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# Green Country Workforce Development Board

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## Data Validation Policy

**IMPORTANT!** This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call Tamara Peachey at (918) 316-6519 for assistance in the translation and understanding of the information in this document.

**Telephone Relay Service is available by dialing 711 or (800) 722-0353**

The Green Country Workforce Development Board (GCWDB) is the policy and guidance board for the Workforce Oklahoma system in Oklahoma. We are business leaders with a commitment to lead a highly skilled, productive workforce in our 18-county area.

OESC's PURPOSE WSD 03-2024: This policy is to provide information to use in developing procedures for ensuring that data submitted for performance reporting are valid and reliable. This policy outlines the data validation review process and includes the following attachments: Attachment I, Forms for Data Validation and Attachment II, Source Documentation DOL-only Data Element Validation.

The Green Country Workforce Development Board (GCWDB) complies with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, the basis of citizenship status or participation in a WIOA Title-1 financially assisted program or activity.

*GCWDB is an Equal Opportunity Employer/ Program. Auxiliary aids and services are available upon request to individuals with disabilities.*

*Green Country Workforce Development Boards Innovation and Opportunity Act Title I program funding statement can be found at*

[EO & FUNDING PAGE – Green Country Workforce Development Board  
https://www.greencountryworks.org/](https://www.greencountryworks.org/)

## **Purpose**

This policy is to provide the local procedures to be used, as guided by the Oklahoma Employment Security Commission (OESC), for data validation review process and source documentation.

**NOTE:** All GCWDB Policies and attachments are available for download at:

<https://www.greencountryworks.org/resources/policy-research-best-practices/>

## **Policy**

WSD #03-2024 is intended to clarify procedures that minimize the burden of documenting eligibility, service provision, and outcomes while remaining respectful of the need to ensure data integrity and report accurate information to the United States Department of Labor (USDOL). All documentation previously copied and kept in paper case files must now be electronically scanned and uploaded to participant records to develop a virtual case file.

## **General Eligibility**

### **Wagner-Peyser**

The Wagner-Peyser Act of 1933 established a nationwide system of public employment offices known as the Employment Service (ES). The Act was amended in 1998 and again in 2014 to become part of the Workforce Innovation and Opportunity Act and the One-Stop delivery system. The primary responsibilities of ES are to:

- Assist job seekers in finding employment and employers in filling jobs;
- Facilitate the match between job seekers and employers; and
- Meet the work test requirements of the State Unemployment Compensation system.

The types of ES services available include job search and placement assistance, recruitment services and special technical services for employers, reemployment services for unemployment insurance claimants, labor exchange services for workers who have received notice of permanent or impending layoff, referrals and financial aid application assistance for training and educational resources and programs, and the development and provision of labor market and occupational information.

ES services are available to any jobseeker, regardless of employment status; however, Veterans receive priority of service in accordance with Training and Employment Guidance Letter (TEGL) 10-09 and Veterans Program Letter (VPL) 07-09. Program participants may also include individuals with employment authorization documents who have been granted relief under the Deferred Action for Childhood Arrivals (DACA). In addition, any employer seeking workers is also eligible for ES services.

## WIOA Title I Adult Programs

The WIOA Title I Adult Program is designed to provide quality employment and training services to assist eligible individuals in finding and qualifying for meaningful employment. Veterans and eligible spouses continue to receive priority of service for the WIOA Title I Adult Programs. To receive WIOA Title I Adult services, all individuals must meet the following eligibility criteria.

- 18 years of age or older
- Authorized to work in U.S.
- Selective Service Registration

### Definition of Eligible Spouse

“Eligible spouse” as defined at section 2(a) of the JVA (38 U.S.C. 4215[a]) includes the spouse of any of the following:

- (a) Any veteran who died of a service-connected disability
- (b) Any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
  - i. Missing in action
  - ii. Captured in the line of duty by a hostile force
  - iii. Forcibly detained or interned in the line of duty by a foreign government or power
- (c) Any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs
- (d) Any veteran who died while a disability was in existence

A spouse whose eligibility is derived from a living veteran or service member (i.e., categories b. or c. above) would lose his or her eligibility—

- if the veteran or service member were to lose the status that is the basis for the eligibility (e.g., if a veteran with a total service-connected disability were to receive a revised disability rating at a lower level), or
- for a spouse whose eligibility is derived from a living veteran or service member, that eligibility would be lost upon divorce from the veteran or service member.

### \*Priority Populations groups for WIOA Adult Program

- Low-income individuals
- Individuals with disabilities
- Homeless individuals (as defined in section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)))
- Individuals who have aged out of the foster care system
- Indians, Alaska Natives, and Native Hawaiians, as such terms are defined in WIOA section 166
- Older individuals (age 55 and older)
- Ex-offenders
- Individuals who are English language learners (WIOA sec. 203(7))
- Individuals who have low levels of literacy
- Individuals facing substantial cultural barriers

- Eligible migrant and seasonal farmworkers
- Individuals within two years of exhausting lifetime TANF (Temporary Assistance for Needy Families) eligibility
- Single parents (including single pregnant women)
- Long-term unemployed individuals (unemployed for 27 or more consecutive weeks); and
- Displaced homemakers

Each priority/special population to which an individual belongs must be listed on the IEP to help ensure the provision of any services necessary for the individual to obtain or retain employment.

### **WIOA Title I Dislocated Workers Programs**

The WIOA Title I Dislocated Workers Program is designed to provide quality employment and training services to assist eligible individuals in finding and qualifying for meaningful employment. For the WIOA Dislocated Worker program, the only priority of service is the veteran's priority of service. A veteran must meet each program's eligibility criteria to receive services under the respective employment and training program.

To receive WIOA Title I Dislocated Worker services, individuals must meet the following eligibility criteria.

- Authorized to work in U.S.;
- Meet Military Selective Service registration, if applicable; and
- Meet one of the following;
  - Recently Dislocated
  - Plant Closure or Substantial Layoff
  - Loss of Self-Employment Income
  - Displaced Homemaker
  - Military Spouse (Loss of employment or Displaced)

### **WIOA Title I Youth Program**

The WIOA Title I Youth program is designed to assist youth with one or more barriers to employment prepare for post-secondary education and employment opportunities, attain educational and/or skills training credentials, and secure employment with career and promotional opportunities.

All WIOA Youth must provide documentation of basic eligibility:

- ✓ Age/Date of Birth
- ✓ Selective Services Registration is applicable
- ✓ Eligibility to work in the United States

To receive WIOA Title I Youth services, individuals must meet the following eligibility criteria.

#### **In-School Youth:**

- Attending school
- 14-21 years of age
- Low Income
- At least one of the following must apply:
  - Basic Skills Deficient

- An English Language Learner
- An offender
- A homeless youth or runaway youth
- In foster care or has aged out of foster care
- Pregnant or parenting
- Individual with a disability
- An individual who requires additional assistance to complete an educational program or to secure or hold employment (\*Not more than 5% of the newly enrolled ISY in a given program year may be eligible based on this criterion.)

#### **Out-of-School Youth:**

- 16-24 years of age
- Not attending any school
- At least one of the following must apply:
  - Individual with a disability
  - School dropout
  - Within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter
  - A recipient of a secondary school diploma or its recognized equivalent who is low income and either an English language learner or basic skills deficient
  - An offender
  - A homeless youth or a runaway youth
  - In foster care or has aged out of foster care
  - Pregnant or parenting
  - An individual who is low income and “needs additional assistance” to enter or complete an educational program or to secure or hold employment.

#### **5% Exception**

WIOA allows a low-income exception where 5% of youth may be participants who ordinarily would be required to be low-income for eligibility purposes and meet all other eligibility criteria for WIOA youth except the low-income criteria. A program must calculate the 5% based on the percent of newly enrolled youth in the local area’s WIOA youth program in a given program year who would ordinarily be required to meet the low-income criteria.

#### **Trade Adjustment Act (TAA)**

TAA offers a variety of benefits and services to support workers in their search for reemployment. This includes Trade Readjustment Allowances, training, assistance with healthcare premium costs, Reemployment Trade Adjustment Assistance, job search, and relocation allowances. A group of workers may be eligible for TAA if their jobs are lost or threatened due to trade-related circumstances as determined by a USDOL investigation.

In order for workers to obtain TAA or Reemployment Trade Adjustment Assistance (RTAA) services and benefits, an employer of a group of workers, a group of three or more workers, a Union, or another authorized individual must first file a petition with the U.S. Department of Labor (USDOL) and the state

trade coordinator or dislocated worker unit to request a certification of group eligibility for workers adversely affected by foreign trade. Once the group certification is issued, each worker in the group must then individually apply for services and benefits through their local Oklahoma Works (one-stop) Center. An OESC (Oklahoma Employment Security Commission) case manager will issue a determination of the workers' individual eligibility for TAA benefits.

The following eligibility requirements apply to the TAA program:

- An approved TAA certification; and
- Other criteria as determined by the types of benefits and services.

### **National Farmworkers Job Program (NFJP)**

The National Farmworker Jobs Program (NFJP) is the Department of Labor-administered workforce investment program for eligible MSFWs (migrant and seasonal farmworkers) established by WIOA sec. 167 as a required partner of the one-stop delivery system and includes both career services and training grants, and housing grants.

The following definitions apply to programs under this part:

Allowances means direct payments made to participants during their enrollment to enable them to participate in the career services described in WIOA sec. 134(c)(2)(A)(xii) or training services as appropriate.

Dependent means an individual who:

(1) Was claimed as a dependent on the eligible MSFW's Federal income tax return for the previous year; or

(2) Is the spouse of the eligible MSFW; or

(3) If not claimed as a dependent for Federal income tax purposes, is able to establish:

(i) A relationship as the eligible MSFW's;

(A) Child, grandchild, great grandchild, including legally adopted children;

(B) Stepchild;

(C) Brother, sister, half-brother, half-sister, stepbrother, or stepsister;

(D) Parent, grandparent, or another direct ancestor but not foster parent;

(E) Foster child;

(F) Stepfather or stepmother;

(G) Uncle or aunt;

(H) Niece or nephew;

(I) Father-in-law, mother-in-law, son-in-law; or

(J) Daughter-in-law, brother-in-law, or sister-in-law; and

(ii) The receipt of over half of his/her total support from the eligible MSFW's family during the

eligibility determination period.

Eligibility determination period means any consecutive 12-month period within the 24-month period immediately preceding the date of application for the MSFW program by the applicant MSFW.

Eligible migrant farmworker means an eligible seasonal farmworker as defined in WIOA sec. 167(i)(3) 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, as described in WIOA sec. 167(i)(2).

Eligible migrant and seasonal farmworker means an eligible migrant farmworker or an eligible seasonal farmworker, also referred to in this regulation as an “eligible MSFW,” as defined in WIOA sec. 167(i). Eligible MSFW youth means an eligible MSFW aged 14-24 who is individually eligible or is a dependent of an eligible MSFW. The term eligible MSFW youth is a subset of the term eligible MSFW defined in this section.

Eligible seasonal farmworker means 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 as described in WIOA sec. 167(i)(3).

Emergency assistance is a form of “related assistance” and means assistance provided by grantees that addresses immediate needs of eligible MSFWs and their dependents. An applicant's self-certification is accepted as sufficient documentation of eligibility for emergency assistance.

Family, for the purpose of reporting housing assistance grantee indicators of performance as described in in § 685.400, means the eligible MSFW(s) and all the individuals identified under the definition of dependent in this section who are living together in one physical residence.

Farmworker means work while employed in the occupations described in § 651.10 of this chapter.

Grantee means an entity to which the Department directly awards a WIOA grant to carry out programs to serve eligible MSFWs in a service area, with funds made available under WIOA sec. 167 or 127(a)(1). Housing assistance means housing services which contribute to safe and sanitary temporary and permanent housing constructed, supplied, or maintained with NFJP funding.

Lower living standard income level means the income level as defined in WIOA sec. 3(36)(B).

Low-income individual means an individual as defined in WIOA sec. 3(36)(A).

Refer to Training and Employment Guidance Letter (TEGL) 18-16 and state program policy to provide definitions and clarification for the NFJP eligibility criteria.

## **Pending List**

Oklahoma's virtual case management system generates enrollments and potential program eligibilities based on demographic information entered by the participant during self-registration and front-line staff during the intake process. Dislocated Worker and Youth enrollments are placed in a pending queue that require supervisory approval/denial once entered into.

Enrollments, source documentation, and eligibility determinations are valid for 30 days to allow the supervisor time to review information and to approve/deny the pending request. Enrollments must be approved/denied by a supervisor after verifying the client's eligibility including uploaded documentation, self-attestation, and program notes, before there is any expenditure of funds. At the end of the 30 days if the enrollment is still in the pending queue, it is considered ineligible and will require a new enrollment, new source documentation collection, and a new eligibility determination.

### **Eligibility Source Documentation**

Eligibility Source documentation is indicated in appendix A for each eligibility criteria/data element. Title I Programs must utilize the WIOA Title I Eligibility Forms (Attachment F & O) to designate which eligibility criteria used to determine program eligibility. This document will determine the eligibility criteria/data element source documentation from Appendix A that will be required for eligibility data validation. This does not imply, however, that local areas need not collect supporting documentation for elements not used to verify eligibility.

Local Workforce Development Boards (LWDBs) must identify the assessments to be used to determine eligibility and ensure eligibility determination procedures are consistent with the programmatic state policies.

Green Country Workforce Development Board (GCWDB) has chosen CASAS (Comprehensive Adult Student Assessment System), TABE (Test of Adult Basic Education) 9-10 or TABE 11-12 to be used to determine basic skills deficiency and will ensure eligibility determination procedures are consistent with the programmatic state policies.

Each Title I Participant will be required to have the following documents uploaded:

- The applicable program eligibility form (Attachment F or Attachment O)
- The three general eligibility criteria documentation, and
- The designated eligibility criteria/data element source documentation from appendix A notated for eligibility determination from the applicable program eligibility form. It is required to obtain and upload at least one source document for each applicable program eligibility element utilized in determining program eligibility. Some data elements may require more than one source document, noted by an **"AND"** in the Acceptable Source Document column.

### **Data Validation**

Data validation is a series of internal controls established to verify the accuracy, validity, and reliability of data. Data validation helps ensure the accuracy of the annual statewide performance reports, safeguards data integrity, and promotes the timely resolution of data anomalies and inaccuracies as required by 2 CFR 200.328. This joint data validation ensures that all programs are consistent and accurately reflect the performance of each core program. All participants across the core programs must validate the common data elements according to this guidance. The common data elements and source

documentation are indicated in Appendix B. It is required to obtain and upload at least one source document for each data element listed for each participant in a WIOA core program.

**Source documentation types include:**

**Uploaded Documentation:** Documentation must be clear and legible copies that are uploaded into the Oklahoma virtual case management system under the Uploaded Documentation section of the Client's Case Details Page. Some documentation may be source documents for more than one data element and need only to be uploaded one time provided all data elements are indicated prior to the upload.

Upload documentation according to the guidelines below:

- **Documentation Item Type:**
  - Universal: Documentation used to determine eligibility.
  - Enrollment: Documentation used to validate or support data elements, career services, training, performance measures, or other documents required by state and/or local policy.
- **Type of Documentation:** multiple types of documentation can be chosen
  - Eligibility: if documentation was used to determine eligibility
  - Validation: if documentation was used to validate data/information entered into the Oklahoma virtual case management system
  - Supporting: if documentation is used to support a service and training entry or case/program note entered into the Oklahoma virtual case management system.
  - Follow-up: documentation to support follow-up services
  - Employment Planning: documentation used to support employment planning

**Detailed Case/Program Notes:** Statements by the case manager entered in the virtual case management system that identify at a minimum, the specific data element, the status of the data element, information relevant to the data element, the date on which the information was obtained, and the case manager who obtained the information.

If a case manager is obtaining information verifying any data element for validation by phone, the detailed case/program note must include data element, subject to be verified, date verified, the agency or third-party relationship providing verification, contact name, phone number, detailed comments from the contact, and the case manager who obtained the information.

**Virtual Signature (Self-Attestation):** The individual provides his/her status or information for a particular data element and then signs and dates the form acknowledging that it is true and correct. The self-attestation is completed as a virtual signature in the Oklahoma Virtual Case Management System with the individual's unique username and password being used as the signature.

Eligibility determination requires that all individuals self-attest by virtual signature in the applicable enrollment demographic snapshot before services are provided. Staff must review the enrollment intake questions with the participant and the participant must then verify that the status is true and correct by entering their virtual signature (self-attest) in the applicable program demographics snapshot prior to receiving program eligibility approval. This method may be used in limited circumstances to document low income for participants when income is not verifiable for the prior 6 months of the enrollment date or obtaining the acceptable source documentation will cause undue hardship for the individual (i.e., natural disasters, domestic violence, etc.).

Data Validation Review

The U.S. Department of Labor, Employment and Training Administration, requires states to validate the accuracy of their annual performance report submissions to ensure decisions about WIOA policy and funding are made based on a true picture of program outcomes. Quarterly data element validation reviews shall be conducted to ensure the data elements in participant records are accurate in order to maintain system integrity, ensure completeness of data, and to identify and correct specific issues associated within the reporting process and to ensure the accuracy of data entered into Oklahoma Virtual Case Management System and subsequently submitted to USDOL-ETA. The effectiveness of the data validation process will be assessed annually, and revisions will be made as needed.

#### Quarterly Data Validation Procedure:

- Local Area staff collect documentation supporting data elements on an ongoing basis. This data collection becomes the foundation for the data validation performed.
- Data from the Participant Individual Record Layout (PIRL) file provided for the annual performance report will be utilized to randomly select participants for the data validation process. In order to meet the 90% confidence interval for each Title I program, a total of 271 participant identification numbers (PID) will be drawn from each of the programmatic PIRL files annually, or approximately 68 participants to be validated per quarter. Of the 271 participants, half of them will be drawn based on the participant start date and half of based on the participant exit date. The start and exit dates will be within the program year being validated. A minimum of 271 participants will be validated based on the proportion of participants in each local workforce area relative to the individual programs.
- A worksheet for each PID will be created from the PIRL file that contains all applicable data elements and documentation reported during the reporting period, to be validated.
- The State Data Validation Unit will validate the worksheets against the source documentation in the participant's file to ensure compliance with federal and state guidance. Screenshots of the case management system that indicate when and where the error occurred will enhance transparency of the state's validation procedures.
- The State Data Validation Unit will score each random element for random clients as either a pass or fail for validation that applies to each participant. Each data element that is required to be validated and that is supported or matched by acceptable documentation is scored as a "pass." Conversely, any data element required to be validated that is *not* supported by acceptable documentation or is inconsistent with other documentation (particularly the PIRL data received from information input into the Outcomes in the state's management information system) is scored as a "fail." Data elements lacking properly labeled or unreadable source documents will be scored as "fail," even if the documentation is in the file.
- Once completed, the elements failed will be reviewed. At the beginning of each quarter the local areas will receive a report of errors that were identified for the sample of audited participants. The local area will have 30 days from the date of the initial report to review and submit a written response to the OESC outlining any concerns or questions regarding the report.

## **Data Validation Training**

Consistent with the DOL (Department of Labor) recommendation that data validation to be part of annual monitoring efforts will be presented with the State's annual monitoring report a summary detailing the most commonly encountered errors throughout the program year from the data validation sample. The results of the report will be the focus of the Annual Data Validation Training which will focus on the most common data entry errors, ensure local areas understand the process for data validation, and provide technical assistance on how to successfully collect the information that is required by the reporting elements identified by DOL.

**EQUAL OPPORTUNITY AND NONDISCRIMINATION STATEMENT:** All Recipients, and Sub-recipients/Sub-grantees must comply with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity.

## **HISTORY**

- Replaced GCWDB P-0200200 Data Integrity, Validation and Program Notes Policy, previously approved and effective: 10/21/2021
- Replaces GCWDB's Data Validation and Source Documentation Requirements Policy Previously Approved on 12.08.2022
- Replaced GCWDB EC Approved and Effective 02/09/2023, updated to comply with OWDI-07-2020, Change 1
- Replaced GCWDB EC Approved and Effective 02/09/2023, updated to comply with WSD #03-2024

## **ATTACHMENTS**

Attachment A: Income Eligibility Form  
Attachment B: Client Involvement Statement  
Attachment C: Individual Training Account Agreement Form  
Attachment D: Individual training Voucher Form  
Attachment E: Coordination of Training Funds  
Attachment F: Youth Eligibility Form  
Attachment G: Youth Support Form  
Attachment H: School Dropout Status Form  
Attachment I: Youth Training Provider Procurement Form  
Attachment J: Documents to Verify Eligibility to Work  
Attachment K: Applicant Statement  
Attachment L: WIOA Participant Supplemental Wage Quarterly Exit Data Collection Form  
Attachment M: Supplemental Wage Self-Employment Verification Form  
Attachment N: Wage Conversion Chart  
Attachment O: Adult and Dislocated Worker Eligibility Form  
Attachment ZZ: Vital Service and Information Notice

**NOTE:** All GCWDB Policies and attachments are available for download at:  
<https://www.greencountryworks.org/resources/policy-research-best-practices/>

# WIOA Income Eligibility Form: Part I

| Identifying Information |                                                         |                   |  |
|-------------------------|---------------------------------------------------------|-------------------|--|
| Applicant's Name:       |                                                         | Participant ID:   |  |
|                         | Last                      First                      MI |                   |  |
|                         |                                                         | Application Date: |  |

**Income Period – From (6 months prior to application):** \_\_\_\_\_ **To (application date):** \_\_\_\_\_

**NOTE – Family Income Calculation:** Complete and attach Part II: Income Calculation, for each family member with earned income during the 6-month income review period. **Documentation of income source(s), family size, and Parts I & II of this form must be uploaded in the participant virtual case file.**

**Family Composition:** List each family member. Family is two or more persons related by blood, marriage, or decree of court, who are living in a single residence. (Married couple & dependent children: parent or guardian & dependent children; or married couple).

| Family Member | Name | Relationship   | Date of Birth | Age | Income Source(s) | 6-Month Income |
|---------------|------|----------------|---------------|-----|------------------|----------------|
| 1             |      | Self/Applicant |               |     |                  |                |
| 2             |      |                |               |     |                  |                |
| 3             |      |                |               |     |                  |                |
| 4             |      |                |               |     |                  |                |
| 5             |      |                |               |     |                  |                |
| 6             |      |                |               |     |                  |                |
| 7             |      |                |               |     |                  |                |
| 8             |      |                |               |     |                  |                |

|                      |                                                                                      |                                                                                                   |                                                                               |
|----------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Income Review</b> | <b>Family Size:</b>                                                                  | <b>Income Limit:</b><br><small>* to be taken from 'at or below Poverty Line or 70% LLSIL'</small> | <b>Total 6-Month Income:</b>                                                  |
|                      |                                                                                      |                                                                                                   | <b>6-Month Income X 2:</b><br><small>* to be compared to INCOME LIMIT</small> |
| <b>Certification</b> | I attest that to the best of my knowledge the above information is true and correct. |                                                                                                   |                                                                               |

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian or Other Responsible Adult Signature (if applicant is under 18)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## WIOA Income Eligibility Form: Part I - continued

| Family income calculations <b>INCLUDE</b> the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Family income calculations <b>EXCLUDE</b> the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Gross wages and salaries before deductions</li> <li>• Net income (gross income minus operating expenses) from a business or other non-farm enterprise</li> <li>• Net income from farm self-employment (income from a farm which operates as an owner, renter, or sharecropper, after deductions from farm operating expenses)</li> <li>• Social Security Disability Insurance (SSDI)</li> <li>• Governmental and non-governmental pensions (including military retirement pay)</li> <li>• Regular payments from railroad retirement benefits, strike benefits from union funds, worker's compensation, and training stipends</li> <li>• Alimony</li> <li>• Merit based scholarships, fellowships, and assistantships i.e., the recipient may be determined by students' athletic, academic, artistic, or other abilities</li> <li>• Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings</li> <li>• Terminal leave pay, severance pay, or a cash out of accrued vacation leave</li> <li>• Disaster Relief Employment wages</li> <li>• On-the-Job Training (OJT) wages<br/><b>Now included under WIOA</b></li> <li>• Unemployment compensation</li> <li>• Child support payments</li> <li>• Old age and survivors' insurance benefits received under section 202 of the Social Security Act (42 U.S.C. 402)</li> </ul> | <ul style="list-style-type: none"> <li>• Foster child care payments</li> <li>• Income earned while the veteran was in Active Military Duty, and certain other Veteran's Benefits</li> <li>• Federal non-cash benefits such as: Medicare, Medicaid, food stamps, school lunches, and housing assistance</li> <li>• Assets drawn down as withdrawals from a bank</li> <li>• Public Assistance payments: TANF, SSI, GA, and RCA</li> <li>• One-time cash payment, which includes: tax refunds, loans, one-time insurance payments or compensation for injury, gifts, and lump sum inheritances</li> <li>• Job Corps payments</li> <li>• Cash value of employer-paid or union-paid portion of health insurance or other employee fringe benefits</li> <li>• Cash value of food or housing received in lieu of wages</li> <li>• Payments received under the Trade Readjustment Act of 1974</li> <li>• Needs-based scholarship assistance</li> <li>• Financial assistance under Title IV of the Higher Education Act</li> <li>• Stipends received from the following programs: VISTA, Peace Corps, Foster Grandparents Program, Retired Senior Volunteer Program, Youth Works/AmeriCorps Program</li> <li>• All WIOA payments except OJT</li> </ul> |

## WIOA Income Calculation Worksheet: Part II

| Identifying Information |       |                 |                   |
|-------------------------|-------|-----------------|-------------------|
| Applicant's Name:       |       | Participant ID: |                   |
| Last                    | First | MI              | Application Date: |

Income Period – From (6 months prior to application): \_\_\_\_\_ To (application date): \_\_\_\_\_

Family Member: \_\_\_\_\_ Relationship: \_\_\_\_\_

☐ **Straight Pay Method:** Use this method if family member provides all income documents covering income review period.

| Employer or Income Source                               | Pay Date | # of Pay Periods<br>Weekly=26,<br>Bi-weekly=13,Monthly=6 | = | Pay Period Gross Pay |
|---------------------------------------------------------|----------|----------------------------------------------------------|---|----------------------|
| 1                                                       |          |                                                          | = |                      |
| 2                                                       |          |                                                          | = |                      |
| 3                                                       |          |                                                          | = |                      |
| 4                                                       |          |                                                          | = |                      |
| <b>6-Month Income:</b> Sum of all Pay Period Gross Pays |          |                                                          |   |                      |

☐ **Average Pay Method:** Use this method if family member provides at least 2 income documents from each source.

Average Pay Method: See this method if family member provides at least 2 income documents from each source.

| Employer or Income Source                                                                      |  | Pay Date | Gross Pay                  | ÷ | # Weeks in Time Frame:<br>Weekly=1, Bi-weekly=2,Monthly=4.3 | = | Weekly Gross Income |
|------------------------------------------------------------------------------------------------|--|----------|----------------------------|---|-------------------------------------------------------------|---|---------------------|
| 1                                                                                              |  |          |                            | ÷ |                                                             | = |                     |
| 2                                                                                              |  |          |                            | ÷ |                                                             | = |                     |
| 3                                                                                              |  |          |                            | ÷ |                                                             | = |                     |
| # of Pay Stubs Collected                                                                       |  |          | Sum of Weekly Gross Income |   |                                                             | + |                     |
| Average Weekly Gross: Sum of Weekly Income ÷ # of Pay Stubs                                    |  |          |                            |   |                                                             | = |                     |
| 6-Month Income: Average Weekly Gross × 26 (there are 26 weekly pay days in a six-month period) |  |          |                            |   |                                                             | = |                     |

## WIOA Income Calculation Worksheet: Part II (continued)

- ☐ **Year-to-Date Method:** Use this method if the family member provides a recent pay stub or income source with the cumulative year-to-date gross income indicated on it.

| Employer or Income Source                                                                      | Pay Date | Cumulative year-to-date Gross Pay | ÷ | # of cumulative weeks on pay stub | = | Weekly Gross Income |
|------------------------------------------------------------------------------------------------|----------|-----------------------------------|---|-----------------------------------|---|---------------------|
| 1                                                                                              |          |                                   | ÷ |                                   | = |                     |
| 2                                                                                              |          |                                   | ÷ |                                   | = |                     |
| Sum of Weekly Gross Income (Average Weekly Gross Income):                                      |          |                                   |   |                                   | + |                     |
| 6-Month Income: Average Weekly Gross × 26 (there are 26 weekly pay days in a six-month period) |          |                                   |   |                                   | = |                     |

- ☐ **Intermittent Work/Other Income Method:** Use this method if the family member has not had steady income from one or more sources during the review period.

| Employer                                       | Description of Work | Start Date | End Date | Total Gross Income |
|------------------------------------------------|---------------------|------------|----------|--------------------|
| 1                                              |                     |            |          |                    |
| 2                                              |                     |            |          |                    |
| 6-Month Income: Sum of all Total Gross Incomes |                     |            |          | =                  |

**Guidelines for Income Calculation Worksheet: Part II**

When calculating income, use any one of the following methods as appropriate. A separate form should be used for each family member with income. The examples are illustrative only and as many pay stubs as needed and available to accurately calculate family income should be obtained.

**1. STRAIGHT PAY METHOD**

Under the Straight Pay Method, pay stubs covering the most recent three to four months of family income should be submitted. Upon review, it is determined that the wages on the pay stubs are the same, with no variations.

The income is calculated based upon the wages indicated on one of the pay stubs, since there are no variations in the gross income on any of the pay stubs. Based upon the length of the pay period the gross income is multiplied by the number of pay periods in a six-month period (weekly = 26, bi-weekly = 13, or monthly = 6).

The result will be the six-month income used to determine WIOA low-income eligibility.

**EXAMPLE:**

Five bi-weekly pay stubs are provided indicating gross wages of \$548.00 each. The pay stubs are sporadic and cover a period of three months but there is no variation in the gross income.

Multiply:  $\$548 \times 13 = \$7,124$ .

\$7,124 is the six-month income used to determine WIOA low-income eligibility.

**2. AVERAGE PAY METHOD**

Average Pay Method is used if there is a variation in pay from pay stub to pay stub and it is a result of overtime, lost time, or working for different employers.

To compute the six-month income, the gross earning total of all the pay stubs provided is divided by the number of weeks in the timeframe for each pay stub submitted (weekly = 1, bi-weekly = 2, monthly = 4.3). These totals are added together and divided by the number of pay stubs submitted. The resulting average gross weekly income is then divided by 26 determining the 6-month income.

**EXAMPLE:**Example 1:

Three pay stubs are provided and the pay frequency is bi-weekly: \$1,009, \$932, \$1,032

Divide each amount by 2 (bi-weekly:  $1009/2 = \$504.50$ ;  $932/2 = \$466$ ;  $1032/2 = \$516$  Add totals together:  $\$504.50 + \$466 + \$516 = \$1486.50$

Divide by 3 (# of pay stubs submitted):  $\$1486.50/3 = \$495.50$

Multiply total by 26 (# of weeks in a 6-month period):  $\$495.50 \times 26 = \$12,883$

\$12,883 is the six-month income amount used to determine WIOA low-income eligibility.

**Example 2:**

Six pay stubs are provided and the pay frequency is weekly: \$534, \$475, \$398, \$534, \$498, and \$534

\*You can skip the first step since the pay frequency is weekly and you would be dividing each amount by 1

Add:  $\$534 + \$475 + \$398 + \$534 + \$498 + \$534 = \$2973.00$

Divide by 6 (# of pay stubs submitted):  $\$2973/6 =$

$\$495.50$  Multiply total by 26:  $\$495.50 \times 26 = \$12,883.$

\$12,883 is the six-month income amount used to determine WIOA low-income eligibility.

**3. YEAR-TO-DATE METHOD**

Under the Year-To-Date Method of calculating six-month gross income, the participant provides recent pay stubs with cumulative year-to-date gross earnings indicated on the pay stub. The cumulative year-to-date gross earnings indicate the gross earnings up to the date of the pay period ending date, on the pay stub.

To compute the six-month income, the intake worker counts the number of cumulative weeks that have occurred in the year-to-date period and divides that number into the gross year-to-date earnings indicated on the pay stub to get the weekly gross income. The result of this computation weekly gross income is then multiplied by the number of weeks in a six-month period to determine the six-month gross earnings.

**EXAMPLE:**

Participant provides the intake worker with a recent pay stub dated July 3<sup>rd</sup> showing his **year-to-date earnings** were \$25,200 so far that year. The cumulative number of weeks for the year is 27, Calculation of the gross annualized income would be done as follows:

Divide:  $25,200 \text{ by } 27 = \$933$

Multiply:  $\$933 \text{ by } 26 \text{ (No. of weeks in 6 months)} = \$24,258$

\$24,258 is the 6-month income figure for this individual or family member.

**4. INTERMITTENT WORK METHOD**

When an applicant has not had steady work with one or more employers, they should supply as many pay stubs as possible and complete an Applicant Statement explaining all missing pay stubs and not-work periods during the last six months.

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

## CLIENT INVOLVEMENT STATEMENT

### CLIENT INVOLVEMENT STATEMENT

I certify that my Individual Employment Plan (IEP)/Individual Service Strategy (ISS) is an agreement created in consultation with my Case Manager. I agree to the following:

- The employment goals and service strategies included above are my choice and the plan is consistent with my assessment results, interview, and/or evaluation.
- The information I provided is true and correct to the best of my knowledge and there is no intent to commit fraud.
- I am aware that the information I have provided is subject to review and verification, and I may be required to provide supporting documentation for accuracy. If I am found ineligible after enrollment due to the provision of false information, I may be subject to immediate termination from the program.
- I certify that I have been given a copy of complaint and hearing procedures, and have been informed of my rights and responsibilities.
- I agree to fully participate in my IEP/ISS to the best of my ability.
- I acknowledge that the above IEP is an agreement between the WIOA program and myself, and may only be altered in consultation with my case manager. I will notify my case manager if circumstances beyond my control arise that keep me from participating, or if my plan needs to be altered for a justifiable reason.
- I understand that continuation of my program and services depends upon availability of funding by the U.S. Department of Labor. I will be notified as soon as possible if my services will be affected.
- If I so request, a letter of my program status will be provided. Additionally, I have the right to request and receive a copy of the above employment plan.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Participant ID: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Office: \_\_\_\_\_

## Individual Training Account (ITA) Acknowledgement and Agreement

Participant Name: \_\_\_\_\_  
ITA Start Date: \_\_\_\_\_  
Training Provider: \_\_\_\_\_  
Demand Occupation: \_\_\_\_\_

PID: \_\_\_\_\_  
ITA End Date: \_\_\_\_\_  
ITA Amount \$ \_\_\_\_\_

### ACKNOWLEDGEMENT AND AGREEMENT

The amount of my Individual Training Account (ITA) has been awarded based on individual factors including cost of attendance, coordination of other funding sources, and needs identified in my Individual Employment Plan (IEP) and/or Individual Service Strategy (ISS).

ITA funding may be used to assist with tuition and fees as well as books, uniforms, tools, equipment, or supplies required for training/degree plan.

This ITA is limited to the amount and the scheduled start and end date stated above. Any modification to the ITA agreement must be approved per GCWDB policy and only for exceptional circumstances.

It is my responsibility to budget and track my ITA expenditures to insure that the funds available to me are not depleted prior to completion of training. I will coordinate with WIOA Service Provider Staff and verify my ITA balance as necessary.

I understand that I must meet or exceed attendance and academic requirements of the school/training provider.

I understand it is required that I maintain a 2.0 grade point average (GPA).

I understand that I am not required to access student loans or incur personal debt as a condition of participation. However, if I chose to do so, I understand the responsibilities associated with such indebtedness, including loan repayment are my responsibility. WIOA Service Provider Staff have counseled me in regard to this issue.

Continued participation is subject to continued availability of funding by the Department of Labor

I agree to monthly contact with WIOA Service Provider Staff to discuss my training progress and any other issues, whether academic, personal, or financial, which may affect the successful completion of my training.

I will immediately inform WIOA Service Provider Staff of changes of name, address, phone number, e-mail address or back-up contact information.

Prior to the beginning of each new semester, I will schedule an appointment with WIOA Service Provider Staff to complete a voucher for the upcoming semester. I agree to provide ALL documentation necessary for completion of the voucher, which may include class schedule, enrollment sheet, grade report from previous semester, and financial aid award letter.

In the event that I drop or add a class, I will notify WIOA Service Provider Staff immediately.

ITA funding may be used to pay only for classes or training directly related to my training/degree plan. ITA funding will not be used to pay for the same class more than once. If I fail a class, I am responsible for paying for the class a second time.

Upon completion of my training, I agree to provide WIOA Service Provider Staff with information concerning my employment and copies of any diplomas, credentials or licenses earned.

**I have read this document and hereby understand and agree to comply with the terms herein described. I am receiving a copy of this agreement for my records.**

\_\_\_\_\_  
ITA Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WIOA Service Provider Signature

\_\_\_\_\_  
Date

ITA #

### Training Voucher Form

Issued through GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider.

|                                |        |
|--------------------------------|--------|
| Training Institution/Provider: | Fax:   |
| Contact Person & Title:        | Phone: |
| Mailing Address:               | PID:   |
| Participant Name:              |        |

Funding Stream: ☐ Adult ☐ DLW ☐ Youth ☐ Other

GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider agrees to sponsor the above named student in the course(s) or program(s) listed below and pay the training costs listed (based on off-the-shelf catalog prices) for the time period of : \_\_\_\_\_ through \_\_\_\_\_. Refunds or returns for non-compliance must be made to GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service Provider.

☐ Original Voucher

☐ Modification \_\_\_\_\_ Explanation: \_\_\_\_\_

| TRAINING |              |       |
|----------|--------------|-------|
| Course # | Course Title | Hours |
|          |              |       |
|          |              |       |

| AUTHORIZED TRAINING COSTS      |        |  |           |        |
|--------------------------------|--------|--|-----------|--------|
| Item                           | Amount |  |           | Amount |
| Tuition:                       | \$     |  | Uniforms: | \$     |
| Fees:                          | \$     |  | Tools:    | \$     |
| Supplies:                      | \$     |  | Books:    | \$     |
| Books:                         | \$     |  | Other:    | \$     |
| LESS: Other funding (NOT WIOA) |        |  |           | \$     |
| TOTAL                          |        |  |           | \$     |

As the recipient of Workforce Innovation & Opportunity Act (WIOA) Program assistance with tuition, books, fees or other required supplies, I hereby authorize the training institution listed above to release information regarding my attendance, grades, schedules, personal conduct and/or other information as needed to Green Country Workforce Development Board (GCWDB), GCWDB designated fiscal agent/GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider. Furthermore, **I will immediately return any books, tuition, supplies, tools or uniforms purchased to GCWDB/GCWDB designated fiscal agent/GCWDB WIOA Title I contracted service provider if I do not complete the course(s).**

Participant Signature and Date: \_\_\_\_\_

Designated Service Provider Staff Signature and Date: \_\_\_\_\_

Designated Service Provider Fiscal Agent Signature and Date: \_\_\_\_\_

**VENDOR BILLING INSTRUCTIONS** - See page 2 from GCWDB WIOA Title I Adult, Dislocated Worker and Youth Programs contracted service provider.

**Procedures for Invoicing Dynamic Workforce Solutions**

Dear Vendor,

Please submit your invoice to [MBaird@greencountryworks.org](mailto:MBaird@greencountryworks.org) within 30 days after the start date of training. If you have any invoicing questions, please contact Michelle Baird, Project Accountant, by email or telephone at 405-269-1481

**Invoice Requirements:**

- Standard Format - PDF, Word or Excel
- Vendor Name, Address, City, State, Zip Code, and Phone Number
- Invoice Date
- Unique Invoice Number
- Participant - Student Name
- Detailed Description of Goods and/or Services
  - Tuition
  - Book(s)
  - Fee/License
- Total Amount Payable
- Remittance Information
  - Mailing Address
  - Attention to a Specific Person or Department

Thank you,

Michelle Baird

Project Accountant

Dynamic Workforce Solutions

405-269-1481

[MBaird@greencountryworks.org](mailto:MBaird@greencountryworks.org)

### Coordination of Training Funds (COTF)

**NOTE: Correction fluid/ribbon, mark through, eraser marks, write over voids this document**

**SECTION I: To be completed by WIOA Title I staff for provision to the Training Provider.**

To: Financial Aid Office

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

School: \_\_\_\_\_

E-mail or Fax: \_\_\_\_\_

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

From: \_\_\_\_\_

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

E-mail or Fax: \_\_\_\_\_

PID: \_\_\_\_\_

I hereby authorize the exchange of information between the designated WIOA Service Provider Staff and the Financial Aid Office of the above named

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**SECTION II: The following section is to be completed by the financial aid office and cannot be revised by WIOA staff. WIOA staff are not authorized to change.**

Training Program Name: \_\_\_\_\_

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

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

**PERIODS COVERED**

Fall: \_\_\_\_\_

Trimester I \_\_\_\_\_

Full Length of Short Course

Spring: \_\_\_\_\_

Trimester II \_\_\_\_\_

Summer: \_\_\_\_\_

Trimester III \_\_\_\_\_

**COST OF ATTENDANCE\***

Tuition \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Books, Supplies and Tools \$ \_\_\_\_\_

Uniforms \$ \_\_\_\_\_

**OTHER EXPENSES RELATED TO TRAINING\*\***

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL COST OF ATTENDANCE** \$ \_\_\_\_\_

**STUDENT'S FINANCIAL AID**

PELL Grant \$ \_\_\_\_\_

\_\_\_\_\_  
Student is not PELL eligible

\_\_\_\_\_  
Program is not PELL eligible

**OTHER FINANCIAL RESOURCES EXCLUDING LOANS  
AND VA BENEFITS**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL FINANCIAL AID** \$ \_\_\_\_\_

Total Cost of Attendance [ ] minus student's financial aid [ ] equals unmet need [ ]

By signing below, the financial aid officer (or the school's designated personnel who performs those duties) agrees to inform the local WIOA program operator of the amounts and disposition of financial aid awarded to the participant as part of a continuing regular information sharing process. **If corrections are needed, the training provider is required to complete a new COTF form.**

\_\_\_\_\_  
Financial Aid Officer

\_\_\_\_\_  
Date

\*As defined by the Higher Education Act Section 472, enacted December 20, 2018.

\*\*Other expenses related to training may include transportation, room and board (as defined by the Higher Education Act), vehicle insurance, and other items allowable in Section 472 of the Higher Education Act. Unless documented in writing to the student, the training provider is not responsible for payment or obtaining of the items listed as "Other Expenses Related to Training". Expenses related to training that must be purchased by students directly from the training provider must be documented in writing in order for WIOA to authorize payment directly to the training/educational entity for said items, including books, supplies, tools, uniforms, and any other items directly related to training.

**Section III: The following section is to be completed by the designated WIOA Service Provider Staff.**

After a comprehensive review of services provided by partner agencies, other social service agencies, and other community resources, I have determined that WIOA funds are necessary for attainment of the participant's employment goal. I certify that WIOA funds will be coordinated with other funds and there will be no duplication of resources.

\_\_\_\_\_  
WIOA Title I Service Provider Staff Signature

\_\_\_\_\_  
Date



## WIOA Youth Eligibility Form

| Identifying Information                  |                                                  |
|------------------------------------------|--------------------------------------------------|
| Applicant's Name: _____<br>Last First MI | Participant ID: _____<br>Application Date: _____ |

| General Eligibility<br>Verify all of the following criteria. |                                                                                       |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------|
| CRITERIA (See 681.210 and State Policy for full text...)     | Identify Source Documents to be Uploaded                                              |
| 1. Age / Date of Birth                                       |                                                                                       |
| 2. Citizenship / Eligible to Work                            |                                                                                       |
| 3. Selective Service Registration                            | <input type="checkbox"/> N/A - female<br><input type="checkbox"/> N/A – male under 18 |

| Out-of-School Youth<br>Between the ages of 16 and 24, not attending any school, and meet one of the following criteria:                                                              |                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| CRITERIA (See 681.210 and State Policy for full text...)                                                                                                                             | Identify Source Documents to be Uploaded                                |
| 1. A school dropout                                                                                                                                                                  |                                                                         |
| 2. Youth who is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter...                    |                                                                         |
| 3. A recipient of a secondary school diploma or its recognized equivalent who is a <b>low-income</b> individual and is either basic skills deficient or an English language learner. | <input type="checkbox"/> Low Income<br><input type="checkbox"/> BSD/LLL |
| 4. An offender                                                                                                                                                                       |                                                                         |
| 5. A homeless individual aged 16 to 24...                                                                                                                                            |                                                                         |
| 6. An individual in foster care or who has aged out of the foster care...                                                                                                            |                                                                         |



|                                                                                                                                                     |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 7. An individual who is pregnant or parenting...                                                                                                    |                                                |
| 8. An individual with a disability...                                                                                                               |                                                |
| 9. A <b>low-income</b> individual who requires additional assistance to enter or complete an educational program or to secure or hold employment... | <input type="checkbox"/> Low Income            |
|                                                                                                                                                     | <input type="checkbox"/> Additional Assistance |

## WIOA Youth Eligibility Form (continued)

| <b>In-School Youth</b><br><b>Must be attending school, not younger than 14 or Older than 21, low income, and meet one of the criteria:</b> |                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>CRITERIA (See 681.210 and State Policy for full text...)</b>                                                                            | <b>Identify Source Documents to be Uploaded</b> |
| <b>School Status at program entry (Required)</b>                                                                                           |                                                 |
| <b>Low Income (Required)</b>                                                                                                               |                                                 |
| 1. Basic skills deficient                                                                                                                  |                                                 |
| 2. An English language learner                                                                                                             |                                                 |
| 3. An offender                                                                                                                             |                                                 |
| 4. A homeless individual aged 14 to 21...                                                                                                  |                                                 |
| 5. An individual in foster care or who has aged out of the foster care...                                                                  |                                                 |
| 6. An individual who is pregnant or parenting                                                                                              |                                                 |
| 7. An individual with a disability                                                                                                         |                                                 |
| 8. An individual who requires additional assistance to complete an educational program or to secure or hold employment...                  |                                                 |

## WIOA Youth Support Form

### Identifying Information

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

Participant ID: \_\_\_\_\_

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



**I HAVE HAD LITTLE OR NO INCOME OR I AM A MEMBER OF A FAMILY THAT HAS HAD LITTLE OR NO INCOME FOR THE 6-MONTH PERIOD PRIOR TO APPLICATION.**

1. What is your household's monthly grocery bill? \_\_\_\_\_

How does your household pay for this expense? \_\_\_\_\_

2. What are your household's monthly housing expenses (include rent and utilities)? \_\_\_\_\_

How does your household pay for this expense? \_\_\_\_\_

3. What are your household's monthly transportation expenses (car payment, gas, bus, etc.)? \_\_\_\_\_

How does your household pay for this expense? \_\_\_\_\_

4. What is the average monthly cost for clothing and shoes for your household? \_\_\_\_\_

How does your household pay for this expense? \_\_\_\_\_

5. What are your household's monthly entertainment expenses? \_\_\_\_\_

How does your household pay for this expense? \_\_\_\_\_

**If an individual is not living in a single residence with other family members, that individual is not a member of a family for the purpose of WIOA income calculations.**

20 CFR § 675.300 defines family as "two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories: (1) A married couple and dependent children; (2) A parent or guardian and dependent children; or (3) A married couple."

Circumstances where only the youth's income is considered in determining whether the youth satisfies WIOA income limits for the program. 20 CFR § 681.280 provides that:

- ☐ **OSY with a disability: NOT REQUIRED TO BE LOW-INCOME** (20 CFR § 681.280) This includes all other OSY barriers other than the two barriers of OSY that are required to be low-income.
- ☐ **ISY with a disability: My own income, rather than my family's income, must meet the low-income definition and not exceed the higher of the poverty line or 70 percent of the LLSIL.**

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION FROM THE PROGRAM, REPAYMENT OF ANY FUNDS EXPENDED ON THE PARTICIPANT, AND/OR OTHER PENALTIES AS SPECIFIED BY LAW.

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION FROM THE PROGRAM, REPAYMENT OF ANY FUNDS EXPENDED ON THE PARTICIPANT, AND/OR OTHER PENALTIES AS SPECIFIED BY LAW.

Applicant Signature

Date

Parent/Guardian or Other Responsible Adult  
Signature

Date

Case Manager Signature

Date

## WIOA School Dropout Status Form

| Identifying Information                                                                                                                                         |                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|
| Applicant's Name: _____<br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> <span>MI</span> </div> | Participant ID: _____<br><br>Application Date: _____ |  |

☐ I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I AM NO LONGER ATTENDING ANY SCHOOL AND THAT I HAVE NOT RECEIVED A SECONDARY SCHOOL DIPLOMA OR ITS RECOGNIZED EQUIVALENT.

**Last School Attended:**

\_\_\_\_\_

**Location:**

\_\_\_\_\_

**Dates of Attendance:**

\_\_\_\_\_

**Highest Grade Level Completed:**

\_\_\_\_\_

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION FROM THE PROGRAM, REPAYMENT OF ANY FUNDS EXPENDED ON THE PARTICIPANT, AND/OR OTHER PENALTIES AS SPECIFIED BY LAW.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian or Other Responsible Adult Signature (if applicant is under 18)

\_\_\_\_\_  
Date

| CERTIFICATION                                                                                                      |      |
|--------------------------------------------------------------------------------------------------------------------|------|
| I certify that the information recorded on this form was provided by the individual whose signature appears above. |      |
| Case Manager Signature                                                                                             | Date |

## YOUTH TRAINING PROVIDER PROCUREMENT FORM

| Identifying Information |       |                       |
|-------------------------|-------|-----------------------|
| Applicant's Name: _____ |       | Participant ID: _____ |
| Last                    | First | MI                    |
| Application Date: _____ |       |                       |

| TRAINING PROVIDER #1               |                             | TRAINING LOCATION ADDRESS AND PHONE NUMBER           |  |
|------------------------------------|-----------------------------|------------------------------------------------------|--|
|                                    |                             |                                                      |  |
| COURSE OF TRAINING                 | TOTAL HOURS                 | TOTAL TUITION AND FEES                               |  |
|                                    |                             |                                                      |  |
| SOURCE OF INFORMATION (CHOOSE ONE) |                             |                                                      |  |
| CATALOG                            | WEB PAGE PRINT-OUT (attach) | TELEPHONE QUOTE (attach telephone verification form) |  |
| TRAINING PROVIDER #2               |                             | TRAINING LOCATION ADDRESS AND PHONE NUMBER           |  |
|                                    |                             |                                                      |  |
| COURSE OF TRAINING                 | TOTAL HOURS                 | TOTAL TUITION AND FEES                               |  |
|                                    |                             |                                                      |  |
| SOURCE OF INFORMATION (CHOOSE ONE) |                             |                                                      |  |
| CATALOG                            | WEB PAGE PRINT-OUT (attach) | TELEPHONE QUOTE (attach telephone verification form) |  |
| TRAINING PROVIDER #3               |                             | TRAINING LOCATION ADDRESS AND PHONE NUMBER           |  |
|                                    |                             |                                                      |  |
| COURSE OF TRAINING                 | TOTAL HOURS                 | TOTAL TUITION AND FEES                               |  |
|                                    |                             |                                                      |  |
| SOURCE OF INFORMATION (CHOOSE ONE) |                             |                                                      |  |
| CATALOG                            | WEB PAGE PRINT-OUT (attach) | TELEPHONE QUOTE (attach telephone verification form) |  |

|                                                                                                                                                       |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>CERTIFICATION</b> - I certify that the information recorded on this form is accurate and was obtained as indicated by the signature and date below |      |
| Case Manager Signature                                                                                                                                | Date |

## Documents to Verify Eligibility to Work

### LIST A: Documents That Establish Both Identity and Employment Authorization

1. U.S. Passport or Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa (MRIV)
4. Employment Authorization Document (Card) that contains a photograph (Form I-766)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands(RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

### OR

### LIST B: Documents That Establish Identity

#### For Individuals 18 years of age or older:

1. Driver's license or ID card issued by a state or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

#### For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

### AND

### LIST C: Documents That Establish Employment Authorization

1. U.S. Social Security card other than one that specifies the face that the issuance of the card does not authorize employment in the United States.  
\*Note: A copy (such as a metal or plastic reproduction) is not acceptable
2. Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545)
3. Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)
4. Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen Identification Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by Department of Homeland Security

## Applicant Statement

### IDENTIFYING INFORMATION

Applicant's Name:

Last

First

MI

Participant ID:

Application Date:

Family is two or more persons related by blood, marriage, or decree of court, who are living in a single residence.

- Married Couple & Dependent Children
- Parent or Guardian & Dependent Children
- Married Couple

### Applicant Statement:

Please provide a brief description on your lack of or unverifiable income or employment, the documentation limitations, and how you have been supported for the 6-month period prior to application. If unable to obtain a satisfactory witness, please explain below.

I hereby certify, under penalty of perjury, that the information stated above is true and accurate, and I understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

Applicant's Signature

Date

### Corroborative Witness Statement:

Please provide a brief description below describing your knowledge of the above participants household income or employment as you understand it:

I hereby certify, under penalty of perjury, that the information stated above is true and accurate, and I understand that I am a corroborating witness and that I possess the knowledge to validate the participants statement as listed above.

Witness' Signature

Witness Printed Name

Date

Witness' Relationship to Applicant

Witness' Contact Information

### Office Use Only

The above applicant statement is being utilized for documentation of low income for eligibility purposes, I have reviewed all documentation sources and documentation limitations with the participant and the corroborative witness.

Case Manager Signature

Date



Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request for individuals with disabilities.



**WIOA Participant Supplemental Wage Quarterly Exit Data Collection Form**

During orientation, you were informed that we would be contacting those who participated in our education or training program to find out how you are progressing after completing the program. We would like to know if our program helped you achieve your goal of entering postsecondary education/training or obtaining/retraining employment.

This survey will only take a few minutes and all information you give will be strictly confidential.

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

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

PID: \_\_\_\_\_

**POSTSECONDARY EDUCATION AND TRAINING**

1. Since the end of your program, have you enrolled in any postsecondary educational or training programs?  
☐ Yes (Proceed to Next Question) ☐ No (Proceed to Employment Questions)
2. In what type of class or classes have you enrolled? (Check all that apply.)  
☐ Adult Workforce Education/Job Training/Career Center/Skilled Trades Program  
☐ College  
☐ Other (Specify) \_\_\_\_\_  
☐ Do not know or Prefer not to answer

**EMPLOYMENT (SUPPLEMENTAL WAGE VERIFICATION)**

1. Are you currently Employed? ☐ Yes ☐ No
2. Since completing our program, please select the 3-month period(s) you have been employed.  
☐ January to March ☐ April to June ☐ July to September ☐ October to December
3. Place of Employment during the previous 3-month period:  
Employer: \_\_\_\_\_ Type of Employment: \_\_\_\_\_  
Employer FEIN (if known): \_\_\_\_\_
4. Is the job related to any education/training you received during the program you attended?  
☐ Yes ☐ No
5. Approximately how many hours do you work each week? \_\_\_\_\_ Hours
6. Wage during the previous 3-month period of employment: \$ \_\_\_\_\_ ☐ hourly ☐ weekly ☐ monthly ☐ yearly
7. Reason for Unemployment.  
☐ Insufficient Employment Opportunity ☐ Self-Employed/Lack of Work ☐ Military relocation  
☐ Unemployed due to Termination/Layoff  
☐ Unemployed due to permanent closure/substantial layoff at place of employment  
☐ Other \_\_\_\_\_  
☐ Prefer Not to Answer

**CLOSING**

Do you have any questions or comments?

Staff Use Only: (If Completed by Phone)

Survey administered by: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Use Only:  
Gross Quarterly Wage Calculation:

\_\_\_\_\_



**SUPPLEMENTAL WAGE SELF-EMPLOYMENT VERIFICATION FORM**

List all gross receipts and total expenses for the previous three months. Subtract total expenses from gross receipts to calculate Net Profit for each Month. Add Net Profit for previous three months to obtain the **Total Net Profit (Earnings)** for the Previous Quarter.

Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 PID: \_\_\_\_\_

|                                            | MONTH _____ | MONTH _____ | MONTH _____ |
|--------------------------------------------|-------------|-------------|-------------|
| Wages                                      |             |             |             |
| Commission                                 |             |             |             |
| Bonuses                                    |             |             |             |
| Cash Value of Compensation other than cash |             |             |             |
| Gratuities                                 |             |             |             |
| Wages earned but not received              |             |             |             |
| Other includable income (Specify below):   |             |             |             |
|                                            |             |             |             |
|                                            |             |             |             |
| <b>Gross Receipts</b>                      |             |             |             |

|                                 | MONTH _____ | MONTH _____ | MONTH _____ |
|---------------------------------|-------------|-------------|-------------|
| Business Rent                   |             |             |             |
| Business Telephone              |             |             |             |
| Business Utilities              |             |             |             |
| Business Supplies               |             |             |             |
| Other expenses (Specify below): |             |             |             |
|                                 |             |             |             |
|                                 |             |             |             |
| <b>Total Expenses</b>           |             |             |             |

|                   | MONTH _____ | MONTH _____ | MONTH _____ |
|-------------------|-------------|-------------|-------------|
| <b>Net Profit</b> |             |             |             |

Total Net Profit (Earnings): \_\_\_\_\_

I, \_\_\_\_\_, certify that the information stated above is true and accurate, and there is no intent to commit fraud. I am aware that the information I have provided is subject to review and verification, and that I may be required to document its accuracy.

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

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



# Wage Conversion Chart

|                                                                                                                                                                                                                                                                                                                     |                                            |                                      |   |    |   |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------|---|----|---|-----------------|
| This is a guide to convert various wage and earnings inputs to a quarterly wage                                                                                                                                                                                                                                     |                                            |                                      |   |    |   |                 |
| <b>Directions:</b> Collect the hourly/weekly/bi-weekly/monthly/annual wages from the participant and enter that value in the appropriate cell*. The example input values in <b>red</b> must be replaced with the appropriate information collected from the participant to calculate the reportable quarterly wage. |                                            |                                      |   |    |   |                 |
| <b>Convert Hourly Rate to Quarterly Wages</b>                                                                                                                                                                                                                                                                       |                                            |                                      |   |    |   |                 |
| Hourly Rate<br>(\$xxx.xx/hour)                                                                                                                                                                                                                                                                                      | hours worked per week on average<br>(xx.x) | 13 weeks per quarter                 |   |    |   | Quarterly Wages |
| \$7.25                                                                                                                                                                                                                                                                                                              | X                                          | 32.0                                 | X | 13 | = | \$3,016.00      |
| <b>Convert Weekly Wages to Quarterly Wages</b>                                                                                                                                                                                                                                                                      |                                            |                                      |   |    |   |                 |
| Weekly Wages<br>(\$xxxxx.xx)                                                                                                                                                                                                                                                                                        |                                            | 13 weeks per quarter                 |   |    |   | Quarterly Wages |
| \$290.00                                                                                                                                                                                                                                                                                                            | X                                          | 13                                   |   |    | = | \$3,770.00      |
| <b>Convert Biweekly Wages to Quarterly Wages</b>                                                                                                                                                                                                                                                                    |                                            |                                      |   |    |   |                 |
| Biweekly Wages<br>(\$xxxxx.xx)                                                                                                                                                                                                                                                                                      |                                            | 6.5 biweekly pay periods per quarter |   |    |   | Quarterly Wages |
| \$580.00                                                                                                                                                                                                                                                                                                            | X                                          | 6.5                                  |   |    | = | \$3,770.00      |
| <b>Convert Monthly Wages to Quarterly Wages</b>                                                                                                                                                                                                                                                                     |                                            |                                      |   |    |   |                 |
| Monthly Wages<br>(\$xxxxx.xx)                                                                                                                                                                                                                                                                                       |                                            | 3 months per quarter                 |   |    |   | Quarterly Wages |
| \$1,256.67                                                                                                                                                                                                                                                                                                          | X                                          | 3                                    |   |    | = | \$3,770.01      |
| <b>Convert Annual Wages to Quarterly Wages</b>                                                                                                                                                                                                                                                                      |                                            |                                      |   |    |   |                 |
| Annual Wages<br>(\$xxxxxx.xx)                                                                                                                                                                                                                                                                                       |                                            | 4 quarters per year                  |   |    |   | Quarterly Wages |
| \$15,080.00                                                                                                                                                                                                                                                                                                         | /                                          | 4                                    |   |    | = | \$3,770.00      |

Equal Opportunity Employer/Program  
Auxiliary aids and services are available upon request to individuals with disabilities.



# Adult and Dislocated Worker Eligibility Form

| Section I: Identifying Information |       |                   |
|------------------------------------|-------|-------------------|
| Applicant's Name:                  |       |                   |
|                                    |       |                   |
| Last                               | First | MI                |
| Participant ID:                    |       | Application Date: |
|                                    |       |                   |

| Section II: General Eligibility Criteria<br><i>Verify all of the following criteria:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Eligibility Criteria                       | Documentation Uploaded |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------|
| 1. Age / Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                        |
| 2. Citizenship / Eligible to Work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                        |
| 3. Selective Service Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                        |
| N/A - Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                        |
| N/A - Male under 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                        |
| <b>Section III: Statutory Adult Priority of Service for WIOA Funds</b><br><b>Instructions:</b><br>When utilizing Adult funds to provide individualized career services and/or training services, <u>priority must be given to recipients of public assistance, other low income individuals, and individuals that are basic skills deficient</u> , per WIOA 3(5) and TEGL 19-16 Attachment III). The underlined priorities above are the only special populations/barriers that are allowable for Priorities 1 and 2 of this section.<br><b>Priority must be given in the following order:</b> | Please check the Adult Priority of Service | Documentation Uploaded |
| <u>Priority 1:</u> Veterans and Eligible Spouses(38 U.S. Code §4215) who are low-income, recipients of public assistance and/or basic skills deficient, including English language learners                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                        |
| <u>Priority 2:</u> Non-veterans or eligible spouses who are low-income, recipients of public assistance and/or basic skills deficient/English language learners                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                        |
| <u>Priority 3:</u> Veterans and Eligible spouses(38 U.S. Code §4215) who are not low-income, recipients of public assistance, or basic skills deficient with a barrier to employment                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                        |
| <u>Priority 4:</u> Priority Population established by GCWDB, Any Public Health Program Recipient receiving benefits through DHS Medicaid (Sooner Care) <b>OR</b> Any Adult/DLW Applicant Pursuing Apprenticeship, OJT or Incumbent Worker Training who is currently making less than the current wage established in the most current Self Sufficiency Policy.                                                                                                                                                                                                                                 |                                            |                        |
| <u>Priority 5:</u> Individuals outside the groups given statutory priority for WIOA funds ( <i>i.e., Individuals with Barriers to Employment as listed in the section below</i> )                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                        |

# Adult and Dislocated Worker Eligibility Form

| <b>Section IV: Priority and Special Populations for Adult Programs WIOA 3(24)</b><br><br>Staff must ensure that <b>ALL</b> characteristics of individuals they serve are recorded in the case management system to accurately reflect the diversity of the populations being served. Each characteristic/barrier to employment listed on the following page that applies to the participant named on this form must be checked in column 2 of this section. Additionally, the name of the support documentation that was uploaded to the case management system must be listed in column 3. | <b>Individual Characteristics and/or Barriers to Employment</b> | <b>Documentation Uploaded</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------|
| 1. Low-income Individuals, as defined at WIOA 3(36)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                               |
| 2. Individuals with disabilities. Defined at WIOA 3(25) and includes individuals in receipt of Social Security Disability Insurance (per TEGL 19-16)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                               |
| 3. Homeless Individuals (See Attachment III of TEGL 19-16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                               |
| 4. Youth who are in or who have aged out of the foster care system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                               |
| 5. Indians, Alaska Natives, and Native Hawaiians (WIOA sec. 166(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                               |
| 6. Older Individuals (Age 55 and older)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                               |
| 7. Ex-offenders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                               |
| 8. Individuals who are Basic Skills Deficient, including English language learners, individuals who have low levels of literacy, and individuals facing substantial cultural barriers                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                               |
| 9. Eligible migrant and seasonal farmworkers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                               |
| 10. Individuals within two years of exhausting lifetime TANF eligibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                               |
| 11. Single Parents (including single pregnant women)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                               |
| 12. Long-term unemployed individuals (27 or more consecutive weeks)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                               |
| 13. Displaced homemakers, as defined at WIOA 3(16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                               |

| <b>Section V: Dislocated Worker Program Criteria</b> |  |  |  |
|------------------------------------------------------|--|--|--|
| <b>Date of Dislocation (required):</b>               |  |  |  |
| Recently Dislocated                                  |  |  |  |
| Plant Closure or Substantial Layoff                  |  |  |  |
| Loss of Self-Employment                              |  |  |  |
| Displaced Homemaker                                  |  |  |  |
| Military Spouse, WIOA 3(16)(A)(ii)                   |  |  |  |

**Instructions:** This form complies with all versions of Attachment O to WSD #03-2024, Data Validation and Source Documentation and WSD #80-2024, Adult and Dislocated Worker Programs under the WIOA and Employment Services under the Wagner-Peyser Act, as amended by Title III of WIOA.

**The completed form must be uploaded into the virtual case management system as an Enrollment Document.**

## Eligibility Source Documentation – Appendix A

| Data Element                                 | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age / Date of Birth                          | <p>WIOA Adult and Dislocated Worker (DLW) applicants must be 18 or older at the time of program enrollment.</p> <p>WIOA Youth applicants must be between the ages of 14 to 24 at the time of program enrollment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Baptismal Record<br><input type="checkbox"/> Birth Certificate<br><input type="checkbox"/> Court Documentation<br><input type="checkbox"/> Crossmatch with Department of Vital Statistics<br><input type="checkbox"/> DD-214 (Report of Transfer or Discharge Paper)<br><input type="checkbox"/> Driver's License<br><input type="checkbox"/> Federal, State, or Local ID Card<br><input type="checkbox"/> Hospital Record of Birth<br><input type="checkbox"/> Passport<br><input type="checkbox"/> Public Assistance/Social Service Records<br><input type="checkbox"/> School Documentation or School ID (with date of birth)<br><input type="checkbox"/> Work Permit                                                                                                                     |
| Eligible to Work in the United States        | <p>The participant must be eligible to work in the United States at the time of program enrollment.</p> <p>Youth ages 16 and older must be eligible to work in the United States at the time of participation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Verification Documents from List A of Attachment J<br><input type="checkbox"/> Verification Documents from List B & C of Attachment J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Date Verified Selective Service Registration | <p>All males who are at least 18 years of age and born after December 31, 1959, and who are not in the armed service on active duty, must be register with the Selective Service (SS).</p> <p>Males who cannot provide proof of SS Registration must be referred to the SS for registration.</p> <p><b>*Youth:</b> if a youth is under 18 years of age at the time of enrollment into the WIOA Youth Program but turns 18 while still receiving WIOA funded service, the Case Manager must verify the youth has registered with Selective Service and document the registration per validation method and Oklahoma Virtual Case Management System requirements outlined in this policy.</p> | <input type="checkbox"/> Selective Service Registration Card<br><input type="checkbox"/> Selective Service Status Information Letter<br><input type="checkbox"/> Selective Service Registration (Form 3A)<br><input type="checkbox"/> Selective Service Verification Form<br><input type="checkbox"/> Stamped Post Office Receipt of Registration<br><input type="checkbox"/> <u>US Selective Service Verification</u> (Internet) <a href="http://www.sss.gov">www.sss.gov</a><br><br><p><b>The following documents may be used only if the participant is past the age of 26 and has not registered with the Selective Service.</b></p> <input type="checkbox"/> DD-214<br><input type="checkbox"/> Current Military ID<br><input type="checkbox"/> LWDB Documentation Requirement – Must be defined in local policy |

| Data Element            | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligible Veteran Status | <p>An Individual who:</p> <ul style="list-style-type: none"> <li>• served in the active U.S. military, for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable, or</li> <li>• served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or, (g), 673(a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge, or</li> <li>• is (a) the spouse of any person who dies on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued there under, by the Secretary concerned, in one or more of the following categories and has been so listed more than 90 days: <ul style="list-style-type: none"> <li>○ missing in action;</li> <li>○ captured in the line of duty by a hostile force;</li> <li>○ forcibly detained or interned in the line of duty by a foreign government or power; or</li> </ul> </li> </ul> <p>(c) is the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> DD-214</li> <li><input type="checkbox"/> Letter from the Veterans Administration</li> <li><input type="checkbox"/> Cross Match with Veterans Service Database</li> <li><input type="checkbox"/> Crossmatch with Department of Defense Records</li> </ul> <p>*In order to comply with the Veterans Priority of Service, if required source document is not available at the time of enrollment a program note must be entered indicating eligible veteran status, program services provided, and documentation requirements for continued services. The documentation must be obtained within 90 days of eligibility.</p> |

| Data Element      | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dislocated Worker | <p><b>1) Recently Dislocated:</b></p> <p>(a) has been terminated or laid off, or has received a notice of termination or layoff, from employment; <b>AND</b></p> <p>(b) is eligible for or has exhausted entitlement to unemployment compensation; <u>or</u> has been employed for a duration sufficient to demonstrate attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; <b>AND</b></p> <p>(c) is <u>unlikely</u> to return to a previous industry or occupation</p>                                  | <p><input type="checkbox"/> Notice of Layoff</p> <p><input type="checkbox"/> Notice of Termination</p> <p><input type="checkbox"/> Employer Statement</p> <p><input type="checkbox"/> Detailed Program Note: Case manager verification with employer of termination or layoff status</p> <p><b>AND</b></p> <p><input type="checkbox"/> Current Unemployment Insurance Documentation</p> <p><input type="checkbox"/> Current RES/REA Enrollment Documentation</p> <p><b>AND</b></p> <p><input type="checkbox"/> Labor Market Information that indicates lack of industry/occupation availability</p> <p><input type="checkbox"/> Doctors statement indicating inability to return to previous industry/occupation due to physical limitations</p> <p><input type="checkbox"/> Participant self-attestation</p> |
|                   | <p><b>2) Permanent closure / Substantial Layoff:</b></p> <p>(a) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; or</p> <p>(b) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or</p> <p>(c) for purposes of eligibility to receive services other than training services, career services, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close</p> | <p><input type="checkbox"/> Notice of Layoff</p> <p><input type="checkbox"/> Employer Statement</p> <p><input type="checkbox"/> Media Announcement with employment verification (pay stub, etc.)</p> <p><input type="checkbox"/> TAA Certification</p> <p><input type="checkbox"/> WARN Listing affected employees</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| Data Element | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | <p><b>3) Self-Employed:</b><br/> (a) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the participant resides or because of natural disasters;</p>                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Bankruptcy Documentation listing both the name of the business and the individual's name<br><input type="checkbox"/> Business License<br><input type="checkbox"/> Tax Documentation: Most Recent Tax Return<br><input type="checkbox"/> Participant self-attestation<br><b>AND</b><br><input type="checkbox"/> Documentation showing disaster caused business closure<br><input type="checkbox"/> Documentation showing poor economic condition caused business closure                                                                                                                                                                                                                         |
|              | <p><b>4) Displaced Homemaker:</b><br/> An individual who has been providing unpaid services to family members in the home and who:<br/> (a) has been dependent on the income of another family member but is no longer supported by that income: or<br/> <b>(b)</b> is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of deployment, a call or order to active duty, a permanent change of station, or the service-connected death or disability of the member; <b>AND</b><br/> (c) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.</p> | <input type="checkbox"/> Divorce Papers<br><input type="checkbox"/> Court Documentation<br><input type="checkbox"/> Notice of Layoff – Supporting family member<br><input type="checkbox"/> Death Records – Supporting family member<br><input type="checkbox"/> Applicant Statement, Attachment K<br><b>OR</b><br><input type="checkbox"/> Military Spouse Requirements are listed under Category 5<br><b>AND</b><br><input type="checkbox"/> Current Unemployment Insurance Documentation<br><input type="checkbox"/> Pay stubs<br><input type="checkbox"/> Public assistance records<br><input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available. |
|              | <p><b>5) Military Spouse:</b><br/> (a) is the spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; or<br/> <b>(b)</b> is 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.</p>                                                                                                                                                                                                                      | <input type="checkbox"/> Military Orders (i.e., Permanent Change of Station (PCS))<br><b>AND</b><br><input type="checkbox"/> Marriage Certificate<br><input type="checkbox"/> Military Dependent ID<br><input type="checkbox"/> Military Records: Verification of military spouse status<br><b>AND</b><br><input type="checkbox"/> Current Unemployment Insurance Documentation<br><input type="checkbox"/> Pay stubs<br><input type="checkbox"/> Public Assistance Records<br><input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available.                                                                                                             |

| Data Element                   | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                           | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Date of Actual Dislocation     | <p>The individual's date of actual separation or dislocation from employment is the last day of employment at the dislocation job.</p> <p>This does not apply if there is no dislocation job such as in a displaced homemaker that did not work outside of the home.</p>                                                                                                                                                               | <input type="checkbox"/> Employer Verification<br><input type="checkbox"/> Rapid Response List<br><input type="checkbox"/> Notice of Layoff<br><input type="checkbox"/> Public Announcement with UI Verification<br><input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available.                                                                                                                                                        |
| School Status at Program Entry | <p>School Status at Program Entry is:</p> <ul style="list-style-type: none"> <li>• <b>In-School, Secondary School or Less:</b> an individual who has not received a secondary school diploma or its recognized equivalent and is attending any primary or secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school.</li> </ul> | <input type="checkbox"/> Crossmatch with Postsecondary Education Database<br><input type="checkbox"/> Copy of Education of Institution Enrollment Record<br><input type="checkbox"/> Applicable Records from Education Institution (GED certificate, diploma, attendance record, transcript, report card, or school documentation)<br><input type="checkbox"/> Signed Intake, Application or Enrollment Form<br><input type="checkbox"/> Electronic Records<br><input type="checkbox"/> Self-Attestation |
| Youth                          | <ul style="list-style-type: none"> <li>• <b>In-School, Alternative School:</b> an individual who has not received a secondary school diploma or its recognized equivalent and is attending an alternative high school or an alternative course of study approved by the local educational agency whether full or part-time, or is between school terms and is enrolled to return to school.</li> </ul>                                 | <input type="checkbox"/> Parent, Guardian, or other responsible adult attestation (*required for individuals under 18)<br><input type="checkbox"/> Attendance Record<br><input type="checkbox"/> Transcripts<br><input type="checkbox"/> School Documentation                                                                                                                                                                                                                                            |
|                                | <ul style="list-style-type: none"> <li>• <b>In-School, Postsecondary School:</b> an individual who has received a secondary school diploma or its recognized equivalent and is attending a postsecondary school or program (whether full or part-time) or is between school terms and is enrolled to return to school.</li> </ul>                                                                                                      | <input type="checkbox"/> Parent, Guardian, or other responsible adult attestation (*required for individuals under 18)<br><input type="checkbox"/> Attendance Record<br><input type="checkbox"/> Transcripts<br><input type="checkbox"/> School Documentation                                                                                                                                                                                                                                            |

| Data Element                       | Definitions and Requirements                                                                                                                                                                                                                                                                               | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                            |
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|                                    | <ul style="list-style-type: none"> <li>• <b>Not Attending School or Secondary School Dropout:</b> an individual who is not within the age of compulsory school attendance; and is no longer attending any school and has not received a secondary school diploma or its recognized equivalent.</li> </ul>  | <input type="checkbox"/> Parent, Guardian, or other responsible adult attestation (*required for individuals under 18)<br><input type="checkbox"/> Attendance Record<br><input type="checkbox"/> Transcripts<br><input type="checkbox"/> Dropout Letter<br><input type="checkbox"/> School Documentation<br><input type="checkbox"/> Youth Dropout Status Form – Attachment H         |
|                                    | <ul style="list-style-type: none"> <li>• <b>Not Attending School:</b> Secondary School Graduate or has a Recognized Equivalent: an individual who is not attending any school and has either graduated from secondary school or has attained a secondary school equivalency.</li> </ul>                    | <input type="checkbox"/> Parent, Guardian, or other responsible adult attestation (*required for individuals under 18)<br><input type="checkbox"/> Secondary School Diploma/Recognized equivalent<br><input type="checkbox"/> Attendance Record<br><input type="checkbox"/> Transcripts<br><input type="checkbox"/> School Documentation<br><input type="checkbox"/> Self-Attestation |
|                                    | <ul style="list-style-type: none"> <li>• <b>Not Attending School: Within Age of Compulsory School Attendance:</b> an individual who is within the age of compulsory school attendance but is not attending school and has not received a secondary school diploma or its recognized equivalent.</li> </ul> | <input type="checkbox"/> Parent, Guardian, or other responsible adult attestation (*required for individuals under 18)<br><input type="checkbox"/> Attendance Record<br><input type="checkbox"/> Transcripts<br><input type="checkbox"/> School Documentation                                                                                                                         |
| Low Income Status at Program Entry | Priority of service must be given to individuals who meet one of the following qualifying criteria for low income:<br>An individual who –                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                       |

| Data Element | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Acceptable Source Document                                                                                                                                                                          |
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|              | <p>a) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received assistance through the Supplemental Nutrition Assistance Program (SNAP);</p> <p><u>*Food Distribution Program on Indian Reservations (FDPIR):</u> information may be obtained at <a href="https://www.fns.usda.gov/fdpir/food-distribution-program-indian-reservations-fdpir">https://www.fns.usda.gov/fdpir/food-distribution-program-indian-reservations-fdpir</a></p> | <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) Verification</p> <p><input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) Verification</p> |
|              | <p>b) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received assistance through the Temporary Assistance for Needy Families (TANF) program;</p>                                                                                                                                                                                                                                                                                       | <p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF) Verification</p>                                                                                                         |
|              | <p>c) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received assistance through the Supplemental Security Income (SSI) program;</p>                                                                                                                                                                                                                                                                                                   | <p><input type="checkbox"/> Social Security Benefits (SSI) Verification</p>                                                                                                                         |
|              | <p>d) receives or in the past 6 months prior to application to the program has received, or is a member of a family that is receiving or in the past 6 months prior to application to the program has received cash payments under a federal, state, or local income-based public assistance program;</p>                                                                                                                                                                                                                                                                           | <p><input type="checkbox"/> Public Assistance Income Verification</p>                                                                                                                               |

| Data Element | Definitions and Requirements                                                                                                                                                                                                                            | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|              | e) received an income, or is a member of a family that received a total family income for the 6-month period prior to application for the program that does not exceed the higher of the poverty line or 70% of the lower living standard income level; | <input type="checkbox"/> Alimony Agreement<br><input type="checkbox"/> Compensation Award Letter<br><input type="checkbox"/> Employer Statement<br><input type="checkbox"/> Family or Business Financial Records<br><input type="checkbox"/> Pay Stub<br><input type="checkbox"/> Pension Statement<br><input type="checkbox"/> Quarterly Estimated Tax for Self-Employed Person<br><input type="checkbox"/> Current Unemployment Insurance Documentation<br><input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available. |
|              | f) is a foster child on behalf of whom State or local government payments are made;                                                                                                                                                                     | <input type="checkbox"/> Social Service Verification<br><input type="checkbox"/> Court Documentation<br><input type="checkbox"/> Written Statement from State or Local Agency<br><input type="checkbox"/> Verification of Foster Payments on behalf of child<br><input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available.                                                                                                                                                                                              |
|              | g) is an individual with a disability and whose own income does not exceed the poverty line but who is a member of a family whose income does not meet this requirement;                                                                                | <input type="checkbox"/> Income Verification<br><input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available.                                                                                                                                                                                                                                                                                                                                                                                                              |
|              | h) is a homeless participant or a homeless child or youth or runaway youth; or                                                                                                                                                                          | <input type="checkbox"/> Written statement from an individual providing temporary residence<br><input type="checkbox"/> Written statement from Shelter<br><input type="checkbox"/> Applicant Statement, Attachment K – Only allowable if no other forms of documentation are available.                                                                                                                                                                                                                                                                                                    |
|              | i) Is an Individual who receives or is eligible to receive a free or reduced-price lunch.                                                                                                                                                               | <input type="checkbox"/> Free or Reduced-Price Lunch Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Data Element                                                   | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Acceptable Source Document                                                                                                                                                                                                                                                                                                                        |
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| Basic Skills Deficient/Low Levels of Literacy at Program Entry | <p>An individual who is:</p> <ul style="list-style-type: none"> <li>a) A Youth, who has English reading, writing, or computing skills at or below the 8<sup>th</sup> grade level on a generally accepted standardized test; or</li> <li>b) A Youth or Adult, who is unable to compute or solve problems, or read, write, or speak English, at a level necessary to function on the job, in the individual's family, or in society.</li> </ul>                                                                                                                                                                                                 | <p><input type="checkbox"/> BSD Eligibility Assessment Documentation</p> <p>*Previous basic skills assessments may be utilized if they have been conducted within the past six (6) months.</p>                                                                                                                                                    |
| English Language Learner at Program Entry                      | <p>An Individual at program entry who has limited ability in speaking, reading, writing, or understanding the English language and also meets at least one of the following two conditions:</p> <ul style="list-style-type: none"> <li>a) His or her native language is a language other than English, or</li> <li>b) He or she lives in a family or community environment where a language other than English is the dominant language.</li> </ul>                                                                                                                                                                                           | <p><input type="checkbox"/> Eligibility Form: Attachment F or O, The Primary Language of individual must be indicated on eligibility form.</p> <p><input type="checkbox"/> School Documentation</p> <p>*If the participant is an English language learner and answered <b>YES</b>, the Primary Language of the individual must be identified.</p> |
| Individual with a Disability                                   | <p>An individual may indicate that he/she has a disability as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. Applicable categories are: •Physical/Chronic Health Conditions •Physical/Mobility Impairments •Mental or Psychiatric Disability •Vision-related Disability •Hearing-related Disability •Learning Disability •Cognitive/Intellectual Disability</p> <p><b>**Participant may choose not to disclose type of disability</b></p> | <p><input type="checkbox"/> Self-Attestation</p>                                                                                                                                                                                                                                                                                                  |

| Data Element                                                                         | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Ex-Offender Status at Program Entry                                                  | <p>An Individual at program entry who either:</p> <ol style="list-style-type: none"> <li>1. Has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or</li> <li>2. Requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction.</li> </ol> <p>*A status offense is the illegal behavior of a child (under the age of 18 years old), that if committed by an adult would not be considered a criminal activity, such as truancy, possession and/or consumption of alcohol, curfew violations, and purchase of cigarettes.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p> <input type="checkbox"/> Court Documentation<br/> <input type="checkbox"/> Letter of Parole<br/> <input type="checkbox"/> Letter from Probation Officer<br/> <input type="checkbox"/> Police Records<br/> <input type="checkbox"/> Detailed Program<br/>           Note: Career navigator verification with court or probation representative.<br/> <b>AND</b><br/> <input type="checkbox"/> Youth Eligibility Form, Attachment F<br/> <input type="checkbox"/> Eligibility Form, Attachment O: Barrier must be addressed in Individual Employment Plan (IEP         </p> |
| Homeless participant, Homeless Children and Youth, or Runaway Youth at Program Entry | <p>An Individual who: a) Lacks a fixed, regular, and adequate nighttime residence; which includes an individual who: • Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; • Is living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations; • Is living in an emergency or transitional shelter; • Is abandoned in a hospital; or • Is awaiting foster care placement; b) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, such as a car, park, abandoned building, bus or train station, airport, or camping ground; c) Is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth). *This definition DOES NOT include a participant imprisoned, detained, or sleeping in a temporary accommodation while away from home.</p> | <p> <input type="checkbox"/> Written statement from an individual providing temporary residence<br/> <input type="checkbox"/> Written statement from Shelter<br/> <input type="checkbox"/> Written statement from Social Service Agency<br/> <input type="checkbox"/> Applicant Statement, Attachment K. Only allowable if no other forms of documentation are available.         </p>                                                                                                                                                                                        |

| Data Element                                                                     | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                     |
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| Substantial Cultural Barriers at Program Entry                                   | Adult Program ONLY: An Individual, at program entry, perceives him or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Eligibility Form, Attachment O: Substantial Cultural barrier and how it impacts employment must be addressed in Adult Individual Employment Plan (IEP)                                                                                                                                                                                                |
| Migrant and Seasonal Farmworker Status at National Farmworker Jobs Program Entry | <p>Determine if an individual is a Seasonal Farmworker or a Migrant Farmworker at National Farmworker Jobs Program Entry.</p> <p>a) Seasonal Farmworker Adult: is an individual at program entry who is a low-income individual who for the 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and faces multiple barriers to economic self-sufficiency.</p> <p>b) Migrant Farmworker Adult: is an individual at program entry is a seasonal farmworker and 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.</p> <p>c) MSFW youth: Is an individual who is a migrant farmworker or seasonal farmworker as defined above and is between the ages of 14-24.</p> <p>d) Dependent Adult: An individual who is an adult program participant and a dependent of the individual described as a seasonal or migrant seasonal farmworker above.</p> <p>e) Dependent Youth: An individual who is a youth</p> | <input type="checkbox"/> One of the following:<br><input type="checkbox"/> Self-Attestation<br><input type="checkbox"/> Case Notes<br><input type="checkbox"/> Crossmatch with Public Assistance Records<br><input type="checkbox"/> NFJP Eligibility Documents<br><input type="checkbox"/> Crossmatch with State MIS<br><input type="checkbox"/> Crossmatch with H-1B Records |

| Data Element                                         | Definitions and Requirements                                                                                                                                                                       | Acceptable Source Document                                                                                                                                                                                                                                                |
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|                                                      | <p>program participant and a dependent of the individual described as a seasonal or migrant seasonal farmworker above.</p>                                                                         |                                                                                                                                                                                                                                                                           |
| <p>Temporary Assistance to Needy Families (TANF)</p> | <p>The participant is listed on the welfare grant or has received cash assistance or other support services from the TANF agency in the last six months prior to participation in the program.</p> | <p>One of the following:</p> <ul style="list-style-type: none"> <li>• TANF Eligibility Verification</li> <li>• TANF Period of Benefit Receipt Verification</li> <li>• Referral Transmittal from TANF</li> <li>• Crossmatch with TANF Public Assistance Records</li> </ul> |

| Data Element                                                                     | Definitions and Requirements                                                                                                                                                                                                                 | Acceptable Source Document                                                                                                                                                                                                                                                                                                        |
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| Exhausting TANF Within 2 Years at Program Entry                                  | An individual, at program entry, is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether they are receiving these benefits at program entry. | <input type="checkbox"/> TANF Verification<br><input type="checkbox"/> TANF Period of Benefit Receipt Verification<br><input type="checkbox"/> Referral Transmittal from TANF<br><input type="checkbox"/> Crossmatch with TANF Public Assistance Records                                                                          |
| Supplemental Security Income (SSI) / Social Security Disability Insurance (SSDI) | The participant is receiving or has received SSI under Title XVI of the Social Security Act in the last six months prior to participation in the program.                                                                                    | One of the following: <ul style="list-style-type: none"> <li>• SSI/SSDI Receipt of Benefits Verification</li> <li>• Referral Transmittal from SSA</li> <li>• SSI/SSDI Eligibility Verification</li> <li>• Crossmatch with SSA Database</li> </ul>                                                                                 |
| Supplemental Nutrition Assistance Program (SNAP)                                 | The participant is receiving assistance through the Supplemental Nutrition Assistance Program (SNAP) under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.)                                                                           | One of the following: <ul style="list-style-type: none"> <li>• SNAP Eligibility Verification</li> <li>• Copy of Authorization to Receive Food Stamps</li> <li>• Documentation of Food Stamp Benefit Receipt</li> <li>• Referral Transmittal from SNAP</li> <li>• Crossmatch with SNAP Public Assistance Records</li> </ul>        |
| Single Parent at Program Entry                                                   | An individual who at program entry, is single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).                                 | <ul style="list-style-type: none"> <li>• TANF Single Parent Eligibility Verification</li> <li>• Case Notes</li> <li>• Needs Assessment</li> <li>• TANF Single Parent Eligibility Verification</li> <li>• Signed Intake Application or Enrollment Form</li> <li>• Signed Individual Service Strategy or Employment Plan</li> </ul> |

| Data Element                              | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                               | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                          |
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| Long-Term Unemployed at Program Entry     | An individual, at program entry, who has been unemployed for 27 or more consecutive weeks.                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Public Assistance Records<br><input type="checkbox"/> Refugee Assistance Record<br><input type="checkbox"/> Crossmatch with Public Assistance Database<br><input type="checkbox"/> Crossmatch with UI Database<br><input type="checkbox"/> Self-Attestation, only allowable if no other forms of documentation are available.                              |
| Youth Foster Care Status at Program Entry | An individual, age 24 or younger: <ul style="list-style-type: none"> <li>• In foster care; or</li> <li>• Who has aged out of the foster care system; or</li> <li>• Who has attained 16 years of age and left foster care for kinship guardianship or adoption;</li> <li>• A child eligible for assistance under sec. 477 of the Social Security Act (42 U.S.C. 677); or</li> <li>• In an out-of-home placement.</li> </ul> | <b>An individual, 24 or younger:</b><br><input type="checkbox"/> Court Documentation<br><input type="checkbox"/> Social Service Verification<br><input type="checkbox"/> Verification of Foster Payments on behalf of child<br><input type="checkbox"/> Written Statement from State or Local Agency<br><b>AND</b><br><input type="checkbox"/> Youth Eligibility Form, Attachment F |

| Data Element                          | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Pregnant or Parenting Youth           | <p>A Youth who is pregnant or an individual (male or female) who is providing custodial care to one or more dependents under age 18.</p> <p>*Males do not qualify as a parenting youth until the child is born.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p> <input type="checkbox"/> Baptismal Record<br/> <input type="checkbox"/> Child's Birth Certificate<br/> <input type="checkbox"/> Doctor's Statement: confirming pregnancy<br/> <input type="checkbox"/> Public assistance records: verifying child on case<br/> <input type="checkbox"/> Self-Attestation<br/> <input type="checkbox"/> Case Notes<br/> <input type="checkbox"/> WIC Eligibility Verification<br/> <input type="checkbox"/> TANF Single Parent Eligibility Verification<br/> <input type="checkbox"/> Sign Intake Application or Enrollment Form<br/> <input type="checkbox"/> Signed ISS<br/> <b>AND</b><br/> <input type="checkbox"/> Youth Eligibility Form, Attachment F </p> |
| Youth Who Needs Additional Assistance | <p>A Youth who requires additional assistance to enter or complete an educational program, or to secure and hold employment. Defined by the State as a low-income youth meeting at least one of the following criteria:</p> <ul style="list-style-type: none"> <li>•With a parent or legal guardian that is currently or previously incarcerated for a felony conviction;</li> <li>•With a parent or legal guardian who lacks a high school diploma or GED; or</li> <li>•Who attends or has attended a chronically underperforming/low performing school listed on the State Department of Education website; or</li> <li>•ISY between 18-21 years of age with a pattern of poor work history; or OSY between 18-24 years of age with a pattern of Poor Work History. Poor work history includes non-reoccurring employment income or sporadic employment.</li> </ul> <p>*low-income includes a youth that lives in a high-poverty area</p> | <p> <input type="checkbox"/> School Documentation: Verifying chronically underperforming/Low Performing School attendance<br/> <input type="checkbox"/> Court Documentation for Parent information<br/> <b>AND</b><br/> <input type="checkbox"/> Youth Eligibility Form, Attachment F </p>                                                                                                                                                                                                                                                                                                                                                                                                           |

| Data Element         | Definitions and Requirements                                                                                      | Acceptable Source Document                                                                                                                                                                                                                                                                                                                       |
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| TAA Application Date | The date on which the individual first applied for Trade Act services/benefits under the applicable certification | <input type="checkbox"/> OESC Form 856                                                                                                                                                                                                                                                                                                           |
| TAA Petition Number  | The petition number of the certification which applies to the participant's group                                 | <input type="checkbox"/> Determination of Eligibility Form<br><input type="checkbox"/> <u>DOLETA Website Verification</u><br><a href="http://www.doleta.gov/tradeact">www.doleta.gov/tradeact</a><br><input type="checkbox"/> Worker Group Certification<br><input type="checkbox"/> DTAA Eligibility Form issued by State Office or other state |
| Rapid Response       | If the participant participated in rapid response activities authorized at WIOA section 134(a)(2)(A)(i)(I) .      | <input type="checkbox"/> One of the following: <ul style="list-style-type: none"> <li>• Crossmatch to State MIS Database</li> <li>• Case Notes</li> <li>• Self-Attestation. This is only allowable if no other forms of documentation are available.</li> <li>• Rapid Response List</li> <li>• Crossmatch to Rapid Response Records</li> </ul>   |

| Data Element                           | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Acceptable Source Document                                                                                                                                                                                                     |
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| Date of Program Entry                  | <p>The date on which an individual became a participant after satisfying applicable programmatic requirements for the provision of services.</p> <p>For WIOA Title I Adult, Dislocated Worker, and Title III Employment Services programs, a participant is a reportable individual who has satisfied all applicable program requirements such as eligibility determination and who has received a service(s) other than a self- service or information only service or activity. For a list of services that establish participation, reference the Core Performance Measures.</p> <p>For Title I Youth, a participant is a reportable individual who has satisfied all applicable program requirements for the provision of services, including eligibility determination, an objective assessment, and development of an individual service strategy, and received one or more of the 14 WIOA Youth program elements.</p> <p>The date of program entry is the actual start date of the first qualifying service.</p> | <p><input type="checkbox"/> Applicable Programmatic Service and Training Plan entry</p> <ul style="list-style-type: none"> <li>• Applicable service entry that sets programmatic participation – Actual start date.</li> </ul> |
| Date of Program Exit                   | <p>The date of program exit is the last date the participant received services (excluding self-service, information-only service or activities, or follow-up services) for at least 90 days, and no future services are planned.</p> <p>The date of program exit is the actual end date of the last qualifying service.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><input type="checkbox"/> Applicable Programmatic Service and Training Plan entry</p> <ul style="list-style-type: none"> <li>• Applicable service entry that sets programmatic participation – Actual end date.</li> </ul>   |
| Date of First WIOA Youth Service       | The date on which the participant began receiving his/her first WIOA youth service (i.e. 1 of the 14 youth program elements in WIOA §129(c)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Detailed Case Notes with Cross-Match to State MIS Database                                                                                                                                                                     |
| Recipient of Incumbent Worker Training | If the participant received Incumbent Worker training services under WIOA section 134(a)(3)(A)(i) and/or 134(a)(2)(A)(i).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>One of the following:</p> <ul style="list-style-type: none"> <li>• Signed IWT Contract</li> <li>• Applicable S&amp;T Entry</li> </ul>                                                                                       |

| Data Element                                                                                                                                         | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Established Individual Training Account (ITA)                                                                                                        | If any of the individual's services were purchased utilizing an Individual Training Account funded by WIOA Title I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | One of the following: <ul style="list-style-type: none"> <li>• Cross-Match with State MIS Database</li> <li>• Case notes</li> <li>• ITA Approval, Allocation or Activation Records</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Category of Assessment #1                                                                                                                            | If the participant was assessed using approved tests for Adult Basic Education (ABE), English-As-A- Second Language (ESL), or both.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | One of the following: <ul style="list-style-type: none"> <li>• Copy of Assessment Test Results</li> <li>• Vendor Receipt for Testing</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Date Completed, During Program Participation, an Education or Training Program Leading to a Recognized Postsecondary Credential or Employment (WIOA) | The date the participant complete, during program participation, an education or training program that leads to a recognized postsecondary credential, including a secondary education program, or training program that leads to employment as defined by the core program in which the participant participates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | One of the following: <ul style="list-style-type: none"> <li>• Cross-Match with Secondary or Postsecondary Education Database</li> <li>• Copy of Diploma, Credential or Degree Awarded by Education Institution</li> <li>• Applicable Records from Education Institution (GED certificate, diploma, transcripts, report card, or school documentation)</li> <li>• Signed Follow-up Survey Response from Program Participant</li> <li>• Signed File Documentation with Information Obtained from Education or Training Provider</li> </ul>                                                                                                                                                                                                       |
| Other Reasons for Exit                                                                                                                               | <p>If the Participant exits the program and is unable to continue to receive program services due to any of the following reasons:</p> <ul style="list-style-type: none"> <li>• The participant 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.</li> </ul> <p>The participant must undergo 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.</p> <ul style="list-style-type: none"> <li>• The participant is deceased.</li> <li>• 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.</li> </ul> | <p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Correctional/Medical/Treatment Center Documentation</li> <li><input type="checkbox"/> Court Documentation</li> <li><input type="checkbox"/> Death Records</li> <li><input type="checkbox"/> Detailed Program note</li> <li><input type="checkbox"/> Doctor's Statement</li> <li><input type="checkbox"/> Military Records/Orders</li> <li><input type="checkbox"/> Social Service Verification</li> <li><input type="checkbox"/> Written Statement from State or Local Partner Agency</li> </ul> <p><b>REQUIRED:</b> Staff must enter the reason for Exit in the applicable Program Exit Questions and provide a detailed program note.</p> |

| Data Element                                                                                                     | Definitions and Requirements                                                                                                                                                                                                                                         | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                                                                                                                  | <ul style="list-style-type: none"> <li>The participant is a criminal offender in a correctional institution under section 225 of WIOA</li> </ul>                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Date Enrolled in <b>Post Exit</b> Education or Training Program Leading to a Recognized Postsecondary Credential | Participants who have attended secondary education and obtained a secondary school diploma or its equivalency during program participation and have entered an education or training program that leads to a recognized postsecondary credential after program exit. | <p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Enrollment Records</li> <li><input type="checkbox"/> School Documentation</li> <li><input type="checkbox"/> Transcript</li> <li><input type="checkbox"/> Report card</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Applicable Programmatic Service and Training Plan entry <b>AFTER</b> exit– <ul style="list-style-type: none"> <li>Post-Exit Education/Training Leading to Post Secondary Credential</li> </ul> </li> </ul> |
| Most Recent Date Received Education Offered Concurrently with Workforce Preparation (Youth)                      | The most recent date on which the participant received education offered concurrently with and in in the same context as workforce preparation activities and training for a specific occupation or occupational cluster.                                            | Applicable S&T Entry<br><b>AND</b><br>Detailed Program Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Data Element                                                           | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Most Recent Date Received Leadership Development Opportunities (Youth) | The most recent date on which the participant received services that include, but are not limited to, opportunities that may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors, as appropriate.                                                                                                                                                                                                                                                                                                                                                                                                                                   | Applicable S&T Entry<br><b>AND</b><br>Detailed Program Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Received Training (WIOA Youth)                                         | Indicates if the participant received training services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Applicable S&T Entry<br><b>AND</b><br>Detailed Program Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Date Entered Training #1 (WIOA)                                        | The date on which the participant's first training activity began.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Applicable S&T Entry<br><b>AND</b><br>Detailed Program Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Type of Training Service                                               | <p>The date on which the participant's training service actually began. WIOA requires the following type of training services provided to a participant to be reported.</p> <ul style="list-style-type: none"> <li>a) On the Job Training</li> <li>b) Skill Upgrading</li> <li>c) Entrepreneurial Training</li> <li>d) ABE or ESL in conjunction with Training (non-TAA funded)</li> <li>e) Customized Training</li> <li>f) Other occupational Skills Training</li> <li>g) Remedial Training (ABE/ESL – TAA only)</li> <li>h) Prerequisite Training</li> <li>i) Registered Apprenticeship Training</li> <li>j) Youth Occupational Skills Training</li> <li>k) Other Non-Occupational Skills Training</li> </ul> | <p><input type="checkbox"/> Training Documentation</p> <ul style="list-style-type: none"> <li>• Individual Educational Plan (electronic entry)</li> <li>• Individual Service Strategy (electronic entry)</li> <li>• Individual Training Account documentation <ul style="list-style-type: none"> <li>○ Individual Training Voucher: Attachment D</li> <li>○ Coordination of Training Funds: Attachment E</li> </ul> </li> </ul> <p>*LWDB must identify the training documentation requirements, and ensure they are consistent with programmatic state policies. <b>AND</b></p> <p><input type="checkbox"/> Applicable Programmatic Service and Training Plan entry</p> <ul style="list-style-type: none"> <li>• Applicable service entry of training that leads to a recognized credential or employment</li> </ul> |

| Data Element                                                                                                                                            | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p>Participated in Postsecondary Education During Program Participation/<br/>Date Enrolled During Participation in an Education or Training Program</p> | <p>Participants who are enrolled in a postsecondary education program that leads to a credential or degree from an accredited postsecondary education institution at the time of enrollment or at any point during program participation.</p> <p>This data element relates to the credential indicator denominator and those who are recorded as 1 are included in the credential rate denominator.</p> <p>*The Date of enrollment must match the date on the source documentation.</p> | <p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Enrollment Records</li> <li><input type="checkbox"/> School Documentation</li> <li><input type="checkbox"/> Transcript</li> <li><input type="checkbox"/> Report card</li> <li><input type="checkbox"/> Job Corps Documentation</li> <li><input type="checkbox"/> Training Documentation <ul style="list-style-type: none"> <li>• Individual Educational Plan (electronic entry)</li> <li>• Individual Service Strategy (electronic entry)</li> <li>• Individual Training Account documentation <ul style="list-style-type: none"> <li>○ Individual Training Voucher: Attachment D</li> <li>○ Coordination of Training Funds: Attachment E</li> </ul> </li> </ul> </li> </ul> <p>*LWDB must identify the training documentation requirements, and ensure they are consistent with programmatic state policies. <b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Applicable Programmatic Service and Training Plan entry <ul style="list-style-type: none"> <li>• At the time of enrollment:<br/>“Instruction leading to Recognized Credential or Employment”</li> <li>• During program participation: Services that are designed to lead to a recognized postsecondary credential</li> </ul> </li> </ul> |

| Data Element                                                                                                           | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <p>Enrolled in Secondary Education Program/ Date Enrolled During Participation in an Education or Training Program</p> | <p>Participants who are enrolled in a Secondary Education Program at or above the 9<sup>th</sup> grade level at the time of application to the program OR at any point while participating in the program. A Secondary Education program includes both secondary school and enrollment in a program of study with instruction designed to lead to a high school equivalent credential.</p> <p>*The Date of enrollment must match the date on the source documentation.</p>                                                                                                                                                             | <p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Enrollment Records</li> <li><input type="checkbox"/> School Documentation</li> <li><input type="checkbox"/> Transcript</li> <li><input type="checkbox"/> Report card</li> <li><input type="checkbox"/> Job Corps Documentation</li> <li><input type="checkbox"/> Training Documentation <ul style="list-style-type: none"> <li>• Individual Educational Plan (electronic entry)</li> <li>• Individual Service Strategy (electronic entry)</li> <li>• Individual Training Account documentation <ul style="list-style-type: none"> <li>○ Individual Training Voucher: Attachment D</li> <li>○ Coordination of Training Funds: Attachment E</li> </ul> </li> </ul> </li> </ul> <p>*LWDB must identify the training documentation requirements, and ensure they are consistent with programmatic state policies. <b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Applicable Programmatic Service and Training Plan entry <ul style="list-style-type: none"> <li>• At the time of enrollment: “Instruction leading to Secondary School Completion”</li> <li>• During program participation: Services that are designed to lead to a secondary credential</li> </ul> </li> </ul> |
| <p>Type of Recognized Credential / Date Attained Recognized Credential</p>                                             | <p>The type of recognized diploma, degree, or credential consisting of an industry-recognized certificate or certification that is attained either during participation or within one year of exit:</p> <ol style="list-style-type: none"> <li>a) Secondary School Diploma/or equivalent</li> <li>b) AA or AS Diploma/Degree</li> <li>c) BA or BS Diploma/Degree</li> <li>d) Occupational Licensure</li> <li>e) Occupational Certificate</li> <li>f) Occupational Certification</li> <li>g) Other Recognized Diploma, Degree, or Certificate</li> </ol> <p>*The date of attainment must match the date on the source documentation</p> | <p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Secondary School Diploma/Recognized Equivalent</li> <li><input type="checkbox"/> Diploma <ul style="list-style-type: none"> <li><input type="checkbox"/> AA or AS Diploma/Degree</li> <li><input type="checkbox"/> BA or BS Diploma/Degree</li> </ul> </li> <li><input type="checkbox"/> Licensure</li> <li><input type="checkbox"/> Certificate</li> <li><input type="checkbox"/> Transcript: Documentation of Credential Attainment</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Applicable Programmatic Outcomes entry <ul style="list-style-type: none"> <li>• 4<sup>th</sup> quarter after exit</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Data Element                                              | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Date of Most Recent MSG: Educational Function Level (EFL) | <p>Title I Adults &amp; Dislocated Workers:</p> <ul style="list-style-type: none"> <li>All participants who are receiving instruction below the postsecondary education level and achieves at least one documented educational functioning level measurable skill gain.</li> </ul> <p>Title I Youth:</p> <ul style="list-style-type: none"> <li>In-School Youth: All in-school youth that achieves at least one documented educational functioning level measurable skill gain.</li> <li>Out-of-School Youth: Out of school who are receiving instruction below the postsecondary education level, are receiving an Occupational Skills Training, Title II funded adult education service, YouthBuild service, or Job Corps service during participation in the Title I Youth program and achieves at least one documented educational functioning level measurable skill gain.</li> </ul> <p>An educational functioning level measurable skill gain may be achieved and documented in one of three ways:</p> <ol style="list-style-type: none"> <li>Comparing a participant's initial EFL as measured by a pre-test with the participant's EFL as measured by a participant's post- test; or</li> <li>For States that offer secondary school programs that lead to a secondary school diploma or its recognized equivalent, an EFL gain may be measured through the awarding of credits or Carnegie units; or</li> <li>States may report and EFL gain for participants who exit the program and enroll in postsecondary education or training during the program year.</li> </ol> | <p><b>All of the following are required:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demographic Snapshot: <ul style="list-style-type: none"> <li>○ English Language Learner</li> <li>○ Basic Skills Deficient/Low Levels of Literacy</li> </ul> </li> <li><input type="checkbox"/> Service &amp; Training Plan <ul style="list-style-type: none"> <li>○ Applicable service entry that leads to a recognized credential or employment</li> </ul> </li> <li><input type="checkbox"/> Measurable Skill Gain: <ul style="list-style-type: none"> <li>○ Educational Functioning Level</li> </ul> </li> <li><input type="checkbox"/> Testing (applicable program enrollment) <ul style="list-style-type: none"> <li>○ Pre-Test Score</li> <li>○ Post-Test Score</li> </ul> </li> <li><input type="checkbox"/> Documentation Upload <ul style="list-style-type: none"> <li>○ Pre-Test Documentation</li> <li>○ Post-Test Documentation</li> </ul> </li> </ul> |

| Data Element                                                         | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p>Date of Most Recent MSG: Postsecondary Transcript/Report Card</p> | <p>Title I Adults &amp; Dislocated Workers:</p> <ul style="list-style-type: none"> <li>All participants who are in an education or training program that leads to a recognized postsecondary credential or employment and achieves a documented postsecondary transcript/report card measurable skill gain.</li> </ul> <p>Title I Youth:</p> <ul style="list-style-type: none"> <li>In-School Youth: All in-school youth who achieve a documented postsecondary transcript/report card measurable skill gain.</li> <li>Out-of-School Youth: Out of school who are receiving an Occupational Skills Training, Title II funded adult education service, YouthBuild service, or Job Corps service during participation in the Title I Youth program and achieve a documented postsecondary transcript/report card measurable skill gain.</li> </ul> <p>A postsecondary transcript/report card measurable skill gain may be achieved and documented by one of the following ways:</p> <ol style="list-style-type: none"> <li>The participant's transcript or report card from a postsecondary education institution demonstrating a minimum of 12 hours per semester, which shows the participant is meeting Oklahoma's academic standards, or</li> <li>For part time students, the participant's transcript or report card from a postsecondary education institution demonstrating a total of at least 12 credit hours over the course of two completed semesters during the same 12-month period, which shows the participant is meeting Oklahoma's academic standards.</li> </ol> | <p><b>All of the following are required:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Service &amp; Training Plan <ul style="list-style-type: none"> <li>Applicable service entry that leads to a recognized credential or employment</li> </ul> </li> <li><input type="checkbox"/> Measurable Skill Gain: <ul style="list-style-type: none"> <li>Post-Secondary Transcript/Report Card</li> </ul> </li> <li><input type="checkbox"/> Documentation Upload <ul style="list-style-type: none"> <li>Report Card (12 Hours)</li> <li>Transcript (12 hours)</li> </ul> </li> </ul> |

| Data Element                                                     | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <p>Date of Most Recent MSG: Secondary Transcript/Report Card</p> | <p>Title I Adults &amp; Dislocated Workers:</p> <ul style="list-style-type: none"> <li>All participants who are in an education or training program that leads to a recognized postsecondary credential or employment and achieve a documented secondary transcript/report card measurable skill gain.</li> </ul> <p>Title I Youth:</p> <ul style="list-style-type: none"> <li>In-School Youth: All in-school youth who achieve a documented secondary transcript/report card measurable skill gain.</li> <li>Out-of-School Youth: Out of school who are receiving an Occupational Skills Training, Title II funded adult education service, YouthBuild service, or Job Corps service during participation in the Title I Youth program and achieve a documented postsecondary transcript/report card measurable skill gain.</li> </ul> <p>A secondary transcript/report card measurable skill gain may be achieved and documented by:</p> <ul style="list-style-type: none"> <li>The participant's transcript or report card for secondary education for one semester showing that the participant is meeting Oklahoma's academic standards.</li> </ul> | <p><b>All of the following are required:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Service &amp; Training Plan <ul style="list-style-type: none"> <li>Applicable service entry that leads to a recognized credential or employment</li> </ul> </li> <li><input type="checkbox"/> Measurable Skill Gain: <ul style="list-style-type: none"> <li>Secondary Transcript/Report Card</li> </ul> </li> <li><input type="checkbox"/> Documentation Upload <ul style="list-style-type: none"> <li>Report Card (semester)</li> <li>Transcript (semester)</li> </ul> </li> </ul> |

| Data Element                                | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Date of Most Recent MSG: Training Milestone | <p>Title I Adults &amp; Dislocated Workers:</p> <ul style="list-style-type: none"> <li>All participants who are in an education or training program that leads to a recognized postsecondary credential or employment and achieve a documented training milestone measurable skill gain.</li> </ul> <p>Title I Youth:</p> <ul style="list-style-type: none"> <li>In-School Youth: All in-school youth who achieve a documented training milestone measurable skill gain.</li> <li>Out-of-School Youth: Out of school who are receiving an Occupational Skills Training, Title II funded adult education service, YouthBuild service, or Job Corps service during participation in the Title I Youth program and achieve a documented training milestone measurable skill gain.</li> </ul> <p>A training milestone measurable skill gain may be achieved and documented by:</p> <ul style="list-style-type: none"> <li>The documentation of a participant's satisfactory or better progress towards established milestones from and employer/training provider who is providing training (e.g., completion of on-the-job training (OJT), completion of one year of a registered apprenticeship program, etc.).</li> </ul> | <p><b>All of the following are required:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Service &amp; Training Plan <ul style="list-style-type: none"> <li>○ Applicable service entry that leads to a recognized credential or employment</li> </ul> </li> <li><input type="checkbox"/> Measurable Skill Gain: <ul style="list-style-type: none"> <li>○ Training Milestone</li> </ul> </li> <li><input type="checkbox"/> Documentation Upload <ul style="list-style-type: none"> <li>○ Training provider reports</li> <li>○ Pay stubs (increase in pay must be from acquired skills or increased performance)</li> <li>○ Employer progress report (substantive skill development)</li> <li>○ OJT completion verification</li> <li>○ Registered Apprenticeship completion verification</li> <li>○ Certificate (interim certificates)</li> </ul> </li> </ul> |

| Data Element                                                                                                            | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Most Recent MSG: Skills progression                                                                             | <p>Title I Adults &amp; Dislocated Workers:</p> <ul style="list-style-type: none"> <li>All participants who are in an education or training program that leads to a recognized postsecondary credential or employment and achieve a documented skills progression measurable skill gain.</li> </ul> <p>Title I Youth:</p> <ul style="list-style-type: none"> <li>In-School Youth: All in-school youth who achieves a documented skills progression measurable skill gain.</li> <li>Out-of-School Youth: Out of school who are receiving an Occupational Skills Training, Title II funded adult education service, YouthBuild service, or Job Corps service during participation in the Title I Youth program and achieves a documented skills progression measurable skill gain.</li> </ul> <p>A skill progression measurable skill gain may be achieved and documented by:</p> <ul style="list-style-type: none"> <li>The documentation of a participant successfully completing 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.</li> </ul> | <p><b>All of the following are required:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Service &amp; Training Plan <ul style="list-style-type: none"> <li>○ Applicable service entry that leads to a recognized credential or employment</li> </ul> </li> <li><input type="checkbox"/> Measurable Skill Gain: <ul style="list-style-type: none"> <li>○ Skills Progression</li> </ul> </li> <li><input type="checkbox"/> Documentation Upload <ul style="list-style-type: none"> <li>○ Exam Completion verification</li> <li>○ Certificate (interim certificates)</li> </ul> </li> </ul> |
| Type of Employment 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , and 4 <sup>th</sup> Quarter After Exit Quarter | <p>Identify the type of employment status following exit:</p> <ol style="list-style-type: none"> <li>Unsubsidized Employment</li> <li>Subsidized Employment</li> <li>Registered Apprenticeship</li> <li>Military</li> <li>Not employed</li> </ol> <p><b>Requirement</b><br/>Staff must enter the reason for Exit in the applicable Program Exit Question section of Oklahoma Virtual Case Management System.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li><input type="checkbox"/> Completion of Exit Questions in applicable program enrollment</li> <li><input type="checkbox"/> Supplemental Wage Data</li> <li><input type="checkbox"/> Wage record match (UI Wage data)</li> </ul> <p><b>REQUIRED:</b> Staff must enter the reason for Exit in the applicable Program Exit Question section of Oklahoma Virtual Case Management System.</p>                                                                                                                                                                                     |
| Wages 2 <sup>nd</sup> Quarter After Exit Quarter                                                                        | Total earnings for the second quarter after the quarter of exit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li><input type="checkbox"/> Wage record match (UI Wage data)</li> <li><input type="checkbox"/> Supplemental Wage Data</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Data Element                                      | Definitions and Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Acceptable Source Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supplemental Wages                                | <p>Supplemental wage information must be collected quarterly after exit, for the previous quarter, be reported in the participant's applicable program enrollment in Oklahoma Virtual Case Management System under the program details wages section and have support documentation uploaded. Information that must be included in the source document being collected</p> <ul style="list-style-type: none"> <li>• O*NET code</li> <li>• NAICS Code</li> <li>• Employer FEIN</li> <li>• Employer</li> <li>• Company City</li> <li>• Company State</li> <li>• Total Earnings for the Quarter</li> </ul> | <p>Upload one of the following under <b>"Supplemental Wage Data"</b> source document type:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tax documents</li> <li><input type="checkbox"/> Payroll records</li> <li><input type="checkbox"/> Employer Verification</li> <li><input type="checkbox"/> WIOA Participant Supplemental Wage Quarterly Exit Data Collection Form, Attachment L</li> <li><input type="checkbox"/> WIOA Partner's administrative records containing required employment and wage information</li> <li><input type="checkbox"/> Self-Employment Worksheet, Attachment M</li> </ul> |
| Employment Related to Training                    | Record if the participant received training services and obtained employment directly related to the training services received                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li><input type="checkbox"/> Completion of Exit Questions in applicable program enrollment</li> <li><input type="checkbox"/> Supplemental Wage Data</li> <li><input type="checkbox"/> Wage record match (UI Wage data)</li> </ul> <p><b>REQUIRED:</b> Staff must enter the reason for Exit in the applicable Program Exit Question section of Oklahoma Virtual Case Management System.</p>                                                                                                                                                                                                  |
| Youth 2 <sup>nd</sup> Quarter Placement (Title I) | <p>Youth participants who have exited and placed in the following in the 2<sup>nd</sup> quarter after exit:</p> <ul style="list-style-type: none"> <li>• Occupational Skills Training,</li> <li>• Postsecondary Education, or</li> <li>• Secondary Education</li> </ul>                                                                                                                                                                                                                                                                                                                                 | <p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Enrollment Records</li> <li><input type="checkbox"/> School Documentation</li> <li><input type="checkbox"/> Transcript</li> <li><input type="checkbox"/> Report card</li> <li><input type="checkbox"/> Training provider documentation</li> <li><input type="checkbox"/> Detailed Program Note</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Youth Outcomes: Placement 2<sup>nd</sup> Quarter after exit</li> </ul>                                                         |
| Youth 4 <sup>th</sup> Quarter Placement (Title I) | <p>Youth participants who have exited and placed in the following in the 4<sup>th</sup> quarter after exit:</p> <ul style="list-style-type: none"> <li>• Occupational Skills Training,</li> <li>• Postsecondary Education, or</li> <li>• Secondary Education</li> </ul>                                                                                                                                                                                                                                                                                                                                 | <p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Enrollment Records</li> <li><input type="checkbox"/> School Documentation</li> <li><input type="checkbox"/> Transcript</li> <li><input type="checkbox"/> Report card</li> <li><input type="checkbox"/> Training provider documentation</li> <li><input type="checkbox"/> Detailed Program Note</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Youth Outcomes: Placement 4<sup>th</sup> Quarter after exit</li> </ul>                                                         |

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Equal Opportunity (EO) Officers

Local EO Officer  
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Green Country Workforce Development Board, 822 S. Muskogee Ave. Tahlequah, OK 74464  
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State Equal Opportunity Officer  
Kacey Luster | Oklahoma Employment Security Commission, 900 N. Stiles Ave. Oklahoma City, OK 73104  
(405) 557-5496  
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