

**Workforce Investment Act  
And  
Welfare to Work**

**Forms Manual**

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

### WIA Forms Manual 7/21/2000

**General Overview:** The Registration Form has been designed to collect all data necessary to meet Federal and state reporting requirements. If the applicant becomes a participant, this information becomes part of the participant record and is subject to retention requirements. The registration form should be maintained for three (3) years following the intake date for the applicant who is ineligible for the program or, for other reasons, is not enrolled in the program.

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

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

The following pages contain the registration form with the Data Elements numbered then pages describing the data elements.

**NOTE: Accuracy and timelines are very important. Please follow individual WDC policy timelines**

# WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK REGISTRATION FORM

1	SSN	<input type="text"/>	3	Sub Code	<input type="text"/>	5	ID #	<input type="text"/>
2	Last Name	<input type="text"/>	4	Street	<input type="text"/>	Apt. #		
	First Name	<input type="text"/>	MI	<input type="text"/>	City	County		
	Phone	<input type="text"/>		State	<input type="text"/>	ZIP Code	<input type="text"/>	- <input type="text"/>

**6 INTAKE DATE**

Month Day Year

**7 BIRTHDATE\***

Month Day Year

**8 GENDER\***

1  Male

2  Female

**9 INDIVIDUAL W/DISABILITY\***

1  Yes (ADA)

2  Yes (Disability results in substantial impediment to employment)

3  No

**10 RACE (Mark one or more)\***

Native American/Alaskan Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

Caucasian

**11 ETHNICITY (HISPANIC OR LATINO(A))**

1  Yes

2  No

**12 LABOR STATUS\***

1  Employed

2  Unemployed

If employed, hours per week

**13 UNEMPLOYMENT COMP.**

1  Claiming Unemployment

2  Exhaustee

3  Neither

**14 AREA DEFINED**

**15 MILITARY SERVICE\***

**Veteran**

1  Yes - Less than 180 days

2  Yes - More than 180 days

3  No

**FROM 16**

**TO 17**

Month Day Year

**18 Campaign Veteran**

1  Yes

2  Yes - Vietnam Era

3  No

**19 Disabled Veteran**

1  Yes - Disabled Veteran

2  Yes - Special Disabled Veteran

3  No

**20 Recently Separated Veteran**

1  Yes

2  No

**21 SELECTIVE SERVICE**

1  Registered

2  Not Registered

3  N/A

**22 CITIZENSHIP**

1  Citizen

2  Eligible Non-Citizen

3  Non-Citizen (Card Expiration Date)

Month Day Year

**23 LIMITED ENGLISH PROF.\***

1  Yes

2  No

**24 REFERRED (WORKER PROFILING)**

1  Yes

2  No

(Adult and Dislocated Workers only)

**25 EDUCATION**

Highest Grade Completed

**26 PUBLIC ASSISTANCE**

**TANF (Mark only one)**

1  Yes

2  No

3  TANF Exhaustee

4  Will exhaust within 12 months

5  Non-custodial Parent

**27**  Yes  No *(Mark all that apply)*

Refugee Assistance

**28**  General Assistance

**29**  Social Security Income (SSI)

**30**  Food Stamps

**31** \$

Monthly Grant Amount or Non-Custodial Payment

**FAMILY**

**32**  Family size

**33** \$

Family Annual Income

**34**  Yes  No *(Mark all that apply)*

Homeless/Runaway

**35**  Foster Child (Youth only)

**36**  Low Income

**37**  Single Parent

**38**  Seasonal Migrant Farm Family

**39 SERVICES**

Adult  Dislocated Worker

Youth  Welfare-to-Work

\*Director of Civil Rights mandated reporting requirement

SSN

Last Name

First Name

## DISLOCATED WORKER

### Job of Dislocation

40   
 Employer

41   Two digit Industry Code (SIC)

### Date of actual qualifying dislocation

42        
 Month Day Year

43   
 Job Title

44          
 DOT/OES Code

45 \$      
 Hourly Wage

46      
 Displaced Homemaker

### Dislocated Worker Eligibility

- 1  General Dislocated Worker
- 2  Plant Closure
- 3  180 Days Prior Notice
- 4  Public Notice
- 5  Self Employed/Unemployed
- 6  Displaced Homemaker

## YOUTH

Yes No (Mark all that apply)

- 48   Offender
- 49   Pregnant/Parenting Youth
- 50   Needs Additional Assistance
- 51   Serious Barriers
- 52   Education Below Age Level
- 53   Basic Literacy Skills Deficiency

### Education

(Mark one only)

- 1  Student - High School or Less
- 2  Student - Attending Post High School
- 3  Out-of-School H.S. Dropout
- 4  HS Grad. W/Employment Difficulty
- 5  HS Grad. W/O Employment Difficulty

55   Youth Not Low Income (5%)

### Skills Level

**Reading**  
  or      
 Grade Level Test Score Test Code

**Math**  
  or      
 Grade Level Test Score Test Code

## WELFARE TO WORK

Yes No

- 57   WorkFirst Participant
- 58   Substance Abuse
- 59   Poor Work History
- 60   Long Term TANF Dependency
- 61   Basic Skills Deficiency
- 62   Authority Funded/Managed WtW Subsidized Housing
- 63   Other Funded/Managed WtW Subsidized Housing
- 64   Local Defined Barrier
- 65   70% Window

## 66 COMMENTS

CERTIFICATION I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this form. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. I understand that receiving services is subject to availability of federal funds. I have been advised of equal opportunity, appeal rights, and the Privacy Act of 1974.

67 Signature of Applicant

Date

68 Signature of Parent, Guardian or Responsible Adult (If Applicant is Under 18 Years Old)

Date

69 Signature of Service Provider Representative

Date

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

X REF SAMPLE	DATA ELEMENTS	DESCRIPTION																												
1	<b>Social Security Number</b>	<p>Record the nine-digit identification number assigned to the applicant by the Social Security Administration under the Social Security Act.</p> <p>In accordance with the Privacy Act of 1974, the Department of a recipient/subrecipient may not deny to any individual any right benefit or privilege provided the law because of the individual's refusal to disclose his/her Social Security Number. The recipient/subrecipient can properly require disclosure of an individual's Social Security Number when wages or stipends are paid. Applicants should be advised of the uses made of the Social Security Number at intake.</p> <p>Applicant should also be advised that the Social Security Number is used for the payment of wages and needs-based/related payments even though it may not be possible at intake to determine which form of payment the applicant may receive.</p> <p>If the applicant cannot produce a valid Social Security Number within 24 hours, it will be necessary to construct a pseudo Social Security number. The pseudo number will connect the temporary number to the applicant's name as well as his/her birth date as follows:</p> <p>Enter the code that reflects the first letter of the applicant's last name followed by his/her date of birth in the form of YY/MM/DD, for a total of nine (9) positions:</p> <p><u>Examples:</u></p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th><u>Name</u></th> <th><u>Date of Birth</u></th> <th><u>Pseudo SSN</u></th> </tr> </thead> <tbody> <tr> <td>Joe Smith</td> <td>February 6, 1944</td> <td>019-44-0206</td> </tr> <tr> <td>Jane Doe</td> <td>November 8, 1946</td> <td>004-46-1108</td> </tr> <tr> <td>Chen Wu</td> <td>October 12, 1911</td> <td>023-11-1012</td> </tr> </tbody> </table> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th><u>1<sup>st</sup> Letter</u> <u>Name</u></th> <th><u>Code</u></th> </tr> </thead> <tbody> <tr><td>A</td><td>001</td></tr> <tr><td>B</td><td>002</td></tr> <tr><td>C</td><td>003</td></tr> <tr><td>D</td><td>004</td></tr> <tr><td>E</td><td>005</td></tr> <tr><td>F</td><td>006</td></tr> <tr><td>G</td><td>007</td></tr> </tbody> </table>	<u>Name</u>	<u>Date of Birth</u>	<u>Pseudo SSN</u>	Joe Smith	February 6, 1944	019-44-0206	Jane Doe	November 8, 1946	004-46-1108	Chen Wu	October 12, 1911	023-11-1012	<u>1<sup>st</sup> Letter</u> <u>Name</u>	<u>Code</u>	A	001	B	002	C	003	D	004	E	005	F	006	G	007
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H	008
I	009
J	010
K	011
L	012
M	013
N	014
O	015
P	016
Q	017
R	018
S	019
T	020
U	021
V	022
W	023
X	024
Y	025
Z	026

**2 Name** Enter the individual's legal last name, first name, and middle initial. ALL paperwork must have last name first.

**3 Subrecipient Code** Record the Sub Code. The code is a five-digit alphanumeric code. Refer to the Sub Code Table in your area.

**4 Address/Phone** Enter the home address (number, street and apartment number, if any). For those applicants without a dwelling, residence includes both physical presence and a declaration of intent to remain in the area served by the WDC.

Note: The purpose of the declaration of intent is to allow the provision of services to those most in need who do not have a dwelling.

Enter the City and County code. The County code two-digit alpha is found in Appendix A. If you update the address at a later date, never change the county code. It must remain the same as the application form.

Enter the five-digit ZIP Code of the applicant's home address. The four-digit code is optional.

Enter the home telephone number of the applicant, including area (or number at which the applicant may be reached.) If there is no number, enter 999-9999.



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3. Black/African American: A person having origins in any of the black racial groups of Africa.
4. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. Caucasian: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**11 Ethnicity**

Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**12 Labor Status**

Mark "1" if individual is employed.

Employed. An employed individual is one who, during the 7 consecutive days prior to registration, did any work at all as a paid employee, in his or her own business, profession or farm, worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family, or is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation labor-management dispute, or personal reasons, whether or not paid by the employer for time off, and whether or not seeking another job.

Mark "2" if the individual is not employed.

Not employed. An individual who does not meet the definition of employed.

If employed. Indicate hours per week.

**13 Unemployment Comp.**

Record 1) Claiming unemployment, 2) Exhausted or 3) Neither.

Record 1 if the individual has filed a claim and has been determined monetarily eligible for benefits payments under one or more state or Federal unemployment compensation program, and who has not exhausted benefits rights or whose benefit period has not ended.

Record 2 if the individual has exhausted all U.E. benefits rights for which the individual has been determined monetarily eligible, including extended supplemental benefits rights.

Otherwise record 3, neither.

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- 14**            **Area Defined**
- 15**            **MILITARY SERVICE Veterans**      Record 1 if the individual is a person who served in the active US military, naval, or air service for a period less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.
- Record 2 if the individual met the conditions described above for more than 180 days.
- Record 3 if the individual is not a veteran.
- 16**            **From**                                      Record the from and to dates of service
- 17**            **To**
- 18**            **Campaign Veteran**      Record 1 if the individual is a veteran who served on active duty in the US armed forces during a war or in a campaign or expedition for which a campaign badge or expeditionary medal has been authorized as identified and listed by the Office of Personnel Management (OPM). For campaigns occurring after this date, updated information may be obtained on the OPM website: <http://www.opm.gov/betrans/html/vgedal2.htm>.
- Record 2 if the individual served in the active US military, naval, or air service, and who was discharged or released from such service under conditions other than dishonorable during the Vietnam-era (the period beginning on February 28, 1961 and ending on May 7, 1974, in the case of a veteran who served in the Republic of Vietnam during that period, and the period beginning on August 5, 1964 and ending on May 7, 1975, in all other cases).
- Otherwise record 3.
- 19**            **Disabled Veteran**      Record 1 if the individual is a veteran who is entitled to compensation regardless of rate (include those rated at 0%) for a disability under laws administered by the Department of Veterans' Affairs (DVA), or who was discharged or released from active duty because of a service-connected disability. Otherwise record 2.
- Record 2 if the individual is rated at 30% or more by the DVA, or at 10 or 20 percent for a serious employment disability.

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Otherwise record 3.

**20**            **Recently Separated Veterans**            Record 1 if the veteran who applied for participation under Title I-B of WIA within 48 months after discharge or release from active US military, naval, or air service. Otherwise record 2.

**21**            **Selective Service**            Mark one designation for the applicant's selective service.

1. Registered. Registered as required by Section 3 of the Military Selective Service Act.

Male applicants 18 to 26. Federal law requires that men born after December 31, 1959, must register with Selective Service within 30 days of their 18<sup>th</sup> birthday. A male may register up to 120 days prior to his 18<sup>th</sup> birthday. When a participant has his 18<sup>th</sup> birthday while enrolled in WIA, registration for selective service must occur. The only men not required to register are nonimmigrant aliens, persons not eligible for WIA, men on activity duty in the Armed Forces, including students at the military service academies, and individuals who are unable to register because they are hospitalized, incarcerated, or otherwise institutionalized at the time required to register. Men unable to register must register within 30 days of their discharge or release. Members of the National Guard, Reserve, Civil Air Patrol, ROTC students, armed forces enlistees, and delayed entry program individuals, handicapped or disabled men must register. All aliens, permanent resident status individuals, refugees and parolees, and documented aliens (illegal, dual nationals) must also register.

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

Male applicants 26 years and older. For males born

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after December 31, 1959, and 26 years of age and older a three-step process should be followed.

- a. A determination shall be made as to whether the male has complied with Section 3 of the Military Selective Service Act. The same procedures as are used for making such a determination with respect to males 18 to 25 may be used.

If the male has complied with the above-cited sections, no further action is necessary and an otherwise eligible male may participate in WIA programs.

- b. A determination shall be made as to whether the male has received an honorable discharge from the military, no further action is necessary and an otherwise eligible male may participate in WIA programs. Appropriate documentation would include making a copy of the individual's military discharge (form DD-214) for the intake record.

If the male does not have an honorable discharge, the following determination must be made.

- c. A determination shall be made to whether the male has a visible or obvious disability that would permanently disqualify him from military service. If the male has such a disability, no further action is necessary and an otherwise eligible male may participate in the WIA program. Appropriate documentation would include a notation of the type of disability observed by the WIA representative in the individual's intake record.

If the male does not have a visible or obvious disability that would permanently disqualify him from military service, nor an honorable discharge, and has not complied with Selective Service's Registration requirements; the above determinations may be made in any order deemed appropriate by the WIA representative.

Determination of Whether an Applicant Knowingly and Willfully Failed to Register. The determination of whether a male applicant knowingly and willfully failed to register as required by the Military Selective Service Act shall be made by the Selective Service System. Where a WIA representative determines that a male applicant 26 years of age or older who was born after December 31, 1959, does not meet any of the

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qualifications contained above, the male should be advised that an advisory option is required from the Selective Service before he may be determined eligible to participate in WIA programs.

Males wishing to participate in WIA programs that do not meet any of the above qualifications are to be instructed to send information necessary for a determination to:

The Office of General Counsel  
Selective Service System  
National Headquarters

Necessary information consists of:

- a. The applicant's name;
- b. The applicant's current address;
- c. The applicant's date of birth;
- d. (optional) the applicant's Social Security Number; (applicants may voluntarily provide this to the Selective Service to aid in differentiating among persons with identical names. Selective Services does not, however, require this information.
- e. A statement that the applicant is requesting an advisory option under Section 3 of the Military Selective Service Act; and
- f. The Applicant's documentation regarding his reasons for not registering for the draft.

The Selective Service System (SSS) will send a Registration Status Information Letter. Upon receipt of a letter from SSS, SDAs are to determine whether the man was required to register and did so. If the information per the SSS letter indicates that the man was required to register and failed to do so or is not registered, and the individual is otherwise eligible, then the individual may not be enrolled in WIA. If the letter indicates that the individual was not required to register or was exempt, then the individual may be considered eligible for WIA.

If the applicant meets one of the above processes record "1" Registered.

2. Not Registered. Registration is required by Section 3 of the Military Selective Service Act, and is not registered.
3. Not Applicable. Not required to register as required by Section 3 of the military Selective Service Act.

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- 22**            **Citizenship**            Mark one designation for the applicant's citizenship.
- Citizenship. A citizen or naturalized citizen of the United States.
- Eligible Non-Citizen. Lawfully admitted permanent resident aliens, lawfully admitted refugees and parolees, and other individuals authorized by the Attorney General to work in the United States. Enter the expiration date of the temporary alien card. If date expires during participation, I&N must extend the card or the participant must be terminated as of that date.
- Non-citizen. Neither a citizen nor an eligible non-citizen.
- 
- 23**            **Limited English Proficiency**            Mark "yes" if the individual's native language is not English and his/her ability to communicate in English is resulting in a barrier to employment. Otherwise record "no".
- 
- 24**            **Referred**            Mark "1" if a UI claimant has been referred to WIA reemployment services by the Worker Profiling and Reemployment Services (WPRS) system. Otherwise mark "2".
- 
- 25**            **Education**            Record the code for the highest school grade completed by the applicant from the following list:
- 00            No school grades completed
- 01-11        Number of elementary/secondary grades completed
- Individuals who completed 12<sup>th</sup> grade but did not receive a diploma or equivalent are to coded "11". Also individuals with a disability who received a Certification of Completion or AIEP Diploma are also to be coded at "11".
- 12            High school graduate
- 99            Attained certificate of equivalency for a high school degree
- 13-15        If a high school graduate or equivalent, the number of school years completed including college or full-time technical or vocational school.

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- 16 Bachelor's degree or equivalent
- 17 Education beyond the Bachelor's degree
- 18 Sixth year or more of college, Master's degree (2-year program), Ph.D. or equivalent

26

### **PUBLIC ASSISTANCE TANF**

Yes. Mark "1" if the applicant is receiving income or money payments under the TANF Act and is not going to exhaust payments within the next 12 months.

No. Mark "2" if the applicant is not receiving income or money payments under the TANF Act.

TANF Exhaustee. Mark "3" if the applicant would be otherwise eligible to receive TANF assistance but is no longer receiving TANF assistance because he/she has reached either the Federal five year lifetime limit on receipt of assistance, or a State-imposed lifetime limit.

Will Exhaust Within 12 Months. Mark "4" if the applicant will become ineligible for assistance within 12 months due to either Federal or State-imposed duration time limits on receipt of TANF assistance.

Non-Custodial Parent. Mark "5" if the applicant is a non-custodial parent of a minor child. (A minor child means an individual who has not attained 19 years of age and is a full-time student in a secondary school or in the equivalent level of vocational or technical training).

27

### **Refugee Assistance**

Refugee Assistance (RCA). Mark "yes" if the applicant is receiving income or money payments under the Refugee Assistance Act (Public Law 96-212). Otherwise mark "no".

28

### **General Assistance**

General Assistance (GA). Mark "yes" if the applicant is receiving state or local government cash assistance based on need. Otherwise mark "no".

29

### **Social Security Income (SSI)**

Supplemental Security Income (SSI) (SSA Title XVI). Mark "yes" if the applicant is receiving supplemental income or money payments pursuant to a State Plan approved under the Social Security Act, Title XVI

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(Supplemental Security Income for the Aged, Blind, and Disabled). Otherwise mark “no”.

**30 Food Stamps** Food Stamps. Mark “yes” if the applicant is receiving, or has been determined eligible to receive in the six month period prior to application, food stamps pursuant to the Food Stamp Act of 1977. Otherwise mark “no”.

**31 Monthly Grant Amount or Non-Custodial Payment** Record the amount of the TANF grant if the individual is receiving TANF, or if the individual is a non-custodial parent, the amount of the child support payment the individual is paying must be recorded.

**32 Family Size** Record the total number of persons who are part of the applicant’s family.

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

- A husband, wife, and dependent children
- A parent or guardian and dependent children
- A husband and wife

An “individual with a disability” shall, for the purpose of income eligibility determination, be considered to be an unrelated individual who is a family unit of one.

A “dependent” is totally supported by the parents. A person 18 years or older who resides in the family and who, within the last six months, has had any income totaling more than 30 percent of the OMB Poverty Income level guidelines for a family of one for 12 months may be considered a family of one.

Clarification of Dependent Child: A child will be considered a dependent child when:

1. Living with a parent or guardian and related by blood, marriage (step-child), or court degree, and
2. If 18 or older, any income of their own for the past 6 months has been less than 30% of the LLS (i.e., not self-supporting), and
3. Is not themselves:
  - a. Married or living with a dependent child, or
  - b. Receiving cash welfare payments (excluding SSI).

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The phrase “living in a single residence” with other family members include temporary, voluntary residence elsewhere (e.g. attending school or college, or visiting relatives). It does not include involuntary temporary residence elsewhere (e.g. incarceration, or placement as a result of a court order).

- 33 Family Annual Income** Refer to the income page for the total reportable family income, then annualize by multiplying the family income by two (2). This is the total family income.
- 34 Homeless/Runaway** Mark “yes” if the applicant lacks a fixed regular, and adequate nighttime residence; and who has a primary nighttime residence that is:
- A. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelter, and transitional housing for the mentally ill);
  - B. An institution that provides temporary residence for individuals intended to be institutionalized; or
  - C. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- The term does not include a person imprisoned or detained pursuant to an Act of Congress or State law. Otherwise mark “no”.
- 35 Foster Child** Mark “yes” if the applicant is a foster child on behalf of whom state or local government payments are made. Otherwise mark “no”.
- 36 Low Income** Mark “yes” if the individual is in one or more of the following:
- A. Receives, or is a member of a family which receives cash payments under a Federal, State or income-based public assistance program;
  - B. Received an income, or a member of a family that received a total family income, for the six-month period prior to registration for the program involved (exclusive of unemployment compensation, child support payments, payments described in subparagraph A and old-age and survivors

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insurance benefits received under section 202 of the Social Security Act (42 USC 402) that, in relation to family size does not exceed the higher of:

- The guideline for the equivalent period, or
- 70 percent of the lower living standard income level, for an equivalent period;

- C. A member of a household that receives (or has been determined within the 6 month period prior to registration for the program involved to be eligible to receive) food stamps pursuant to the Food Stamp Act of 1977 (7USC 20011 et seq);
- D. Qualifies as a homeless individual, as defined in subsections (a) and (c) of section 103 of the Stewart B. McKinney Homeless Assistance Act (42 USC 11302);
- E. Is a foster child on behalf of whom State or local government payments are made; or
- F. In cases permitted by regulations promulgated by the Secretary of Labor, is an individual with a disability who meets the requirements of a program describes in subparagraph A or B above, but who is a member of a family which does not meet such requirements.

Low income youth are eligible if he/she is one or more of the following: 1) deficient in basic literacy skills; 2) a school dropout; 3) homeless, a runaway or a foster child; 4) pregnant or a parent; 5) an offender; or 6) an individual who requires additional assistance to complete an educational program or to secure and hold employment.

Note: WIA 134 (d)(4)(E): PRIORITY – In the event that funds allocated to a local area for adult employment and training activities under paragraph (2)(A) or (3) of section 133(b) are limited, priority shall be given to recipients of public assistance and other low income individuals for intensive services and training services. The appropriate local board and the governor shall direct the one-stop operators in the local areas with regard to making determinations related to such priority.

- |           |                                     |   |
|-----------|-------------------------------------|---|
| <b>37</b> | <b>Single Parent</b>                | Mark "yes" if applicant is a single, separated, divorced or widowed individual who has primary responsibility for one or more dependent children under age 18. Otherwise mark "no". |
| <b>38</b> | <b>Seasonal Migrant Farm Family</b> | Mark "yes" if the applicant is a Migrant Farm Family Member of a Seasonal/migrant farm family. Otherwise  |

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mark “no”.

### Seasonal/Migrant Farmworker.

Seasonal Farmer – means a person who, during the 12 months preceding application was employed at least 25 days in farmwork or earned at least \$400 in farmwork; and who has been primarily employed in farmwork on a seasonal basis, without a constant year-round salary from an employer.

Migrant Farmworker – means a seasonal farmworker who performs or has performed farmwork during the preceding 12 months which requires travel such that the worker is unable to return to his/her domicile or permanent place of residence within the same day.

Farmwork – means work performed for wages in agricultural production or agricultural services as defined in the most recent edition of the Standard Industries 01-Agricultural Production-Corps; 02-Agricultural Production-Livestock excluding 027-Animal Specialties; 07-Agricultural Services excluding 074-Veterinary Services, 0752-Animal Specialty Services, and 078-Landscape and Horticultural Services

- |                          |  |  |
|--------------------------|--|--|
| <b>39</b>                | <b>Services</b>                              | <p>Record only those services that fund activities coordinated with the individual’s WIA Title I activities, possibly through a formal co-enrollment, by inclusion in the individual’s WIA service plan or through follow-up services.</p> <p>Services should be recorded cumulatively. A “yes” should be recorded for each source of service. Do not report sources that funded only core services classified as informational or self-service.</p> |
| <br>                     |  |  |
| <b>DISLOCATED WORKER</b> |  |  |
| <b>40</b>                | <b>Job of Dislocation</b>                    | <p>Record Employer’s name for the job from which the applicant was dislocated regardless of when it occurred.</p>  |
| <b>41</b>                | <b>Industry Code (SIC)</b>                   | <p>Record the two digit SIC of the employer entered in item 40. Refer to Appendix B.</p>   |
| <b>42</b>                | <b>Date of Actual Qualifying Dislocation</b> | <p>Record the last day of employment at the dislocation job. If there is no dislocation job (e.g. displaced homemakers) leave blank. Leave blank until qualifying</p>  |

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

dislocation takes place.

- 43 Job Title** Record the job title from which the applicant was dislocated from the employer entered in item 40.
- 44 DOT/OES Code** Record the nine-digit DOT code or five-digit OES code for the job title of dislocation in item 43.
- 45 Hourly Wage** Record the hourly wage for the job title of dislocation entered in item 43. Hourly wage includes any bonuses, tips, gratuities, commissions, and overtime pay earned.
- 46 Displaced Homemaker** Record “yes” if an individual that has been providing unpaid services to family members in the home and who: (1) has been dependent on the income of another family member but is no longer supported by that income; and (2) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment; or for the purposes of carrying out innovative statewide activities noted in WIA section 134, the following definition of a displaced homemaker (contained in §134(a)(A)(vi)(I) may be used: (1) an individual who is receiving public assistance and is within 2 years of exhausting lifetime eligibility under part A of Title IV of the Social Security Act (42 USC 601 et.seq) Otherwise mark “no”.
- Dislocated Worker Eligibility**
- 47 General Dislocated Worker**
1. Has been terminated or laid off, or who has received a notice of termination or layoff, from employment;
  2. Is eligible for or has exhausted entitlement or unemployment compensation; or has been employed for a duration sufficient to demonstrate to the appropriate entity at a one-stop center referred to in section (134) attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and
  3. Unlikely to return to a previous industry or occupation.
- Has been terminated or laid off (or has received a

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

<b>Plant Closure</b>	notice of termination or layoff) from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise;
<b>180 Days Prior Notice</b>	Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or
<b>Public Notice</b>	For purposes of eligibility to receive services other than training services described in section 134 (d)93), or supportive services, if employed at a facility at which the employer has made a general announcement that such facility will close;
<b>Self Employed or Unemployed</b>	Was self-employed (including employment as a farmer, a rancher, or a fisherman) but unemployed as result of general economic conditions in the community in which the individual resides or because of natural disaster.
<b>Displaced Homemaker</b>	Is a Displaced Homemaker

### YOUTH

<b>48</b>	<b>Offender</b>	Mark "yes" if the individual: (1) has been subject to any state of the criminal justice process for whom services under WIA may be beneficial; or (2) requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.
<b>49</b>	<b>Pregnant Parenting Youth</b>	Mark "yes" if the individual is 21 years of age or under and who is pregnant, or a youth male or female who is providing custodial care for one or more dependents under age 18. Otherwise mark "no".
<b>50</b>	<b>Needs Additional Assistance</b>	Mark "yes" if the individual requires additional assistance to complete an educational program or to secure and hold employment as defined by state or local policy.
<b>51</b>	<b>Serious Barriers</b>	Mark "yes" if the individual faces serious barriers to employment as identified by the Local Board.

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

- 52 Education Below Age Level** Mark "yes" if the applicant meets one of the following:
1. Lacks basic skills for appropriate grade level; or
  2. Failing in one or more classes and/or credit deficient; or
  3. Tests below satisfactory level for age; or
  4. Has failed to meet school's standards for promotion and has been retained in a grade for one or more years. Otherwise mark "no".
- 53 Basic Literacy Skill Deficiency** Mark "yes" if the individual is determined:
- (1) computes or solves problems, read, writes, or speaks English at or below grad levels 8.9; or
  - (2) unable to compute or solve problems or read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society.
- 54 Education** Mark one of the following:
1. Student, High School or Less. The individual is not a high school graduate (or equivalent) and is attending any school (including elementary, intermediate, junior high school, secondary or post secondary, or alternative school or program whether full- or part-time), or is between school terms and intends to return to school.
  2. Student, Attending Post High School. The individual is a high school graduate (or equivalent) and is attending a post-secondary school or program (whether full of part-time) or is between school terms and intends to return to school.
  3. Out-of-School, High School Dropout. The individual is not attending any school, is a high school dropout and is basic skills deficient, unemployed or underemployment.
  4. Out-of-School High School Graduate with Employment Difficulty. The individual is not attending any school, is a high school graduate, and is basic skills deficient, unemployed or underemployment.
  5. Out-of-School High School Graduate with no Employment Difficulty.
- 55 Youth Not Low Income** Mark "yes" if the applicant is not low income otherwise mark "no".

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

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### Skills Level

Reading. Record either:

- a The grade level equivalent in English reading (except in Puerto Rico) at which the applicant is functioning at program entry as determined by a generally accepted standardized or criterion-referenced test (administered within the last twelve months) or a school record of reading level (determined within the last twelve months); or
- b The raw score in reading on a generally accepted standardized or criterion referenced test.

Additional coding information for reading and math skills:

Record "13" for applicants assessed as Grade 13 and above.

Record "87" for applicants who were not tested and who are obviously below the 7<sup>th</sup> grade level.

Record "88" for applicants who refused testing or who otherwise could not be tested.

Record "99" for applicants with a four-year college degree or above (BA, MA, Ph.D., etc)—no testing required.

Note: If the test given can be converted to a grade level, record the grade level, not the raw score. When grade level is used, the code (23b) is left blank.

Reading Test Code: If a raw score is reported in item 23a, record the code for the test administered from the following code list.

1. Adult Basic Learning Examination (ABLE)
2. DOL Workplace Literacy Test (DOL-WLT)
3. Adult Literacy Test (ALT)
4. Armed Forces Qualifying Test (AFQT)
5. Basic Occupation Literacy Test (BOLT)
6. California Achievement Test (CAT)
7. Career Ability Placement Survey(CAPS)
8. CASAS Appraisal
9. CASAS Survey Achievement Test
10. General Attitude Test Battery (GABT)
11. Iowa Test of Basic Skill (ITBS)
12. Metropolitan Achievement Test (MAT)
13. Reading Job Corps Screening Test (RJCST)
14. Test of Adult Basic Education (TABE)
15. Wide Range Achievement Test (WRAT)
16. ASSET
17. Air Force
18. Wonderlic Test
19. Differential Appl Test
20. SLEP

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

### 21. Basic English Skills Test (BEST)

Note: If the test is not listed, contact the SDA for a number.

#### MATH

(a) Record either grade level equivalent in math (also called quantitative or computational) skills at which the individual is functioning as determined by a generally accepted standardized test or a comparable score on a criterion-referenced test (administered within the last twelve months) or a school record of math skills level (determined within the last twelve months).

(b) the raw score in math skills on a generally accepted standardized or criterion-reference test

Additional coding information for math:

Record "13" for individuals assessed as Grade 13 and above.

Record "87" for individuals who were not tested and who are obviously below the 9<sup>th</sup> grade level.

Record "88" for individuals who refused testing or who otherwise could not be tested for whom testing was not required.

Record "99" for applicants with a four-year college degree or above (BA, MA, Ph.D., etc)—no testing required.

Note: If the test given can be converted to a grade level, record the grade level not the raw score. When grade level is used, the code is left blank.

If a raw score is reported, record the code for the test administered from the following list.

1. Adult Basic Learning Examination (ABLE)
2. DOL Workplace Literacy Test (DOL-WLT)
3. Adult Literacy Test (ALT)
4. Armed Forces Qualifying Test (AFQT)
5. Basic Occupation Literacy Test (BOLT)
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13. Reading Job Corps Screening Test (RJCST)
14. Test of Adult Basic Education (TABE)
15. Wide Range Achievement Test (WRAT)
16. ASSET

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

- 17. Air Force
- 18. Wonderlic Test
- 19. Differential Appl Test
- 20. SLEP

- |           |   |  |
|-----------|---|--|
| <b>57</b> | <b>WorkFirst Participant</b>                              | Mark "yes" if the applicant is an individual who is a participant in the State WorkFirst program. Other wise mark "no".  |
| <b>58</b> | <b>Substance Abuse</b>                                    | Mark "yes" if the applicant is an individual who is receiving, in need of, or has received substance abuse treatment. Otherwise mark "no".   |
| <b>59</b> | <b>Poor Work History</b>                                  | Mark "yes" if the applicant has not worked for longer than three consecutive months in the last 12 calendar months.  |
| <b>60</b> | <b>Long Term TANF Dependency</b>                          | Mark "yes" if the applicant has received assistance under the State TANF (or the old AFDC) grant for 30 months or within 12 months will become ineligible for assistance from the State TANF program. Otherwise mark "no".   |
| <b>61</b> | <b>Basic Skills Deficiency</b>                            | Mark "yes" if the applicant has English reading or computing skills at <u>or</u> below 8.9 grade level on a generally accepted standardized test or a comparable score of a criterion referenced test. Otherwise mark "no".  |
| <b>62</b> | <b>Authority Funded or Managed WtW Subsidized housing</b> | Mark "yes" if the applicant is a resident of housing authority funded or managed by subsidized housing. Example: include Section 8, conventional public housing communities, senior housing, etc. Otherwise mark "no".   |
| <b>63</b> | <b>Other Funded/ Managed WtW Subsidized Housing</b>       | Mark "yes" if the applicant is a resident of other permanent subsidized housing. Example: Permanent housing funded by non-profits or public authority (that is not housing authority). The source of the funds for the subsidy may be federal, state, local government or charitable. Does not include time limited transitional housing. Otherwise mark "no". |
| <b>64</b> | <b>Local Defined Barrier</b>                              |  |





## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

### WORK HISTORY

- |    |  |   |
|----|--|---|
| 1  | <b>SSN</b>                             | Record the nine-digit identification number assigned to the applicant by the Social Security Administration under the Social Security Act.  |
| 2  | <b>Name</b>                            | Enter the applicant's <b>legal</b> last name, first name, and middle initial.   |
|    | <b>PRESENT OR MOST RECENT EMPLOYER</b> |   |
| 3  | <b>Name of Employer</b>                | Record employer's name.   |
| 4  | <b>Employer's Address</b>              | Record employer's address.  |
| 5  | <b>Job Title</b>                       | Record job title, wage per hour, start and end dates. Complete the job duties and the reason for separation. For each job indicate whether the job was entry level, semi-skilled, or unskilled. |
| 6  | <b>DOT/OES Code</b>                    | Record the code for the job title.  |
| 7  | <b>Hourly Wage</b>                     | Record the hourly wage.   |
| 8  | <b>Start Date</b>                      | Record the start date of the job.   |
| 9  | <b>End Date</b>                        | Record the end date of the job.   |
| 10 | <b>Reason for separation</b>           | Record the reason for separation.   |
| 11 | <b>Skill Level</b>                     | Record the skills level of the job.   |
| 12 | <b>Job Duties</b>                      | Record the job duties for the job.  |

# FAMILY INCOME (Six Month Total)

<b>1</b>	<b>SSN</b>		<b>3</b>	<b>Includable Income</b>	<b>4</b>	<b>Excludable Income</b>
<b>2</b>	<b>Last Name</b>			Alimony		Social Security Income (SSI)
	<b>First Name</b>			Self-employment/farm wage		Public Assistance
		<b>MI</b>		Wages or salary		Child Support
						Unemployment Compensation
						OASI

<b>5</b>	<b>Name</b>	<b>6</b>	<b>Relationship</b>	<b>7</b>	<b>Age</b>	<b>3</b>	<b>Includable</b>	<b>4</b>	<b>Excludable</b>
			Self			\$		\$	
			Spouse				Six Month Total Income		Six Month Total Income
			Parent						
			Sibling						
			Guardian						
			Dependent Child						

<b>5</b>	<b>Name</b>	<b>6</b>	<b>Relationship</b>	<b>7</b>	<b>Age</b>	<b>3</b>	<b>Includable</b>	<b>4</b>	<b>Excludable</b>
			Self			\$		\$	
			Spouse				Six Month Total Income		Six Month Total Income
			Parent						
			Sibling						
			Guardian						
			Dependent Child						

<b>5</b>	<b>Name</b>	<b>6</b>	<b>Relationship</b>	<b>7</b>	<b>Age</b>	<b>3</b>	<b>Includable</b>	<b>4</b>	<b>Excludable</b>
			Self			\$		\$	
			Spouse				Six Month Total Income		Six Month Total Income
			Parent						
			Sibling						
			Guardian						
			Dependent Child						

<b>5</b>	<b>Name</b>	<b>6</b>	<b>Relationship</b>	<b>7</b>	<b>Age</b>	<b>3</b>	<b>Includable</b>	<b>4</b>	<b>Excludable</b>
			Self			\$		\$	
			Spouse				Six Month Total Income		Six Month Total Income
			Parent						
			Sibling						
			Guardian						
			Dependent Child						

<b>5</b>	<b>Name</b>	<b>6</b>	<b>Relationship</b>	<b>7</b>	<b>Age</b>	<b>3</b>	<b>Includable</b>	<b>4</b>	<b>Excludable</b>
			Self			\$		\$	
			Spouse				Six Month Total Income		Six Month Total Income
			Parent						
			Sibling						
			Guardian						
			Dependent Child						

<b>8</b>	<b>Total Includable Six Month Income</b>		<b>9</b>	<b>Total Annual Income</b>
	\$			\$
	Six Month Total	X 2 =		Annualized

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

### FAMILY INCOME (Six Month Total)

- 1 SSN** Record the nine-digit identification number assigned to the applicant by the Social Security Administration under the Social Security Act.
- 2 Name** Enter the individual **legal** last name, first name, and middle initial.
- 3 Includable Income** Money, wages, and salaries before any deductions.
- Net receipts from non-farm self-employment (recipients from a person's own unincorporated business, professional enterprise, or partnership after deductions for business expense).
- New receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses).
- Regular payments from railroad retirement, strike benefits from union funds, and worker's compensation (not lump sum) training stipends.
- Alimony.
- Military family allotments or other regular support from an absent family member or someone not living in the household.
- Pensions whether private, government employee (including military retirement pay), law enforcement firefighters (LEF) disability income.
- Regular insurance or annuity payment.
- College or university grants, fellowships, and assistantships, state work-study, (not needs based scholarships): the key is whether or not the money is a loan to be paid back. If it is to be paid back, then it is a loan, and excludable income, if not, then it is includable.
- Dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts.
- Net gambling or lottery winnings.

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

OJT wages from WIA participation.

L&I paid on a monthly basis.

If the payment can not meet one of the excludable criteria, then the payment will be includable income.

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### Excludable Income

Unemployment compensation.

Child support.

Old Age and Survivors Insurance (OASI).

Public assistance payments (including TANF, SSI, RCA, GA, emergency assistance money payments, and general relief money payments).

Foster child care payments.

Financial assistance under Title IV of the Higher Education Act, i.e. Pell grants, federal supplemental educational opportunity grants and federal work study (Stafford and Perkins loans, like any other kind of loans, are debt and not income). Needs-based scholarship assistance.

Allowances, earnings, and payments (except OJT) to individuals participating in WIA.

Capital gains.

Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car.

Tax refund, gifts, loans, lump-sum inheritance, one-time insurance payments, or compensation for injury (lump sum).

Non-cash benefits such as employer fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals, and housing assistance.

Income earned while on active military duty and other benefits specified at 38 U.S.C. 4213 items (1) and (3) section 4213 requires WIA to disregard pay or allowances received by any person while serving on active duty. **Note:** This should be ex-service personnel who did not receive veteran 1 status, i.e., discharged

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

other than honorable status. Section 4213 goes on to tell us to disregard benefits received by ex-service personnel who have veteran status. These benefits can only be received if the person has not been discharged under honorable, general, unsuitable, etc. The six specific benefits are:

CH 11 – compensation for service connected with disability or death.

CH 13 dependency and indemnity compensation for service-connected death.

CH 31 – vocational rehabilitation.

CH 34 – veteran's education assistance.

CH 35 – war orphans and widows education assistance.

CH 36 – administration of education.

If payment is a one-time lump sum, it is generally excludable. If it is in monthly installments, then it is includable.

Trade Readjustment Allowance (TRA).

Workforce Training Assistance.

Job Corp.

### Computation for Annualized Income

2000 poverty income guidelines for all states except Alaska and Hawaii (effective **February 15, 2000**)

<u>Size of Family Unit</u>	<u>Poverty Guidelines</u>
1	\$ 8,350
2	11,250
3	14,150
4	17,050
5	19,950
6	22,850
7	25,750
8	28,650

For family units with more than eight (8) members, add \$2,999 for each additional member.

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

### 70% of Lower Living Standard Income Level (LLSIL) Effective **May 12, 2000**

Lower Living Standard Incomes are adjusted for metropolitan and non-metropolitan areas. Non-metropolitan levels apply to places with populations under 50,000 for purpose of these determinations. Seattle, Tacoma, Everett and Bremerton will use a different table.

Washington WDCs that include counties covered by more than one type of census category should always use the metropolitan figures. The intent of the state is to have only one figure be used to reduce administrative steps for determining eligibility within boundaries of WDCs.

<u>Size of Family</u>	<u>Metropolitan</u>	<u>Non-Metropolitan</u>
1	\$(7,340)	\$(7,180)
2	12,020	11,760
3	16,500	16,150
4	20,370	19,930
5	24,040	23,520
6	28,120	27,510

For family units with more than six members add \$4,080 for each additional member in a metropolitan area and \$3,990 for non-metropolitan area. These amounts are for 70 percent-adjusted income, not the base income levels. Eligibility will be determined by using these amounts.

Use the following table if applicant resided in King, Snohomish, Pierce or Kitsap counties. The Governor has determined that King, Snohomish, Pierce, and Kitsap are metropolitan statistical area (MSA)

<u>Size of Family</u>	<u>Poverty Guidelines</u>
1	\$(8,050)
2	13,200
3	18,120
4	22,360
5	26,390
6	30,860

For family units with more than six members add \$4,470 for each additional member.

Note: Figures in parenthesis indicates amounts, which are lower than the OMB poverty income guidelines for the size of family unity.

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

- |   |  |  |
|---|--|--|
| 5 | <b>Name</b>                              | Record name of the individual or family member.  |
| 6 | <b>Relationship</b>                      | Indicate whether Self, Spouse, Parent, Sibling, Guardian, Dependent child.                 |
| 7 | <b>Age</b>                               | Record age.  |
| 8 | <b>Total Includable Six Month Income</b> | Total all includable income for the past six months.                                       |
| 9 | <b>Total Annual Income</b>               | Total all Includable income and multiply by two (2). This amount is the annualized income. |

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

### WORK STATUS FORM

General Overview: The purpose of this form is to provide an accurate record of the participant's training history in the activities from the starting date through the time of termination. The form is used to move the participant in and out of activities.

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

The following contains a Status Form with the data elements numbered and pages describing the data elements.

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

**The first Activity Start Date will determine the Registration Date of services.**

# WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK STATUS FORM

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">1</td> <td style="width: 15%;">SSN</td> <td style="width: 35%;"></td> </tr> <tr> <td style="text-align: center;">2</td> <td>Last Name</td> <td></td> </tr> <tr> <td></td> <td>First Name</td> <td style="text-align: center;">MI</td> </tr> </table>	1	SSN		2	Last Name			First Name	MI	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">3</td> <td style="width: 15%;">Sub Code</td> <td style="width: 35%;"></td> </tr> </table>	3	Sub Code																																																																																																																																								
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# WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

## WORK STATUS FORM

- 1 Social Security Number** Record the nine-digit identification number assigned to the applicant by the Social Security Administration under the Social Security Act.
- 2 Name** Enter the applicant's **legal** last name, first name, and middle initial.
- 3 Sub Code** Record the five digit subcode.
- 4 ADD ACTIVITY Fund Source** Record the fund source code for the activity. Refer to Appendix C.
- 5 Activity**  
Record the appropriate three-digit code for the activity in which the participant will be enrolled.  
  
Refer to Appendix E for the correct WIA activity codes.  
Refer to Appendix F for the correct WtW activity codes.
- 6 Start Date** Record the actual date that the participant will enter the activity.  
  
The first activity start date will determine the Registration date.
- 7 Subcode** Record the five-digit Subcode.
- 8 Estimated End Date** Record the date the participant is expected to leave the assigned activity. If the participant is expected to continue in this activity beyond the estimated end date, you need to send in a status form showing the new estimated end date.
- 9 ID Number** Record the ID number of the local area representative.
- 10 Job Title**  
If the participant received any training for a specific occupation, record the job title.  
Note: If the participant is in an activity under the Basic Skills group, no job title is required, but the work/training site is. The job title can be left blank if not in a training activity.

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

11	<b>DOT/OSE Code</b>	Record the nine-digit DOT code, or the five digit OES code, or the three-digit CIP code for the above job title in item 10.
12	<b>Hourly Wage</b>	Record hourly wage for the job title in item 10 if in a work activity.
13	<b>Hours per Week</b>	Record the hours per week worked in item 10 if applicable.
14	<b>WORK OR TRAINING SITE Name</b>	Record the name for the work/training site.
15	<b>Address (City/State/Zip Code)</b>	Record the address for the work/training site. Record the city, state and zip code for the work/training site.
16	<b>Phone</b>	The phone number for the worksite is the key for the Worksite/Training file.
17	<b>Contact Name</b>	Record the contact person's name for the work/training site.
18	<b>Work/Training Type</b>	Record the code for the type of the work/training site. PRI = Private    PUB = Public
19	<b>Local Defined</b>	This four-digit field is for locally defined use.
20	<b>Health Care (WtW)</b>	Record "yes" if the participant is working in an unsubsidized employment while in WtW and is receiving health care in the job. Otherwise mark "no".
21	<b>Non-Traditional Training</b>	Mark "yes" if the training is in an occupation or field or work for which individuals of the participant's gender comprise less than 25% of the individuals employed in such occupation or field or work. Both males and females can be in non-traditional training. Non traditional training can be based on either local or national data.

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

22	<b>Established Individual Training Account</b>	Record "yes" if any of the individual's services were purchased utilizing an Individual Training Account established for adults or dislocated workers and funded by WIA Title I.
23	<b>Comments</b>	Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for action; providing additional tracking information indicates appropriateness of action and/or planned future action.
24	<b>Signature of Local Area Representative</b>	The local area representative filling out the form must sign and date the form.
25	<b>LEAVE ACTIVITY Activity</b>	Record the activity code for the activity the participant is leaving:
26	<b>Start Date</b>	Record the start date of the activity the participant is leaving.
27	<b>Activity Status</b>	Record one of the following activity status codes: C – Completed (Note : an activity is completed if the participant achieves the activity goal. The plan should be reviewed to determine if the activity goal has been achieved in accordance with the service plan in effect for the individual.)  N – Did not complete
28	<b>End Date</b>	Record the date the participant leaves the activity. If the participant is entering another activity this date should be the same date that he/she started the new activity. If the participant is terminating, this date should be the same as the termination date.
29	<b>Received Supportive Services</b>	Mark "yes" if the participant received Supportive services. Otherwise mark "no".
30	<b>Received Needs-Related Payment</b>	Mark "yes" if the participant received Needs Related Payments. Otherwise mark "no".

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

- 31      **Received PELL Grant**      Mark "yes" if the participant received PELL Grant. Otherwise mark "no".
- 32      **Received GED**      Mark "yes" if the participant received a GED while in WIA. Otherwise mark "no". Record the date the participant received the GED.
- WAGE PROGRESSION UPDATE**
- 33      **Wage Date**      Enter the date the hourly wage or hours per week changed for the unsubsidized job in WtW or date the participant begins receiving health care in an unsubsidized job.
- 34      **Hourly Wage**      Enter the new wage the participant is receiving for the unsubsidized job in WtW.
- 35      **Health Care (WtW)**      Mark "yes" if the participant is working in unsubsidized employment while in WtW and starts receiving health care in that position. Otherwise mark "no".
- 36      **Hours per week**      Enter the new hours per week worked for the participant that is in unsubsidized job in WtW.
- 37      **Service Participation**      Record only those programs that fund activities coordinated with the individual's WIA Title I activities, possibly through a formal co-enrollment by inclusion in the individual WIA service plan or through follow-up services. Services should be recorded cumulatively. A "yes" should be recorded for each source of service. Do not report sources that funded only core services classified as informational or self-service.

## **WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK**

### **WIA YOUTH SKILLS OUTCOME FORM**

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

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

All youth included in performance measures must have a minimum of one skill goal per year and maximum of 3 goals per year.

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

# WIA YOUTH SKILLS OUTCOME FORM

<b>1</b>	SSN	<input type="text"/>	<b>3</b>	Sub Code	<input type="text"/>
<b>2</b>	Last Name	<input type="text"/>	<b>4</b>	ID Number	<input type="text"/>
	First Name	<input type="text"/>			
		MI			

## GOAL

<b>5</b>	Year	<b>6</b>	Goal Number	<b>7</b>	Type of Goal	<b>8</b>	Date Goal Set
	<input type="text"/>		<input type="text"/>		<input type="checkbox"/> Basic Skills <input type="checkbox"/> Occupational Skills <input type="checkbox"/> Work readiness Skills		<input type="text"/>
							Month Day Year

<b>9</b> Signature of Local Area Representative	<b>10</b> Date
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<b>11</b> Hold	<i>FIRST HOLD</i>	<b>14</b> Reason for Hold
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hold Dates</b> <b>12 Start Date</b> <input type="text"/> <b>13 End Date</b> <input type="text"/> Month Day Year	

<b>9</b> Signature of Local Area Representative	<b>10</b> Date
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<b>11</b> Hold	<i>SECOND HOLD</i>	<b>14</b> Reason for Hold
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hold Dates</b> <b>12 Start Date</b> <input type="text"/> <b>13 End Date</b> <input type="text"/> Month Day Year	

<b>9</b> Signature of Local Area Representative	<b>10</b> Date
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## ATTAINMENT

<b>15</b> Type of Attainment	<b>16</b> Attained Date
<input type="checkbox"/> Attained <input type="checkbox"/> Set but not attained <input type="checkbox"/> Set but attainment pending	<input type="text"/> Month Day Year

<b>9</b> Signature of Local Area Representative	<b>10</b> Date
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# WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

## WIA YOUTH SKILLS OUTCOME FORM

- |   |                               |   |
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| 1 | <b>Social Security Number</b> | Record the nine-digit identification number assigned to the applicant by the Social Security Administration under the Social Security Act.  |
| 2 | <b>Name</b>                   | Enter the applicant's legal last name, first name, and middle initial.  |
| 3 | <b>Sub Code</b>               | Enter the five-digit sub code.  |
| 4 | <b>ID Number</b>              | Record the ID number for the local area representative.   |
| 5 | <b>GOAL Year</b>              | Record Program Year.  |
| 6 | <b>Goal Number</b>            | Record number (1), (2), or (3).   |
| 7 | <b>Type of Goal</b>           | <p>Record type of goal selected:</p> <p><b>Basic Skill Goals:</b> Basic education skills include reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning, and the capacity to use these skills.</p> <p><b>Occupational Skills Goals:</b> Primary occupational skills encompass the proficiency to perform actual tasks and technical functions required by certain occupational fields at entry, intermediate or advance levels. Secondary occupational skills entail familiarity with and use of set-up procedures, safety measures, work-related terminology, record keeping and paperwork formats, tools, equipment and materials, and breakdown and clean-up routines.</p> <p><b>Work Readiness Skills Goals:</b> Work readiness skills include world of work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision making, and job search techniques (resumes, interviews, applications, and follow-up letters). They also encompass survival/daily living skills such as using the phone, telling time, shopping, renting an apartment, opening a bank account, and using public transportation. They also</p> |

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

include positive work habits, attitudes, and behavior such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and co-workers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job. This category also entails developing motivation and adaptability, obtaining effective coping and problem-solving skills, and acquiring an improved self image.

- |      |   |   |
|------|---|---|
| 8    | <b>Date Goal Set</b>                          | Record date goals set.  |
| 9    | <b>Signature of Local Area Representative</b> | Local area representative's signature.  |
| 10   | <b>Date</b>                                   | Date the form was filled out.   |
| 11   | <b>FIRST HOLD Hold</b>                        | Mark "yes" if there was a hold implemented. Otherwise mark "no".  |
| 12   | <b>Hold Start Date</b>                        | Indicate the date the hold was implemented.   |
| 13   | <b>Hold End Date</b>                          | Indicate the date the hold ended ( <b>do not estimate an end date</b> ).  |
| 14   | <b>Reason for Hold</b>                        | Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for actions; providing additional tracking information indicates appropriateness of action and/or planned future action. |
| (9)  | <b>Signature of Local Area Representative</b> | Local area representative's signature.  |
| (10) | <b>Date</b>                                   | Date the form was filled out.   |
| 11   | <b>SECOND HOLD Hold</b>                       | Mark "yes" if there was a hold implemented. Otherwise mark "no".  |

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12	<b>Hold Start Date</b>	Indicate the date the hold was implemented.
13	<b>Hold End Date</b>	Indicate the date the hold ended.
14	<b>Reason for Hold</b>	Use this space for any explanatory remarks. Explanatory comments are encouraged to indicate reason for actions; providing additional tracking information indicates appropriateness of action and/or planned future action.
(9)	<b>Signature of Local Area Representative</b>	Local area representative's signature.
(10)	<b>Date</b>	Date the form was filled out.
15	<b>ATTAINMENT Type of Attainment</b>	<p>Record (1) Attained, (2) Set but not attained, or (3) Set but attainment pending.</p> <p>(1) <u>Attained</u>. Attainment of a goal is based on individual assessments using widely accepted and recognized measurement/assessment techniques.</p> <p>(2) <u>Set but not attained</u> Goal set, but not attained. Goals not attained include goals whose anniversary date has passed without attainment of the goal. The anniversary date of a goal is one calendar year after the date the goal was set.</p> <p>(3) <u>Set but attainment pending</u> Goal set, but attainment pending. Includes goals that have not been attained, but have anniversary dates after the end of the report quarter. This category also includes goals that have been postponed because of gaps in service where the participant was placed in a hold status during which services were not received, but the participant planned to return to the program.</p>
16	<b>Attainment Date</b>	Record the date the goal was attained. This date should normally be on or before the one-year anniversary of the date the goal was set. However, it may be later if the participant has a gap in service where he/she was placed in a hold status during which services were not received, but the participant planned to return to the program.

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- (9) Signature of Local Area Representative**      Local area representative's signature .
  
- (10) Date**      Date the form was completed.

WASHINGTON COUNTY CODE AND NAME

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

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### Appendix B

#### STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES

<u>CODES</u>	<u>DESCRIPTION</u>
01.	Agricultural Production – Crops
02.	Agricultural Production – Livestock
07.	Agricultural Services
08.	Forestry
09.	Fishing, hunting and trapping
10.	Metal Mining
11.	Anthracite Mining
12.	Bituminous coal and lignite mining
13.	Oil and Gas Extraction
14.	Nonmetallic Minerals
15.	General Building Contractors
16.	Heavy Construction
17.	Special Trade Contractors
20.	Food and Kindred Products
21.	Tobacco Products
22.	Textile Mill Products
23.	Apparel and Other Textile Products
24.	Lumber and Wood Products
25.	Furniture and Fixtures
26.	Paper and Allied Products
27.	Printing and Publishing
28.	Chemicals and Allied Products
29.	Petroleum and Coal Products
30.	Rubber and Misc. Plastic Products
31.	Leather and Leather Products
32.	Stone
33.	Primary Metal Industries
34.	Fabricated Metal Products
35.	Industrial Machinery and Equipment
36.	Electronic & Other Electronic Equip
37.	Transportation Equipment
38.	Instruments and Related Products
39.	Miscellaneous Mfg. Industries
40.	Railroad Transportation
41.	Local and Interurban Passenger Tran
42.	Trucking and Warehousing
43.	U.S. Postal Service
44.	Water Transportation
45.	Transportation by Air
46.	Pipelines

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47. Transportation Services
48. Communications
49. Electric
50. Wholesale Trade-Durable Goods
51. Wholesale Trade-Nondurable Goods
52. Building Materials & Garden Supplies
53. General Merchandise Stores
54. Food Stores
55. Automotive Dealers & Service Station
56. Apparel and Accessory Stores
57. Furniture and Home Furnishing Stores
58. Eating and Drinking Places
59. Miscellaneous Retail
60. Depository Institutions
61. Nondepository Institutions
62. Security and Commodity Brokers
63. Insurance Carriers
64. Insurance Agents
65. Real Estate
67. Holding and Other Investment Office
70. Hotels and Other Lodging Place
72. Personal Services
73. Business Services
75. Auto Repair
76. Miscellaneous Repair Services
78. Motion Picture
79. Amusement & Recreation Services
80. Health Services
81. Legal Services
82. Educational Services
83. Social Services
84. Museums
86. Membership Organizations
87. Engineering & Management Services
88. Private Households
89. Services
91. Executive
92. Justice
93. Finance
94. Administration of Human Resources
95. Environmental Quality and Housing
96. Administration of Human Resources
97. National Security and Intl. Affairs
99. Nonclassifiable Establishments

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## APPENDIX C

### FUNDING SOURCE CODES

LA	WIA LOCAL ADULT
LI	WIA LOCAL IN SCHOOL YOUTH
LO	WIA LOCAL OUT SCHOOL YOUTH
LD	WIA LOCAL DISLOCATED WORKER
PA	PARTNER FUNDED ADULT
PY	PARTNER FUNDED YOUTH
PD	PARTNER FUNDED DISLOCATED WORKER
NG	NATIONAL EMERGENCY GRANT DISLOCATED WORKER
SY	YOUTH (15% STATEWIDE)
SH	DISPLACE HOMEMAKER (15% STATEWIDE)
SI	INCUMBENT WORKER (15% STATEWIDE)
SO	OTHER (15% STATEWIDE)
RR	RAPID RESPONSE
W3	30% WELFARE TO WORK
W7	70% WELFARE TO WORK

### ACTIVITY GROUPS

#### Adults and Dislocated Workers

- CC** **Core Services:** may include staff-assisted job search, placement assistance, and career counseling; follow-up services, including counseling regarding the workplace; staff-assisted job referrals (such as testing and background checks); staff-assisted Job development (working with employer and jobseeker); staff-assisted workshops and job clubs.
- IS** **Intensive Services:** are for unemployed adults and dislocated workers who, “are unable to obtain employment through cores services and retain employment, and employed workers who need services to obtain or retain employment that leads to self-sufficiency. Intensive services may include: comprehensive and specialized assessment of skill levels and service needs by utilizing diagnostic testing and use of other assessment tools; in-depth interviewing and evaluation to identify barriers to employment and appropriate employment goals; development of individual employment plans to identify the employment goals, appropriate achievement objectives, and appropriate combinations of services for the participants to achieve employment goals; group counseling; individual counseling and career planning; case management for participants seeking training services; short-term prevocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct, to prepare individuals for unsubsidized employment or training; out-of-area job search expenses; relocation expenses; internships; and work experience.
- JR** **Job Readiness Services:** teaches the skills necessary to obtain or maintain employment.
- BS** **Basic Skills Training:** instruction normally conducted in an institutional setting and designed to upgrade basic skills in order to prepare the individual for further training, future employment, or retention in present employment. Includes remedial reading, writing, mathematics, literacy training, study skills, English for non-English speakers, bilingual training, and GED preparation (including computer assisted competency training, and school to post-secondary education transition).
- OT** **Occupational Skills Training:** instruction conducted in an institutional or work site setting designed to provide or upgrade the technical skills and information individuals require to perform a specific job or groups of jobs such as auto mechanics, health services, or clerical training.
- OJ** **On-The-Job Training:** training provided by an employer to a paid participant while engaged in productive work in a job that improves knowledge or skills essential to the full and adequate performance of the job; provides reimbursement to the employer of up to 50% of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training; limited in duration as is

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participants, as appropriate.

- CT** **Customized Training:** training that is designed to meet the special requirements of an employer (including a group of employers); conducted with the employer's commitment to employ an individual upon successful completion of the training; employer pays for not less than 50% of the cost of the training.
- IT** **Incumbent Training:**
- ET** **Entrepreneurial Training:**
- SR** **Skills Upgrading and Retaining:**
- JP** **Job Placement Services:** unsubsidized employment in the Public Sector or Private Sector.
- NB** **Basic Skills Training Funded by Other Sources:**
- NT** **Occupational Skills Training Funded by Other Sources:**
- NJ** **On-the-Job Training Funded by Other Sources:**
- HD** **Hold:** participants can be placed in hold status for reasons, including but not limited to jury duty and hospitalization. A participant who completes a training activity but is identified as needing further training should be put into hold status until the beginning of the next training.
- SE** **Finished Services and is not scheduled for future services:** all planned services are finished and no other future services (except follow-up services) are scheduled. This activity can be no longer than 90 days. The participant must exit WIA on or before the 90<sup>th</sup> day.

### Youth

- EA** **Educational Achievement Service:** including but not limited to: tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention strategies; also alternative secondary school service.
- ES** **Employment Service:** including but not limited to: paid and unpaid work experiences, including internships, and job shadowing, and occupational skill training.
- SO** **Summer Youth Employment Opportunities:** this group must be directly linked to academic and occupational learning.
- AS** **Additional Support for Youth Services:** including but not limited to: providing mentoring; comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, primarily provided to assist a youth in achieving employment-related success.

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- OT** **Occupational Skills Training**: instruction conducted in an institutional or work site setting designed to provide or upgrade the technical skills and information individuals require to perform a specific job or groups of jobs such as auto mechanics, health services, or clerical training.
- CL** **Citizen and leadership Services**: intended to develop the potential of youth as citizens and leaders; these services include but are not limited to: leadership development opportunities, which may involve community service and peer-centered activities encouraging responsibility and other positive social behaviors during non-school hours.
- JP** **Job Placement Services**: unsubsidized employment in the Public Sector or Private Sector.
- NE** **Service Funded by Another Source**
- HD** **Hold**: participants can be placed in hold status for reasons including but not limited to jury duty and hospitalization. A participant who completes a training activity but is identified as needing further training should be put into hold status until the beginning of the next training.
- SE** **Finished Services and is not scheduled for future services**: all planned services are finished and no other future services (except follow-up services) are scheduled. This activity can be no longer than 90 days. The participant must exit WIA on or before the 90<sup>th</sup> day.

### Welfare-to-Work

- JR** **Job Readiness Services**: teaches the skills necessary to obtain or maintain employment.
- JP** **Job Placement Services**: unsubsidized employment in the Public Sector or Private Sector.
- CS** **Community Service (Employment Activity)**: may be used as a pre work experience activity which places participants in paid employment at public, not-for-profit or private worksite.
- WK** **Work Experience (Employment Activity)**: places participants in paid subsidized service at public or private sector worksite.
- JT** **On-the-Job Training (Employment Activity)**: training provided by an employer to a paid participant while engaged in productive work in a job that improves knowledge or skills essential to the full and adequate performance of the job; provides reimbursement to the employer of up to 50% of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training; limited in duration as is appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participants, as appropriate.
- PE** **Post-Employment services**: services provided to a participant in an employment activity or in any other subsidized or unsubsidized job. Post-employment services
- JB** Job Retention Services: designed to encourage a person to remain in or advance in the labor market.

## WORKFORCE INVESTMENT ACT and WELFARE-TO-WORK

include, but are not limited to, such services as: basic education skills training; occupational skills training; English as a second language training; and mentoring.

- SS** **Supportive services:** includes any support services necessary to allow a participant to obtain or retain employment. These services can be provided with WtW funds only if they are not otherwise available to the participant. Support Services include, but are not limited to, such services as: transportation assistance; substance abuse treatment (except that WtW funds may not be used for medical treatment); child care assistance; emergency or short term housing assistance.
- JC** **Job Creation Employment Wage Subsidies (Employment Activity):** payment made to an employer to create a job opportunity for a WtW participant including, but not limited to: job restructuring; extraordinary training costs; or customizing training or wage support for a newly created position.
- JB** **Job Retention Services:** designed to encourage a person to remain in or advance in the labor market.
- ID** **Individual Development:** refers to money set-aside on behalf of the participant to be used for business start-up and/or education. The amount to be set aside is tied directly to hours worked or hours of classroom training or education attended.
- HD** **HOLD:** participant can be placed in hold status for reasons including but not limited to jury duty, hospitalization, or revisiting the ISS.
- NS** **Community Service (Employment Activity) Funded by Other Sources.**
- NK** **Work Experience (Employment Activity) Funded by Other Sources.**
- NW** **On-The-Job Training (Employment Activity) Funded by Other Sources.**
- NP** **Post Employment Services Funded by Other Sources.**
- NF** **Job Retention Services Funded by Other Sources.**

**WIA Activity Codes**

**WtW Activity Codes**