

High Poverty Census Tracts: WIOA Youth Eligibility Determination



Nebraska's Census Tracts Meeting "High Poverty" Definition

(30% or more of Household at or below the Poverty Line)

Greater Lincoln

Census Tract	Estimated Number	Estimated Number below Poverty	Poverty Percent
Census Tract 6, Lancaster County, Nebraska	3	92	0.910891
Census Tract 17, Lancaster County, Nebraska	2846	1217	0.427618
Census Tract 20.02, Lancaster County, Nebraska	1528	618	0.40445
Census Tract 20.01, Lancaster County, Nebraska	1468	569	0.387602
Census Tract 2.02, Lancaster County, Nebraska	1669	623	0.373277
Census Tract 7, Lancaster County, Nebraska	1087	405	0.372585
Census Tract 4, Lancaster County, Nebraska	1951	723	0.370579
Census Tract 5, Lancaster County, Nebraska	630	221	0.350794
Census Tract 19, Lancaster County, Nebraska	381	133	0.349081
Census Tract 31.03, Lancaster County, Nebraska	893	309	0.346025
Census Tract 3, Lancaster County, Nebraska	1504	457	0.303856

In-School Youth Eligibility Certification

Name _____ Social Security number: _____ has completed the eligibility and verification process and has been certified eligible for the WIOA In-School Youth Program.

Eligibility Elements:

- Age **
 - 14-21 years old _____
- Eligible to work in the US
 - Citizen _____
 - Authorized by INS: Form _____ # _____ Exp. Date: _____
- Social Security Number ** _____
- Selective Service (if applicable) ** _____
- Attending School (does not include post-secondary education*)
 - Enrollment in public, private, denominational or parochial schools
 - Home Schools

* Providers of Adult Basic Education, YouthBuild and Job Corps programs are not considered to be schools
- Low Income _____
 - Receives or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received
 - SNAP
 - TANF
 - SSI
 - State or local income based public assistance
 - Family with total family income not higher than
 - Poverty line
 - 70% of the lower living standard income level
 - Homeless
 - Homeless individual (Violence Against Women Act)
 - Homeless child (McKinney-Vento Homeless Assistance Act)
 - Runaway
 - In Foster Care
 - Aged Out of Foster Care

- In out-of-home placement
- Receives or is eligible to receive Free or Reduced Price Lunch
- Foster Child
- Individual with a disability whose income meets the income requirement, but is a member of a family whose income does not meet the requirements
- Youth living in a high poverty area as defined in the State Policy
- Family Size _____
- One or more of the following Barriers:
 - Basic Literacy Skills Deficient
 - English reading, writing or computing skills at grade 8.9 or below
 - Reading – Test: _____ Score: _____
 - Math – Test: _____ Score: _____
 - 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
 - An English Language Learner
 - Offender _____
 - Homeless _____
 - *See definition under previous income section under “Low Income” – “Homeless.”
 - Pregnant _____
 - Parenting _____
 - Individual with a Disability _____
 - Requires Additional Assistance to complete an educational program or to secure and hold employment
 - Meets criterion in local plan _____
 - Address: _____
- Employment Status ** _____
- UC/UI Status ** _____
- School Status ** _____

** Items must be re-verified at time of Participation (when a participation date is entered)

The required items have been re-verified and the applicant has been certified eligible for WIOA Out-of-School Youth Services.

Staff Signature

Date

Out-of-School Youth Eligibility Certification

Name _____ Social Security number: _____ has completed the eligibility and verification process and has been certified eligible for the WIOA Youth Program.

Eligibility Elements:

- Age **
 - Out-of-School Youth (16-24) _____
- Eligible to work in the US
 - Citizen _____
 - Authorized by INS: Form _____ # _____ Exp. Date: _____
- Social Security Number ** _____
- Selective Service (if required) ** _____
- Not Attending **ANY** school (Adult Basic Education, YouthBuild, & Job Corps are not considered to be schools)
- One or more of the following:
 - School Dropout
 - No longer attending any school; **AND**
 - Who has not received a secondary school diploma or its recognized equivalent?
 - Dropout status must be verified at enrollment
 - Youth who are within the age of compulsory school attendance cannot be served by the YESS program due to Nebraska State Law unless they provide the NDE Form 10-005
 - Youth has received a secondary school diploma or its recognized equivalent who is a low-income individual **AND** is:
 - Basic Skills deficient (grade 8.9 or below); **OR**
 - Reading - Test: _____ Score: _____
 - Math – Test: _____ Score: _____
 - Cannot 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.
 - An English language learner
 - Low Income _____
 - Receives or in the past 6 months has received, or is a member of a family that is receiving or in the past 6 months has received
 - SNAP
 - TANF
 - SSI

- State or local income based public assistance
- Family with total family income not higher than
 - Poverty line
 - 70% of the lower living standard income level
 - Homeless
 - Receives or is eligible to receive Free or Reduced Price Lunch
 - Foster Child
 - Individual with a disability whose income meets the income requirement, but is a member of a family whose income does not meet the requirements
 - Youth living in a high poverty area as defined in the State Policy
 - Family Size: _____
- Offender _____
- Homeless _____
 - Homeless individual (Violence Against Women Act)
 - Homeless child (McKinney-Vento Homeless Assistance Act)
 - Runaway
 - In Foster Care
 - Aged Out of Foster Care
 - In out-of-home placement
- Pregnant _____
- Parenting _____
- Disability _____
- Needs Additional Assistance (as per local plan) _____
- Youth is out-of-school at time of enrollment, but subsequently placed in an alternative school or any school _____
- Employment Status ** _____
- UC/UI Status ** _____
- School Status ** _____

** Items must be re-verified at time of Participation (when a participation date is entered)

The required items have been re-verified and the applicant has been certified eligible for WIOA Out-of-School Youth Services.

Staff Signature

Date

Staff Referrals to Providers

The purpose of this option is to track referrals that staff members make on behalf of system registered individuals for provider services operating outside of system programs (i.e., WP or WIA). For example, staff can manage individuals who receive WIA services, but must create a staff referral for a skill assessment through Vocational Rehabilitation Services.

To properly utilize this referral tracking component, staff perform the following:

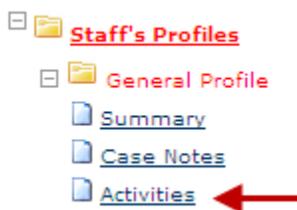
- Define the types of referrals that will be tracked
- Create referral details, including service provider information
- Record referral results

Note: A referral is a “form” used to introduce the individual to another program or provider of service and to provide a description of the type of service the individual is seeking from the provider.

Adding Referrals

To refer a client to a provider, you will create a Staff Referral to Providers.

1. Begin by assisting an individual in NEworks.
2. Select the Activities folder from the Staff Profile general folder.

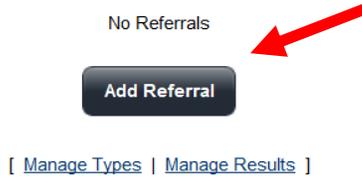


3. Then, select Staff Referrals to Providers on the Activities tab. This opens the Referral List page.

[Staff Referrals to Providers](#)

Select this option to create, edit and track referrals to local service providers for the selected Individual.

4. At the bottom of the page, click the Add Referral button. This opens the Referral Entry form.



Completing the Form

There are three sections to the referral form; General Information, Type of Referral and Provider Information.

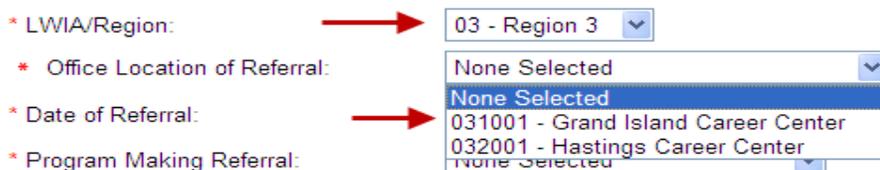
General Information

The General Information section pre-fills with the client User ID, SSN, Name, Address, Phone, and the Referral Staff User ID.

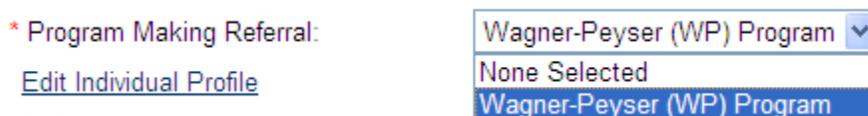
Complete the following fields:

- LWIA/Region
- Office Location of Referral
- Date of Referral
- Program Making Referral

1. The LWIA/Region is the regional location of your AJC or NDOL location.
2. Once you select a region, you can select your specific office location.



3. Type in the date of referral or use the calendar icon to select a date.
4. From the drop-down menu, select the Program Making the Referral. If the client is enrolled and active in a program such as WP, WIA, TAA or Veterans, those programs will appear in the menu.



5. If any of the individual information is incorrect, select the Edit Individual Profile link to update information on the General Information page

* Program Making Referral:

[Edit Individual Profile](#) 

Type of Referral

The Type of Referral section is where you will detail why you are making this referral.

There are two required fields in this section,

- Reason for Referral
- Additional information regarding Referral

You should use these fields to provide as much information as possible to the Provider when making the referral.

Note: The information provided in the “Additional information regarding referral” section will be sent directly to the Provider via email, so be very sure to use proper grammar and punctuation in order to portray yourself and the agency in a professional manner.

Type of Referral: Check all that apply 

Other Description:

* Reason for Referral:

* Additional information regarding referral:

Provider Information

The Provider Information section contains all of the contact information of the provider you to which you are sending the referral.

You can save valuable time and use the Search for Provider link to prepopulate data; provider information is added by the NEworks administrator. Additional providers may

be added per manager request. You may also manually enter all required fields in the form. To use the prepopulate option:

1. Begin by selecting the Search for Provider hyperlink. The Provider Search pop-up window will open.

[Search for Provider](#)

2. Here you can search for a provider one of two ways:
 - a. Select the radio button “Begin With” and type in at least the first three characters of the provider name and select the Submit button. A full list of providers matching your search opens in the Provider Name window.

The screenshot shows a search form with a dark sidebar on the left containing the text 'Search Type:' and 'Provider Search:'. The main area has two radio buttons: 'Begin With' (selected) and 'Contains'. Below the radio buttons is a blue instruction: 'Please enter at least 3 characters to search for a Provider:'. A text input field contains 'voc' and is circled in red. A red arrow points to the 'Begin With' radio button. At the bottom are 'Submit' and 'Cancel' buttons.

#	Provider Name	Region
2082	Vocational Rehabilitation	State
--	Provider Not Listed	

- b. Select the “Contains” radio button and type at least three characters contained in succession within the provider name and select the Submit button.

The screenshot shows the same search form as above, but with the 'Contains' radio button selected. The text input field now contains 'reh' and is circled in red. A red arrow points to the 'Contains' radio button. The 'Submit' and 'Cancel' buttons are at the bottom.

#	Provider Name	Region
2018	VA Vocational Rehabilitation & Education	State
2082	Vocational Rehabilitation	State
--	Provider Not Listed	

3. Select the correct provider from the list. Many providers have different locations throughout the State, so pay close attention to your selection.
4. Use the drop-down menu to select the location; the address information will pre-fill the form.

Provider Information

Referral To: [Search for Provider](#)

* Provider Name:

Location:

None Selected

* Address 1:

Address 2:

* City:

* State:

* Zip:(99999-9999)

Contact:

* Contact Person:

* Contact Phone: - - Ext.

Contact Email:

5. Select the Contact and the Contact Person's name, phone and email information will fill.

Contact:

None Selected

* Contact Person:

None Selected
Manager

6. If applicable, select a Program/Service associated with the Provider.

Program/Service:

None Selected

None Selected

017 - Auto/Automotive Mechanic/Technician

004 - Accounting Technology

055 - Agricultural Technology

014 - Auto/Automotive Body Repairer

006 - Business Administration and Management

165 - Criminal Justice

163 - Academic Transfer

107 - Technical Teacher Education (Vocational)

068 - ABE/GED

035 - Health and Medical Assistants

084 - Special Vocational Needs

7. Select the Save button to send the referral.
 - a. An Email message will be sent to the Provider contact.

STAFF USE ONLY			
YY <input type="checkbox"/>	InS <input type="checkbox"/>	OY <input type="checkbox"/>	OutS <input type="checkbox"/>

Last Name	First Name	Middle Initial
-----------	------------	----------------

Social Security Number	Date of Birth	Age
------------------------	---------------	-----

Address

City	State	Zip	County
------	-------	-----	--------

Home Phone	Cell Phone	Message Phone
------------	------------	---------------

Email Address

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	If a male between 18 and 26 years old, have you registered for Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
---	---

Ethnicity (<i>Select only one</i>): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (<i>Select one or more</i>): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
---	--

Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Not A US Citizen <input type="checkbox"/> Lawfully Admitted Alien, Reg. # _____ Form: _____ Expiration Date: _____
--

Highest Level of Education Completed: _____
Highest Degree Obtained: _____

Current Education Status

<input type="checkbox"/> Student, High School or Less	<input type="checkbox"/> High School Graduate / GED
<input type="checkbox"/> Student, Attending Post High School	<input type="checkbox"/> Out of School, HS Drop-out
<input type="checkbox"/> Student, Alternative School	<input type="checkbox"/> Student, attending GED classes

Currently Receiving a Pell Grant <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual with Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes, 180 Days or Less <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person
--	--	---

Answer only if a Veteran:

Campaign? Yes No Recently Separated from Military? Yes No
Disabled Veteran? No Yes Yes, Special Disabled
Working with Veteran's Programs? No Yes, DVOP/LVER

List your family members who **LIVE IN YOUR HOUSE**, relationship to you, age, income for last 6 months and source of income. **START WITH YOURSELF.**

Name	Relationship	Age	Income for Last 6 Months	Source of Income
	APPLICANT			

Do You Receive:

Yes/No ADC/TANF Monthly Amount: _____ Yes/No General Assistance
 Yes/No Supplemental Security Income Yes/No Food Stamps
 Yes/No Refugee Cash Assistance Yes/No Other _____

Are you: Pregnant Parenting Homeless or Runaway Foster Child Offender

Current or Last Employer: _____

Address _____ City _____ State _____ Zip _____

Job Title and Duties _____

Begin Date _____ Last Employed Date _____ Hourly Wage _____
 (mm/dd/yy) (mm/dd/yy)

Reason for Leaving

Quit Fired Laid Off Still Employed, received notice of termination
 Health Unknown Still Employed Other _____

Unemployment Compensation

Claimant, Amount: _____ Exhaustee Neither Claimant nor Exhaustee

How did you hear about us? _____

I understand the information I provide may be shared with participating partners (including, but not limited to Health and Human Services, Juvenile Probations, Office of Juvenile Services, Employment Services, Unemployment Insurance, NAFTA/TAA, WIOA Adult and Dislocated Worker Program, Job Corps, Southeast Community College and Vocational Rehabilitation) for the purpose of assisting me in educational, employment and training related services. I understand that confidential information may be shared with agencies to which I have applied for assistance. The use of my Social Security number as identification in receiving and proving confidential information is authorized by registering for services. Information obtained from me may be used for statistical reporting purposes, but will not be disclosed in a manner personally identifiable to me. I certify that the information given is true and correct to the best of my knowledge. I have given my Social Security Number voluntarily.

Applicant's Signature

Date

Staff Signature

Date

The WIOA Adult, Dislocated Worker and Youth programs are equal opportunity programs. We will provide auxiliary aides or services upon request to provide individuals with disabilities an equal opportunity to participate in and receive the benefits of the services provided.

One Stop Employment Solutions Youth Guide



1111 "O" Street
Lincoln, NE 68508
Monday - Friday
8:00am - 4:30pm
(402) 441-7111

Equal Opportunity is the Law

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

- Against an individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; or
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

What To Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The recipient's Equal Opportunity Officer, Kimberly Taylor-Riley, Director, Lincoln Commission on Human Rights, 550 South 10th St, Suite 340, Lincoln, NE 68508, 402-441-7624, 402-441-6937, Email: ktaylor-riley@lincoln.ne.gov,

OR

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90 day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

I, _____, acknowledge that I have received a copy of the Equal Opportunity is the Law Notice.

SIGNATURE

DATE



UNITED STATES CITIZENSHIP ATTESTATION FORM FOR PUBLIC BENEFIT

For the purposes of complying with Neb. Rev. Stat. 4-108 through 4-114, I attest as follows:

_____ I am a citizen of the United States

OR

_____ I am a qualified alien under the Federal Immigration and Nationality Act. My Immigration status and alien number are as follows:
_____, and I agree to provide a copy of my USCIS (United States Citizenship and Immigration Services) documentation upon my request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME: _____

SIGNATURE: _____

Date: _____

URBAN DEVELOPMENT DEPARTMENT
DAVE LANDIS, DIRECTOR

CHRIS BEUTLER, MAYOR

APPLICANT STATEMENT

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I _____

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

APPLICANT'S SIGNATURE DATE

ADDRESS

CITY STATE ZIP

OFFICE USE ONLY

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

Participation Date Request Form

Date:	Click here to enter a date.		
Applicant's Name:	Click here to enter text.		
SSN:	Click here to enter text.		
Participation Date Requested:	Click here to enter a date.		
Case Manager:	Choose an item.		
Reviewed By:			
Approved By:			
Elements Checked <i>(Reviewer Only)</i>			
Participant Info Sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
EEO	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Applicant Rights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
SSN:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Address:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date of Birth:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Selective Service:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Authorized To Work In U.S.A.:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Disability:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Veteran Status:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Employment Status:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Receiving U.I.:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Highest School Grade:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
School Status:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Attending Any School:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Estimated Monthly Budget Name: _____

HOME EXPENSES	
Mortgage/Rent	
Home/Rental Insurance	
Electricity	
Heat	
Water/Sewer/Trash	
Phone(s)	
Cable/Satellite	
Internet	
Other	
Total HOME EXPENSES	-

ENTERTAINMENT		Budget
Dining Out		
Videos/DVDs/CD's		
Movies/Theater/Concerts		
Hobbies/Habits		
Sports		
Vacation/Travel		
Other		
Total ENTERTAINMENT		-

TRANSPORTATION		Budget
Vehicle Payments		
Auto Insurance		
Fuel		
Repairs		
Registration/License		
Bus Fare		
Other		
Total TRANSPORTATION		-

OBLIGATIONS		Budget
Student Loan Payments		
Other Loan payments		
Credit Card payments		
Alimony/Child Support payments		
Other		
Total OBLIGATIONS		-

HEALTH		Budget
Health Insurance		
Doctor/Dentist		
Medicine		
Life Insurance		
Veterinarian/Pet Care		
Other		
Total HEALTH		-

MONTHLY RESOURCES		Budget
Your wages		
Spouse / Other Wages		
Alimony		
Child Support		
Unemployment Insurance		
ADC/TANF		
Food Stamps		
Disability payments		
Other Resources		
Total MONTHLY RESOURCES		-

DAILY LIVING		Budget
Groceries/Household supplies		
Clothing		
Dry Cleaning/Laundry		
Salon/Barber		
Child Care		
Other		
Total DAILY LIVING		-

MONTHLY BUDGET SUMMARY		Budget
Total Monthly Resources		0.00
Total Expenses		0.00
NET		0.00

Follow-up procedure and contacts

As a recipient of federal funds, you are required to contact your case manager monthly for 12 months after you have graduated and secure employment. If you have not stayed in contact with your case manager, the names listed below will be called to get a message to you.

Contacts:

Name

Name

Address

Address

City State Zip

City State Zip

Phone Relationship

Phone Relationship

Name

Name

Address

Address

City State Zip

City State Zip

Phone Relationship

Phone Relationship

Applicant Name:

T.A.B.E. Testing for Adult Basic Education

Thursday mornings: **9:30am**

Thursday: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

**** Friday testing session is on the back side! ****

T.A.B.E. Testing for Adult Basic Education

Friday afternoons: **1:30pm or 3:30pm**

Friday: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

Time: _____ Name: _____

Case manager meeting after testing? YES or NO

Case manager name: _____

**** Thursday testing session is on the front side! ****

T.A.B.E.

Testing for Adult Basic Education

Please circle your testing time:

Testing: Thursday morning at 9:30 OR Friday afternoons: 1:30 or 3:30

Date: _____

This assessment should take you about 2 hours. Please plan your time wisely. Come refreshed and ready to test. TURN OFF YOUR CELL PHONES. Thank you.

The TABE test consists of two parts:

- 1) The TABE Locator – 4 short assessments – these assessments will let the TABE test know at what level it needs to test you.
 - a. Reading
 - b. Math Computation (no calculator)
 - c. Applied Mathematics (no calculator)
 - d. Language (aka. writing skills)

In total: THIS WILL TAKE ABOUT 30-40 mins

- 2) The TABE test – 3 longer versions of the previous Locator tests. Yes, it will seem like you are taking the same test again. You are. It is just a longer version.
 - a. Reading
 - b. Math Computation (no calculator)
 - c. Applied Mathematic (YES! You finally get a calculator!)

In total: THIS WILL TAKE ABOUT 1-1.5 hours

**if you want to do some additional research before your test date, here are the areas you will want to focus on:

Math: (Fractions, Decimals, Percents)- w/o a calculator, (Algebra, Geometry) – w/ calculator.

I'd recommend: Khanacademy.org and www.aaaknow.com

Reading: Main Idea, Synonyms, Antonyms, Drawing Conclusions

I'd recommend:

- a. Grammarbook.com, readtheory.org
- b. Try reading anything, from a book, to a magazine, to the newspaper, the night before and the morning of your test date. I would also recommend journaling the night before about your concerns regarding this test.

Finally, eat a good breakfast or lunch, whichever comes before your testing time.

Common Measures Performance Goals

Common Measures Performance Goals	Nebraska Statewide Goals PY 2015	Local Area Goals for PY 2015		
		Greater Omaha	Greater Lincoln	Greater Nebraska
ADULTS				
Entered Employment Rate	75.0%	72.0%	93.8%	83.0%
Employment Retention Rate	88.0%	88.0%	95.0%	88.0%
Average Earnings	\$11,000	\$11,358	\$12,875	\$10,166
DISLOCATED WORKERS				
Entered Employment Rate	89.0%	89.0%	95.3%	89.0%
Employment Retention Rate	94.0%	94.0%	98.3%	94.0%
Average Earnings	\$15,000	\$16,182	\$16,074	\$15,000
YOUTH				
Placement in Employment or Education	71.0%	71.7%	60.9%	77.1%
Attainment of a Degree or Certificate	68.0%	68.0%	74.1%	70.3%
Literacy and Numberacy Gains	60.6%	60.6%	59.1%	66.7%

Youth Placement in Employment/Education (Age 14-24)

Time Frame: Participants who exited during the last quarter of PY and the first three quarters of next PY.

Exclusions

Excluded

- Participants who were terminated from WIOA for health/medical reasons, institutionalized, death, reservists called to active duty, family care, invalid SSN
- Youth who were employed at participation
- Youth who were in the military at participation
- Youth who were enrolled in post-secondary education at participation

Numerator - Success

Included

- Youth who were employed in the 1st quarter after exit
- Youth who were in the military in the 1st quarter after exit
- Youth who were in post secondary education in the 1st quarter after exit
- Youth who were in advanced training/occupational skills training in the 1st quarter after exit

Denominator – Success & Failure

Included

- Youth who exited during the quarter.

Formula

Of Youth who are not employed, not in the military or not enrolled in post-secondary education at participation:

$$\frac{\text{Number of Youth employed, in the military or enrolled in post-secondary education/advanced training/occupation skills training in the 1st Quarter After Exit}}{\text{Number of Youth who exited during the quarter}}$$

Considerations

Employment and education status at the date of participation are based on information collected from the individual.

Youth in secondary school at exit will be INCLUDED in this measure.

Make sure you have good contact information and good communication with the participant. If they do not show up on the UI Wage Record they can be counted as a success for the measure if employment is verified during Follow-up. Be sure to check the contact information prior to exit.

Programs that enroll a large number of youth who are employed, in the military or enrolled in post-secondary education at participation should be cautious. This will result in a decrease in the number of youth in the denominator for this measure.

Programs that serve large numbers of in-school in the 14-18 year old category who are not scheduled to graduate from high school while in a program should be cautious. These youth will count in the denominator of the measure and if not in part-time employment will most likely lead to failure of the measure.

Youth Attainment of Degree/Certificate (Age 14-24)

Time Frame: Participants who exited during the last three quarters of PY and the first quart of next PY.

Exclusions

Excluded

- Participants who were terminated from WIOA for health/medical reasons, institutionalization, death, reservists called to active duty, family care, relocated due to a mandated program, invalid SSN.
- Youth who are not enrolled in education at participation or at any point during the program.

Numerator - Success

Included

- Youth who attain a diploma, GED or certificate by the end of the 3rd quarter after exit.

Denominator – Success & Failure

Included

- Youth who exit and were enrolled in education at participation or at any point during the program.

Formula

Of the Youth enrolled in education at the date of participation or at any point during the program.

$$\frac{\text{Number of Youth who attained a diploma, GED or certificate by the end of the 3rd Quarter After Exit}}{\text{Number of Youth who exited during the quarter}}$$

Considerations

Education refers to participation in secondary school, post-secondary school, adult education programs, or any other organized program of study leading to a degree or certificate.

Youth in secondary school at exit will be INCLUDED in this measure.

The term diploma means any credential that the state education agency accepts as equivalent to a high school diploma. This would also include post-secondary degrees (AA/AS) and Bachelor's Degrees (BA/BS).

Diplomas, GEDs or certificates can be obtained while a person is still receiving services or at any point by the end of the 3rd quarter after exit.

Work readiness certificates will not be accepted under this measure.

Make sure you have good contact information and good communication with the participant in order to collect information at Follow-up. Be sure to check the contact information prior to exit.

Programs that serve large numbers of in-school youth in the 14–24 year old category who are not scheduled to graduate from high school while in the program should be cautious. These youth will count in the denominator of the measure and without attaining a degree will most likely lead to a failure of the measure.

Youth Literacy and Numeracy Gains

Time Frame: Number of youth who increase one EFL in each quarter during the youth's Literacy/Numeracy year or exit before completing one year of participation.

Exclusions

Excluded

- Participants who were terminated from WIOA for health/medical reasons, institutionalization, death, reservist called to active duty, family care, relocated due to a mandated program, invalid SSN
- Youth who are In-School at participation
- Youth who are not basic skills deficient
- Youth who exit during their 2nd or 3rd Anniversary Year and Youth who are in the program longer than 3 years

Numerator - Success

Included

- Youth who are Out-of-School at participation
- Youth who are basic skills deficient
- Youth increase one or more EFLs

Denominator – Success & Failure

Included

- Youth who are Out-of School at participation
- Youth who are basic skills deficient
- Youth who complete one year in the program
- Youth who exit prior to completing one year in the program

Formula

Of the Out-of-School Youth who are basic skills deficient:

Number of Youth who increase one or more EFLs

Number of Youth complete a year in the program PLUS the number of youth who exit before completing a year in the program

Considerations

In-School youth are excluded from this measure. Determination of In-School or Out-of-School status is only made at point of program participation.

Pre-tests administered up to 6 months prior to the date of participation are allowed if pre-test scores are available. If prior pre-tests are not available, administration of the pre-test must occur within 60 days following the date of participation.

Youth who are determined not to be basic skills deficient based on pre-test results are EXCLUDED from this measure.

Youth with disabilities must be given accommodation during the pre-test and post-test process.

Youth who are given an initial assessment and found to be basic skills deficient, but do not post-test before exiting the program or exit before completing a year in the program are counted in the denominator and result in a failure.

The 1 year time period when advancement in an EFL is measured is from the date of participation and not from the date of the pre-test.

All Out-of-School youth must be assessed in basic reading/writing and math. Youth who refuse to pretest are included in this measure and will be a negative outcome.

Youth who participate longer than 3 years in the program are excluded from this measure.

Attachment N

REVISED Educational Functioning Level (EFL) Descriptors Levels

Outcome Measures Definitions			
EDUCATIONAL FUNCTIONING LEVEL DESCRIPTORS—ADULT BASIC EDUCATION LEVELS			
Literacy Level	Basic Reading and Writing	Numeracy Skills	Functional and Workplace Skills
<p>Beginning ABE Literacy</p> <p>Test Benchmark: TABE (7–8 and 9–10) scale scores (grade level 0–1.9): Reading: 367 and below Total Math: 313 and below Language: 392 and below</p> <p>CASAS scale scores: Reading: 200 and below Math: 200 and below Writing: 200 and below</p> <p>ABLE scale scores (grade level 0–1.9): Reading: 523 and below Math: 521 and below</p>	<p>Individual has no or minimal reading and writing skills. May have little or no comprehension of how print corresponds to spoken language and may have difficulty using a writing instrument. At the upper range of this level, individual can recognize, read, and write letters and numbers but has a limited understanding of connected prose and may need frequent re-reading. Can write a limited number of basic sight words and familiar words and phrases; may also be able to write simple sentences or phrases, including very simple messages. Can write basic personal information. Narrative writing is disorganized and unclear, inconsistently uses simple punctuation (e.g., periods, commas, question marks), and contains frequent errors in spelling.</p>	<p>Individual has little or no recognition of numbers or simple counting skills or may have only minimal skills, such as the ability to add or subtract single digit numbers.</p>	<p>Individual has little or no ability to read basic signs or maps and can provide limited personal information on simple forms. The individual can handle routine entry level jobs that require little or no basic written communication or computational skills and no knowledge of computers or other technology.</p>
<p>Beginning Basic Education</p> <p>Test Benchmark: TABE (7–8 and 9–10) scale scores (grade level 2–3.9): Reading: 368–460 Total Math: 314–441 Language: 393–490</p> <p>CASAS scale scores: Reading: 201–210 Math: 201–210 Writing: 201–225</p> <p>ABLE scale scores (grade level 2–3.9): Reading: 525–612 Math: 530–591</p>	<p>Individual can read simple material on familiar subjects and comprehend simple and compound sentences in single or linked paragraphs containing a familiar vocabulary; can write simple notes and messages on familiar situations but lacks clarity and focus. Sentence structure lacks variety, but individual shows some control of basic grammar (e.g., present and past tense) and consistent use of punctuation (e.g., periods, capitalization).</p>	<p>Individual can count, add, and subtract three digit numbers, can perform multiplication through 12, can identify simple fractions, and perform other simple arithmetic operations.</p>	<p>Individual is able to read simple directions, signs, and maps, fill out simple forms requiring basic personal information, write phone messages, and make simple changes. There is minimal knowledge of and experience with using computers and related technology. The individual can handle basic entry level jobs that require minimal literacy skills: can recognize very short, explicit, pictorial texts (e.g., understands logos related to worker safety before using a piece of machinery); and can read want ads and complete simple job applications.</p>

Notes: The descriptors are entry-level descriptors and are illustrative of what a typical student functioning at that level should be able to do. They are not a full description of skills for the level. ABE = Adult Basic Learning Examination; CASAS = Comprehensive Adult Student Assessment System; SPL = student performance levels; and TABE = Test of Adult Basic Education.

Outcome Measures Definitions

EDUCATIONAL FUNCTIONING LEVEL DESCRIPTORS—ADULT BASIC EDUCATION LEVELS			
Literacy Level	Basic Reading and Writing	Numeracy Skills	Functional and Workplace Skills
<p>Low Intermediate Basic Education</p> <p>Test Benchmark: TABE (7–8 and 9–10) scale scores (grade level 4–5.9): Reading: 461–517 Total Math: 442–505 Language: 491–523</p> <p>CASAS scale scores: Reading: 211–220 Math: 211–220 Writing: 226–242</p> <p>ABLE scale scores (grade level 4–5.9): Reading: 613–644 Math: 593–641</p>	<p>Individual can read text on familiar subjects that have a simple and clear underlying structure (e.g., clear main idea, chronological order); can use context to determine meaning; can interpret actions required in specific written directions; can write simple paragraphs with a main idea and supporting details on familiar topics (e.g., daily activities, personal issues) by recombining learned vocabulary and structures; and can self and peer edit for spelling and punctuation errors.</p>	<p>Individual can perform with high accuracy all four basic math operations using whole numbers up to three digits and can identify and use all basic mathematical symbols.</p>	<p>Individual is able to handle basic reading, writing, and computational tasks related to life roles, such as completing medical forms, order forms, or job applications; and can read simple charts, graphs, labels, and payroll stubs and simple authentic material if familiar with the topic. The individual can use simple computer programs and perform a sequence of routine tasks given direction using technology (e.g., fax machine, computer operation). The individual can qualify for entry level jobs that require following basic written instructions and diagrams with assistance, such as oral clarification; can write a short report or message to fellow workers; and can read simple dials and scales and take routine measurements.</p>
<p>High Intermediate Basic Education</p> <p>Test Benchmark: TABE (7–8 and 9–10) scale scores (grade level 6–8.9): Reading: 518–566 Total Math: 506–565 Language: 524–559</p> <p>CASAS scale scores: Reading: 221–235 Math: 221–235 Writing: 243–260</p> <p>ABLE scale score (grade level 6–8.9): Reading: 646–680 Math: 643–693</p> <p>WorkKeys scale scores: Reading for Information: 75–78 Writing: 75–77 Applied Mathematics: 75–77</p>	<p>Individual is able to read simple descriptions and narratives on familiar subjects or from which new vocabulary can be determined by context and can make some minimal inferences about familiar texts and compare and contrast information from such texts but not consistently. The individual can write simple narrative descriptions and short essays on familiar topics and has consistent use of basic punctuation but makes grammatical errors with complex structures.</p>	<p>Individual can perform all four basic math operations with whole numbers and fractions; can determine correct math operations for solving narrative math problems and can convert fractions to decimals and decimals to fractions; and can perform basic operations on fractions.</p>	<p>Individual is able to handle basic life skills tasks such as graphs, charts, and labels and can follow multistep diagrams; can read authentic materials on familiar topics, such as simple employee handbooks and payroll stubs; can complete forms such as a job application and reconcile a bank statement. Can handle jobs that involve following simple written instructions and diagrams; can read procedural texts, where the information is supported by diagrams, to remedy a problem, such as locating a problem with a machine or carrying out repairs using a repair manual. The individual can learn or work with most basic computer software, such as using a word processor to produce own texts, and can follow simple instructions for using technology.</p>

Outcome Measures Definitions

EDUCATIONAL FUNCTIONING LEVEL DESCRIPTORS—ADULT SECONDARY EDUCATION LEVELS			
Literacy Level	Basic Reading and Writing	Numeracy Skills	Functional and Workplace Skills
<p>Low Adult Secondary Education</p> <p>Test Benchmark: TABE (7–8 and 9–10): scale scores (grade level 9–10.9): Reading: 567–595 Total Math: 566–594 Language: 560–585</p> <p>CASAS scale scores: Reading: 236–245 Math: 236–245 Writing: 261–270</p> <p>ABLE scale scores (grade level 9–10.9): Reading: 682–697 Math: 694–716</p> <p>WorkKeys scale scores: Reading for Information: 79–81 Writing: 78–85 Applied Mathematics: 78–81</p>	<p>Individual can comprehend expository writing and identify spelling, punctuation, and grammatical errors; can comprehend a variety of materials such as periodicals and nontechnical journals on common topics; can comprehend library/reference materials and compose multiparagraph essays; can listen to oral instructions and write an accurate synthesis of them; and can identify the main idea in reading selections and use a variety of context issues to determine meaning. Writing is organized and cohesive with few mechanical errors; can write using a complex sentence structure; and can write personal notes and letters that accurately reflect thoughts.</p>	<p>Individual can perform all basic math functions with whole numbers, decimals, and fractions; can interpret and solve simple algebraic equations, tables, and graphs and can develop own tables and graphs; and can use math in business transactions.</p>	<p>Individual is able or can learn to follow simple multistep directions and read common legal forms and manuals; can integrate information from texts, charts, and graphs; can create and use tables and graphs; can complete forms and applications and complete resumes; can perform jobs that require interpreting information from various sources and writing or explaining tasks to other workers; is proficient using computers and can use most common computer applications; can understand the impact of using different technologies; and can interpret the appropriate use of new software and technology.</p>
<p>High Adult Secondary Education</p> <p>Test Benchmark: TABE (7–8 and 9–10): scale scores (grade level 11–12): Reading: 596 and above Total Math: 595 and above Language: 586 and above</p> <p>CASAS scale scores: Reading: 246 and above Math: 246 and above Writing: 271 and above</p> <p>ABLE scale scores (grade level 11–12): Reading: 699 and above Math: 717 and above</p> <p>WorkKeys scale scores: Reading for Information: 82–90 Writing: 86–90 Applied Mathematics: 82–90</p>	<p>Individual can comprehend, explain, and analyze information from a variety of literacy works, including primary source materials and professional journals, and can use context cues and higher order processes to interpret meaning of written material. Writing is cohesive with clearly expressed ideas supported by relevant detail, and individual can use varied and complex sentence structures with few mechanical errors.</p>	<p>Individual can make mathematical estimates of time and space and can apply principles of geometry to measure angles, lines, and surfaces and can also apply trigonometric functions.</p>	<p>Individual is able to read technical information and complex manuals; can comprehend some college level books and apprenticeship manuals; can function in most job situations involving higher order thinking; can read text and explain a procedure about a complex and unfamiliar work procedure, such as operating a complex piece of machinery; can evaluate new work situations and processes; and can work productively and collaboratively in groups and serve as facilitator and reporter of group work. The individual is able to use common software and learn new software applications; can define the purpose of new technology and software and select appropriate technology; can adapt use of software or technology to new situations; and can instruct others, in written or oral form, on software and technology use.</p>

Outcome Measures Definitions

EDUCATIONAL FUNCTIONING LEVEL DESCRIPTORS—ENGLISH AS A SECOND LANGUAGE LEVELS			
Literacy Level	Listening and Speaking	Basic Reading and Writing	Functional and Workplace Skills
<p>Beginning ESL Literacy</p> <p>Test Benchmark: CASAS scale scores: Reading: 180 and below Listening: 180 and below Oral BEST: 0–15 (SPL 0–1) BEST Plus: 400 and below (SPL 0–1) BEST Literacy: 0–7 (SPL 0–1)</p>	<p>Individual cannot speak or understand English, or understands only isolated words or phrases.</p>	<p>Individual has no or minimal reading or writing skills in any language. May have little or no comprehension of how print corresponds to spoken language and may have difficulty using a writing instrument.</p>	<p>Individual functions minimally or not at all in English and can communicate only through gestures or a few isolated words, such as name and other personal information; may recognize only common signs or symbols (e.g., stop sign, product logos); can handle only very routine entry-level jobs that do not require oral or written communication in English. There is no knowledge or use of computers or technology.</p>
<p>Low Beginning ESL</p> <p>Test benchmark: CASAS scale scores Reading: 181–190 Listening: 181–190 Writing: 136–145 Oral BEST 16–28 (SPL 2) BEST Plus: 401–417 (SPL 2) BEST Literacy: 8–35 (SPL 2)</p>	<p>Individual can understand basic greetings, simple phrases and commands. Can understand simple questions related to personal information, spoken slowly and with repetition. Understands a limited number of words related to immediate needs and can respond with simple learned phrases to some common questions related to routine survival situations. Speaks slowly and with difficulty. Demonstrates little or no control over grammar.</p>	<p>Individual can read numbers and letters and some common sight words. May be able to sound out simple words. Can read and write some familiar words and phrases, but has a limited understanding of connected prose in English. Can write basic personal information (e.g., name, address, telephone number) and can complete simple forms that elicit this information.</p>	<p>Individual functions with difficulty in social situations and in situations related to immediate needs. Can provide limited personal information on simple forms, and can read very simple common forms of print found in the home and environment, such as product names. Can handle routine entry level jobs that require very simple written or oral English communication and in which job tasks can be demonstrated. May have limited knowledge and experience with computers.</p>
<p>High Beginning ESL</p> <p>Test benchmark: CASAS scale scores Reading: 191–200 Listening: 191–200 Writing: 146–200 Oral BEST 29–41 (SPL 3) BEST Plus: 418–438 (SPL 3) BEST Literacy: 36–46 (SPL 3)</p>	<p>Individual can understand common words, simple phrases, and sentences containing familiar vocabulary, spoken slowly with some repetition. Individual can respond to simple questions about personal everyday activities, and can express immediate needs, using simple learned phrases or short sentences. Shows limited control of grammar.</p>	<p>Individual can read most sight words, and many other common words. Can read familiar phrases and simple sentences but has a limited understanding of connected prose and may need frequent re-reading. Individual can write some simple sentences with limited vocabulary. Meaning may be unclear. Writing shows very little control of basic grammar, capitalization and punctuation and has many spelling errors.</p>	<p>Individual can function in some situations related to immediate needs and in familiar social situations. Can provide basic personal information on simple forms and recognizes simple common forms of print found in the home, workplace and community. Can handle routine entry level jobs requiring basic written or oral English communication and in which job tasks can be demonstrated. May have limited knowledge or experience using computers.</p>

Outcome Measures Definitions

EDUCATIONAL FUNCTIONING LEVEL DESCRIPTORS—ENGLISH AS A SECOND LANGUAGE LEVELS			
Literacy Level	Listening and Speaking	Basic Reading and Writing	Functional and Workplace Skills
<p>Low Intermediate ESL</p> <p>Test Benchmark: CASAS scale scores: Reading: 201–210 Listening: 201–210 Writing: 201–225</p> <p>Oral BEST: 42–50 (SPL 4) BEST Plus: 439–472 (SPL 4) BEST Literacy: 47–53 (SPL 4)</p>	<p>Individual can understand simple learned phrases and limited new phrases containing familiar vocabulary spoken slowly with frequent repetition; can ask and respond to questions using such phrases; can express basic survival needs and participate in some routine social conversations, although with some difficulty; and has some control of basic grammar.</p>	<p>Individual can read simple material on familiar subjects and comprehend simple and compound sentences in single or linked paragraphs containing a familiar vocabulary; can write simple notes and messages on familiar situations but lacks clarity and focus. Sentence structure lacks variety but shows some control of basic grammar (e.g., present and past tense) and consistent use of punctuation (e.g., periods, capitalization).</p>	<p>Individual can interpret simple directions and schedules, signs, and maps; can fill out simple forms but needs support on some documents that are not simplified; and can handle routine entry level jobs that involve some written or oral English communication but in which job tasks can be demonstrated. Individual can use simple computer programs and can perform a sequence of routine tasks given directions using technology (e.g., fax machine, computer).</p>
<p>High Intermediate ESL</p> <p>Test Benchmark: CASAS scale scores: Reading: 211–220 Listening: 211–220 Writing: 226–242</p> <p>Oral BEST: 51–57 (SPL 5) BEST Plus: 473–506 (SPL 5) BEST Literacy: 54–65 (SPL 5-6)</p>	<p>Individual can understand learned phrases and short new phrases containing familiar vocabulary spoken slowly and with some repetition; can communicate basic survival needs with some help; can participate in conversation in limited social situations and use new phrases with hesitation; and relies on description and concrete terms. There is inconsistent control of more complex grammar.</p>	<p>Individual can read text on familiar subjects that have a simple and clear underlying structure (e.g., clear main idea, chronological order); can use context to determine meaning; can interpret actions required in specific written directions; can write simple paragraphs with main idea and supporting details on familiar topics (e.g., daily activities, personal issues) by recombining learned vocabulary and structures; and can self and peer edit for spelling and punctuation errors.</p>	<p>Individual can meet basic survival and social needs, can follow some simple oral and written instruction, and has some ability to communicate on the telephone on familiar subjects; can write messages and notes related to basic needs; can complete basic medical forms and job applications; and can handle jobs that involve basic oral instructions and written communication in tasks that can be clarified orally. Individual can work with or learn basic computer software, such as word processing, and can follow simple instructions for using technology.</p>

Outcome Measures Definitions

EDUCATIONAL FUNCTIONING LEVEL DESCRIPTORS—ENGLISH AS A SECOND LANGUAGE LEVELS			
Literacy Level	Listening and Speaking	Basic Reading and Writing	Functional and Workplace Skills
<p>Advanced ESL Test Benchmark: CASAS scale scores: Reading: 221–235 Listening: 221–235 Writing: 243–260</p> <p>Oral BEST 58–64 (SPL 6) BEST Plus: 507–540 (SPL 6) BEST Literacy: 66 and above (SPL 7)</p> <p>Exit Criteria: CASAS Reading and Listening: 236 and above</p> <p>CASAS Writing: 261 and above Oral BEST 65 and above (SPL 7) BEST Plus: 541 and above (SPL 7)</p>	<p>Individual can understand and communicate in a variety of contexts related to daily life and work. Can understand and participate in conversation on a variety of everyday subjects, including some unfamiliar vocabulary, but may need repetition or rewording. Can clarify own or others' meaning by rewording. Can understand the main points of simple discussions and informational communication in familiar contexts. Shows some ability to go beyond learned patterns and construct new sentences. Shows control of basic grammar but has difficulty using more complex structures. Has some basic fluency of speech.</p>	<p>Individual can read moderately complex text related to life roles and descriptions and narratives from authentic materials on familiar subjects. Uses context and word analysis skills to understand vocabulary, and uses multiple strategies to understand unfamiliar texts. Can make inferences, predictions, and compare and contrast information in familiar texts. Individual can write multi-paragraph text (e.g., organizes and develops ideas with clear introduction, body, and conclusion), using some complex grammar and a variety of sentence structures. Makes some grammar and spelling errors. Uses a range of vocabulary.</p>	<p>Individual can function independently to meet most survival needs and to use English in routine social and work situations. Can communicate on the telephone on familiar subjects. Understands radio and television on familiar topics. Can interpret routine charts, tables and graphs and can complete forms and handle work demands that require non-technical oral and written instructions and routine interaction with the public. Individual can use common software, learn new basic applications, and select the correct basic technology in familiar situations.</p>

 Name (please print)

 Address

 City

 Zip

	DATE	ODOMETER READING		TOTAL MILES
		BEGINNING	ENDING	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total Miles Driven Δ				

	DATE	ODOMETER READING		TOTAL MILES
		BEGINNING	ENDING	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total Miles Driven Δ				

 Your Signature

 Authorized Staff Initials

YOUTH TRAINING VOUCHER

Date of Issue: _____ Fund: _____

Start Date: _____

Student Name: _____

Social Security Number: xxx-xx-_____

Program: _____

Training Provider:

Amount authorized for _____ (term): \$ _____

COST OF TRAINING:

Tuition and fees _____
Bookstore charges _____
Special fees _____
School Supplies _____
Program deposit _____
Graduation fee _____
Total _____

BILL TO:

Employment Solutions
1111 O St., Suite 205
Lincoln, NE 68508

Authorized Staff Signature

Date

Student Signature

Date

Attachment R

WIOA Youth Program – Worksite Agreement

The participant will perform job duties listed within this Agreement to attain the competencies outlined below. This Agreement expires after 500 hours of work.

Worksite Name/Address/Phone	Worksite Supervisor's Name		YESS Case Manager
Participant Name/Phone	Job Title	Hours Authorized	Hourly Rate
Job Description (Essential Duties)			
Knowledge and Competencies to Attain			

Acknowledgment

The Worksite agrees to the following responsibilities with the City of Lincoln's Youth Education & Support Services Program. This form is the signature page and certifies that the worksite supervisor has agreed to the requirements for the Program. By signing this Agreement, the worksite assures:

1. That no regular employee(s) wages, hours of work, or benefits are affected by this Agreement.

Work Experience does not qualify for Unemployment Benefits.

2. That no employee is currently in a layoff status from the same or substantially equivalent job.
3. That no regular unsubsidized employee was terminated and no involuntary reduction of the workforce occurred with the intention of filling vacancies with participants of the Youth Education & Support Services Program.
4. This position was not created in a promotional line that infringes in any way the promotional opportunities of currently employed workers.
5. That no existing contracts for services or collective bargaining agreements were impaired by this Agreement.
6. That no person shall, based upon race, color, religion, sex, national origin, disability, age, political affiliation or belief, be discriminated against, excluded or denied benefits in this program.
7. That each youth will be oriented to the worksite rules, policies and duties of the position.
8. That the worksite will comply with the Child Labor Laws.
9. That each youth will be provided with necessary instruction, supervision, tools and equipment to perform the work.
10. That a written daily record of the hours worked by each youth will be maintained.
11. That only those youth referred by the Youth Employment & Support Services Program will be employed under this Agreement.
12. No member of the supervisor's immediate family will be employed in that supervisor's department, division, section, or in any manner under which the supervisor would exercise any authority over the individual.
13. That program monitors will be allowed to examine, review and evaluate the worksite and the supervision provided.
14. That each youth employed under this Agreement will be evaluated by the supervisor according to the schedule provided.

Worksite Supervisor

_____ (print full name)

Supervisor Signature

Date

Participant Signature

Date

WIA Youth Program Staff

Date

Work Experience Time Sheet For:

TIME CARD DUE

12/30/2015

NAME _____

WORKSITE NAME _____

PAY PERIOD: BEGINNING THUR 12/17/2015

ENDING WED 12/30/2015

DATE	START TIME	BEGIN BREAK	END BREAK	END TIME	TTL HRS WKD
THURSDAY 12/17/2015					
FRIDAY 12/18/2015					
SATURDAY 12/19/2015					
SUNDAY 12/20/2015					
MONDAY 12/21/2015					
TUESDAY 12/22/2015					
WEDNESDAY 12/23/2015					
THURSDAY 12/24/2015					
FRIDAY 12/25/2015					
SATURDAY 12/26/2015					
SUNDAY 12/27/2015					
MONDAY 12/28/2015					
TUESDAY 12/29/2015					
WEDNESDAY 12/30/2015					

Case Manager is not responsible for your reported hours. Your signature notates your agreement with the total hours.

PLEASE CIRCLE THE APPROPRIATE RATING

	Unacceptable	Fair	Good	Excellent
Attitude	1	2	3	4
Attendance	1	2	3	4
Apperance	1	2	3	4
Ambition (initiative)	1	2	3	4
Accountability (honesty)	1	2	3	4
Acceptance (follows rules)	1	2	3	4
Appreciation for work	1	2	3	4

Comments:

I certify said hours to be a full, true, and correct record of the hours worked during the above pay period.

Youth Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____

Mail Or Deliver To: One Stop Employment Solutions Attn: LeAnn
 1111 O St
 Lincoln NE 68508 **OR** **Fax To:** (402) 441-6038

CITY OF LINCOLN/LANCASTER COUNTY
POST EMPLOYMENT INFORMATION

CONFIDENTIAL

Name: _____
(Last) (First) (Middle)

*****HOME ADDRESS*****

No./Street _____

City _____

State/Zip _____ Phone _____
(Home and/or cell)

*****PERSON TO CONTACT IN CASE OF EMERGENCY*****

Name _____

Address _____

Phone _____ Relationship _____

*****GENERAL INFORMATION*****

Social Security Number _____

Birth Date _____ Sex: M _____ F _____

Marital Status (check one) Married Single

* Do you have a disability which substantially limits a major activity? (check one)

- | | |
|----------------------------------|----------------------|
| 1. No | 5. Yes - Epilepsy |
| 2. Yes - Blind/Visually Impaired | 6. Yes - Paralysis |
| 3. Yes - Deaf/Hearing Impaired | 7. Yes - Cardiac |
| 4. Yes - Amputee | 8. Yes - Other _____ |

If Yes, do you require accommodation? Yes ____ No ____

If Yes, describe accommodation _____

* Of the following, of which racial/ethnic group do you consider yourself a member: (check one from each category)

** Ethnic - EEO (Check One)

1. Native American
2. Black/African-American
3. Asian or Pacific Islander
4. Hispanic/Latino
5. White

AND

** Ethnic - Grants (Check One)

- | | |
|--------------------------------------|--|
| 11. White | 15. Asian |
| 12. Hispanic or Latino | 16. Native Hawaiian Or
Other Pacific Islander |
| 13. Black or African American | 17. Two or More Races |
| 14. American Indian or Alaska Native | |

* Used for Equal Employment Opportunity Census data information.

** Ask your payroll clerk for definitions of these categories.

Department _____ Date Hired _____

Employee's Signature _____ Date _____

ADA Interviewing Requirements

Instructions to the Applicant

In accordance with Americans with Disabilities Act, it is necessary that you read the position description which contains the "essential" job functions of the position for which you have applied. After reading the "essential" job functions, please complete the following information to indicate whether or not you can perform the "essential" functions and whether or not you would need any accommodations to perform these functions.

I have read the position description for: _____

I can perform the "essential" job functions of the position without accommodation.

In order for me to perform the "essential" job functions of the position, I would need the following reasonable accommodations.

I cannot perform the "essential" job functions with or without reasonable accommodations.

Date: _____ Signature: _____

Type or print your full name

Instructions to the Interviewing Official

The applicant who has been offered the position must review the current position description which lists the essential functions of the position. The applicant needs to complete the form - indicating if any reasonable accommodations are needed to fulfill the "essential" job functions.

This original form should be attached to the Personnel Action form and forwarded to the Human Resources Department. A copy of this form may be retained for your own department's personnel files.

Please Do Not Fold

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	

For accuracy, complete all worksheets that apply. {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b style="font-size: 2em;">W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2016
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____						
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 2em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">\$12,600 if married filing jointly or qualifying widow(er)</td> </tr> <tr> <td></td> <td>\$9,300 if head of household</td> </tr> <tr> <td></td> <td>\$6,300 if single or married filing separately</td> </tr> </table>	{	\$12,600 if married filing jointly or qualifying widow(er)		\$9,300 if head of household		\$6,300 if single or married filing separately	2	\$ _____
{	\$12,600 if married filing jointly or qualifying widow(er)								
	\$9,300 if head of household								
	\$6,300 if single or married filing separately								
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____						
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____						
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____						
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$ _____						
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____						
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____						
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____						
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____						

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are--	Enter on line 2 above	If wages from LOWEST paying job are--	Enter on line 2 above	If wages from HIGHEST paying job are--	Enter on line 7 above	If wages from HIGHEST paying job are--	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

City of Lincoln

Direct Deposit Authorization Agreement

I hereby authorize the City of Lincoln to initiate credit entries and to initiate, if necessary, adjustments for any credit entries in error to my account in the financial institution named below, and to credit or debit the same entries to such account.

Financial Institution: _____

City: _____ State: _____

Account No. _____ Checking Savings

This authorization is to remain in full force and effect until the City of Lincoln has received a new authorization form in such time and in such manner as to afford the City of Lincoln reasonable time to act on it. A new authorization form shall automatically cancel the existing form. **When changing from one financial institution to another, the old account should not be closed until you confirm that the change process has been completed.**

The undersigned hereby agrees that all entries hereunder are to be governed in all respects by the Rules of the National Automated Clearing House Association (NACHA), the rules of the Federal Reserve System and the laws of the United States, including the sanctions and embargo programs administered by the office of Foreign Assets Control ("OFAC"), as now or hereafter in effect and agrees to be bound thereby.

Employee Name (print): _____ Employee SSN: _____

Employee Signature: _____ Date: _____

Employee Department: _____ Employee Work Phone: _____

Your Direct Deposit information must be filled out completely with a voided check or a form printed from your bank or financial institution stating your routing and account number. Deposit slips generally do not work as they sometimes have a different routing number. Writing out information by hand also does not work as we need printed information. Valid routing numbers must start with a 0, 1, 2 or 3.

Send completed form to City Payroll

One Stop Employment Solutions

Debit Card Authorization

I do not have an account for Direct Deposit. I request that my pay be automatically deposited to a debit card.

I understand that it will be my responsibility to activate the card, keep the PIN number secure, and report if my card is lost or stolen.

Name (print)

Signature

SSN

Date

One Stop Employment Solutions

Work Experience Checklist

Participant Name: _____

Fund Source: _____

Start Date: _____

- Worksite Agreement
- City of Lincoln Post Employment Form
- ADA Form
- W-4 Form
- Direct Deposit Form (voided check or deposit information attached)

OR

- Debit Card Authorization Form
- I-9 Form
- Copy of Social Security Card
- Copy of Photo ID

Case Manager

Date to OSES Finance

Attachment Z

A. WIOA Application Overview

1. Current WIA applications with no Exit Date will convert automatically to WIOA and no staff edits will be required
2. If Current WIA application is in “Incomplete” status, it will be converted but staff edits may be required
3. WIA applications with Exit Date 7/1/2010 or greater will also be converted to WIOA
4. WIA applications with Exit Date prior to 7/1/2010 will not be converted and sent to archive
5. When completing a WIOA application, there will be a new progress bar to show completion status.



6. Once an application is complete, you can click on application to access or use the Wizard and it will appear with tabs at the top like it does currently for WIA



7. There is still a checkbox to save a partial application
8. The system will not determine the eligibility of a “Partially Complete” app
9. When you click to Exit the Wizard, the application will only save tabs/sections where the Next button has been clicked to save info

B. WIOA Application

1. Start Tab

- a. The progress bar will show yellow if the tab/section is actively being processed, green if the tab/section is complete and grey if it is incomplete
- b. If the WIOA application was converted, it will show the WIA Converted Application ID to assist with cross referencing
- c. Staff can select single programs for eligibility at the beginning of WIOA application which can limit questions in the application and scope of services.

Application/Registration Information

?

Application Closed Never Enrolled: Close application, never enrolled

• **Application Date:** (mm/dd/yyyy)

Adult Basic Career Services Eligibility:

Adult Eligibility:

Adult Eligibility Date: (mm/dd/yyyy)

Dislocated Worker Eligibility:

Dislocated Worker Eligibility Date: (mm/dd/yyyy)

Youth Eligibility:

- d. Adult Basic Career (ABC) Service Eligibility – similar to WIA core
- e. Adult/DW Eligibility – Similar to WIA Intensive
- f. If entering a date prior to 7/1/2015 a popup message will display to inform that “Only WIOA eligibility rules will run based on this date.”
- g. Farmworker status has been moved to the Employment section
- 2. Contact
 - a. This tab/section has no changes
- 3. Demographics
 - a. No changes, but American Indian/Alaskan Native & Hawaiian/Other Pacific Islander will have an effect in later section as a potential barrier
- 4. Veteran
 - a. Veteran information will be collected in the same manner as on the general registration page
 - b. Changing status from Yes to No will wipe out all Veteran information for job seeker
 - i. Do not make this change unless absolutely sure the participant is not a vet
 - c. “Recently separated veteran (within the last 48 months)”
 - i. This criteria is different than what is required for WP
- 5. Employment
 - a. Farmworker Status has moved to the employment page where it is more appropriate
 - b. Dislocated Worker categories descriptions have the significant differences bolded and there are two additional categories.

Dislocated Worker

?

Dislocated Worker Category:

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

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

- c. Instead of radio buttons, there are now checkboxes for DW verification.
 - i. You can select more than one DW verification if applicable and they do not have to match the DW category

Dislocation Category Verification	
<input checked="" type="checkbox"/>	Cat 1 or 2: Separation Notice from Employer
<input type="checkbox"/>	Cat 1 or 2: UC Records
<input type="checkbox"/>	Cat 3: WARN notice or letter of profiled authorization from the State WIA Admin Dept. or other accepted documentation
<input type="checkbox"/>	Cat 4: Documentation of "General Announcement."
<input type="checkbox"/>	Cat 5: Receipt of Notice of foreclosure or intent to foreclose.
<input type="checkbox"/>	Cat 5: Proof of failure of the farm, business or ranch to return a profit during preceeding 12 months.
<input type="checkbox"/>	Cat 5: Entry of individual into bankruptcy proceedings.
<input type="checkbox"/>	Cat 5: Inability to make payments on loans secured by tangible business assets.
<input type="checkbox"/>	Cat 5: Inability to obtain capital necessary to continue operations.
<input type="checkbox"/>	Cat 5: A debt-to-asset ratio sufficiently high to be indicative of the likely insolvency of the farm, ranch or business.

- d. Number of weeks unemployed-if youth has never worked, you may enter 99.
- e. Layoff Industry and ONET code are new but not currently required fields

6. Education

- a. Attending any School (per state definition) – required field
 - i. New blue text stating “Excluding Adult Education”
 - ii. This will determine the status of In School or Out of School for Youth

Educational Information	
• Current Highest School Grade Completed (from registration):	High School Diploma
• Federally Reported Highest School Grade Completed:	Attained High School Diploma
	[Verify]
	<input checked="" type="checkbox"/> Self Attestation
• School Status:	In-school, post High School
	[Verify]
	<input checked="" type="checkbox"/> School records
• Attending any School (per state definition) <i>Excluding Adult Education:</i>	Yes
	[Verify]
	<input checked="" type="checkbox"/> School Records

7. Public Assistance

- a. Categories are grouped by
 - i. Individual or Family member receiving:
 - ii. Individual receives, or in the last 6 months, received:
 - iii. Individual currently meets
- b. Refuge cash assistance no longer reportable

8. Barriers

- a. Categories are split between individual barriers and barriers to employment
- b. New barriers include
 - i. English Language Learner
 - ii. If receiving TANF, are they within two years of exhausting TANF lifetime eligibility
 - iii. Hawaiian Native
 - iv. American Indian/Alaskan Native
 - v. Substantial cultural barriers
 - vi. Meets long term unemployment definition
 - vii. Older Individual
 - viii. Meets Governor’s special barriers to employment
 - 1. This is 5% of 5%
 - ix. Youth – Youth requires additional assistance...

- 1. Not the same as WIA
- x. Youth – Out of Home Placement
 - 1. Removed from home and placed with relative

9. Family Income

- a. No change

10. Miscellaneous

- a. All configurable items presented

11. Eligibility and Grants

- a. Application meets the definition for low income:
- b. Green highlight for eligible Program

Applicant Eligibility					
Applicant meets the definition for low income: Yes					
Income Table: Income Table					
Program	Eligible	Priority	Exception/Limitation	Reason(s) Not Eligible	Action
ABC Services	Undetermined			No ABC Eligibility Date.	<input type="checkbox"/> Inactive
Adult	Yes	LI			<input type="checkbox"/> Inactive
Dislocated Worker	Yes				<input type="checkbox"/> Inactive
Youth	Undetermined			No Youth Eligibility Date.	<input type="checkbox"/> Inactive
VET = Veteran, BSD = Basic Skills Deficient, PA = Public Assistance, LI = Low Income, SLP = Additional Priorities					

- c. Priority column with Legend below for assistance
- d. Exception/Limitation for 5% Exception rule
- e. WIOA Grant Eligibility
 - i. National Dislocated Worker Grant NDWG takes place of NEG
- f. Link to show previous WIA Eligibility no longer recorded in WIOA

Attachment AA

Accommodation Request

This form is used to record requests for accommodation by an individual/registrant, applicant, participant or employee.

Name of Individual Requesting Accommodation

Date Accommodation Requested

Accommodation Requested:

Individual Signature

Date

Program Manager Signature

Date

Accommodation Provided

Yes

No

Describe Accommodation Provided:

OSES Staff Signature

Date



