skill Gains for an individual, follow the steps below. Staff must document the "*achievement of at least 1 Educational Functioning Level (EFL)*" in the Literacy & Numeracy Records Form.

Staff must document the Literacy & Numeracy Assessments (*Pre and Post*) in two (2) separate forms:

1. In **Activity Enrollment Form** to document that the Literacy & Numeracy assessment was done.

2. In **Literacy & Numeracy Records Form** to document assessment scores.
   a) This form provides a place to record test results that quantify the youth's initial skill level (pre-test) and post-program skill level (post-test).

Document Assessment Activity (Pre and Post-test)

To document this activity in CalJOBS follow the steps to create and *Activity Enrollment Form* and use Activity Code 412 Objective Assessment. When documenting the Pre and Post-test activity the only tabs that need to be completed in the Activity Enrollment Form are the *General Information* and *Closure Information* tab.

Activity Code	Activity Title	Provider Type
001	Hold, waiting for activities or health/medical	PS - Office Services
400	Youth Summer Employment	PS - Work Experience
401	Pre-Employment Training/Work Maturity	PS - Training Non-ITA
402	Other Youth Services	PS - Other
406	Tutoring, study skills training & instruction	PS - Training Non-ITA
408	Youth Internship - Un-Paid	PS - Work Experience
409	Youth - Job Shadowing	PS - Work Experience
410	Leadership Development Services	PS - Training Non-ITA
411	Adult Mentoring	PS - Other
412	Objective Assessment	PS - Office Services
413	Develop Service Strategies (IEP/ISS/EDP)	PS - Office Services

Enrollment Information

Grant: None Selected

WIOA Title II Partner Program: ☐ Yes, service is a WIOA Title II Partner Program.

* Activity Code: [Select Activity Code]

Projected Begin Date: Today

Actual Begin Date: Today

* Projected End Date: Today

Any classes attended through Distance Learning: ○ Yes ● No

Documenting Pre-test Scores

When documenting the <u>Pre-test</u> score in the **Literacy & Numeracy Records Form** for an individual follow the steps below:

1. Expand the "Literacy & Numeracy" section by clicking on the plus "+" sign.
2. Then, select the link "Create Literacy and Numeracy Records".
3. Complete form, **add a case note**, and click Save button.
   a. As staff complete the required items in the form the page will "refresh" or "redraw" based on the data input, and display additional items related to the information. It is important to allow the system to fully refresh the page each time before attempting to record additional information.

⊟ **Literacy & Numeracy**	0
Create Literacy & Numeracy Records	
There are no records to display.	
⊞ **Youth Goals**	0
⊞ **Credentials**	0
⊞ **Closure**	N/A
⊞ **Exit / Outcome**	N/A
⊞ **Follow-ups**	0

PRE-TEST: LITERACY & NUMERACY RECORDS FORM SCREEN 1

General Information

Participant - Last 4 SSN:	Violet Sharpie (***-**-2085)
Case ID:	15696273
* **Customer Group:**	Youth
Participation Year:	1
* **LWIA/Region:**	San Diego Workforce Partnership, Inc.
One Stop Location:	SDC San Diego Workforce Partnership (SDWP)
Agency Code:	Agency Code Search
	[ ] - [ ]
Basic Skills Deficient at Eligiblity:	Yes
School Status at Participation:	Not attending school,H.S. Graduate

Assessment Information

* **Test Type:**	Pre-Test
* **Assessment Category:**	None Selected
* **Type of Assessment:**	None Selected
Assessment Type Other:	
Assessment Form/Version info:	
* **Functional Area:**	None Selected
Other Functional Area:	

Assessment Category: select ABE, Adult Basic Education.

Assessment Form/Version Info: Enter assessment form or version information for test used.

Pre-Test

* **Date of Pre-Test:**	[ ] Today
* **Pre-Test Score:**	
* **Educational Functioning Level:**	None Selected
Score reflects Basic Skills deficient:	No

Staff Information

Position:	Staff
Current Case Manager:	Case currently Not Assigned to a Case Manager
	Assign Case Manager
	Assign Me
	Remove Case Manager Assignment

[Add a new Case Note | Show Filter Criteria]

ID	Create Date	Subject	Action
No data found.			

LITERACY AND NUMERACY RECORDS FORM: PRE-TEST		
SECTION	**FIELD**	**DESCRIPTION**
General Information	Participant – Last 4 SSN	The individual's **last 4 SSN, Case ID,** and **Customer Group** are shown for reference.
	Case ID	
	Customer Group	
	*LWIA/Region	Select San Diego Workforce Partnership, Inc
	One Stop Location	Select from the drop-down menu
	Agency Code	**REQUIRED** Enter agency code
	Basic Skills Deficient at Eligibility	This information is shown for reference and cannot be modified from this screen.
	School Status at Participation	
Assessment Information	Test-Type	Will be preselected to say "Pre-Test"
	*Assessment Category	Select ABE from drop-down menu. ABE = Adult Basic Education
	*Type of Assessment	Select one of the Adult Basic Education test types from the drop-down list.
	Assessment Type Other	*If applicable:* If the type of assessment was not listed under "Type of Assessment" write in this box what type of assessment was used.
	Assessment Form/Version Info	*If applicable:* enter assessment form or version information for test used.
	*Functional Area	Select the functional area from the drop-down list.
	Other Functional Area	*If applicable:* If the type of functional area was not listed under "Functional Area" write in this box what other functional area was assessed for.
Pre-Test	*Date of Pre-Test	Enter date of pre-test
	*Pre-Test Score	Enter pre-test score
	*Educational Functioning Level	This information will auto populate based on Pre-Test score.
	Score reflects Basic Skills deficient	
Staff Information	Position	Select **Position** from the drop-down list.
	Current Case Manager	The system will display the current program case manager for this individual in the **Current Case Manager** field, if a case manager was previously determined. Click the **Assign Case Manager** link to change the case manager associated with this activity enrollment. Click the **Assign Me** link to assign yourself as the case manager for this individual.
	Add New Case Note	Case notes can be added in this section.

Documenting Post-test Scores

When documenting the Post-test score in the **Literacy & Numeracy Records Form** for an individual follow the steps below:

1. Under "Create Literacy and Numeracy Records" select the record that needs to be updated with post-test information by clicking on the hyperlink, this will re-direct staff to the **Literacy & Numeracy Records Form**.

Funct Area - Assess Category	Pre-Test		Year 1 Post		Year 2 Post		Year 3 Post	
	Date	Funct Lvl	Date	Funct Lvl	Date	Funct Lvl	Date	Funct Lvl
Reading	02/01/2017	6						

□ Literacy & Numeracy — 1

Create Literacy & Numeracy Records

Search:

2. At the bottom of the **Literacy & Numeracy Records Form** a NEW box will appear to document post-test information. Click the "Create Progress/Post Assessment Record" hyperlink, complete form, and then click Save button.

Progress/Post Assessments

No progress or post test records found.

Assessments beyond Year 3 are not reportable in the federal extract file, and wil not count in federal preformance calculations.

Create Progress/Post Assessment Record

Save   Cancel   Delete   Print

POST-TEST: LITERACY & NUMERACY RECORDS FORM SCREEN 1

General Information

Participant - Last 4 SSN:	Violet Sharpie (***-**-2085)
Case ID:	15696273
*****Customer Group:**	Youth
Participation Year:	1
*****LWIA/Region:**	San Diego Workforce Partnership, Inc.
One Stop Location:	SDC San Diego Workforce Partnership (SDWP)
Agency Code:	Agency Code Search
	[ ] - [ ]
Basic Skills Deficient at Eligiblity:	Yes
School Status at Participation:	Not attending school,H.S. Graduate

Pre-Test Assessment Information

*****Test Type:**	Pre-Test
*****Assessment Category:**	ABE
*****Type of Assessment:**	TABE 7-8, 9-10
Assessment Type Other:	
Assessment Form/Version info:	
*****Functional Area:**	Reading
Other Functional Area:	

Screen 1 continued …

Pre-Test

* **Date of Pre-Test:**   02/01/2017

* **Pre-Test Score:**   540

* **Educational Functioning Level:**   High Intermediate Basic Education/Advanced ESL

   Score reflects Basic Skills deficient: Yes

Progress/Post Assessments

* **Test Type:**   Progress Test ▾

   Assessment Form/Version info: [   ]

* **Progress Test Score:**   [   ]

* **Educational Functioning Level:**   None Selected ▾

* **Date Assessed:**   [   ] 🗓 Today

   Participant remains Basic Skills deficient: No

* **Position:**   Staff ▾

> **Test Type**: select Post-Test
>
> *Progress Test: can be used to document any progress tests done by individual. These are not included in Performance.*

(Save)   (Cancel)

LITERACY AND NUMERACY: POST-TEST		
SECTION	**FIELD**	**DESCRIPTION**
Progress/Post Assessments	*Test Type	Choose ***Post-Test*** from the drop-down menu
	Assessment Form/Version Info	***If applicable:*** enter assessment form or version info for test used.
	*Progress Test Score	Enter post-test score
	Educational Functioning Level	This information will auto populate based on Pre-Test score.
	*Date Assessed	Enter date of post-test
	Participant remains Basic Skills deficient	This information will auto populate based on Post-Test score.
	*Position	Select **Position** from the drop-down list.

DOCUMENTING MSG OPTION 2

To document option 2 of the Measurable Skill Gains for an individual, r*eference the Credentials Form section.* Staff must document the "attainment of a secondary school diploma or its recognized equivalent (must be attained before program exit)" in the Credentials Form.

DOCUMENTING MSG OPTION 3, 4, AND 5

To document option 3, 4, and 5 of the Measurable Skill Gains for an individual, follow the steps below. Staff must document the "Secondary or postsecondary transcript/report card", and "Training Milestones", and "Skills Progression" in the Measurable Skills Gain Form.

1. Expand the "Measurable Skills Gains" section by clicking on the plus "+" sign.
2. Then, select the link *Create Measurable Skills Gain*.
3. Under Skill Attainment Information" complete the following information:
   a) select the skill type
   b) enter the date skill was attained
   c) select the type of achievement
   d) and verify what document was used to indicate MSG.
4. Complete form, **add a case note**, and click the Save button.

MEASURABLE SKILLS GAIN FORM SCREEN 1

General Information

User Login:	CCENTENO1
State ID:	10223
User ID:	27632
Name:	Blue Sharpie
Program Entry Date:	08/01/2015
＊LWDB:	San Diego Workforce Partnership, Inc. ▼
＊Office Location:	14623 San Diego Workforce Partnership (SDWP) ▼

Skill Attainment Information

Fill in the following information for the skill achievement.

Program:	Workforce Innovation and Opportunity Act (WIOA) Program
＊Skill Type:	None Selected ▼
＊Date Skill Attained:	▦ Today
＊Type of Achievement:	None Selected ▼
＊	[**Verify** | **Scan** | **Upload** | **Link**]

Staff Information

[Add a new Case Note | Show Filter Criteria]

ID	Create Date	Subject	Action
No data found.			

Save   Cancel

MEASURABLE SKILLS GAINS FORM		
SECTION	**FIELD**	**DESCRIPTION**
General Information	User Login	This is shown for reference only and cannot be changed.
	State ID	
	User ID	
	Name	
	Program Entry Date	
	*LWDB	Select *San Diego Workforce Partnership, Inc.*
	*Office Location	Select your office location.
Skill Attainment Information	Program	This section will be automatically pre-filled with ***Workforce Innovation and Opportunity Act (WIOA) Program***
	*Skill Type	Select an option from the drop-down menu. Options include: • Post-Secondary Transcript/Report Card • Secondary Transcript/Report Card • Training Milestone • Skills Progression
	*Date Skill Attained	Enter date of when skill was attained.
	*Type of Achievement	Based on the skill type, this section will prepopulate with pre-set options. Select the appropriate achievement option.
Staff Information	Add New Case Note	Add a case note indicating what type of measurable skill gains was recorded and what documents were used.

PROGRAM EXIT

INTRODUCTION AND PURPOSE

When an individual is ready to be exited from the program staff must document reason for exit from program. There are two types of exits, a Soft Exit and an Exclusionary Exit.

SOFT EXIT

An individual exits WIOA when he/she exceeds 90 days of no service from all DOL programs tracked in CalJOBS (i.e. WIOA, Wagner-Peyser, and Trade Adjustment Assistance). The date of exit cannot be determined until 90 days have elapsed since the participant last received services. At that point, the date of exit is applied retroactively to the last date of service. A soft exit triggers Follow-Up Forms in CalJOBS to be available for data entry. A soft exit **cannot** be reversed in the system.

EXCLUSIONARY EXIT

Individual meets 1 of the 5 global exclusions. Individuals in this category will be excluded from performance measures at the time of exit.

Global Exclusions include:

1. **Institutionalized**: The participant exits the program because he or she has become incarcerated in a correctional institution or has become a resident of an institution or facility providing 24-hour support such as a hospital or treatment center during the course of receiving services as a participant.

2. **Health/Medical**: The participant exits the program because of a medical treatment and that treatment is expected to last longer than 90 days and precludes entry into unsubsidized employment or continued participation in the program.

3. **Deceased**: The participant is deceased.

4. **Reservist called to Active Duty:** The participant exits the program because 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.

5. **Relocated to a Mandated Program:** The participant is in the foster care system as defined in 45 CFR 1355.20(a), and exits the program because the participant has moved from the local workforce area as part of such a program or system. (**applicable to youth only**)

To manually terminate an individual's participation in a program (to create an Exclusionary Exit), staff must create a Closure and Outcome Form. In the Outcome Form under *Other Exit Reason* choose 1 of the 5 global exclusions to identify why individual's exit qualifies as an Exclusionary Exit.

CLOSURE FORM: PRE-EXIT

Since some measures can be collected before the program exit is recorded and after **all** activities have an actual end date, the Closure Form will allow staff to record those federal and local performance measures before the program exit is recorded. The Closure Form will ensure the following:

1. Allows for performance measures to be collected since it is presumed that the individual has completed their participation in the program but the exit has not occurred since 90 days have not passed from the actual end date of the last activity.
2. Allows staff to record employment information prior to exit.
3. Allows staff to collect credential attainment, diploma attainment and placements built around federal reporting requirements.

Once a Closure Form has been created, a new program activity cannot be created for this application. However, Follow-up activities may be recorded using "F" activity codes.

FOLLOW-UP ACTIVITIES

Once Closure Form is completed, the system will allow staff to record Follow-up activities. To document Follow-up activities follow the steps to create and ***Activity Enrollment Form***, and use the "F" activity codes. The use of these codes enables staff to continue to provide less intensive services after a person leaves the program (for example "Are you still employed?", "Are you still in school?", "Do you need anything?", "How's it going?"). F activity codes are not tied to federal performance metrics.

Follow-up activity codes need to be used whenever a service is provided to a participant during follow-up.

- **Example 1:** If you called the participant to verify employment/placement information, then complete follow-up form and include case note in follow-up form.
- **Example 2:** If you called the participant to verify employment/placement information and you also worked on assisting them with additional resources so that they may continue with employment then complete the follow-up form and document the service as an F-activity code.
- **Example 3:** If follow-up forms have not appeared staff can use the f-activity codes to document placement but as soon as Follow-up forms are made available staff can transfer information to Follow-up Forms.

COMPLETING A CLOSURE FORM

To complete a Closure Form for an individual, follow the steps below:

1. All activities that are open must be closed and have an <u>Actual End Date</u>, otherwise the system will display an alert stating *a Closure Form cannot be created.*

   a) If a "Projected Begin Date" (rather than "Actual Begin Date") is entered in the Activity Enrollment Form, <u>the record is considered a pending activity and is not considered for any reporting</u>, because it is merely a planned activity, not an activity provided or received.

   b) When completing the **Closure** tab of the Activity Enrollment Form the system **<u>will not</u>** allow staff to close the activity if an "Actual Begin Date" is not entered.

   c) The system **<u>will not</u>** allow staff to create a Closure Form if an activity remains open (no "Actual End Date").

   d) A voided activity **<u>will allow</u>** a Closure Form to be created.

2. Then click *Create Closure*.

3. Complete the form and then hit *Save* button to save the form.

CLOSURE FORM SCREEN 1

General Information

Username: 27457

Name: Brian, Brian

Last service date: 02/28/2017

Exit Date:

Exit Reason:

LWIA: 33 San Diego Workforce Partnership, Inc.

* **Office Location:** [14623 San Diego Workforce Partnership (SDWP) ▼]

Agency Code Search: **Agency Code Search**

Agency Code: [_____] [_____]

Case closure date: 02/28/2017

* **Accountability Closure/Exit Status:** [None Selected ▼]

Outcome Information

* **School Status at Exit:** [In-school, post High School ▼]
[**Verify** | **Scan** | **Upload** | **Link**]
✔ School records

* **Youth Placement at Exit:** [None of the above ▼]

Placement Date: [09/15/2015] (mm/dd/yyyy) 🔲 Today
[**Verify** | **Scan** | **Upload** | **Link**]
✔ There is appropriate documentation in the case file.

These 2 questions apply to Youth

Employment Information

* **Entered Employment:**   No

No employers available.

[Add Employer]

Staff Information

[Add a new Case Note | Show Filter Criteria]

ID	Create Date	Subject	Action
No data found.			

Current Case Manager: Case currently Not Assigned to a Case Manager

Assign Case Manager

Assign Me

Remove Case Manager Assignment

Save   Cancel   Delete

CLOSURE FORM		
SECTION	**FIELD**	**DESCRIPTION**
General Information	Username	These fields are shown for reference and cannot be modified from this screen.
	Name	
	Last Service Date	
	Exit Date	
	Exit Reason	
	LWIA	
	*Office Location	Select an option from drop-down menu.
	Agency Code Search	**MANDATORY FIELD** Staff need to enter the agency code they have been provided by their program specialist. Staff can find the agency code by clicking on the "Agency Code Search" link.
	Agency Code	
	Case Closure Date	The date will be generated by the system. • This date is the last date of funded activity. • **NOT** the date of when the Closure Form is created.
	*Accountability Closure/Exit Status	If the individual meets one of two options *(Retirement or Invalid SSN/Failed to disclose SSN)* then select the condition that applies but if it is determined that neither condition applies, then at the time of closure select "Neither Condition Applies." **Note:** selection of invalid SSN or retirement will **NOT** take the participant out of performance.
Outcome Information	School Status at Exit	Choose option from the drop-down menu.
	Youth Placement at Exit	**Entered post-secondary education** - The individual entered an accredited degree-granting institution that leads to an academic degree (AA, AS, BA or BS). **Entered Advanced training** – The individual entered non-WIOA-funded advanced training. Advanced training is an occupational skills and employment or training program, not funded under WIOA Title I, which does not duplicate training received under WIOA Title I. An example of advanced training is a community college program that does not lead to an academic degree. **Entered Military Service** – Military service is defined as reporting for active duty and is considered employment for Adults, Dislocated Workers and Youth.

CLOSURE FORM		
SECTION	**FIELD**	**DESCRIPTION**
		For this to count as a placement, the Employment section MUST be completed to document job placement information. **Entered a qualified apprenticeship** – Qualified apprenticeship is defined as a program approved and recorded by the Employment Training Administration (ETA)/Bureau of Apprenticeship and Training (BAT) or by a recognized State Apprenticeship Agency (State Apprenticeship Council). Approval is by certified registration or another appropriate written credential. *If the apprenticeship is paid, document this placement as Employment. The Employment section MUST be completed to document job placement information.*
	Placement Date	Enter date of placement. This date may not be greater than the Closure Date.
Employment Information	Entered Employment o *Yes*: entered employment. o *Yes, recall employer*: If individual was laid off and is being called back to work by the same employer. o *No*: did not enter employment.	Select employment information from the "*Entered Employment*" drop-down menu. If entered employment, click Add Employer to record details.
Staff Information	Add New Case Note	Click the Add a new Case Note if applicable.
	Current Case Manager	Click Assign Staff, Assign Group, or Assign Me to conduct case assignment.

DOCUMENT ENTERED EMPLOYMENT

If an individual enters employment at closure or follow-up, staff can document employment in the Closure or Follow-up Forms.

To record employment information in the Closure Form:

1. Click the "Add Employer" link under Employer Information section.
   By clicking on this link another form will appear requesting employer and job information to be added.

2. Complete form and click the **Save** button.

Entered Military Service & Paid Apprenticeship:

- Military service is defined as reporting for active duty and is considered employment for adults, dislocated workers and youth. The employment section must be completed to document job placement information.
- If the apprenticeship is paid, document this placement as employment. The employment section must be completed to document job placement information.

Employment Information

No employers available.

[Add Employer]

Click this link to add employment information.

EMPLOYER SCREEN 1

Add/Edit Employer

Employer Information

Search Individual Employment History   Select from Internal Job Order/Placement

*Employer Name:

Verify Employer Name: [**Verify** | **Scan** | **Upload** | **Link**]

Employer FEIN:

Address Line 1:

Address Line 2:

City:

State/Province: None Selected

County/Parish:

Zipcode:

Find Zip Code: **[USPS]**

Country: None Selected

Industry Code (NAICS):   **Search for NAICS Code**

Industry NAICS Code:

Industry NAICS Description:

*Primary Employer Contact Name:

*Primary Employer Contact Phone Number: ___ - ___ - ___ Ext ___

Primary Employer Contact Email:

Is this employer a federal contractor?   ○ Yes ○ No

Job Information

*Job Title:

*Occupation: Select Occupation

*Is this a green job?   ○ Yes ○ No

*Hours Worked per Week:

*Hourly Wage:

*Job Start Date:

Job End Date: ☐ Currently Employed

Reason for Leaving: None Selected

Additional Information on reason for leaving:
Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

[Spell Check | Clear Text]

Job Duties (2500 characters max):
Some HTML tags such as embedded videos are not allowed in this text box and will not be saved.

[Spell Check | Insert Occupational Description | Clear Text]

Primary Employer:	○ Yes ○ No
* **Receiving Fringe Benefits:**	○ Yes ○ No
* **Job Covered by Unemployment Compensation:**	○ Yes ○ No
* **Is this Entrepreneurial and/or Self-Employment?:**	○ Yes ○ No
* **Is this a Registered Apprenticeship?**	○ Yes ○ No
* **Is this active Military Service?**	○ Yes ○ No
* **Is this considered Non-Traditional Employment?**	○ Yes ○ No
Is this considered Training Related Employment?	None Selected ▾
Add to Employment History:	○ Yes ○ No

Save   Cancel

ENTERED EMPLOYMENT FORM		
SECTION	FIELD	DESCRIPTION
Employer Information	Search Individual Employment History	If the employer is in the system, staff may click these links to search and select the desired employer.
	Select from Internal Job Order/Placement	If this is the case, the system will pre-fill most of the Employer Information section.
	*Employer Name	Enter the employer name.
	Verify Employer Name	This link will require staff to choose the correct type of documentation for verifying the employment.
	Employer FEIN	The **Employer** Identification Number (**EIN**), also known as the Federal **Employer** Identification Number (**FEIN**) or the Federal Tax Identification Number, is a unique nine-digit number assigned by the Internal Revenue Service (IRS) to business entities operating in the United States for the purposes of identification.
	Address Line 1	Enter the Address and City of the employer, and choose the correct State, County, and Country from a drop-down list.

Enter the Zip Code of the employer. By clicking on "USPS" link staff will be re-directed to the USPS website where they can look up a zip code. |
	Address Line 2	
	City	
	State	
	County	
	Zipcode	
	Find Zip Code	
	Country	
	Industry Code (NAICS)	Staff can select the "Search for Industry NAICS Code" link. This will require staff to search for an industry by keywords. Staff will need to choose appropriate title and this information will then auto-populate these sections.
	Industry NAICS Code	
	Industry NAICS Description	
	*Primary Employer Contact Name	Enter the employer contact name, phone number, and email address (if available)
	*Primary Employer Contact Phone Number	
	Primary Employer Contact Email	
	Is this employer a federal contractor?	Answer **Yes** or **No**.
Job Information	*Job Title	Enter the job title.
	*Occupation	Select the occupation of the job by clicking the Select Occupation link. This will take staff to an O*NET search screen which allows the staff four different search options to locate the job occupation classification.
	*Is this a green job?	Answer **Yes** or **No**.
	*Hours worked per week	Enter the hours worked, hourly wage, and job start date.
	*Hourly Wage	
	*Job Start Date	
	Job End Date	If for some reason, the individual has already left the job enter the *Job End Date* and select the appropriate *Reason for Leaving* from the drop-down choices.

ENTERED EMPLOYMENT FORM		
SECTION	**FIELD**	**DESCRIPTION**
	Reason for Leaving	If the individual is still working for this employer, check the *Currently Employed* check-box.
	Additional Information on reason for leaving	
	Job Duties	Enter the job duties in the free-form textbox. Staff can either enter this information manually, or click the Insert Occupational Description link, and an O*NET occupational description will pre-fill the textbox.
	Primary Employer	Answer **Yes** (new employer for the individual) or **No** (not a new employer for the individual, they have been working with this employer previously.)
	*Receiving Fringe Benefits	
	*Job Covered by Unemployment Compensation	
	*Is this Entrepreneurial and/or Self-Employment?	Answer **Yes** or **No**.
	*Is this a Registered Apprenticeship?	
	*Is this active Military Service?	
	*Is this considered a Non-Traditional Employment?	Answer **Yes** or **No**. **NONTRADITIONAL EMPLOYMENT** (WIOA sec. 3(37)) – refers to occupations or fields of work, for which individuals from the gender involved comprise less than 25 percent of the individuals employed in each such occupation or field of work.
	Is this considered Training Related Employment?	The system will confirm if this job is considered Training Related Employment. **This information is based on Occupation code**. If an individual entered Activity Code 300 (ITA) then the *Occupation Code* in that activity should be the same *Occupation Code* entered in the Employment Form.
	Add to Employment History?	Answer **Yes** or **No**.

OUTCOME FORM: OFFICIAL EXIT

Ninety (90) days of no activity on an individual's case triggers a **Soft Exit** in the system. The system will create an Outcome Form if no activities (regular or follow-up) have been provided, or 90 days after the last Projected End Date if no actual end date is available. At this point the individual's participation in the program has officially ended and their progress will now be tracked for four (4) quarters for federal performance tracking purposes.

COMPLETING AN OUTCOME FORM (EXCLUSIONARY EXIT ONLY)

To manually terminate the individual's participation in the program (Exclusionary Exit) follow the steps below:

1) Click *Create Closure*, complete Closure Form, and save form.
2) Then, click *Create Outcome.*
3) Complete *Outcome Form* and hit the **Save** button to save form.

OUTCOME FORM SCREEN 1

General Information

Login Name:	BRIAN333@
User ID:	27457
State ID:	10103
Name:	Brian Brian
*** LWIA/Region:**	San Diego Workforce Partnership, Inc.
*** Office Location:**	14623 San Diego Workforce Partnership (SDWP)
*** Staff Position:**	Staff

Exit Information

*** Exit Date:**	02/28/2017 🔳 Today
Exit Reason:	None Selected

None Selected
Institutionalized
Health/Medical
Deceased
Reservist called to Active Duty
Relocated to a Mandated Program

Alternate Contact Information

Manage Alternate Contacts

Contact List

No Contacts for individual

Staff Information

[Add a new Case Note | Show Filter Criteria]

ID	Create Date	Subject	Action
No data found.			

Current Case Manager: Case currently Not Assigned to a Case Manager
Assign Case Manager
Assign Me
Remove Case Manager Assignment

Comments:

[Save] [Cancel] [Print]

OUTCOME FORM		
SECTION	**FIELD**	**DESCRIPTION**
General Information	Login Name	**Login Name, User ID, State ID** and **Name** information is listed, but cannot be modified.
	User ID	
	State ID	
	Name	
	*LWIA/Region	Select *San Diego Workforce Partnership, Inc*
	*Office Location	Select from the drop-down menu.
	*Staff Position	Select from the drop-down menu
Exit Information	*Exit Date	Enter the individual's date of exit.
	Exit Reason	Select an exit reason. By manually completing the Outcome Form instead of the system generated, the only options available for exit will be 1 of the 5 global exclusions.
Alternate Contact Information	Manage Alternate Contacts	Click the Manage Alternate Contacts link to update the individual's list of alternate contact people.
	Contact List	If contact information for alternate contacts had been previously entered in the information would populate this list.
Staff Information	Add a New Case Note	Click to add a case note.
	Current Case Manager	Click Assign Staff, Assign Group, or Assign Me to conduct case assignment.
	Comments	If staff would like to add any additional information about the Outcome Form, enter the details in the **Comments** box. Note: any comments added will automatically become a system-generated case note.

CREDENTIALS FORM

INTRODUCTION AND PURPOSE

The Credentials Form is used to record the credential information for individuals while in program, at Closure, or Follow-up.

COMPLETING A CREDENTIALS FORM

To complete the Credentials Form for an individual, follow the steps below:

1. Expand the Credentials section by clicking on the "+" plus sign.
2. Then click on the "Create Credential".
3. Complete the Credentials Form and hit **Save** button.

CREDENTIALS FORM SCREEN 1

General Information

Program:	WIOA
Application Number:	2233213
Name:	Lagasse, Emeril
Application Date:	4/18/2012
Program Participation Date	4/19/2012
Exit Date:	4/20/2012
Maximum date to record after exit:	4/20/2013
* LWIA/Region:	San Diego Workforce Partnership, Inc.
* Office Location:	None Selected

Credential Information

* Credential Received:	None Selected
Other Credential:	
Credential Verification:	[**Verify** | **Scan** | **Upload** | **Link**]
* Date Credential Received:	(mm/dd/yyyy) Today
Associated to Activity:	[**Search Activities**]

Save   Cancel

CREDENTIALS FORM		
SECTION	**FIELD**	**DESCRIPTION**
General Information	Program	Information here is listed, but cannot be modified.
	Application Number	
	Name	
	Application Date	
	Program Participation Date	
	Exit Date	
	Maximum date to record after exit	Indicates how long the Credentials Form will remain available to record information. Credentials must be recorded by 2nd quarter after exit and no later.
	* LWIA/Region	Choose appropriate office location.
	* Office Location	
Credential Information	*Credential Received	Enter the credential received from the available selections in the drop-down list.
	Other Credential	If credential is not listed above, enter information here.
	Credential Verification	Verify the type of document used to indicate credential attainment.
	*Date Credential Received	Manually enter a date using mm/dd/yyyy format, or use the calendar tool or Today link.
	Associated to Activity	Use this section to link the credential attainment to the type of activity for which the credential was obtained.

FOLLOW-UP FORM

INTRODUCTION AND PURPOSE

The Follow-Up Form is used to record the information from individuals during follow-up who have Soft Exited from the system. **No follow-up forms will appear for those that exited due to an Exclusionary Exit**.

By using the information requested on the form, staff will be able to determine an individual's employment and educational status at these intervals. The Follow-Up Form will also document individuals employed at exit who remain employed and collect & record supplemental employment information for those individuals employed in jobs not covered by the Unemployment Insurance Base Wage Field (for Youth this would also include those who entered post-secondary education, advanced training, the military, or a qualified apprenticeship). The information on the form may come from a variety of sources, as appropriate, including the individual, the employer, school records, or other service providers/partners who can validate the individual's status.

The system will not provide access to this tool until the individual has been officially exited from the program, which includes the creation of a Closure and Outcome Form. A Follow-Up Form is **not required** for any individual who exited from the program due to an Exclusionary Exit and will not appear in the participants CalJOBS profile.

Follow-Up Form vs. Follow-up activities

While the Follow-Up Form requires that specific data be collected at the set intervals, Follow-up activities are those that are provided to individuals to help ensure retention. Follow-up activities may be provided at the time the Follow-Up Form is due (ex. At the 1st quarter after exit).

Follow-Up Form Due Dates and Timing

This form must be completed on a quarterly basis for up to four quarters after closure date. The system will not provide access to this tool until the individual exited from the program (Soft Exit) and after 90 days from closure date.

The same form type is used for each quarterly contact, with an indicator of the follow-up period of being selected. Staff can record Follow-Up Forms only in the current quarter for federal reporting requirements. The system does not allow federal follow-ups to be recorded outside the designated quarterly time periods. If staff click a Follow-Up Form link prematurely, the system will display an alert letting staff know that the form is not yet available for use. If follow-up forms have not appeared staff can use the F-activity codes to document placement but as soon as Follow-up forms are made available staff **must** transfer information to Follow-up Forms.

FOLLOW-UP FORM EXAMPLES

John's Case Closure Date is 08/15/2016. His exit quarter is determined to be July – September.

Program Year Quarter 1			Program Year Quarter 2			Program Year Quarter 3			Program Year Quarter 4		
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

Aug 15, 2016 Closure Date

Nov 15, 2016 (approx.) Follow-Up Form Available

Aug 15, 2017 Last day for follow-up contact

Follow-up Qrt 1		Follow-up Qrt 2		Follow-up Qrt 3	
	Time allowed for Follow-up Form data entry	Time allowed for Follow-up Form data entry		Time allowed for Follow-up Form data entry	

Follow-up Qrt 4

Time allowed for Follow-up Form data entry

Based on the Exit Quarter we can now determine the follow-up quarters:

1st quarter follow-up occurs between Oct – Dec.
- The Follow-Up Form will become available approximately 90 days from Closure Date, which in this case would be around Nov 15, 2016.
- This means staff have from Nov 15, 2016 – Dec 31, 2016 to conduct follow-up and enter data in Follow-up Form.
- And 5 extra days for late data entry, not the actual follow-up. In this scenario, up to Jan 5, 2017.

2nd quarter follow-up occurs between Jan – March.
- This means staff have from Jan 1, 2017 – March 31, 2017 to conduct follow-up and enter data in Follow-up Form.
- And 5 extra days for late data entry, not the actual follow-up. In this scenario, up to April 5, 2017.

3rd quarter follow-up occurs between April – June
- This means staff have from April 1, 2017 – June 30, 2017 to conduct follow-up and enter data in Follow-up Form.
- And 5 extra days for late data entry, not the actual follow-up. In this scenario, up to July 5, 2017.

And 4th quarter follow-up occurs between July – Sept.
- This means staff **ONLY** have from July 1, 2017 – August 15, 2017 to conduct follow-up and enter data in Follow-up Form.
- This is a year from the Closure Date.

COMPLETING A FOLLOW-UP FORM

Individuals who have Soft Exited from the WIOA Program require follow-up at quarterly dates.

Once an individual has been exited from the program a Follow-Up table will appear like the one below listing the Quarter End Dates, Date Follow-Up Form was completed, Follow-Up Form status, and Follow-Up Type with a link to the Follow-Up Form for each quarter.

To complete the Follow-Up Form for an individual, follow the steps below:

4. Click the appropriate Follow-Up Type link, i.e. ***First Quarter After Exit***
5. Then complete the Follow-Up Form and hit **Save** button.

⊟ Follow-ups			5

Create Local Follow Up

Click here

Search:

Required By	Date Complete	Status	Follow Up Type
09/30/2012		Required	1st Quarter After Exit
12/31/2012		Required	2nd Quarter After Exit
06/30/2013		Required	3rd Quarter After Exit
03/31/2013		Required	4th Quarter After Exit

FOLLOW-UP FORM SCREEN 1

(YOUTH)

General Information

AppID:	2233213
WIOA Follow-up:	1 - 1st Quarter after Exit
Status:	Required
Working With:	Emeril Lagasse
Username/Login Name:	4289
User ID:	4289
State ID:	709
Address:	1234 Main Street Chula Vista, CA 91911
Prime Phone:	619-228-2900

Edit Contact Information

Alternate Contact Information

Manage Alternate Contacts

Contact List

No Contacts for individual

Contact Attempts

Attempt Number	Date	Time	Type Of Contact
No contacts have been attempted.			

Add Contact Attempt   **Exit Follow-up Screen**

Follow-up Employment Information

Employer Name: No Employment information

* **Worked in Quarter 1/1/2017 - 3/31/2017?**   ○ Yes ○ No

Use primary employer from previous quarter?   ☐ Yes

No employers available.

[Add Employer]

Youth Placement Information

Youth Placement and Date at Case Closure: Not Applicable

Previous Follow-up Placement and Date Information: Not Applicable

* **Current Placement (WIA):**   None Selected ▼

Date Of WIA Placement: [_____] 🔲 Today

[**Verify** | **Scan** | **Upload** | **Link**]

Current Placement (WIOA):   None Selected ▼

[**Verify** | **Scan** | **Upload** | **Link**]

Exit and Closure Information

Exit Date: 01/04/2016

Employment Status: No Closure Employment Information

Youth Status at Exit: Not Applicable

Placement Status at Exit: Not Applicable

CONTINUED …

Current Status at Follow-up

Follow-up Information:

*__**Actual Date of Follow-Up:**__ [_____] 📅 Today

*__**Contact Type:**__ [None Selected ▾]

Other (specify): [_____]

*__**Received 12 months of Follow-Up services**__ ○ Yes ○ No

Follow-up Status

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

Status at Follow-Up: [None Selected ▾]

Other (specify): [_____]

Comments: [_____]

Staff Information

*__**LWIA/Region:**__ [San Diego Workforce Partnership, Inc. ▾]

*__**Office Location:**__ [SDC SDCO OFFICE OF ED ▾]

Agency Code: Agency Code Search

[_____] - [_____]

Staff User Create: GSISOFTEXIT

Create Date: 04/04/2016

Staff User Edit: GSISOFTEXIT

Edit Date: 04/04/2016

[Add a new Case Note | Show Filter Criteria]

ID	Create Date	Subject	Action
No data found.			

Current Case Manager:
Group: Youth Provider Case Manager Group
Case Manager: Moreno, Sonya
Temporary Case Manager: Not Applicable
Assign Case Manager
Assign Me
Remove Case Manager Assignment
[_____]

(Save) (Cancel) (Print)

FOLLOW-UP FORM SCREEN 1

(ADULT/DW)

General Information

AppID:	2233213
WIOA Follow-up:	1 - 1st Quarter after Exit
Status:	Required
Working With:	Emeril Lagasse
Username/Login Name:	4289
User ID:	4289
State ID:	709
Address:	1234 Main Street Chula Vista, CA 91911
Prime Phone:	619-228-2900

Edit Contact Information

Alternate Contact Information

Manage Alternate Contacts

Contact List

No Contacts for individual

Contact Attempts

Attempt Number	Date	Time	Type Of Contact
No contacts have been attempted.			

Add Contact Attempt   **Exit Follow-up Screen**

Follow-up Employment Information

Employer Name: No Employment information

* **Worked in Quarter 1/1/2017 - 3/31/2017?** ○ Yes ○ No

Use primary employer from previous quarter? ☐ Yes

No employers available.

[Add Employer]

Exit and Closure Information

Exit Date: 01/04/2016

Employment Status: No Closure Employment Information

Youth Status at Exit: Not Applicable

Placement Status at Exit: Not Applicable

Current Status at Follow-up

Follow-up Information:

* **Actual Date of Follow-Up:** [   ] 🖼 Today

* **Contact Type:** [None Selected ▼]

Other (specify): [   ]

* **Received 12 months of Follow-Up services** ○ Yes ○ No

Follow-up Status

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

Status at Follow-Up: [None Selected ▼]

Other (specify): [   ]

Comments: [   ]

Staff Information

* LWIA/Region:	San Diego Workforce Partnership, Inc. ▾
* Office Location:	SDC SDCO OFFICE OF ED ▾
Agency Code:	Agency Code Search
	[____] - [_____]
Staff User Create:	GSISOFTEXIT
Create Date:	04/04/2016
Staff User Edit:	GSISOFTEXIT
Edit Date:	04/04/2016

[Add a new Case Note | Show Filter Criteria]

ID	Create Date	Subject	Action
No data found.			

Current Case Manager: Group: Youth Provider Case Manager Group
Case Manager: Moreno, Sonya
Temporary Case Manager: Not Applicable
Assign Case Manager
Assign Me
Remove Case Manager Assignment
[_____]

Save   Cancel   Print

Follow-Up Form		
SECTION	**FIELD**	**DESCRIPTION**
General Information	App ID	Indicates the Application ID.
	WIOA Follow-Up	Indicates the follow-up quarter. This section will be pre-filled depending on which quarter staff are following-up, quarter 1 – 4.
	Status	Indicates the status of follow-up form.
	Working With	Information in the Follow-Up Form is based on information recorded in the Closure or Outcome Form.
	Username/Login Name	
	User ID	When filling out the Follow-up Form staff **should verify** that information is still correct or if any changes have occurred since exit.
	State ID	
	Address	If contact information has changed for participant, click the "Edit Contact Information" link.
	Prime Phone	
Alternate Contact Information	Manage Alternate Contacts	This section lists the individual's contacts.
	Contact List	
Contact Attempts	Attempt Contact	To record failed contact attempts, click on the "Attempt Contact" hyperlink and complete the form. When the maximum number of contacts have been entered and saved, the system will alert staff and provide the ability to close the follow-up using the **Multiple Attempts were made with No Success** button. Click the "Exit Follow-up Screen" to exit after contact attempts have been recorded.
Follow-up Employment Information	Employer Name	This section will display employer's name.
	Employer Contact and Phone	
	* Worked in Quarter "dates of follow-up"?	Answer *Yes* or *No*
	Use Primary employer from previous quarter?	If yes, • Click "Yes" to use the previous employer OR
	Add Employer	• click "Add Employer" and complete form
Youth Placement Information	Youth Placement and Date at Case Closure	Information here is listed, but cannot be modified.
	Previous Follow-Up Placement & Date Information	Information here is listed, but cannot be modified.
	*Current Placement (WIA)	Select current placement information from the drop-down menu.
	Date of WIA Placement	If applicable, enter date of placement.
	Current Placement (WIOA)	Use the verify link to verify placement.
Exit and Closure Information	Exit Date	Information here is listed, but cannot be modified.
	Employment Status	
	Youth Status at Exit	
	Placement Status at Exit	

Follow-Up Form

SECTION	FIELD	DESCRIPTION
Current Status at Follow-Up	Follow-up Information	This field provides information on the status of exiters during follow-up, and is <u>only required when</u>: • Individual participated in Adult or Dislocated Worker program (and no Youth programs), and all of the Employment questions are answered "No." • Individual participated in the Youth program, and may have also participated in the Adult or Dislocated Worker program, and all of the Employment questions are answered "No" and the Youth Status is set to "Not in further training." • Individual participated in the Youth program, and may have also participated in the Adult or Dislocated Worker program, and Youth Status is set to "Did not attain diploma or equivalent" and Youth Placement is set to "None of the Above" and all of the Employment fields indicate individual is not employed. *If recording a Positive Outcome in Follow-Up Form **<u>do not</u>** complete this section.*
	*Actual Date of Follow-Up	Enter date of Follow-Up
	*Contact Type	Select contact type from the drop-down menu.
	Other (specify)	If contact type is not listed above, enter information here.
	Received 12 months of Follow-up Services	Answer *Yes* or *No*
	Status at Follow-Up	Select contact type from the drop-down menu.
	Other (specify)	If staff would like to add any additional information about this Follow-Up Form, enter the details in the **Comments** box.
	Comments	
Staff Information	*LWIA/Region	
	*Office Location	
	Agency Code	
	Staff User Create	Information here is listed, but cannot be modified.
	Create Date	
	Staff User Edit	
	Edit Date	
	Case Notes	If staff would like to add any additional information about this Follow-Up Form, enter the details in the **case notes** section.
	Current Case Manager (*Assign Case Manager, Assign Me, Remove Case Manager Assignment*)	The system will display the current program case manager for this individual in the **Current Case Manager** field, if a case manager was previously determined. Click the **Assign Case Manager** link to change the case manager or click the **Assign Me** link to assign yourself as the case manage.