



## **Tulsa Area Workforce Development Board, Inc.**

*Proudly serving Creek, Osage, Pawnee and Tulsa Counties in Oklahoma*

# **Adult & Dislocated Worker Policy**

**Board Approved: February 15, 2018**

907 South Detroit Ave., Tulsa OK 74120

Phone: 918-595-8913

[www.workforcetulsa.com](http://www.workforcetulsa.com)

*Workforce Tulsa is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. This presentation was financed in whole or part by funds from the US Department of Labor as administered by the Oklahoma Office of Workforce Development.*

*TDD/TTY: 1-800-722-0353; Voice: 1-8020-522-8506*

Adult and Dislocated Worker Policy TU2017-022018

# Adult & Dislocated Worker Policy Changes Overview

## Most Recent Policy Changes:

---

Implementation by:	03.02.2018
Board Approval:	02.15.2018
Executive Committee Approval:	02.08.2018
Oversight Committee Approval:	01.29.2018
Youth Committee Approval:	Not Applicable

**Reason:** This policy was updated to reflect changes made to the state database and process improvements.

**Recessions:**

- Adult & DLW Program Policy TU2016-062017
  - Selective Service Policy TU2017-102017
  - M01-2017 Adult, DLW, and Youth Assessments TU2017-0812017-03, § 2 Adult and Dislocated Worker Program Assessments
- 

Board Approval:	06 15 2017
Executive Committee Approval:	06 08 2017
Oversight Committee Approval:	05 22 2017
Youth Committee Approval:	05 04 2017

**Reason:** This is a new policy under the Workforce Innovation and Opportunity Act of 2014. This policy will cover eligibility, services, and the documentation of the individual employment plan.

**Recessions:**

- Adult & DLW Program Policy TU2014-02202014-01
  - M02-2014 WIOA Interim Adult and Dislocated Worker Eligibility Guidance 07 23 2015
  - M03-2014 R1 WIOA Interim Adult and Dislocated Worker Services Guidance FINAL 11 05 2015
-

# Tulsa Area Workforce Investment Board

## Adult and Dislocated Worker Policy

Board Approved: 02.15.2018

---

### I. Purpose:

Provide guidance on the coordination and delivery of service, as defined under the Workforce Innovation and Opportunity Act of 2014 (WIOA), to participating Adult and Dislocated Worker (DLW) Participants s.

The following provides information on the minimum requirements for the documentation of participant eligibility and enrollment into the WIOA program. Service Providers may include additional elements in their local policies and procedures, so long as they comply with this policy, the WIOA, Department of Labor (DOL) Regulations, and the Oklahoma Workforce Development Issuance (OWDI) and any other guidance issued by Oklahoma Office of Workforce Development.

### II. Authority:

- WIOA §134 Use of Funds for Employment and Training Activities;
- Training and Employment Guidance Letter (TEGL) 19-16;
- TEGL 10-16 Performance Accountability Guidance;
- Training and Education Guidance Letter (TEGL) 11-11, change 2 Selective Service Registration Requirements for Employment and Training Administration Funded Programs
- OWDI 19-2017 Guidance on Services provided through the Adult and Dislocated Worker Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service (ES), as amended by title III of WIOA, and for Implementation of the WIOA Final Rules;
- OWDI 13-2017 , CHANGE1 Nondiscrimination & EO Policy
- OWDI 16-2017 Grievance and Complaint Process

### III. Background:

The WIOA Adult and DLW formula programs, in coordination with the Wagner-Peyser (WP) Employment Service (ES), are pivotal pieces of the one-stop delivery system, which is the foundation of the workforce system. The system provides universal access to career services to meet the diverse needs of Adults and DLWs. The Adult and DLW programs are required partners in the one-stop delivery system. WIOA made some significant reforms to how services are delivered in the one-stop delivery system to Adults and DLWs. Under WIOA Adults and DLWs may access career services and training services. WIOA provides for a workforce system that is universally accessible customer-centered and training that is job-driven.

### IV. Local Policy:

#### A. Participant Enrollment

The enrollment process begins with the participant self-registering in OKJobMatch. Once the self-registration is completed, staff must meet with the participant and review all demographic information to ensure all items answered by the participant are answered appropriately and completely.

All applicable demographic information pertaining to an Adult or DLW program participant must be entered accurately in the virtual case management system's Universal Demographics Screen. The demographic information entered will generate potential eligibility determinations and allow enrollments into the Title I or partner programs. Once the enrollment is complete, a snapshot of the demographic information entered in the Universal Demographics Screen will exist in the appropriate program's enrollment section.

Appropriate documentation of the information used to qualify the individual as eligible for enrollment must be uploaded into the participant's virtual case file. The information needed to determine eligibility would be completed and entered into the system by staff in consultation with the participant after the self-registration is complete.

All pending enrollments and eligibility determinations are valid for only 30 days. At the end of 30 days, the participant is considered ineligible and will require a new eligibility determination. The enrollment date may not be backdated.

## **B. General Eligibility**

Individuals enrolled in the WIOA Adult and DLW programs must meet the general eligibility criteria outlined below.

1. Selective Service Compliance<sup>1</sup>;
2. Be eligible to Work in the United States; and
3. Be age 18 or older.

In addition to the above, to be eligible to be enrolled as a **DLW** the participant must be classified as meeting one of the following categories:

### **Category 1: Recently Dislocated**

**Criteria 1:** The individual has been terminated or laid off, or who has received a notice of termination or layoff, from employment,

**AND**

**Criteria 2:** is eligible for or has exhausted unemployment compensation; or has been employed for a duration sufficient to demonstrate attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law;

**AND**

**Criteria 3:** is unlikely to return to a previous industry or occupation;

### **Category 2: Plant Closure / Substantial Layoff**

**Criteria 1:** Individual has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of or any substantial layoff at a plant, facility, or enterprise;

**OR**

**Criteria 2:** the individual is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days;

**OR**

**Criteria 3:** is employed at a facility at which the employer has made a general announcement that such facility will close.

### **Category 3: Formerly Self Employed**

The individual was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters.

### **Category 4: Displaced Homemaker**

**Criteria 1:** Individual is a displaced homemaker. The term “displaced homemaker” means an individual who has been providing unpaid services to family members in the home

**OR**

**Criteria 2:** is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of deployment, a call or order to active duty, a permanent change of station, or the service-connected death or disability of the member

**AND**

**Criteria 2:** has been dependent on the income of another family member but is no longer supported by that income; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

### **Category 5: Military Spouses**

**Criteria 1:** An individual who is the dependent spouse of a member of the Armed Forces on active duty<sup>ii</sup> and whose family income is significantly reduced because of a deployment<sup>iii</sup> or a call or order to active duty<sup>iv</sup>, a permanent change of station, or the service-connected<sup>v</sup> death or disability of the member;

**OR**

An individual who is the dependent spouse of a member of the Armed Forces on active duty who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

**OR**

**Criteria 2:** An individual who is discharging or honorably separating from the Armed Forces<sup>vi</sup>. Attachment A Adult and DLW Eligibility Form shall be completed and uploaded per the local Upload policy.

### **C. Selective Service**

To be eligible to receive WIOA Title I funded services, all males age 18 and above and born on or after January 1, 1960, must present documentation showing compliance with the Selective Service registration requirement or the documented exception from that requirement.

Center Staff will assist the participant in obtaining the Selective Service Status Information Letter. This process will be completed by using the Selective Service System phone number 1-847-688-6888 or via website [www.sss.gov](http://www.sss.gov).

Acceptable documentation to determine a person’s Selective Service registration status may include:

1. Selective Service Status Information Letter;
2. Selective Service Registration Card;
3. Selective Service Registration Record;
4. Service Verification Form (Form 3A);
5. Stamped Post Office Receipt of Registration; and/or
6. US Selective Service Verification printed from the internet [www.sss.gov](http://www.sss.gov).
7. DD-214 “Report of Separation”; or
8. Current Military ID

Additionally, the Selective Service System website (<https://www.sss.gov/>) provides additional information about registration requirements, including the "Who Must Register Quick Reference Chart."

If the participant's 26th birthday has passed and is being denied eligibility for WIOA services you may follow these next steps.

1. Complete the "Selective Service Registration Waiver Form" Attachment E on behalf of the participant.
2. Provide copies of documents that support your participant's explanation, showing any periods when they were hospitalized, institutionalized, or incarcerated occurring between their 18th and 26th birthdays that support their statement.
3. If the participant is a non-citizen, they will be required to provide documents that show when they entered the United States and under what pretense, and when they became nationalized, if applicable.
4. The Selective Service Registration Waiver Form must be filled out completely.
5. All information shall be provided to Board Staff for review.

For participants who were required to register, the determination will be based on whether or not the failure to register was knowing and willful.

**1. Knowing**

- a. Was the participant aware of the requirement to register?
- b. Participant knew about the obligation to register, was he misinformed about the requirement (e.g., veterans who were discharged before their 26th birthday were occasionally told that they did not need to register)?
- c. What date did the participant first learn that he was required to register?
- d. Where did the participant live when he was between the ages of 18 and 26?
- e. Does the status information letter indicate that Selective Service sent letters to the individual at their address and did not receive a response?

**2. Willful**

- a. Was the failure to register done deliberately and intentionally?
- b. The participant did have the mental capacity to choose whether to register and decided not to register?
- c. What actions, if any, did the individual take when he learned of the requirement to register?

If the Local Board determines it was not a knowing and willful failure and the individual is otherwise eligible, services may be provided. If the Local Board determines that evidence shows that, the individual's failure to register was knowing and willful, WIOA services must be denied. Individuals denied services must be advised of available WIOA grievance procedures. The Local Board must keep documentation related to evidence presented in determinations related to Selective Service.

**3. Upload Procedures**

For the male individuals, who have registered for Selective Service, upload documents as directed below.

**Selective Service Registration, if applicable:**

- a. Select the appropriate Selective Service document from the drop down box (4 options)
- b. Check box for "Universal," then click continue.
- c. Check box for "Eligibility."
- d. Check box for "Selective Service Registration," then click continue.
- e. Select the document and insert note identifying the document(s) being uploaded.
- f. Identify Document Item Box as "Verify Sel Serv."

For the male individuals that do not have to register for the Selective Service, each case must be documented in client notes and be supported by documentation. Supporting documentation shall be uploaded in the participant's virtual case file under Universal Uploads. The upload should have the Selective Service Status Information Letter along with any other documentation that supports them not lawfully having to register.

**Universal Upload: Selective Service Non-Registration**

- a. Select the "Selective Service Status Information Letter."
- b. Check box for "Universal," then click continue.
- c. Check box for "Eligibility."
- d. Check box for "Selective Service Registration," then click continue.
- e. Select the document and insert note identifying the document(s) being uploaded.
- f. Identify Document Item Box as "Non Sel Serv."

All participants who were denied access to services, due to not registering for Selective Service, must have all support documentation uploaded under the Universal section in OSL, plus a detailed client note.

**Universal Upload: Selective Service Non-Registration**

- a. Select the "Selective Service Status Information Letter."
- b. Check box for "Universal," then click continue.
- c. Check box for "Eligibility."
- d. Check box for "Selective Service Registration," then click continue.
- e. Select the document and insert note identifying the document(s) being uploaded.
- f. Identify Document Item Box as "Denied Sel Serv."

**D. Priority of Service**

WIOA programs are required by law to provide a priority or preference for a particular group of individuals. All WIOA programs (Adult, DLW, and Youth) are required to provide priority of service to veterans and eligible spouses of veterans. The Adult program is additionally required to provide priority of service to public assistance recipients, other low-income individuals and individuals that are basic skills deficient, when providing individualized and training services. English Language Learners meet the criteria for "basic skills deficient".

**1. Veteran**

Federal Law requires that priority treatment be given to covered persons under the Jobs for Veterans Act. This means that priority of service applies for veterans and some spouses who meet the eligibility requirements for participation in any DOL-funded training program. **Priority of service for the covered person applies to all services and activities provided within the center, not just individualized and training services. Veteran priority applies to all Department of Labor funded job training programs.** Each veteran discharged, other than those dishonorably discharged, are eligible for priority of service, along with their spouses, if they meet the general eligibility requirements defined in section IV(B) of this policy. For income-based eligibility determinations and for determining priority of service, military pay or allowances paid while on active duty or paid by the Department of Veterans Affairs (VA) for vocational rehabilitation, disability payments, or related VA-funded programs are not to be considered as income, in accordance with 38 U.S.C. 4213 and 20 CFR § 683.230.

**2. Adult Program**

Adults who fall under one of the following categories must be given **priority in regards to individualized and training services.**

- a. Family Income at or below the Poverty Line or 70% of the Lower Living Standard Income Level (LLSIL), whichever is greater;
- b. SNAP, TANF or SSI recipient within the last 6 months;
- c. Be a Low Income Home Energy Assistance Program, Subsidized Child Care Benefits, or Refugee Assistance recipient;
- d. Homeless; or
- e. An individual with a disability whose own income meets the income requirement of item (1) above, but who is a member of a family whose income does not meet the requirement.

### 3. Priority of Service Participant Sequence

As described in Training and Employment Guidance Letter (TEGL) 19-16, below is the order of priority. The Service Provider shall document and record each determination of a participant receiving or not receiving services, due to priority of service. The facts used to make the decision must be recorded and made available upon request.

**Category 1:** Veterans and eligible spouses who meet WIOA Adult low income priority (section B), or individuals who are basic skills deficient;

**Category 2:** Those who meet WIOA Adult low income priority;

**Category 3:** Veterans and eligible spouses who do not fall under the WIOA low income priority;

**Category 4:** Those who are not veterans, eligible spouses, or WIOA low income. An individual who does not provide income verification automatically falls within this category.

The Service Provider shall track the results of who received and who did not receive training services due to priority of service criteria. Information used to make the determination needs to be addressed in the data. This information shall be given to Board Staff on a quarterly basis, for monitoring purposes.

Attachment B Participant Priority of Service Form shall be completed and uploaded per the local Upload Policy.

### 4. WIOA Focus Populations

Across all titles, WIOA focuses on serving "individuals with barriers to employment", defined in WIOA section 3(24) and seeks to ensure access to quality services for these populations. The populations included in the "individuals with barriers to employment", as defined in WIOA § 3, include:

- a. Displaced homemakers;
- b. Low-income individuals;
- c. Native Americans, Alaska Natives, and Native Hawaiians;
- d. Individuals with disabilities, including Youth who are individuals with disabilities (includes individuals who are in receipt of Social Security Disability Insurance);
- e. Older individuals (age 55 and older);
- f. Justice Involved ("offender" as defined in WIOA sec. 3(38)); and
- g. Homeless individuals or homeless children and youths<sup>vii</sup>.
- h. Individuals who are:
  - i. English language learners (29 USC 3272(7));
  - j. Individuals who have low levels of literacy (for example, an individual who is unable to compute or solve programs, or read, write, or speak English at a level necessary to function on the job, or in the individual's family, or in society); and
  - k. Individuals facing substantial cultural barriers;
- l. Eligible migrant and seasonal farmworkers (as defined in WIOA 167(i)(1-3));
- m. Individuals within two years of exhausting lifetime TANF eligibility;
- n. Single parents (including single pregnant women); and
- o. Long-term unemployed individuals (unemployed for 27 or more consecutive weeks).

The identification of this population is used in the providing of transitional jobs service, criteria for determining the use training contracts, and On-Job-Training employer reimbursement levels.<sup>viii</sup>

### E. Underemployed

Services may be provided to those participants who are underemployed. If those who are underemployed fall into a priority criterion, they must be served based on their priority. The fact that they have employment does not diminish their priority of service. An individual is considered underemployed if:

1. Employed less than full-time but seeking full-time employment;
2. Employed in a position that is inadequate with respect to the individual's skills and training;
3. Employed and meets the definition of a low-income individual; or
4. Employed, but current job's earnings are not sufficient compared to earnings from previous employment.



In reference to item 4, the individual earnings must be at or below 80% of the earnings from previous employment, for an Adult or DLW to be deemed underemployed.

## **F. Co- Enrollment**

Co- Enrollment is an important element that allows programs to leverage funds when serving participants and businesses to maximize available resources. All services provided by a partnering agency must be reflected under the WIOA enrollment with the provider of service named within the participant's virtual service and training plan.

### **1. Title I Adult and Youth Program**

Individuals eligible for the Adult program must be at least age 18. Those Youth participants' ages 18 through 24 years may be eligible for both the Adult and Youth programs.

- a. Eligible individuals who are 18 through 24 years may participate in the Adult and Youth programs concurrently if they meet the eligibility criteria applicable to both the programs.
- b. The One-Stop operator shall track and identify the funding streams that pay the costs of services provided to those individuals participating in the Youth and Adult programs concurrently to avoid duplication of services and ensure staff time is allotted appropriately.
- c. Individuals who are concurrently enrolled will be included in the respective program's appropriate performance indicator cohort and will be considered a program participant for both programs.
- d. Individuals who are concurrently enrolled will not be allowed to be counted in both Adult and Youth local contractual measures. The Service Provider will identify which cohort, Adult or Youth, in which the participant will be counted by the quarterly submission of contractual numbers. Once identified as Youth or Adult, the participant may not be moved into the other program contractual performance cohort.

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

Co-enrollment of workers certified as eligible for TAA (TAA-certified) in partnership with WIOA, allows for the timely provision of individualized career services and improves the effectiveness of the TAA Program.<sup>ix</sup> Individuals who are members of a group covered under a petition filed for TAA and are awaiting a determination may be co-enrolled in Adult and/or DLW programs. If the TAA petition is certified, the worker will transition to TAA approved training. If the petition is denied, the worker will continue training under WIOA.<sup>x</sup>

- a. All participants who are enrolled into the TAA program and receiving training must be enrolled into the Title I DLW program.
- b. All services provided must be reflected under the DLW enrollment with the provider of service named within the participant's virtual service and training plan.
- c. The One-Stop operator shall track and identify the funding streams that pay the costs of services provided to those individuals to avoid duplication of services and ensure staff time is allotted appropriately.

### **3. Wagoner - Peyser - Labor Exchange**

Labor Exchange Employment Services (ES), provided by Oklahoma Employment Security Commission (OESC), fall under the basic career services discussed in § E of this policy. Additionally, all of the basic career services must be made available by ES staff in coordination with other American Job Center partners.<sup>xi</sup> Until further guidance is received from OOWD and OESC, the co-enrollment of WIOA Title I programs and Title III Wagoner-Peyser process shall be delivered as specified in this policy. The One-Stop Operator shall work with the OESC Wagoner-Peyser staff to create a seamless flow of participants between programs.

- a. **Participant Demographics**  
All questions within the Demographics Section must be completed in their entirety. There should not be “Not Entered” located on the right side of the demographics screen, except for the MCI# and Case #, and R/ATAA Information (only if not enrolled into the R/ATAA program.)
- b. **WIOA Title I Program Service and Training Plan**  
Labor Exchange staff shall only place basic information only services identified in Section E into the WIOA Title I enrollments. If staff assisted services are entered into the WIOA Title I enrollment, that staff member will be required to gather eligibility documentation identified in Section B to be uploaded in the state database per the local upload policy.

## **G. Equal Opportunity**

An Equal Opportunity notice must be provided in appropriate formats to registrants, applicants, eligible applicants/registrants, and applicants for employment and employees and participants with visual impairments. A record of a participant receiving an EO notice must be made part of the participant’s file. The notice must be provided in the participant’s native language, if requested. For more information, please see the Equal Opportunity policy.

## **H. Grievance Procedures**

A copy of the Grievance notice must be provided in appropriate formats to registrants, applicants, eligible applicants/registrants, and applicants for employment and employees and participants with visual impairments. A record of a participant receiving the grievance procedures must be made part of the participant’s file. The notice must be provided in the participant’s native language, if requested. For more information, please see the Grievance Policy.

## **I. Career Services**

Career services for Adults and DLW must be made available in at least one American Job Center in each local area. Services also may be available elsewhere, either at affiliated sites or at specialized centers. Adults and DLWs who receive services funded under Title I, other than self-service or information-only activities, must first be registered, then enrolled into the program and receive a career service other than self-service or informational to become a participant. There are three categories that fall under the Career Services: Basic Career Services, Individualized Career Services, and Follow Up Services.

### **1. Basic Career Services**

- a. Basic career services must be made available to all individuals seeking services in the one-stop delivery system. Participants receiving only informational services do not have to meet eligibility criteria. Informational services include:
  - b. Eligibility determination;
  - c. Outreach, intake, orientation;
  - d. Labor exchange services including:
  - e. Job search (Self-directed);
  - f. Provision of information on in-demand industry sectors and occupations (as defined in sec. 3(23) of WIOA);
    - 1) Provision of information on nontraditional employment (as defined in sec. 3(37) of WIOA);
    - 2) Referrals to other programs and services;
    - 3) Workforce and labor market employment statistics information;
    - 4) Performance information and program cost information on eligible providers of training services by program and type of providers;
    - 5) Provision of info on local performance; and
    - 6) Information relating to the availability of supportive services or assistance, and appropriate referrals to those services and assistance.

First, the individual must be enrolled in the Title I Adult or DLW program prior to the participant receiving any staff assisted basic services, such as:

- g. Initial assessment of skill and supportive service needs;
- h. Job search and placement assistance (Staff-assisted);
- i. Career counseling/guidance;
- j. Assistance in establishing eligibility for programs of financial aid; and
- k. Provision of information and for Unemployment Insurance (UI).

## 2. Individual Career Services

If American Job Center staff determine that individualized career services are appropriate for an individual to obtain or retain employment, individualized services must be made available to the participant. Each individual who receives an individualized service must be enrolled into the Adult or DLW Program.

The first Individual Career Service must be a comprehensive assessment that leads to the development of an Individual Employment Plan. The One-Stop Operator must identify what assessment(s) will be used to meet the definition of comprehensive assessment as defined in § 134(c)(2)(A)(xii)(I).

American Job Center staff may use assessments conducted by partner program if it was conducted within the last 6 months to determine if individualized career services would be appropriate. The Participant Self-Assessment shall be used as an application to obtain information. Please see Attachment C for the Participant Self-Assessment.

Individualized services may include, but are not limited to:

- a. Comprehensive and Specialized Assessments
- b. Individual Employment Plan
- c. Group and Individual Counseling
- d. Career Planning
- e. Short-term Prevocational Services
- f. Internships, Work Experiences, and Transitional Jobs
- g. Workforce Participation Activities
- h. Financial Literacy
- i. Out-of-Area Job Search and Relocation Assistance
- j. English-Language Acquisition and Integrated Education and Training Programs

## 3. Follow-Up Services

An exit program note should be entered upon a participant's exit, identifying that they are eligible for follow-up services and if they were employed, unemployed, or information unknown at time of exit. Follow-up services must be provided, as appropriate, including counseling regarding the workplace for participants in Adult or DLW workforce innovation activities who are placed in unsubsidized employment for up to 12 months after the first day of employment. While follow-up services must be made available, not all of the Adults and DLWs placed into unsubsidized employment will need or want such services. If a participant chooses not to participate in follow up services that too must be documented in program notes. The intensity of appropriate follow-up services may vary among different participants. Participants who have multiple employment barriers and limited work histories may be in need of significant follow-up services to ensure long-term success in the labor market.

### a. Employed at Exit Process

Participant will be contacted 30 days before exit (60 days of last service); to notify the participant they will be exiting the program. If information is communicated to the CN, by the participant, they are not in need of additional services, and are employed; the CN will then proceed with the first Follow Up service.

The first Follow Up service should consist of the service "Follow Up" with the Provider field displaying "Exit Debrief". The "Exit Debrief" will consist of, at minimum, notification of follow up service available and 90-day participant contact process. Other items may be added as the need arises.

In the "Follow Up" service, the O\*NET SOC code will need to be completed and the "Does this service lead to a credential?" marked "No". Additionally, the "Type of Credential" should be left blank and the "Pay-for Performance Contract" set to "N/A".

Additional services provided as follow up services, will be enter a "Follow Up" service, and will provide the name of the service that was provided in the Provider field.

**b. Unemployed at Exit Process**

Participants will be contacted, before exit, to notify the participant they will be exiting. If information is communicated to the Career Navigator, by the participant, that they need additional services, the Career Navigator will determine the avenue in which those services will be provided and document the contact with a program note. If information is communicated to the Career Navigator, by the participant, that they are not in need of additional services; the Career Navigator will ensure all services are closed and allow client to exit. After program exit, the Career Navigator will maintain contact at least once every 90 days to document any WIOA performance outcomes. The results of contact will be entered in the Program Notes and outcomes area of OSL.

**c. Follow Up Participant Contact**

Participant shall be contacted no less than every 90 days. All contact and contact attempts must be documented in OSL program notes. The One-Stop Operator must have an internal Participant Contact policy that addresses when and how contacts will be made and when it is appropriate to no longer attempt contact.

**d. Service and Training Plan**

Once the participant has exited the program, a follow-up service, with the provider as "Exit Debrief" must be entered into the participant's service and training plan, as a one-day service. There needs to be a "Follow Up Service" program notes that detail the services provided and the expected outcome. A new follow-up service will be entered each time the participant is provided a service while in follow-up. A program note detailing the nature and outcome of the service will be entered.

**e. Decline of Follow-Up Service**

Participants have the option to decline follow-up services. If a participant declines follow-up services at any point in time during the follow-up process, a program note detailing the contact that resulted in this action must be created. Once a participant has expressed no interest in being contacted further, the contacts must stop.

**J. Training Services**

Training services may be provided if staff after conducting an interview, an evaluation or assessment, and the development of an Individual Employment Plan determine that the individual:

1. Is unlikely or unable to obtain or retain employment;
2. Is in need of training services to obtain or retain employment;
3. Has the skills and qualifications to successfully participate in the selected program of training services;
4. Is unable to obtain grant assistance from other sources;
5. Is a member of a worker group covered under a petition filed for Trade Adjustment Assistance (TAA) and is awaiting a determination. If the petition is certified, the worker may then transition to TAA approved training. If the petition is denied, the worker will continue training under WIOA;
6. Is determined eligible in accordance with the State and local priority system in effect for Adults under WIOA; and
7. Selected a program of training services that is directly linked to the employment opportunities in the local area or the planning region or in another area to which the individual is willing to commute or relocate.<sup>xii</sup>

The Service Provider is encouraged to utilize appropriate assessments when making training determinations to reduce duplicate assessments and develop enhanced alignment across partner programs. All assessment scores must be entered in the appropriate enrollment section of the state database.

Types of training services include:

1. Occupational skills training, including training for nontraditional employment;
2. On-the-job training;
3. Incumbent worker training (a local Incumbent Worker Policy shall be created by Board the and allow for further guidance on this service);
4. Programs that combine workplace training with related instruction, which may include cooperative education programs;
5. Training programs operated by the private sector;
6. Skill upgrading and retraining;
7. Entrepreneurial training;
8. Job readiness training provided in combination with the training services described above, (a-g) or transitional jobs;
9. Adult education and literacy activities including activities of English Language acquisition and integrated education and training programs provided concurrently or in combination with services mentioned above (a-g); and
10. Customized training conducted with a commitment by an employer or group of employers to employ an individual upon successful completion of the training.

#### **K. Adult and Dislocated Worker Program Assessments**

The **Initial Assessment**, at minimum, will consist of:

1. Participant Self-Assessment (PSA), and
2. Structured Interview Guide.

The **Comprehensive Assessment**, at minimum, shall consist of:

1. Initial Assessment, and
2. [OKCareerGuide](#)
  - a. Work Values Assessment
  - b. Career Interest Assessment
  - c. Skills Confidence Assessment

If the initial assessment is uploaded prior to the completion of the comprehensive assessment, the initial assessment does not need to be uploaded again under the Comprehensive Assessment upload. If the initial assessment was not completed prior to the comprehensive assessment, then the initial assessment items will need to be completed and included in the comprehensive assessment document upload.

#### **L. Participant Contact**

Participants with open enrollments, who are not receiving follow-up services, should be contacted no less than every 45 days.

#### **M. Participant Exit**

The participant shall exit 90 days after the last service provided. The participant shall be placed into follow-up services described in Section L.

#### **N. Individual Employment Plan**

The provision of individualized career services must be based on the employment needs of the individual as determined by the individual and the career manager. This information must be identified through an individual employment plan (IEP). Each step of the individual's career pathway must be clearly documented in the IEP as it is developed and as the plan evolves.

The IEP shall be developed with the information gathered from the comprehensive and other appropriate assessments. The state database Individual Employment Plan / Individual Service Strategy section will be used to document the components of the IEP, along with the Client Involvement Statement located on the bottom of the that page. The participant must receive a copy of the IEP once created, or updated. Each substantial update of the IEP must have a new Client Involvement Statement signed. General updates from the career manager on participant’s progress do not require client signature, however, the career manager must mark the appropriate box, under the Client Involvement Statement and Agreement section. Additionally, if action steps or planned services are changed then a client signature must be obtained and a new IEP should be printed and given to the participant. The above examples are not the only reasons to or not require participant signature for Client Involvement Statement.

All individualized and training services entered into the Service & Training Plan must be tied to the participant’s IEP, with a correlating program note detailing how the service will help the participant attain their goal. The IEP is flexible and ongoing based on the participant’s needs and must contain, at a minimum, the sections identified below.

**1. Required IEP Sections**

The IEP shall be reviewed and updated as appropriate to ensure the participant’s progress is tracked and recorded in the state database. Other sections found within IEP/ISS, that are not addressed in this policy, may be used by the One-Stop Operator, but the use should be supported by policy and follow the format outlined herein. If a section is not necessary for the participant, please place an “NA” in the appropriate section, with a brief explanation.

**a. Occupational Assessment and Career Research:**

A summary of the participant’s abilities and aptitudes, and primary interests based upon assessment and career exploration results, and any other relevant information may be placed in this section. Highlight where abilities or interests align with the occupational interest with an (\*).

Note: Using Career OneStop.org, click “Interests” in the occupation’s online O\*Net description to view interests from the Profiler that are associated with the target occupation.

**b. Justification for Employment Goal:**

The employment goal is the selection of a single employment goal with the identification of an initial career pathway of occupations to consider. This decision should be based on collaboration between the career manager and the participant. Provide a specific O\*Net SOC code that is tied to the target occupation. Detail job-specific skills, educational requirements, job growth and job demand information, and earnings potential for the target occupation (reference sources such as Career One Stop (.org) website, O\*Net online, and EMSI.)

Identify and list potential next steps along a “Career Pathway”\* associated with the chosen target occupation (regardless of whether it’s short-term WIOA-funded activities, or long-term possibilities using other or additional funding sources, as needed).

Suggested next steps would include actions that enable lateral or upward movement along a career track, or into alternate but related occupations, and might involve making strategic job-change choices and/or obtaining other certificates or degrees that help sustain career success/advancement. (Visit the Career One Stop.org website for additional information about Career Ladders/Lattices and Competencies, which may be appropriate to cite within the IEP.)

*\*Note: In O\*Net Online, the “Summary Report” for a given occupation has a subsection entitled “Related Occupations” that is an easy way to explore other job titles related to the primary target occupation. Use that section to support your conversations with the customer about career options and to assist with content regarding other potential pathways that can be pursued after training is completed.*

Example:

O*Net Code:	29-1141 Registered Nurses (RN)
Required Skills:	

<p>Training Required: Job Demand/Growth: Median Wage (for Oklahoma): Career Pathway:</p>	<p><b>Required Skills: (O*net)</b> 78% Active Listening 78% Social Perceptiveness 75 % Service Orientation 75 % Speaking 72% Coordination 72% Critical Thinking</p> <p><b>Training Required: (Career Onestop)</b> 37 % Associate's degree 46 % Bachelor's degree 8% Master's degree</p> <p><b>Job Growth/Demand: Oklahoma (Career Onestop)</b> 31,160 - 2014 Employment 35,450 - 2024 Employment 14% Percent change 1,160 Annual projected job openings</p> <p><b>Median Wage: Tulsa, OK MSA (Career Onestop)</b> Hourly \$28.62 Yearly \$59,530</p> <p><b>Career Pathways: (RN)</b> Step 1: HSD/GED Step 2A: Licensed Practical Nurse Step 3A: RN Transition Program Associate Degree</p> <p>Step 2B: RN Associates Degree Step 3B: RN Transition Program Baccalaureate Degree</p>
--	---

**c. Justification for Vocational Goal**

The training goal outlines the participant's training/education needs to assist them in attaining their employment goal through licensure, certification, and/or skills development. The participant shall be evaluated to determine if one has the appropriate skills to successfully complete training and obtain employment upon completion.

**Example:**

<p>O*Net Code and Type of Training: Training Provider: Estimated Dates of Training: Number of Available Job Orders in that occupation:</p>	<p>29-1141 Registered Nurse – OST (or OJT, WEX, etc.) TP: Wings Healthcare (or Saint Francis Hospital) 01/09/2018 – 05/31/2018 Job Orders: 3</p>
--	--

**d. Client Strengths**

This item is to be completed with participant at the time the plan is developed. Detail the customer's positive work habits, attributes, transferable work skills/aptitudes, and talents that will benefit them in achieving their employment and/or training goals. Example strengths (not all inclusive): Enthusiasm, Trustworthiness, Creativity, Discipline, Patience, Respectfulness, Determination, Dedication, Honesty, and Versatility.

**e. Plan for Overcoming Identified Barriers (Needs and Barriers Goal):**

This goal identifies potential needs and barriers that hinder the participant from achieving their employment/training goals. Needs and barriers may include but are not limited to assistive technology needs, housing needs, nutritional needs, mental health needs, hygiene needs, physical health needs, personal needs, needs to improve barriers, supportive service needs, and any other needs or skill gaps reported by the participant. This is the participant’s “roadmap” detailing an action plan and specific services to be provided to implement that action plan.

The career manager will itemize and discuss the customer’s specific barriers/needs and their rationale for providing specific services to address those needs/barriers. Identify short-term and long-term goals and objectives, whether occupational, educational, or both.

The barriers/needs that are identified should be individually addressed by a specific slate of activities and services to achieve the stated short- and long-term goals/objectives. To measure this progress, be sure to identify specific timelines and milestones for achieving particular goals and objectives. Subdivide this section so that each barrier is listed separately and a service/training solution is offered to overcome or minimize each barrier. Indicate where the customer will receive services, and the specific name and type of service/training, to include job title for OJT or Work Experience, with estimated start and end dates.

For occupational skills training, denote that the proposed training was verified as being WIOA-approved. You also will include the total costs for the proposed training (“total” meaning the entire grand total of ALL training costs, not just the portion or amounts that WIOA funding intends to cover).

The Needs and Barriers Goal is to include those needs and barriers identified on the participant’s demographic screen.

This lists contained below are examples and are not all-inclusive.

- **Example Needs & Barriers:** Ex-offender, high school dropout, lack of post-secondary education/training, lack of marketable skills for in-demand occupations, lack of industry-recognized credential(s), laid-off and forced into career transition, and older/mature worker.
- **Example Service Options & Solutions:** Job search workshops, individual career services and career guidance, career and interest exploration and testing, job search and placement assistance, job referrals and/or job development, and case management and career coaching.
- **Example Goals & Objectives:** Exploring and choosing a job/Career Pathway, enhancing basic educational skills, enhancing basic computer skills, obtaining new job skills, acquiring gainful employment, seeking to earn self-sufficient wages, reducing reliance on or transitioning off of public assistance, and transitioning to a new career.

Example:

Barrier~ (Refer to Demographic Snapshot): Long Term – Short Term  a. State what barrier is  b. Enter how we will assist in overcoming the barrier (Include	Lack of Industry Recognized Credential Long-Term Goal  Participant is interested in becoming Registered Nurse, but does not have the appropriate credentials to obtain employment in that field. CM will work with participant to obtain an ITA for OST to help the participant complete the appropriate steps to reach his/her Registered Nursing employment goal.  Career Guidance - Virtual Job Shadow Proficiency Testing – TABE Supportive Services - Childcare Partner Referral - DHS
---	---



<p>start and end dates when applicable):</p>	<p>Occupational Skills Training – License Practical Nurse Program - To be determined- Pending Training Provider enrollment, tentative dates of training 01/09/2018 through 08/31/20.</p> <p>Through the services above the CM is able to determine if becoming a RN is an appropriate employment goal based on the results of the initial and comprehensive assessments, including structured interview, and proficiency testing. By providing the participant with listed supportive services, the CM is able to removed or drastically reduce all barriers prior to placing the participant in OST, allowing for a better chance of successful completion. In providing career management and monthly contacts, the CM can help the participant succeed in their goals.</p>
--	---

For program tracking and reporting purposes, the customer’s Service and Training Plan must contain service entries that correspond to the actual activities and services proposed within this section.

**f. Assistive Technology Needs for Achieving Goals**

All assistive technology needs will be addressed under the Plan for Overcoming Identified Barriers (Needs and Barriers Goal) section. Please place “N/A” in this section.

**g. Client Responsibilities and Agency Responsibilities**

Example:

Participant has agreed to meet face-to-face with the WIOA Representative every 90 days at a minimum, maintain 30-day contact. Client will also provide feedback regarding the employment search, including the areas of application/resume submission, interviewing, and follow-up. Client has also agreed to the goals, progress, funding, attendance, and training guidelines while participating in WIOA sponsored services.

Responsibilities of the career manager include monitoring the training, submitting the appropriate paperwork in a timely manner, and providing support and assistance to the customer. The Career Navigator will provide guidance to the customer in his job search, and refer the customer to appropriate workshops. Regular assistance will be maintained in order to enhance the customer’s success in the job market.

**h. Economic Need Statement and Planning**

If proposing classroom training, list any/all other financial aid being leveraged;

**AND**

If the customer is waiting for (or already has) a Pell Grant, note that amount(s) here, and explain in full detail what Pell funds will be used for and how WIOA funds will be used in the mix to ensure sufficient resources to pay for training and to cover any training-related expenses (e.g., day care expenses, transportation expenses, room and board and living expenses, etc.);

**OR**

If not proposing classroom training, explain any personal economic factors or conditions that may influence the customer’s ability to fully participate in and successfully complete the activities and services that were agreed to.

Example:

<p>O*Net Code and Type of Training:                  Training Provider:                  Estimated Dates of Training:                  Distribution of Funds:</p> <p>(The distribution of funds outlined in this section should reflect that of the Individual Training Account.)</p>	<p>29-1141 Registered Nurse – OST                  Cue University                  01/09/2018 -05/28/20</p> <ol style="list-style-type: none"> <li>1. 2018-2019 Pell Grant - \$2345.00; Funds will be used to purchase books and supplies for the training program.</li> <li>2. WIOA DLW Funds – 4,300.00; Funds will be used to cover tuition and fees, and additional books and supplies.</li> <li>3. Department of Rehabilitation Services Funds – \$2,300.00; Funds will be used for tuition and fees.</li> <li>4. Second Chance Scholarship - \$200.00; Funds available for tuition only.</li> </ol>
---	---

i. **Required Support Services During Active Participation**

List any/all supportive service needs. Record "N/A," if there is no current supportive service needs (e.g., day care, transportation, referral to other agencies, etc.).

Example:

<p>Supportive Service:                  State the Objective:                  State Case Managers Action Steps – CAS. If multiple action steps, then place the appropriate number after the acronym. (i.e. CAS 1, CAS 2, CAS 3).                  There should be a due date underneath every CAS.</p> <p>State Participant Action Steps – PAS. If multiple action steps, then place the appropriate number after the acronym. (i.e. PAS 1, PAS 2, PAS 3)                  There should be a due date underneath every PAS.</p> <p>Once action steps are completed, a <b>"Date Completed"</b> field should be added with the appropriate completion date.</p> <p>All updates/changes to IEP will be accompanied by a detailed program note explaining the change, the outcome of an action step, or any pertinent information about the change</p>	<p>Transportation – Bus Pass                  This service is needed so the participant may be able to attend Occupational Skill Training at Cue University.</p> <p>CAS1: Request Supportive Service approval.                  Due Date: 01/20/2018 (5 days)</p> <p>CAS2: Contact Participant to inform them of decision, set up time to pick up bus pass, if appropriate.                  Due Date: Participant contacted within 2 days of approval.</p> <p>PAS1: Pick up bus pass, if appropriate.                  -----</p> <p>Childcare – One Month                  This service will allow the participant time to make additional arrangement for childcare and continue occupational skill training.</p> <p>PAS1: Apply for DHS Childcare subsidies, then call to make an appointment with Career Manager.                  Due Date: 01/31/2018 (2 weeks)                  Completion Date: 01/26/2018, Participant was accepted to receive subsidized childcare. The appropriate support documentation has been uploaded.</p> <p>CAS1: Request Supportive Service approval.                  Due Date: 01/20/2018 (5 days)</p>
--	---

**j. Post-Employment Needs**

The necessary follow up services shall be detailed here.

Example:

<p>Date Entered Follow Up – this is not necessarily the exit date                  Type of Exit:                  Hard Exit is an unplanned exit.                  Soft Exit is a planned exit, when the participant has successfully been placed into employment and no other services are needed, other than follow up services.</p>	<p>01/19/2018 – Enter Follow Up                  Hard Exit – Due to lack of engagement, the participant’s IEP has not been completed, nor have they obtained employment. Several contact attempts have been made to reengage the participant to no avail. Career Manager will continue to contact participant per board and internal policy.                   Career Guidance shall be the service provided in follow up until contact with the participant can be made to make a more personalized exit plan.</p>
--	---

**k. Client Involvement Statement**

This section shall state:

“In conclusion with my Career Manager, I have determined that the employment goal and services strategy stated in this IEP/ISS, is my choice and is consistent with my assessment results. I also understand that this is a general plan of services and training and it is neither entitlement nor a contract between the program and the customer. I understand that I am responsible for my actions and my responsibilities in successfully completing this plan of action. I understand that my goal for completing this plan is to become self-sufficient. By my signature below, I certify that the information contained herein is accurate and true to the best of my knowledge.”

**V. Attachments**

- A. Adult and Dislocated Worker Eligibility Form
- B. Participant Priority of Service Form
- C. Participant Self-Assessment
- D. Client Involvement Form
- E. Selective Service Waiver Form

**VI. Compliance**

- A. This policy shall be used in accordance with all other applicable local policies.
- B. The TAWDB is responsible for conducting oversight of local Adult/DLW programs to ensure both fiscal and programmatic accountability. Local program oversight is conducted in consultation with the chief local elected official.

<sup>i</sup> WIOA § 189(h)

<sup>ii</sup> As defined in section 101(d)(1) of title 10, United States Code

<sup>iii</sup> As defined in section 991(b) of title 10, United States Code, or pursuant to paragraph (4) of such section.

<sup>iv</sup> Pursuant to a provision of law referred to in § 101(a) (13) (B) of title 10, United States Code

<sup>v</sup> As defined in section 101(16) of title 38, United States Code

<sup>vi</sup> As defined in TEGL 22-04 Serving Military Service Members and Military Spouses under the WIA Dislocated Worker Formula Grant

<sup>vii</sup> TEGL 19-16 Guidance on Services provided through the Adult and Dislocated Worker Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service (ES), as amended by title III of WIOA, and for Implementation of the WIOA Final Rules , Attachment III

<sup>viii</sup> TEGL 19-16 Guidance on Services provided through the Adult and Dislocated Worker Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service (ES), as amended by title III of WIOA, and for Implementation of the WIOA Final Rules

<sup>ix</sup> TEGL 19-16 Adult & Dislocated worker Guidance of Services

<sup>x</sup> OWDI 19-2017 Adult and Dislocated Worker Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service (ES), as amended by Title III of WIOA, pg. 10

## Adult and Dislocated Worker Eligibility

Name: \_\_\_\_\_  
 Last First MI

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

### BASIC ELIGIBILITY FOR ADULT AND DISLOCATED WORKER

To receive services, all individuals must meet the following three eligibility criteria. Supporting documentation for each criterion must be uploaded into the state database. One source document from each list is sufficient to meet documentation requirements for the particular eligibility criteria.

ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<input type="checkbox"/> Eligible to Work in the United States	<input type="checkbox"/> Verification document that satisfies List A of the Federal I-9 Or <input type="checkbox"/> Verification document that satisfies List B & C of the Federal I-9
<input type="checkbox"/> Date of Birth (Age)	<input type="checkbox"/> Birth certificate <input type="checkbox"/> Official record showing date of birth <input type="checkbox"/> Baptismal record <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Driver's license <input type="checkbox"/> Federal, state, or local government identification card <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> Passport <input type="checkbox"/> Public assistance/social service records <input type="checkbox"/> School records <input type="checkbox"/> School identification card <input type="checkbox"/> Work permit <input type="checkbox"/> Native American tribal document <input type="checkbox"/> Court Records
<input type="checkbox"/> Selective Service Registration	<input type="checkbox"/> Selective Service Status Informational Letter <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Registration Record (Form 3A) <input type="checkbox"/> Selective Service Verification Form <input type="checkbox"/> Stamped Post Office Receipt of Registration <input type="checkbox"/> U.S. Selective Service Verificaiton (Internet) <a href="http://www.sss.gov">www.sss.gov</a> <input type="checkbox"/> An approved Selective Service Waiver Form (Local Board Form)  The following documents may be used only if the participant is past the age of 26 and has not registered with the selective service  <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Current Military ID

**DISLOCATED WORKER**

Dislocated workers must be eligible adults who meet the criteria in one of the following categories.

ELIGIBILITY CRITERIA		ACCEPTABLE DOCUMENTATION	
<b>CATEGORY 1 Recently Dislocated</b>			
<input type="checkbox"/> Terminated/Laid-Off/Received Notice of Termination or Layoff.		<input type="checkbox"/> Notice of layoff <input type="checkbox"/> Participant Self-Attestation <input type="checkbox"/> TAA Certification	
<b>AND</b> Unemployment Insurance	<input type="checkbox"/> Eligible for, or has exhausted, UI Benefits.	<input type="checkbox"/> UI screen – <i>Current Claimant Status (CTCS)</i> <input type="checkbox"/> UI award letter <input type="checkbox"/> Current Reemployment Service Registration	
	<input type="checkbox"/> Can show attachment to workforce but ineligible for UI due to insufficient earnings or worked for an employer not covered under state UI law.	<input type="checkbox"/> Pay Stub <input type="checkbox"/> Employer Verification Letter	
<p align="center"><b>AND</b></p> <input type="checkbox"/> Unlikely to return to previous Industry/occupation due to no growth or decline in job openings or employment search.		<input type="checkbox"/> Approved labor market analysis <input type="checkbox"/> Labor Market Information that indicates lack of industry/occupation availability <input type="checkbox"/> Doctor statement indicating inability to return to previous industry/occupation due to physical limitations <input type="checkbox"/> Participant Self-Assessment	
Separating military service members may qualify under dislocated worker category 1 if they are:  <input type="checkbox"/> Discharged under conditions other than dishonorable, whether voluntarily or involuntarily, i.e., recently separated service members within 48 months of discharge; <input type="checkbox"/> Nonretirees; and <input type="checkbox"/> Satisfy other WIOA criteria for dislocated worker eligibility, including the requirement that the individual is unlikely to return to his or her previous industry or occupation.		<input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty	
<b>CATEGORY 2 Plant Closure / Substantial Layoff</b>			
<input type="checkbox"/> Permanent closure of plant/facility/enterprise; or <input type="checkbox"/> Substantial layoff.		<input type="checkbox"/> Participant Self-Attestation <input type="checkbox"/> Notice of layoff <input type="checkbox"/> WARN notice <input type="checkbox"/> Telephone/written verification from employer <input type="checkbox"/> Media Announcement with employment verification (pay stub, etc.) <input type="checkbox"/> TAA Certification	
<input type="checkbox"/> Notified of a planned closure (within 180 days of notice) either through the employer or through the media;  <b>Or</b>  <input type="checkbox"/> General announcement made by employer that the facility will close with no date given or date beyond 180 days of notice.		<input type="checkbox"/> Participant Self-Attestation <input type="checkbox"/> Notice of layoff <input type="checkbox"/> WARN notice <input type="checkbox"/> Telephone/written verification from employer <input type="checkbox"/> Media Announcement with employment verification (pay stub, etc.) <input type="checkbox"/> TAA Certification	

WIOA ELIGIBILITY FOR ADULT/DISLOCATED WORKER

<b>CATEGORY 3 Formerly Self Employed</b>	
<input type="checkbox"/> Previously self-employed;  <b>AND</b>  <input type="checkbox"/> presently unemployed because of general economic conditions in residing community;  <b>OR</b>  <input type="checkbox"/> permanently dislocated because of natural disaster.	<input type="checkbox"/> Participant Self-Attestation <input type="checkbox"/> Business license/permit <input type="checkbox"/> IRS documentation (Schedule SE) <input type="checkbox"/> Articles of incorporation for the business listing the applicant as a principal  <b>AND</b>  <input type="checkbox"/> Documentation showing poor economic conditions in the community or surrounding area caused business closure <input type="checkbox"/> Documentation showing disaster caused business closure
<b>CATEGORY 4 Displaced Homemaker</b>	
<p><i>Displaced Homemaker</i></p> <p>An individual who:</p> <input type="checkbox"/> has been providing unpaid services to family members in the home;  <input type="checkbox"/> is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment;  <b>AND</b>  <input type="checkbox"/> has been dependent on the income of another family member but is no longer supported by that income  <b>OR</b>  <input type="checkbox"/> is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, a call or order to active duty, a permanent change of station, or the service connected death or disability of the member.	<input type="checkbox"/> Divorce Papers <input type="checkbox"/> Court Records <input type="checkbox"/> Spouse's Layoff Notice <input type="checkbox"/> Spouse's Death Record <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Military Orders
ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION
<b>CATEGORY 5</b>	
<p><i>Military Spouse</i></p> <p>An individual who:</p> <input type="checkbox"/> is the spouse of a member of the Armed Forces on active duty and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member,  <b>or</b>  <input type="checkbox"/> is the spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and experiencing difficulty finding or upgrading employment.	<input type="checkbox"/> Letter from the Veterans Administration <input type="checkbox"/> DD-214, Certificate of Release or Discharge from Active Duty <input type="checkbox"/> Participant Self-Attestation

Notes:

\_\_\_\_\_  
WIOA Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



## Participant Priority of Service Form

### General Information

Name		Participant ID	
Date		Priority Class #	

### Section 1

	YES	NO	N/A
Veteran priority of service for the covered person under the Jobs for Veterans Act applies to all services and activities provided within the center, not just individualized and training services. Veteran priority applies to all Department of Labor funded job training programs. Was the Veteran honorably discharged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Documentation  DD-214  Veterans Administration Letter  Cross-Match with Veteran Data  Will provide documentation next visit.

#### Veteran Spouse

Check all that apply.

A spouse of:

- A veteran who died of a service-connected disability.
- Any member of the Armed Forces serving on active duty who is:
- missing in action;
  - captured in line of duty; or
  - forcibly detained or interned in line of duty by a foreign government or power.
- A veteran who has a total disability resulting from a service connected disability.
- A veteran who died while a disability was in existence.

YES  NO  N/A

Documentation  DD-214  Veterans Administration Letter  Cross-Match with Veteran Data  Will provide documentation next visit.

### Section 2

	YES	NO	N/A
Adults who fall under one of the following categories listed below must be given priority in regards to individualized and training services.			
<input type="checkbox"/> Family Income at or below the Poverty Line or 70% of the Lower Living Standard Income Level (LLSIL), whichever is greater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SNAP, TANF or SSI recipient within the last 6 months			
<input type="checkbox"/> Be Low Income Home Energy Assistance Program, Subsidized Child Care Benefits, or Refugee Assistance recipient			
<input type="checkbox"/> Homeless			

Documentation  Alimony Agreement  Bank Statements  Compensation Award Letter  
 Employer Statement  Family or Business Financial records  Pay stubs  Pension Statement  
 Quarterly Estimated Tax for Self-Employed Persons  Current Unemployment Insurance Verification  
 Social Security Disability Insurance (SSDI)  Social Security Benefits (SSI)  Public Assistance Documentation  SNAP Verification  
 TANF  Housing Authority Verification  SNAP Verification

### Section 3

	YES	NO	N/A
Basic Skills Deficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All test must be within 6 month of enrollment

Documentation  Generally Accepted Standardized Test  
 A copy of school records documenting actual scores from a generally accepted standardized test.  
 A school issued IEP provided it states the student meets the definition of basic skills deficient.

Evaluation	YES	NO	N/A
------------	-----	----	-----

**Class 1 Classification**

Veterans and eligible spouses who meet WIOA Adult low income priority, or individuals who are basic skills deficient

If the participant had a "Yes" in Section 1 and Section 2 or had a "Yes" in Section 3, then they are considered a Class 1 Classification and are first to receive all Individualized or Training Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

**Class 2 Classification**

Those participants who meet WIOA Adult low-income priority

If the participant has a "YES" in Section 2, then they are considered a Class 2 Classification and shall be the second to receive all Individualized and Training Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

**Class 3 Classification**

Veterans and eligible spouses who do not fall under the WIOA low income priority

If the participant only has a "Yes" under Section 3, then they are considered Class 3 Classification and shall be the third to receive all Individualized and Training Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

**Class 4 Classification**

Those who are not veterans, eligible spouses, or WIOA low income. An individual who is employed, but does not provide income verification automatically falls within this category.

If the participant does not have any "Yes" marked in Sections 1, 2, and 3, then they are considered Class 4 Classification and shall be the fourth to receive all Individualized and Training Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

*Classification of Participant*

**Additional Comments**

*By signing this form, you confirm that you have acquired all the appropriate information and documentation to support the classification for priority of service..*

Participant Signature		Date	
Career Manager Signature		Date	

*Workforce Tulsa is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. This presentation was financed in whole or part by funds from the US Department of Labor as administered by the Oklahoma Office of Workforce Development. TDD/TTY: 1-800-722-0353; Voice: 1-8020-522-8506*

**PARTICIPANT SELF-ASSESSMENT**

(Please PRINT ALL your answers.)

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<b>First Name</b>		<b>M.I.</b>	<b>Last Name</b>		<b>Date of Birth</b> / /
<b>Street Address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Email Address</b>			<b>Marital Status</b>		<b>Gender</b>
			<input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed		<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Primary Telephone</b>	<b>Secondary Phone</b>		<b>Alternate Contact</b>		
			<b>Name:</b>		<b>Phone:</b>
<b>Ethnicity/Race (check all that apply)</b>			<b>Military Service</b>		<b>If NON-U.S. Citizen, are you authorized to work in the U.S.?</b>
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Undisclosed			<input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Disabled Veteran % Disabled _____ <input type="checkbox"/> Selective Service Registration		<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Documentation: _____
<b>Education Status</b> (Check Highest Education Level)					
<input type="checkbox"/> Highest Grade Completed _____		<input type="checkbox"/> Associates Degree		<input type="checkbox"/> Ph.D.	
<input type="checkbox"/> High School Graduate/GED		<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Vocational Certificate	
<input type="checkbox"/> Some College		<input type="checkbox"/> Master's Degree		<input type="checkbox"/> Other: _____	
<b>Employment History</b>					
1.) Company Name: _____ Position: _____					
Dates of Employment (MM/YY): From: _____ To: _____					
Salary/Wage: \$ _____ Hours Per Week: _____ Shift: _____					
Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid-off - Do you have a lay-off letter? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Explanation for Reason for Leaving: _____					
2.) Company Name: _____ Position: _____					
Dates of Employment (MM/YY): From: _____ To: _____					
Salary/Wage: \$ _____ Hours Per Week: _____ Shift: _____					
Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid-off					
Explanation for Reason for Leaving: _____					
3.) Company Name: _____ Position: _____					
Dates of Employment (MM/YY): From: _____ To: _____					
Salary/Wage: \$ _____ Hours Per Week: _____ Shift: _____					
Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid-off					
Explanation for Reason for Leaving: _____					

**Do any of the following barriers to employment or training apply to you?**

- |   |  |
|---|--|
| <input type="checkbox"/> Reading or Math skills below 9 <sup>th</sup> Grade Level | <input type="checkbox"/> One of the following with a barrier to employment:  |
| <input type="checkbox"/> School Dropout, without a High School Diploma or GED     | <input type="checkbox"/> Eligible Migrant/Seasonal Farm Worker or Dependent  |
| <input type="checkbox"/> Felony Arrest or Charge                                  | <input type="checkbox"/> American Indian or Alaska Native                    |
| <input type="checkbox"/> Poor Work History or Prospects                           | <input type="checkbox"/> Veteran   |
| <input type="checkbox"/> History or Current Substance Abuse Issues                | <input type="checkbox"/> Native Hawaiian or Pacific Islander                 |
| <input type="checkbox"/> Worker aged 55 or Older                                  | <input type="checkbox"/> TANF recipient within 2 years of Benefit Exhaustion |
| <input type="checkbox"/> Parent of a child Receiving TANF                         | <input type="checkbox"/> Homeless  |
| <input type="checkbox"/> Other Social or Cultural Barriers not already indicated: | <input type="checkbox"/> Disability  |
- 
- 
- 

**Do you need assistance accessing or receiving a referral for any of the following resources?**

- |   |  |
|---|--|
| <input type="checkbox"/> Referral for Substance Abuse Services                    | <input type="checkbox"/> Adequate Housing                        |
| <input type="checkbox"/> Adequate childcare for Work or Training                  | <input type="checkbox"/> Job Search Assistance                   |
| <input type="checkbox"/> Transportation for Work or Training                      | <input type="checkbox"/> Job Skills or Soft Skills Training      |
| <input type="checkbox"/> Assistance acquiring or purchasing Work-Related Tools    | <input type="checkbox"/> Medical Care                            |
| <input type="checkbox"/> Assistance acquiring or purchasing Work-Related Clothing | <input type="checkbox"/> Enrollment into the Affordable Care Act |
| <input type="checkbox"/> Other barriers not yet addressed:                        |  |
- 
- 
- 

**Please answer the following if you are a Youth aged 14-24:**

- |   |  |
|---|--|
| <input type="checkbox"/> Runaway  | <input type="checkbox"/> Parenting                     |
| <input type="checkbox"/> Pregnant   | <input type="checkbox"/> In or Aged out of Foster Care |
| <input type="checkbox"/> Aged 18 or Younger and not attended school in the last calendar quarter. |  |

Would you like to receive a Tulsa City-County Library Card?  Yes  No

Would you like to receive text messages regarding employment & other opportunities?  Yes  No

If yes, please list the number you would like us to send messages to: \_\_\_\_\_

Please identify your mobile carrier:  AT&T  Sprint  T-Mobile  Verizon Other: \_\_\_\_\_

**Skill Sets** - Please select the skill sets that apply to your experience learned from prior occupations.

<p><b>Agriculture, Food &amp; Natural Resources</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Animal or Crop Production</li> <li><input type="checkbox"/> Energy/Biofuels</li> <li><input type="checkbox"/> Horticulture/Nursery</li> <li><input type="checkbox"/> Landscaping</li> <li><input type="checkbox"/> Pest Management</li> </ul> <p><b>Architecture &amp; Construction</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Architecture/Design</li> <li><input type="checkbox"/> Building/Grounds Maintenance</li> <li><input type="checkbox"/> Construction &amp; Extraction</li> <li><input type="checkbox"/> Electrical, Repair/Installation</li> <li><input type="checkbox"/> HVAC, Repair/Installation</li> <li><input type="checkbox"/> Plumbing, Repair/Installation</li> <li><input type="checkbox"/> Safety &amp; Job Site Awareness</li> <li><input type="checkbox"/> Welding &amp; Fitting</li> </ul> <p><b>A/V Technology &amp; Communications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Digital Printing &amp; Imaging</li> <li><input type="checkbox"/> Graphic Design</li> <li><input type="checkbox"/> Performing Arts</li> </ul> <p><b>Business, Management &amp; Admin.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Healthcare Administration</li> <li><input type="checkbox"/> Human Resources</li> <li><input type="checkbox"/> Office &amp; Administrative Support</li> <li><input type="checkbox"/> Management/Supervisor</li> </ul> <p><b>Education &amp; Training</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Corporate Trainer</li> <li><input type="checkbox"/> Early Childhood Teacher</li> <li><input type="checkbox"/> Librarian</li> <li><input type="checkbox"/> Secondary/Post Sec Teacher</li> <li><input type="checkbox"/> Writer, Editor</li> </ul> <p><b>Finance</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Accounting &amp; Bookkeeping</li> <li><input type="checkbox"/> Banking Services             <ul style="list-style-type: none"> <li><input type="checkbox"/> Insurance Services</li> <li><input type="checkbox"/> Financial Advisor/Manager</li> </ul> </li> </ul>	<p><b>Government &amp; Public Admin.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> City/County Support Services</li> <li><input type="checkbox"/> Grant Administration</li> <li><input type="checkbox"/> Postal Service</li> <li><input type="checkbox"/> Revenue &amp; Taxation</li> <li><input type="checkbox"/> Utility Worker</li> </ul> <p><b>Health Science</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CNA/CMA/Patient Care</li> <li><input type="checkbox"/> LPN/RN</li> <li><input type="checkbox"/> Medical Assistant</li> <li><input type="checkbox"/> Medical Billing &amp; Coding</li> <li><input type="checkbox"/> Phlebotomy</li> <li><input type="checkbox"/> Surgical Technology</li> </ul> <p><b>Hospitality &amp; Tourism</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cook/Culinary</li> <li><input type="checkbox"/> Food/Beverage Services</li> <li><input type="checkbox"/> Lodging Front Desk</li> <li><input type="checkbox"/> Housekeeping</li> <li><input type="checkbox"/> Travel/Ticket Agent</li> </ul> <p><b>Human Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bilingual/Interpreter</li> <li><input type="checkbox"/> Case Manager</li> <li><input type="checkbox"/> Job Coach</li> <li><input type="checkbox"/> Cosmetology/Barber</li> <li><input type="checkbox"/> Counseling &amp; Mental Health</li> </ul> <p><b>Information &amp; Technology</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Interactive Multimedia</li> <li><input type="checkbox"/> Network Security</li> <li><input type="checkbox"/> Software Development</li> </ul> <p><b>Law, Public Safety, Corrections &amp; Security</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Corrections</li> <li><input type="checkbox"/> Emergency &amp; Fire Services</li> <li><input type="checkbox"/> Law Enforcement</li> <li><input type="checkbox"/> Legal Service</li> </ul>	<p><b>(Law, Public Safety, Corrections &amp; Security, continued)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Security &amp; Protection</li> </ul> <p><b>Manufacturing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Machining, CNC/Specialized</li> <li><input type="checkbox"/> Production &amp; Manufacturing</li> <li><input type="checkbox"/> Material Handler/Assembly</li> <li><input type="checkbox"/> Quality Assurance</li> </ul> <p><b>Marketing, Sales &amp; Service</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Buying &amp; Merchandising</li> <li><input type="checkbox"/> Call Center Customer Service</li> <li><input type="checkbox"/> Cashier</li> <li><input type="checkbox"/> Collections</li> <li><input type="checkbox"/> Professional Sales</li> <li><input type="checkbox"/> Public Relations</li> </ul> <p><b>Science, Technology, Engineering &amp; Mathematics</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chemist, Biologist</li> <li><input type="checkbox"/> Engineer             <ul style="list-style-type: none"> <li><input type="checkbox"/> Aerospace</li> <li><input type="checkbox"/> Chemical</li> <li><input type="checkbox"/> Civil</li> <li><input type="checkbox"/> Electrical</li> <li><input type="checkbox"/> Mechanical</li> <li><input type="checkbox"/> Petroleum/Pipeline</li> </ul> </li> </ul> <p><b>Transportation, Distribution &amp; Logistics</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Driver, CDL-A</li> <li><input type="checkbox"/> Driver, CDL-B/C/D</li> <li><input type="checkbox"/> Mechanic             <ul style="list-style-type: none"> <li><input type="checkbox"/> Auto</li> <li><input type="checkbox"/> Aviation</li> <li><input type="checkbox"/> Sheet metal</li> <li><input type="checkbox"/> Truck/Diesel</li> </ul> </li> <li><input type="checkbox"/> Warehouse &amp; Distribution</li> </ul>
---	--	--

I hereby certify that the information I provided in this self-assessment is true to the best of my knowledge.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Client Involvement Statement Participant Commitment

I have participated in the development, and have received a hard copy of my employment plan and commit to attaining its contents. I understand that this plan is ongoing and that changes in circumstances, the presentation of opportunities, and progression towards self-sufficiency will periodically necessitate amendments to the plan. I also understand that this is a general services strategy and is neither an entitlement nor a contract between me and Workforce Tulsa.

Additionally, I agree to mutual respect and open communication with the staff at Workforce Tulsa, both during and after my participation in activities and services included in my individual plan. Further, I understand that training sponsorship is based on the availability of funds and is intended for a specified amount of time related to progress while participating in the program.

---

Participant Signature

Date

## Case Manager Commitment

I have conducted the attached assessment of employment readiness skills. Based on assessment results and current labor market information, I have assisted the participant in the development of the following plan. I commit to continuing to provide professional guidance and assistance as appropriate during this individual's participation in Workforce Tulsa activities and services.

---

Case Manager Signature

Date

Oklahoma Works, a proud partner of the American Job Center Network

*Workforce Tulsa is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.  
This presentation was financed in whole or part by funds from the US Department of Labor as administered by the Oklahoma Office of Workforce Development.  
TDD/TTY: 1-800-722-0353; Voice: 1-800-522-8506*

# WorkforceTulsa

growing talent  growing opportunity

## Selective Service Registration Information

### WHAT IS SELECTIVE SERVICE REGISTRATION?

The process of providing the Selective Service System with personal information, such as name, address, date of birth, Social Security Number and other related information so in a crisis requiring a draft, registered men would be called to active duty in a sequence determined by random lottery number and year of birth. Then, they would be examined for mental, physical and moral fitness by the military before being deferred or exempted from military service or inducted into the Armed Forces.

It is a civic and legal responsibility. Men are required to register with Selective Service as soon as they reach the age of 18. According to law, a man must register with Selective Service within 30 days of his 18th birthday. Selective Service will accept late registrations but not after a man has reached age 26.

### WHO MUST REGISTER?

All male U.S. citizens, and some male aliens living in the U.S., who are 18 through 25, are required to register with Selective Service.

- **NONCITIZENS**  
Non-citizens who are not required to register with Selective Service include men who are in the U.S. on a valid student or visitor visa and men who are part of a diplomatic or trade mission and their families. Almost all other male non-citizens are required to register, including undocumented immigrants, legal permanent residents, those seeking asylum, and refugees. Those men who enter the United States and take residency for the first time after the age of 26, do not have to register for Selective Service.
- **DUAL NATIONALS**  
Dual nationals of the U.S. and another country are required to register, regardless of where they live, because they are U.S. nationals.
- **HOSPITALIZED OR INCARCERATED MEN**  
Young men in hospitals, mental institutions, or prisons do not have to register while they are committed. However, they must register within 30 days after being released if they have not yet reached their 26th birthday.
- **DISABLED MEN**  
Disabled men who live at home must register with Selective Service if they can reasonably leave their homes and move about independently. Men with disabilities that would disqualify them from military service still must register with Selective Service. Selective Service does not presently have authority to classify men, so even men with obvious handicaps must register now, and if needed, classifications would be determined later.
- **FULL-TIME MILITARY EXEMPTED FROM REQUIREMENT\***  
Young men serving in the armed forces on full-time active duty do not have to register if serving continuously from age 18 to age 26. Those attending the service academies do not have to register. However, if a young man joins the military after turning 18 or leaves the military before turning 26, he must register.
- **NATIONAL GUARD AND RESERVES\***  
Members of the Reserve and National Guard not on full-time active duty must register.
- **CONSCIENTIOUS OBJECTORS<sup>1</sup>**  
Men, who would be classified as CONSCIENTIOUS OBJECTORS if they were drafted, must register with Selective Service. If a draft begins and they are called, they would have the opportunity to file a claim for exemption from military service based on their religious or moral objection to war.
- **TRANSGENDER PEOPLE**  
Individuals who are born female and changed their gender to male are not required to register. U.S. citizens or immigrants who are born male and changed their gender to female are still required to register.

### FEDERAL JOB TRAINING

The Workforce Innovation & Opportunity Act ("WIOA") offers programs that can train young men for in-demand jobs. This program is only open to those men who register with Selective Service. A man who fails to register with Selective Service before turning age 26 may find that some doors are permanently closed. **Only men born after December 31, 1959, are required to show proof of registration.**

### HOW TO GET AN OFFICIAL SELECTIVE SERVICE RESPONSE STATING IF YOU WERE OR WERE NOT REQUIRED TO REGISTER?

Center Staff will assist the participant in obtaining the Selective Service Status Letter. This process will be completed by using the Selective Service System phone number 1-847-688-6888.

---

<sup>1</sup> Continuous Objector: a person who refuses to serve in the armed forces or bear arms on moral or religious grounds < <https://www.merriam-webster.com/dictionary/conscientious%20objector> >

## WHAT TO DO IF YOU DID NOT REGISTER AND ARE NOW 26 YEAR OF AGE OR OLDER?

If the participant has passed their 26th birthday and is now being denied eligibility for WIOA services, you may follow these next steps.

- Complete Selective Service Approval for Service Form on behalf of the client.
- Provide copies of documents that support your participant's explanation, showing any periods when they were hospitalized, institutionalized, or incarcerated occurring between their 18th and 26th birthdays and that supports their statement.
- If the participant is a non-citizen, they will be required to provide documents that show when they entered the United States.
- The Selective Service Approval for Service Form must be filled out completely.

## BASIS OF DETERMINATION

For participants who were required to register, the decision will be based on whether the failure to register was knowing or willful.

- **Knowing.**
  - Was the participant aware of the requirement to register or not?
  - Participant knew about the requirement to register, was he misinformed about the applicability of the requirement to him (e.g., veterans who were discharged before their 26th birthday were occasionally told that they did not need to register)? What date did the participant first learn that he was required to register?
  - Where did the participant live when he was between the ages of 18 and 26?
- **Willful.**
  - Was the failure to register done deliberately and intentionally?
  - The participant did have the mental capacity to choose whether or not to register and decided not to register?

## FINAL DECISION

The final decision regarding approval for services will be made by Workforce Tulsa.





Selective Service Registration Waiver Form

Name \_\_\_\_\_ PID Number: \_\_\_\_\_
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Best Time to Call \_\_\_\_\_ AM / PM

Date of Birth \_\_\_\_\_ Last Four Digits of SSN \_\_\_\_\_

Program Interested In Attending: \_\_\_\_\_

Your Reason for Request: (Please check all that apply and explain how these effected your ability or negate the necessity, for you to register)

- NON-CITIZEN
All male non-citizens are required to register, including illegal aliens, legal permanent residents, and refugees, unless they are in the U.S. States on a:
( ) Student Visa ( ) Visitor Visa ( ) Diplomatic Mission ( ) Trade Mission

HOSPITALIZED OR INCARCERATED

OTHER \_\_\_\_\_

Please provide a written explanation for not registering with Selective Service (You may use the back of this form if more room is needed):

Four horizontal lines for written explanation.

All requests for a Selective Service Registration Approval Form must be submitted to Workforce Tulsa Board Staff via email through your Workforce Tulsa Career Manager for approval.

Participant Signature Date

Workforce Tulsa Representative Date

Workforce Tulsa Board Staff Only
Participant Approved for Services: YES or NO

Workforce Tulsa Board Staff Signature Date

Oklahoma Works, a proud partner of the American Job Center Network
Workforce Tulsa is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
This presentation was financed in whole or part by funds from the US Department of Labor as administered by the Oklahoma Office of Workforce Development.
TDD/TTY: 1-800-722-0353; Voice: 1-800-522-8506