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**OFFICIAL**

**Bureau of Workforce Transformation**  
**Policy Issuance (PI): 09-34**

**Date:** February 25, 2010

**To:** Michigan Works! Agency (MWA) Directors

**From:** Liza Estlund Olson, Director, Bureau of Workforce Transformation (BWT) (SIGNED)

**Subject:** Workforce Investment Act Participant Management Information Guide (WIA-PMIG)

**Programs Affected:** *Workforce Investment Act (WIA) Programs*

**Reference:** The Workforce Investment Act (WIA) Public Law 105-220 August 1998  
WIA Regulations, 20 CFR Parts 650 and 660  
Workforce Investment Act Standardized Record Data (WIASRD)  
Job Training Partnership Act

**Rescissions:** BWT PI 08-04, and subsequent change

**Background:** The Department of Energy, Labor & Economic Growth (DELEG)/BWT requires that all WIA applicant and participant information reported in the One-Stop Management Information System (OSMIS), and participant eligibility be documented. The WIA-PMIG has been updated to reflect changes in the WIA section of the OSMIS.

**Policy:** The OSMIS must be used by the MWAs to capture all required reporting and participant information.

Chapter 4 – instructions were added to clarify how case workers should make corrections to “hard copy” forms. Also, the addition of a parent or legal guardian signature was added to the “hard copy” forms. Special Initiatives Indicator fields were added.

Chapter 5 – instructions were added to clarify how case workers should make correction to “hard copy” forms. Also, Special Initiatives Indicator fields were added.

Chapter 7 – contains additional information on WIA youth activities (Education and Employment Services). On Form D, case managers can now enter training provider information instead of employer information. A section for Completing Summer Youth Recovery Funds was added.

Chapter 9 – Two options were added to the Training Institution field: Employer Training and Other Provider. The field Proprietary Institution Name was added.

Chapter 12- language was added to notify case managers that information collected for Employed After Exit may be collected and impact performance measures.

**Action:** MWAs shall report WIA applicant and participant information consistent with WIA-PMIG instructions/guidance.

**Inquiries:** Questions regarding this policy issuance should be directed to Mr. Joe Billig, Manager, MIS, at (517) 241-8614 or via email at [billigj@michigan.gov](mailto:billigj@michigan.gov).

In accordance with the Americans with Disabilities Act, information contained in this policy issuance will be made available in alternative format (large type, audio tapes, etc.) upon request to this office. It is also available for transmission via email. Contact Ms. Johnnie Lewis, Secretary, at [lewisj5@michigan.gov](mailto:lewisj5@michigan.gov) or call (517) 335-7974 for details.

**Expiration:** Continuing

LEO:BW:jl  
Attachments

# Management Information System

## Workforce Investment Act

### User Guide

Issued February 2010

Prepared By:

Michigan Department of Energy, Labor & Economic Growth  
Bureau of Workforce Transformation



## **Preface**

The Workforce Investment Act (WIA)-Participant Management Information Guide (PMIG) includes all participant reporting requirements for entering information in the One-Stop Management Information System (OSMIS), including definitions of terms, eligibility criteria, pertinent income level tables, and coding guides.

In addition, the WIA-PMIG presents a general overview and an in-depth analysis of the necessary steps to complete WIA participant reporting. The guide is to be used by Michigan Works Agency (MWA) intake workers, counselors, and staff of the Bureau of Workforce Transformation (BWT).

### **Using and Maintaining the WIA-PMIG**

Information identified as required on the OSMIS is necessary for federal reports, eligibility determination, and for program management purposes. The OSMIS will print a completed registration upon request by local staff. MWA officials may design forms that capture the information for the required items in the OSMIS.

Definitions of terms will not be given each time they occur in the guide. Definitions, tables, and codes are provided in Chapter II. Eligibility criteria are presented in Chapter III. Pages are numbered sequentially within each chapter.

Revised and/or additional chapters and pages will be issued as necessary.

The guide should be kept at hand in a loose-leaf notebook or binder so that changes, additions, and deletions can easily be made.

**Note:** Dates noted as "Date Issued" and "Supersedes" refer to issuances of this guide and are not effective dates of regulations, policies, and income levels.

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## Chapter 1: Overview

### Section 1-1: Accessing an Intake System

Any customer may access self-service and/or informational core services without having to register for a WIA program. If a customer receives assistance beyond self-service, the customer must register for a WIA program and meet the associated WIA eligibility requirements.

### Section 1-2: WIA Registration

The intake worker may assist the customer in completing the WIA registration form. All required responses to questions on the registration form must be answered completely. A customer who completes the WIA registration form is a participant. The registration form must reflect information as of the date the registration form is completed and signed by the customer and intake worker. A participant is an individual determined eligible to participate in the program that receives a service funded by the program in a Michigan Works! Service Center or satellite office.

### Section 1-3: WIA Eligibility

Adults and dislocated workers, who have been determined eligible for a WIA program, may receive intensive and training services. An Individual Service Strategy (ISS) also known as an Individual Employment Plan (IEP) is required for each adult and dislocated worker (including National Emergency Grant funded participants) participant who receives intensive and training services. (Reg. 663.240)

For consistency, the term Individual Service Strategy or ISS is used in this document.

A youth who has been determined eligible for the WIA may receive services and/or training. An Objective Assessment (Reg. 664.405 [a] [1], Act 129 [c] [1] [A]) and Individual Service Strategy (ISS) (Reg. 664.405[a] [2], Act 129[c] [1] [B]) are required for each youth participant. Additionally, local youth programs should provide preparation for postsecondary education opportunities, linkages between academic and occupational learning, preparation for employment, and effective connections to intermediary organizations that provide strong links to the job market and employers. (Reg. 664.405 [a] [3], Act 129 [c] [1] [C])

### Section 1-4: Maintenance of Adequate Information

Effective control and management of WIA programs requires accurate and timely record keeping. Valid data provides necessary information to managers regarding the effectiveness of current programs and facilitates planning of future programs. All information pertaining to WIA participants, including activities, beginning and ending dates, participant status, and any other information required to be reported on the OSMIS for all participants who receive services from the MWA, must be entered on the OSMIS

by MWA staff or contractor staff **within two business days** of the time information is available for entry on the OSMIS.

Certain information is required by federal regulations for all WIA program participants.

### **Section 1-5: Contents of the WIA Participant File**

The following information is required and must be maintained in a hard copy format in the permanent case file for each WIA adult, youth, dislocated worker, and National Emergency Grant participant:

- A signed and dated copy of the WIA registration form
- Copies of documentation of eligibility criteria for verification of eligibility, unless the information can be retrieved electronically
- Written notice of exit for an ineligible participant (if appropriate)
- Equal Opportunity is the law statement signed by the participant

The following information is not required to be maintained in a hard copy format in the permanent file for each WIA participant, provided there is an electronic format that contains the information and is available for review:

- ISS or IEP
- Objective Assessment results, including the name of the assessment instrument(s) utilized

### **Section 1-6: Participant Identifying Information**

An activity record may be entered or retrieved by using either the Customer ID or Participant Name.

a) Customer ID

Enter the participant's Customer ID (First three letters of the last name, first two letters of the first name, and the month and day of birth).

Either the Customer ID or Participant Name is required

b) Participant Name

Enter the participant's last name and first name in the space provided.

Either the Customer ID or Participant Name is required.

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## Chapter 2: Glossary of Terms, Definitions, and Guidelines

Included in this chapter are definitions for eligibility/reporting items. References have been included as a part of the stated definition. Only major references are noted. When no references are noted, information has been gathered from several sources, with no one source quoted. References used are as follows:

| <u>Reference</u>  | <u>Denoted As:</u> |
|---|--------------------|
| The Workforce Investment Act (WIA)<br>Public Law 105-220 August, 1998 | (Act)              |
| WIA Regulations, 20 CFR Part 650 and Part 660                         | (Reg.)             |
| Workforce Investment Act Standardized Record Data                     | (WIASRD)           |
| Training and Employment Information Notice                            | (TEIN)             |
| Training and Employment Guidance Letter                               | (TEGL)             |
| Job Training Partnership Act  | (JTPA)             |

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## Section 2-1: Terms, Definitions, and Guidelines

### **ADULT** (Act 101[1])

An individual who is age 18 or older.

### **ADULT EDUCATION** (Act 101[2])

Services or instruction below the post secondary level for individuals who:

1. Have attained 16 years of age.
2. Are not enrolled or required to be enrolled in secondary school by state law.
3.
  - a) lack sufficient mastery of basic educational skills to enable the individuals to function effectively in society.
  - b) do not have a secondary school diploma or its recognized equivalent, and have not achieved an equivalent level of education.
  - c) are unable to speak, read, or write the English language.

### **ATTAINMENT OF GOAL for YOUTH** (WIASRD Item # 622)

Attained - Attainment of a goal is to be based on individual assessments using widely accepted and recognized measurement/assessment techniques.

Not Attained - Goals not attained include any goal not attained when the participant exits Workforce Investment Act (WIA) services or a goal whose anniversary date has passed without attainment of the goal. The anniversary date of a goal is the date one year after the date the goal was set.

### **BASIC SKILLS DEFICIENT** (Act 101[4])

The individual has English reading or computing skills at or below the 8th grade level on a generally accepted standardized test or a comparable score on a criterion-referenced test.

Note: Individuals with grade levels between 8.1 and 8.9 fall within the meaning of Basic Skills Deficient.

### **CASE MANAGEMENT**

Case Management includes the development of an individual employment plan based on comprehensive assessments for every participant receiving at least intensive services. Additionally, the assessment is an on-going activity that continues throughout a participant's relationship with the service provider, and can include:

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- Core and intensive services received;
- Other fund sources investigated;
- Other fund sources being accessed or combined with WIA Title IB;
- A comprehensive assessment that includes current skill and educational level and previously completed education and training;
- Client ability to complete the course of training;
- Cost and duration of the training;
- Wage and wage progression expectations;
- Employment opportunities that result in long-term job retention in the local labor market or an area to which the client is willing to relocate.

### **CERTIFICATE (WIASRD Item #668)**

A certificate is awarded in recognition of an individual's attainment of measurable technical or occupational skills necessary to gain employment or advance within an occupation. These technical or occupational skills are based on standards developed or endorsed by employers. Certificates awarded by workforce investment boards are not included in this definition. Work readiness certificates are also not included in this definition. A certificate is awarded in recognition of an individual's attainment of technical or occupational skills by:

1. A state educational agency or a state agency responsible for administering vocational and technical education within a state.
2. An institution of higher education described in Section 102 of the Higher Education Act (20 USC 1002) that is qualified to participate in the student financial assistance programs authorized by Title IV of that Act. This includes community colleges, proprietary schools, and all other institutions of higher education that are eligible to participate in federal student financial aid programs.
3. A professional, industry, or employer organization (e.g., National Institute for Automotive Service Excellence certification, National Institute for Metalworking Skills, Inc., Machining Level I credential) or a product manufacturer or developer (e.g., Microsoft Certified Database Administrator, Certified Novell Engineer, and Sun Certified Java Programmer) using a valid and reliable assessment of an individual's knowledge, skills, and abilities.
4. A registered apprenticeship program. \*A public regulatory agency, upon an individual's fulfillment of educational, work experience, or skill requirements that are legally necessary for an individual to use an occupational or professional Title or to practice an occupation or profession (e.g., Federal Aviation Administration aviation mechanic certification, state certified asbestos inspector).

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5. A program that has been approved by the Department of Veterans Affairs to offer education benefits to veterans and other eligible persons. \*Job Corps centers that issue certificates. \*Institution of higher education, which is formally controlled, or has been formally sanctioned, or chartered, by the governing body of an Indian tribe or tribes."

### **CITIZENSHIP** (ACT 188[a] [5])

To be eligible for the WIA, the registrant must be a United States citizen or "eligible non-citizen" whose status permits employment in the United States. For WIA record keeping purposes, "eligible non-citizen" includes:

1. nationals of the United States; or,
2. lawfully admitted permanent resident alien; refugees, asylees, and parolees; or,
3. other immigrants authorized by the Attorney General to work in the United States.

### **CLASSROOM TRAINING** (Non-Regulatory Definition)

Academic and/or occupational training conducted in an institutional setting or through distance learning using technology. Effective classroom training will provide linkages between academic and occupational learning.

### **COMMON MEASURES**

In coordination with federal agencies, Michigan has adopted uniform evaluation metrics, called "common measures," for U.S. Department of Labor (USDOL) funded job training and employment programs. The common measures are intended to institute uniform definitions for performance, and are applied to all USDOL programs administered by the Bureau of Workforce Transformation (BWT).

The implementation of common performance measures across Michigan's job training and employment programs will enhance the ability to assess the effectiveness and impact of the workforce investment system, including the performance of the system in serving individuals facing significant barriers to employment.

Multiple sets of performance measures have burdened states and grantees, as they are required to report performance outcomes based on varying definitions and methodologies. By minimizing the different reporting and performance requirements, common performance measures can facilitate the integration of service delivery and break down barriers to cooperation among programs.

There are four key benefits from common measures:



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all of this information about the different programs the customer is registered in, latest activity dates, open activities, etc. into one area for you to view.

To take a closer look at information on the participant, you will need to click on a link on the far right of the WIA, TAA, and WP billboards. If you click on the link “Common Measures Participation,” a new window will open with information that you previously saw on the billboard such as the number of WP, WIA, and TAA registrations, number of open activities, latest activity end date, and a few others (see picture below). You will also see here at the top the Earliest Registration Date and the Number of Quarters with Outcome Data.

### Common Measures Participation at a Glance

ID: [6437156](#) Created On: 10/26/2006 04:46:45 PM Last Changed On: 11/13/2006 11:24:40 AM Out-of-sync?: N

| Column                             | Value      | Out-of-sync? | Column                     | Value                       | Out-of-sync? |
|------------------------------------|------------|--------------|----------------------------|-----------------------------|--------------|
| Nbr. of WP Registrations           | 0          | N            | Latest Activity End Date   | 05/20/2004                  | N            |
| Nbr. of WIA Registrations          | 1          | N            | Nbr. of Open Activities    | 0                           | N            |
| Nbr. of TAA Registrations          | 0          | N            | Latest Future Service Date | -                           | N            |
| Earliest Registration Date         | 05/21/2004 | N            | Latest Estimated Gap Date  | -                           | N            |
| Latest Registration Date           | 05/21/2004 | N            | Exit Date                  | 05/21/2004                  | N            |
| Nbr. of Quarters with Outcome Data | 0          | N            | Exit Reason                | Common Measures System Exit | N            |

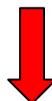
### Registration and Activity Records Attached to this Participation

| REGISTRATIONS |           |                   |                      |                       |                  | ACTIVITIES                     |                                      |            |                           |
|---------------|-----------|-------------------|----------------------|-----------------------|------------------|--------------------------------|--------------------------------------|------------|---------------------------|
| MWA           | Program   | Registration Date | Future Svc. End Date | Est. Planned Gap Date | Manual Exit Date | Exit Reason                    | Name                                 | End Date   | Common Measures Activity? |
| (33)          | WIA-ADULT | 05/21/2004        | -                    | -                     | 05/21/2004       | Soft Exit-Comp. All Activities | Program Information/Basic Assessment | 05/20/2004 | Y                         |

[Sync Billboard Record](#)

At the bottom of this screen (see previous page) there is more information about the different registrations and activities. For each registration, the MWA, the program, registration date, future service end date, planned gap date, manual exit date and exit reason are listed. For the activities, you have the name of the activity, the end date and whether it is a Common Measures activity that commences or extends participation.

When a participant’s file is Out of Sync, it means that some change has been made that might affect the exit date, but the system can not calculate the new Exit Date until it goes through the batch process that night. A red triangle with an exclamation mark will be seen next to the Common Measures Participation link when a participant’s file is out of sync (see picture below).



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|                              |   |                      |                        |
|------------------------------|---|----------------------|------------------------|
| Nbr WP Reg.: 1               | Nbr WIA Reg.: 1                               | Nbr TAA Reg.: 0      | Nbr Open Activities: 0 |
| Latest Activity: 11/03/2006  | Latest Registration: 11/02/2006               | Latest Future Svc: - | Latest Planned Gap: -  |
| Anticipated Exit: 02/02/2007 | <a href="#">Common Measures Participation</a> |                      |                        |

A “Y” in the out of sync field (below) indicates that something has happened that might change the Exit Date for that participant, and you will have to wait until tomorrow for the record to be back in sync.

**Common Measures Participation at a Glance**

ID: [6437156](#) Created On: 10/26/2006 04:15 PM Last Changed On: 11/13/2006 11:24:40 AM Out-of-sync?: N

| Column                             | Value      | Out-of-sync? | Column                     | Value                       | Out-of-sync? |
|------------------------------------|------------|--------------|----------------------------|-----------------------------|--------------|
| Nbr. of WP Registrations           | 0          | N            | Latest Activity End Date   | 05/20/2004                  | N            |
| Nbr. of WIA Registrations          | 1          | N            | Nbr. of Open Activities    | 0                           | N            |
| Nbr. of TAA Registrations          | 0          | N            | Latest Future Service Date | -                           | N            |
| Earliest Registration Date         | 05/21/2004 | N            | Latest Estimated Gap Date  | -                           | N            |
| Latest Registration Date           | 05/21/2004 | N            | Exit Date                  | 05/21/2004                  | N            |
| Nbr. of Quarters with Outcome Data | 0          | N            | Exit Reason                | Common Measures System Exit | N            |

Another major change under Common Measures is that the One-Stop Management Information System (OSMIS) will now exit all participant records. The Exit will occur 90 days after the last activity has ended in all USDOL funded programs the participant is registered in and where there are no gaps or Future Services planned. For concurrently enrolled participants, all records will have the same exit date.

BWT created a new report, which we call the Daily Anticipated Exit Report, to notify each Michigan Works Agency (MWA) of the participants who are expected to exit from the system if no action is taken to change the participant’s activities. The report will include WIA, TAA, and WP participants who have no open activities and who are expected to exit in the next five days. This daily report will run at night and will be emailed to the MWAs overnight, so it will be in your email each morning.

### **CREDENTIAL** (TEGL 7-99 and TEGL 17-05)

A credential is a nationally recognized degree or certificate or state/locally recognized credential. Credentials include, but are not limited to, a high school diploma, General Equivalency Diploma, or other recognized equivalents, post-secondary degrees/certificates, recognized skill standards, and licensure or industry recognized credentials. All Michigan Department of Education recognized credentials should also be included.

Credentials must be attained either during participation or by the end of the third quarter after the quarter of exit from services (other than follow-up services).

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## **CREDENTIAL DOCUMENTATION** (TEGL 7-99 p.79)

All data and methods to determine achievement of credentials must be documented. Computer records from automated record matching are considered a valid written record. A telephone response from the participant must be accompanied by a written document such as a certificate, degree, or other written documentation. Telephone verification with the certificate institution/entity that a person has attained the credential is also acceptable, but must also be documented.

## **COMPREHENSIVE ASSESSMENT**

Including diagnostic testing of interests, skills, abilities, barriers, etc.; is defined as the assessment of each applicant's basic skills, occupational skills, educational background, prior work experience, employability, career aptitude and interests, and the need for supportive services.

## **CUSTOMER SATISFACTION SURVEY**

WIA requires a customer satisfaction survey be conducted for all participants who exit from WIA programs and all employers who have significant contact with the MWA One-Stop center.

### **Employer Survey**

The BWT has contracted with a private company to do the customer satisfaction survey for employers and for any former participant who cannot be contacted by the MWA successfully. For the employer survey, the BWT is relying on the MWAs to enter accurate information in the OSMIS. The OSMIS information is used by the contractor to contact the employer. The MWA cannot enter survey results for employers.

For an employer to be included in the survey, the employer must have received a substantial service involving personal contact with MWA One-Stop staff, such as placing a job order or requesting the MWA One-Stop staff to refer individuals for a job opening. Employer, who request a brochure or standard mailing, ask a question that is answered with little expenditure of staff time, or use electronic self-services do not qualify for the survey and are excluded. Services for which an employer is included in the survey include:

Youth: Employment Services, Summer Youth Employment Opportunities, and On the Job Training.

Adults and Dislocated Workers: Individual Job Development, Advanced Screened Referrals, Out-of-Area Job Search, Internship and Work Experience, On the Job Training, Customized Training, and Workplace Training.

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The information for the employer customer satisfaction survey is entered in two fields, Employer Contact Name and Employer Phone (Contact) for the youth, dislocated worker, and adult services identified above. The two fields also appear on the Participation Exit screen used to exit a WIA participant.

The Employer Contact Name and Employer Phone (Contact) refers to the employer representative who actually had the significant contact with the MWA One-Stop staff or another employer representative who has first hand knowledge of the contact with the MWA One-Stop staff.

### **To exclude the employer from the employer customer satisfaction survey**

Enter XXX as the first three letters of the Employer Contact Name or Enter 999 as the area code of the Employer Phone (Contact) or leave either the Employer Contact Name field or the Employer Phone (Contact) field blank.

### **Participant Survey**

The survey of participants should be completed by the MWA when the participant exits the WIA program(s). The survey must be completed by telephone. Mail surveys are not permitted. The survey consists of three questions. The button for the survey questions will appear at the bottom of the Participant Status screen only after the manual exit date for the participant has been submitted and accepted by the system.

Please ask the participant the following three questions and enter the numeric value for their response to each question. If the participant response is “does not know,” enter an “11.” If the participant response is “refuse to answer,” enter a “12.”

Upon completion, click the '**SUBMIT**' button at the bottom of the screen.

Utilizing a scale of 1 to 10 where "1" means 'Very Dissatisfied' and "10" means 'Very Satisfied,' what is your overall satisfaction with the services provided by (MWA Name or Service Provider Name) \_\_\_\_\_?

Considering all of the expectations you may have had about the services, to what extent have the services met your expectations? "1" now means "Falls Short of Your Expectations" and "10" means "Exceeds Your Expectations" \_\_\_\_\_.

Now think of the ideal program for people in your circumstances. How well do you think the services you received compare with the ideal set of services? "1" now means "Not very close to the ideal" and "10" means "Very Close to the Ideal" \_\_\_\_\_.

### **CUSTOMIZED TRAINING** (Reg. 663.715)

Customized training is:

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1. designed to meet the special requirements of an employer (including a group of employers);
2. conducted with a commitment by the employer to employ an individual upon successful completion of the training; and
3. for the employer which pays for not less than 50 percent of the cost of the training.

### **DEFICIENT IN BASIC LITERACY SKILLS** (Reg. 664.205)

Defined by the MWA but must include a determination that an individual:

1. computes or solves problems, reads, writes, or speaks English at or below the 8<sup>th</sup> grade level based on a generally accepted standardized test or a comparable score on a criterion referenced test; or
2. Is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society.

### **DISABILITY**

See Individual with a Disability.

### **DISASTER RELIEF ASSISTANCE** (National Emergency Grant Only) (WIASRD Item #330)

If the individual received disaster relief assistance as part of a National Emergency Grant, which includes, but is not limited to, providing food, clothing, shelter, and related humanitarian services; performing demolition, cleaning, repair, renovation, and reconstruction of damaged and destroyed public structures, facilities, and lands located within the designated disaster area, as defined in the grant award document.

### **DISLOCATED WORKER** (Act 101[9])

An individual who:

1. a) has been terminated or laid-off or who has received a notice of termination or lay off from employment;  
b) (i) is eligible for or has exhausted entitlement to unemployment compensation; **OR**  
(ii) has been employed for a duration sufficient to demonstrate, to the appropriate entity at a One-Stop center, 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**  
c) is unlikely to return to a previous industry or occupation;

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2.
  - a) has been terminated or laid off, or has received notice of termination or layoff, from employment as a result of any permanent closure of or any substantial layoff at a plant, facility, or enterprise;
  - b) is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; **OR**
  - c) for purposes of eligibility to receive services other than training services, intensive services, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close;
3. is self-employed (including employment as a farmer, a rancher, or a fisherman), but s/he is unemployed as a result of general economic conditions in the community in which the individual resides or because of a natural disaster; **OR**
4. is a displaced homemaker.

This definition allows individuals to qualify as a dislocated worker in four different ways. The workforce system is encouraged to test individuals' eligibility against all options to ensure that the maximum number of people qualify as dislocated workers. Individuals who do not qualify under category 1 because of the nature of their employment separation may still qualify under category 2, 3, or 4.

### **DISPLACED HOMEMAKER** (Act 101[10])

An individual who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income, and is unemployed or under-employed and is experiencing difficulty in obtaining or upgrading employment.

### **DROPOUT**

See School Dropout.

### **EDUCATION STATUS AT TIME OF REGISTRATION** (WIASRD Item # 129)

In-school, High School or less

If the individual has not received a secondary school diploma or its recognized equivalent and is attending any secondary school (including elementary, intermediate, junior high school, whether full or part-time), or is between school terms and intends to return to school.

In-school, Alternative School:

If the individual has not received a secondary school diploma or its recognized equivalent and is

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attending an alternative high school or an alternative course of study approved by the local educational agency whether full or part-time.

In-school, post High School:

If the individual has received a secondary school diploma or its recognized equivalent and is attending a post-secondary school or program (whether full or part-time), or is between school terms and intends to return to school.

Not attending school; High School dropout:

If the individual is no longer attending any school and has not received a secondary school diploma or its recognized equivalent.

Not attending school; High School graduate:

If the individual is not attending any school and has either graduated from high school or holds a General Equivalency Diploma (GED).

### **EMPLOYMENT STATUS (At Participation)** (WIASRD Item # 115)

Employed - An employed individual is currently working as a paid employee or who works in his or her own business, profession or on his or her own farm, or works 15 hours or more per week as an unpaid worker on a farm or in an enterprise operated by a member of the family, or is one who is not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.

Not Employed - An individual who does not meet the definition of employed or who, although employed, has received notice of termination of employment.

### **EMPLOYED** (At Registration)

See Employment Status at Participation.

### **EMPLOYER CONTACT NAME** (Participant Customer Satisfaction Survey)

Refers to an employer who must have received a substantial service involving personal contact with MWA One-Stop staff, such as placing a job order or requesting the MWA One-Stop staff to refer individuals for a job opening. Employers who request a brochure or standard mailing, ask a question that is answered with little expenditure of staff time, or use electronic self-services do not qualify for the survey and are excluded. Services for which an employer is included in the survey include:

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**Youth:** Employment Services, Summer Youth Employment Opportunities, and On-the-Job Training.

**Adults and Dislocated Workers:** Individual Job Development, Advanced Screened Referrals, Out-of-Area Job Search, Internship and Work Experience, On-the-Job training, Customized Training, and Workplace Training

### **ENROLLED IN EDUCATION** (WIASRD Item #343)

If the individual is enrolled in secondary school, post-secondary school, adult education programs, or any other organized program of study. States may use this coding value if the youth was either already enrolled in education at the time of participation in the program or became enrolled in education at any point while participating in the program.

### **ENTERED ADVANCED TRAINING or POST SECONDARY EDUCATION(Youth)** (WIASRD Item # 671 & 672)

Advanced training is an occupational skills employment/training program, not funded under Title I of the WIA, which does not duplicate training received under Title I. This includes only training outside of the WIA and partner system. Include entry into post-secondary educational programs that lead to an academic degree (e.g., AA, AS, BA, BS) in advanced training in the post-secondary education category.

Post-secondary education is a program at an accredited degree-granting institution leading to an academic degree (e.g., AA, AS, BA, BS). Do not include programs offered by degree-granting institutions that do not lead to an academic degree as post-secondary education.

The following methodology can be used to determine whether youth are placed in post-secondary education or advanced training.

1. Case management, follow-up services, and surveys of the participant to determine if the youth has been placed in post-secondary education or advanced training and written documentation of that placement; **OR**
2. Record sharing agreements and/or automated record matching with administrative/other databases to determine and document that the participant has been placed in post-secondary education or advanced training. These databases include, but are not limited to:
  - State Board Governing Community Colleges
  - State Board Governing Universities

### **ENTERED TRAINING RELATED EMPLOYMENT** (WIASRD Item # 604)

Training-related employment is employment in which the individual uses a substantial portion of the skills taught in the training received by the individual. Leave blank if the individual did not receive training services.

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Training-related employment may be determined by any appropriate method or methods including comparison of the occupation of employment with the occupation of training, comparison of the industry of employment with the occupation of training using valid crosswalks, by a comparison of the job's activities with the skills taught in the training program, or other method. Methods used should be documented.

### **ENTREPRENEURIAL TRAINING** (Non-Regulatory Definition)

The program assists qualified unemployed individuals who are seriously interested in starting a business in Michigan and becoming self-employed.

### **ETHNICITY**

Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin (including Spain), regardless of race.

### **EXIT DATE** (WIASRD Item #303)

The last date WIA Title I or partner services, excluding follow-up services, were received by the participant.

A manual exit can be entered for a participant who has a date of case closure, completion or known exit from WIA-funded or the non-WIA funded partner services.

MWAs should document any gap in service that occurs with a reason for such a gap in service. Participants who have a planned gap in service of greater than 90 days should not be considered exited if the gap in service is due to a delay before the beginning of training or a health/medical condition that prevents an individual from participating in services. MWAs should document any gap in service that occurs with a reason for such a gap in service.

Once a participant has not received any WIA funded or partner services for 90 days, except follow-up services and there is no planned gap in service or the planned gap in service is for reasons other than those acceptable, that participant has exited. The One Stop MIS will automatically terminate a participant who has not received any services for 90 days and there is no planned gap or scheduled service pending.

See also Participant - WIA Partner Program Participation.

### **EXIT REASONS**

To report an exit, use the reason that most accurately reflects why the participant is no longer in the WIA program.

Deceased - A participant who died during participation in the WIA.

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- Employed - A participant who is placed in employment after participation in the WIA. Also, include entry into the Peace Corps, VISTA, and other National Service programs funded by the Federal Corporation for National and Community Service under the National and Community Service Trust Act of 1993. (Examples are activities in the Americorps, and the National Civilian Community Corps programs.)
- Entered Advanced Training - A youth (aged 14-18) participant who started to attend advanced training classes.
- Entered Postsecondary Education - A youth (aged 14-18) participant who started to attend postsecondary classes.
- Apprenticeship - Participant entered a qualified apprenticeship program.
- Military - Participant entered military service.
- Found Ineligible After Registration -
- Family Care -
- Relocated to Mandated Program (Youth Only) -
- Health/Medical - The participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in WIA. This does not include temporary conditions expected to last for less than 90 days.
- Institutionalized - The participant is residing in an institution or facility providing 24-hour support such as a prison or hospital and is expected to remain in that institution for at least 90 days.
- Invalid SSN Provided -
- Involuntary Exit (Non-Compliance) -
- Reservist - Reservist called to active duty who chose not to return to WIA
- Self-Employed -

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Soft Exit. All Activities -

**Retired from Employment -**

**Voluntary Exit**

## **FAMILY** (Act 101[15])

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

1. husband, wife, and dependent children
2. parent or guardian and dependent children
3. husband and wife

A person not meeting the definition of family is considered to be an individual (often known as a family of one). A person with a disability shall be considered a family of one.

## **FAMILY INCOME**

Includes all income actually received by the members of the registrant's family during the income determination period six months prior to application. Only the income for individuals included in the registrant's family size is considered when determining family income. In addition, the income of these family members is only to be counted during the periods persons are actually members of the registrant's family unit.

When a registrant indicates an absence of income or other means of support for the income determination period, an explanation of how the person supported him/herself must be included in the comment section of the WIA Application Form or the WIA Preliminary Application Form.

## **THE FOLLOWING ARE EXAMPLES OF FAMILY INCOME THAT ARE INCLUDED:**

1. Gross Wages and Salary - The total money received (amount paid before deductions) from work performed as an employee including:
  - a) gross wages and salaries
  - b) tips
  - c) commissions
  - d) piece rate payments
  - e) cash bonuses
  - f) vacation pay (this includes Armed Forces terminal leave pay)
  - g) Income earned through the senior community service employment program.

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2. Net Self Employment Income - Net income (gross receipts, minus operating expenses) from a business firm, farm, or other enterprise (including odd jobs) in which a person is engaged on his/her own account. If net self employment income reflects a deficit amount, income from the source is to be considered "-0-" when calculating family income. Self-employed includes a farmer, rancher, fisherman, professional person, independent trades person, and other business people.
3.
  - a) Regular payments from railroad retirement, strike benefits from union funds, worker's compensation, veteran's payments, and training stipends.
  - b) Alimony.
  - c) Military family allotments, excluding allotments for active duty, or other regular support from an absent family member or someone not living in the household.
  - d) Pensions whether private, including employer contributing 401(k), **OR** government employee (including military retirement pay).
  - e) Regular insurance or annuity payments.
  - f) College or university grants, fellowships, scholarships, and assistant ships.
  - g) Dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts.
  - h) Net gambling or lottery winnings.
  - i) WIA, On-the-Job Training payments. (Reg. 627.305[a][4])

### **EXCLUSIONS FROM FAMILY INCOME INCLUDE (JTPA 626.5)**

- a) Unemployment compensation.
- b) Severance Pay.
- c) Child support payments.
- d) Welfare payments (including Temporary Assistance for Needy Families, Supplemental Security Income, Food Assistance Employment and Training Program, and Refugee Assistance.
- e) Capital gains.
- f) Foster child care payments.
- g) Any assets drawn down as withdrawals from a bank, the sale of property, an employee exclusive 401(k), the sale of property, a house or a car.
- h) Tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury.
- i) Non - cash benefits such as employer paid fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, Food Stamps, school meals, and housing assistance.
- j) Pay or allowances received while on Active Military Duty. (38 U.S.C. 2013)
- k) Pell grants.
- l) Education assistance and compensation payments to veterans and other

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eligible persons under Title 38, United States Code, Chapters 11, Compensation for Service Connected Disability or Death, 13, Dependence and Indemnity Compensation for Service Connected Death, 31, Vocational Rehabilitation, 34, Veterans' Education Assistance, 35, War Orphans' and Widows' Educational Assistance, and 36, Administration of Educational Benefits. (38 U.S.C. 2013)

- m) Allowances, earnings, and payments to individuals participating in programs under WIA shall not be considered as income for the purposes of determining eligibility for WIA. (Act 142[b])
- n) Earned income credit (EIC). (TEIN #35-93)
- o) Educational financial assistance received under Title IV of the High Educational Act. (20 U.S.C. 1087)
- p) Needs-based scholarships.
- q) Old Age, Survivors and Disability Insurance benefits received under Section 202 of the Social Security Act.(42 U.S.C. 402).

### **FOOD ASSISTANCE (STAMP) RECIPIENT**

An individual who is a member of a household that receives (or has been determined within the 6-month period prior to application for the program involved to be eligible to receive) food stamps pursuant to the Food Stamp Act of 1977.

For purposes of determining eligibility, a food stamp recipient is considered low income.

Food Stamps are issued on the basis of net family income and family size, as defined and determined by Department Human Services. Therefore, if a registrant is a member of a family receiving food stamps, (or has been determined within the 6-month period prior to application for the program involved to be eligible to receive) the registrant shall be considered low income for determining WIA eligibility.

### **FOSTER CHILD**

A child on behalf of whom State or local government payments are made.

### **GROUP COUNSELING**

Where staff and employers identify specific behaviors associated with obtaining and retaining employment. Group Counseling can also be conducted for supportive services needs, particularly in layoff situations where large numbers of persons need to receive information.

### **HIGH SCHOOL COMPLETION** (Non-Regulatory Definition)

An individual has completed high school if he or she has been awarded a high school diploma or an equivalent credential, including a GED credential.

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## **HOMELESS AND/OR RUNAWAY YOUTH** (WIASRD Item # 125)

An individual who lacks a fixed, regular, adequate night time residence; and any individual

- a) who has a primary night time residence that is a publicly or a privately operated shelter for temporary accommodation;
- b) an institution providing temporary residence for individuals intended to be institutionalized; **OR**
- c) a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.

**NOTE:** The definition includes a runaway youth but does not include an individual imprisoned or detained pursuant to an Act of Congress or state law.

## **INDIVIDUAL EMPLOYMENT PLAN (IEP)**

An IEP will be developed at the time of registration for each WIA participant to identify employment goals, appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment goals. The IEP will be revised when there is a change in the employment goals and/or services.

Local Labor Market information will be taken into consideration in the development of the IEP. The IEP must include an assessment of the person's job readiness, specific employment and training need, and specific strengths and deficiencies. The IEP will include an assessment of the person's financial, social and/or supportive needs and provide the justification for all services to be given. The IEP will describe what Core Services have been provided.

## **INDIVIDUAL TRAINING ACCOUNT (ITA)**

ITAs are used to purchase individual training services for adults or dislocated workers and funded by WIA Title I.

## **INDIVIDUAL WITH A DISABILITY** (Act 101[17]) (Americans with Disabilities Act Section 3)

A physical or mental impairment which substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

## **JOB READINESS TRAINING**

Job readiness training provides, through classroom lecture and role play, the development of the same set of skills, and understanding to be acquired through work experience. It is generally offered as pre-vocational world-of-work skills that may include showing up on time, work place

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attitudes and behaviors. Job readiness training usually does not include an associated work component, but it may.

### **KEY-DEMAND OCCUPATIONS** (Guideline Only)

The outlook for many occupations in Michigan is positive. There is not projected to be outstanding growth over all occupations, but there are occupations that look very promising, particularly within the health care and professional occupational groups. Nevertheless, it is important to understand the concepts of numeric growth, growth rate, growth/replacement ratios, wages, and other considerations when making informed occupational decisions.

Key-Demand Occupations are primarily based of the long-term occupational projections, which cover a ten-year period. These lists include occupations created by changes in technology, society, or markets, as observed by the occupational projections. Key-Demand occupations may also be existing occupations that have been substantially modified by the same changes, and are increasing in employment, experience strong growth rates (as compared to just simply replacing an existing worker), have relatively high wages, and display characteristics that are common with current labor force trends.

The lists of Key-Demand occupations (<http://www.milmi.org/?PAGEID=204>) alone might not give enough latitude in determining an occupation for a participant. In such a case, a three-step process can help eliminated unwanted occupations, but is by no means a method to determine an absolute list of occupation for a participant. Listed below is a process that will help generate a list of occupations that might be more suitable for an individual to consider.

#### *1. Numerical Change*

This first step refers to numerical growth or number of openings over the ten year time frame. Participants should look for an occupation that demonstrates above average growth. While number of opportunities can be good, we need to be careful since it does nothing to address the relative stability and future prospects of an occupation; a good example is production occupations.

#### *2. Rate of Change*

In this second step, participants need to consider the rate at which an occupation changes over time. Again, participants should look for an occupation that expresses above average growth rates. Sorting occupations by growth rates, alone, will undoubtedly yield occupations with small overall size too high on the list. But this variable is still important, because it addresses the relative stability of an occupation, which numeric change, alone, fails to do.

#### *3. Growth & Replacement*

Finally, Job openings stem from both employment growth and replacement needs. Replacement needs arise as workers leave occupations. Some transfer to other occupations while others retire, return to school, or quit to assume household

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responsibilities. Growth plus replacement are an appropriate measure of minimum training needs for an occupation, and it is an appropriate measure of the number of available job openings. However, Participants should look for occupations that demonstrate more growth than replacement.

So, to rectify the dilemma each indicator presents, participants should simply combine each indicator and look for occupations that do well in each of the three tests. Therefore, the participant can incorporate both growth (stability) and eliminate small less meaningful occupations. Intuitively, this makes sense, yet it is such a simple concept that would hopefully reduce confusion among case managers and participants if the participant desires an occupation that is not on the list of Key-Demand Occupations.

### **LIMITED ENGLISH (LANGUAGE PROFICIENCY)** (WIASRD Item # 116)

An individual who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English or (b) who lives in a family or community environment where a language other than English is the dominant language.

### **LITERACY ACTIVITIES**

Related to basic workforce readiness; what WIA defines as workplace literacy is commonly referred to as workforce literacy. Workforce literacy classes attempt to replicate the environment encountered in the workplace by using work relevant materials in contextual instruction “workplace literacy” in the allowed activities. The term “workplace literacy services” as defined by WIA II, means “literacy services that are offered for the purpose of improving the productivity of the workforce through the improvement of literacy skills”. Literacy means “an individual’s ability to read, write, and speak in English, compute, and solve problems, at levels of proficiency necessary to function on the job, in the family of the individual, and in society.” Workforce technical, occupational, or vocational skills are not equivalent to basic literacy skills. These sets of skills are different in scope and require a different instructional approach to lead to student outcomes.

### **LITERACY TRAINING**

The term Literacy Training refers to the acquisition of knowledge, skills, and competencies as a result of the teaching an individual the ability to read, write, and speak in English, compute, and solve problems, at levels of proficiency necessary to function on the job, in the family of the individual, and in society.

### **LOW INCOME INDIVIDUAL** (Act 101[25])

A low income individual:

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1. receives or is a member of a family that receives, cash payments under a federal, state, or local income-based public assistance program;
2. received an income or is a member of a family which has, received a total family income for the six-month period prior to application for the program involved (exclusive of unemployment compensation, child support payments, welfare payments and old age and survivors insurance benefits received under Section 202 of the Social Security Act), that in relation to family size, does not exceed the higher of
  - (i) the poverty level, for an equivalent period, **OR**
  - (ii) 70 percent Lower Living Standard Income Level (LLSIL), for an equivalent period;
3. is a member of a household that receives (or has been determined within the six-month period prior to application for the program involved to be eligible to receive) food stamps pursuant to the Food Stamp Act;
4. qualifies as a homeless individual, as defined in Subsections (a) and (c) of Section 103 of the Stewart B. McKinney Homeless Assistance Act;
5. is a foster child on behalf of whom State or local government payments are made; **OR**
6. in cases permitted by regulations promulgated by the Secretary of Labor, is an individual with a disability whose own income meets the requirements of a program described in subparagraph (1) or (2) above, but who is a member of a family whose income does not meet such requirements.

### **LOWER LIVING STANDARD INCOME LEVEL (LLSIL)** (Act 101[24])

The term lower living “**standard income level**” is that income level (adjusted for regional, metropolitan, urban, rural differences and family size) determined annually by the Secretary based on the most recent lower living budget issued by the Secretary.

### **INCOME LEVELS FOR LOW INCOME STATUS**

Each year, in June, the U.S. Department of Labor updates the Lower Living Standard Income Levels used for WIA low-income determination. Each year, in January, they also update the Poverty Income Levels. The MWA staff shall use the appropriate income and poverty levels to determine the reference guideline for Income Levels for Low Income Status.

#### **Effective Dates**

- Poverty Income Guidelines is issued every year in January.
- 70 percent Lower Living Standard Income Level (LLSIL) is issued every year in June.

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To obtain these reports use the following link to the Federal Registry.

<http://www.gpoaccess.gov/fr/index.html>

In the box for “Quick Search” type in the key word “WIA” for the Workforce Investment Act; Lower Living Standard Income Level, and use the key word “Poverty” for the Annual Update of the HHS Poverty Guidelines.

### Income Levels

DELEG has determined that when a MWA includes areas covered by more than one LLSIL; the higher LLSIL amount shall be used for the whole MWA. Tables 1 and 2, in **Appendix B** of this chapter, provide metropolitan and non-metropolitan family income levels. Also, below is information that identifies which MWA shall utilize the appropriate table. **NOTE:** For a particular family size, the level provided is either 70 percent of LLSIL or the poverty level, whichever is the greater of the two figures.

MWAs which shall utilize the poverty/nonmetropolitan LLSIL are:

- West Central
- Western U.P.
- Region 7B
- The Job Force
- Northwest Michigan
- Eastern U.P
- Northeast Michigan

MWAs utilizing the poverty/metropolitan LLSIL are:

- Berrien/Cass/Van Buren
- Kalamazoo/St. Joseph
- Calhoun/ISD
- South Central Michigan Works
- Ottawa
- ACSET/Allegan
- Capital Area Michigan Works
- Washtenaw County
- Career Alliance
- Muskegon/Oceana
- Central Area Michigan Works
- Great Lakes Bay
- Thumb Area

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- Oakland County
- Southeast Michigan Community Alliance
- Detroit Workforce Development Department
- Macomb/St. Clair
- Livingston County

### **MIGRANT/SEASONAL FARMWORKERS**

Seasonal Farm Worker - Persons who during the preceding 12 months worked at least an aggregate of 25 or more days or parts of days in which some work was performed in farm work, earned at least half of their earned income from farm work, and were not employed in farm work year round by the same employer. For purposes of this definition only, a farm labor contractor is not considered an employer. Nonmigrant individuals who are full-time students are excluded.

Migrant Farm Worker - Seasonal farm workers who have to travel to do the farm work so that they were unable to return to their permanent residence within the same day. Full-time students traveling in organized groups, rather than with their families, are excluded.

Migrant Food Processor - Persons who during the preceding 12 months worked at least an aggregate of 25 or more days or parts of days in which some work was performed in food processing, who earned at least half of his earned income from processing work, and were not employed in food processing year round by the same employer. Migrant food processing workers who are full-time students, but who travel in organized groups rather than with their families, are excluded.

### **MINIMUM WAGE**

Payment of wages meeting the requirements of the Fair Labor Standards Act or the Michigan Minimum Wage Law.

### **NON-TRADITIONAL EMPLOYMENT** (Act 101[26])

Non-Traditional Employment is employment in an occupation or field of work for which individuals from one gender comprise less than 25 percent of the individuals employed in such occupation or field of work.

Both males and females can be in nontraditional employment.

Nontraditional employment can be based on either local or national data.

### **NOT EMPLOYED** (at Registration)

See Employment Status at Registration.

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### **OCCUPATIONAL or CAREER OUTLOOK**

Forecasts of industry employment growth are applied against an industry-occupational matrix to project employment for wage and salary workers. The matrix reflects occupational staffing patterns; each occupation as a percent of the work force in every industry. Data for current staffing patterns comes from the Occupational Employment Statistics survey program, which collects data from employers on a three-year cycle. Data on self-employed workers in each occupation is obtained from the Current Population Survey. Self-employed workers are projected separately.

### **OCCUPATIONAL PROJECTIONS (FORECASTS)**

The occupational tables provided by the, Bureau of Labor Market Information and Strategic Initiatives, list detailed occupational projections for the MWA for a given ten year period. Included are employment levels for both years, net and percentage change in employment and data on annual openings. Please note, approximately every two years there will be a new set of occupational projection.

### **OCCUPATIONAL SKILLS TRAINING**

Occupational Skills Training consists of training and education for job skills required by an employer to provide individuals with the abilities to obtain or advance in employment or adapt to changing workplace demands. Job skills training focuses on educational or technical training designed specifically to help individuals move into employment. Placement into this activity constitutes the appropriate comprehensive basic skills education required for individuals assessed at math and/or reading levels below ninth grade.

### **OFFENDER** (Act 101[27])

An offender is an adult or juvenile who:

1. is or has been subject to any stage of the criminal justice process for whom services under this act may be beneficial; **OR**
2. who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.

### **OLDER INDIVIDUAL** (Act 101[28])

An older individual is 55 years of age or older.

### **ON-THE-JOB TRAINING (WIA - OJT)** (Act 101[31])

Training by an employer that is provided to a paid participant while engaged in productive work in a job that:

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1. provides knowledge or skills essential to the full and adequate performance of the job;
2. provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training; **AND**
3. is limited to the period of time required for a participant to become proficient in the occupation for which the training is being provided. In determining the appropriate length of the contract, consideration should be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, prior work experience, and the participant's individual employment plan. (WIA sections 101(31), 20 CFR 663.700(a) and (c), 65 FR49409).

### **OUT-OF-SCHOOL YOUTH** (TEGL 24-08)

Youth participants who are:

- (a) No longer attending any school and have not received a secondary diploma or its recognized equivalent;
- (b) Not attending any school and have either graduated from high school or hold a GED; **OR**
- (c) Attending post-secondary school and are basic skills deficient.

### **PARTICIPANT** (Act 101[34]) (TEGL 8-01)

A participant has been determined to be eligible to participate in and who is receiving services (except follow-up services authorized under this Title) under a program authorized by this Title. Participation shall be deemed to commence on the first day, following determination of eligibility, on which the individual began receiving subsidized employment, training, or other services provided under this Title.

MWAs have flexibility in determining whether to exit a participant in a Reserve/National Guard status who has been called to active duty who experiences gaps in service for more than 90 days.

**Participant Is Exited from Program:** Participants called to active duty have been issued orders telling them the expected time they will be in service. Therefore, based on the required active service time, MWAs may exit the participant and re-enroll him or her once the military obligation has been fulfilled. This will alleviate the burden of states having to perform follow-up on the participant while allowing them, in some cases, to take credit for positive outcomes.

**Participants Not Exited from Program:** MWAs may treat these participants in the same way as those who have a health or medical condition that prevents them from participating in services. In this instance, MWAs must document the gap in service with a note to the file indicating the

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individual will be on active duty and the expected return date. If possible, written documentation such as a copy of the call up notice, letter from employer, or Military Leave of Absence Record Form (DA Form 31) should be included in the file. Once the reservist returns from active duty, his/her original eligibility status will stand. However, if the individual was not determined eligible for intensive or training activities before his or her call to duty and subsequent circumstances would make him or her eligible, the new status will take precedence.

Upon a return from active duty, some reservists may need additional time before they are ready to resume job search or training activities. With documentation in the file, up to one year should be provided to the individual returning.

### **WIA TITLE I-B PARTICIPATION** (WIASRD Items # 304 – 313)

Used to identify participants served by one or more of the WIA Title I-B funds.

- a) Adult (Local)  
Services to adults (age 18 and over) provided by local funds allocated to local areas under the WIA. (WIA Sec.133 [b][2][A])
- b) Dislocated Worker (Local)  
Services to dislocated workers provided by local funds allocated to local areas under the WIA. (WIA Sec.133 [b][2][B])
- c) Youth (Local)  
Services to youth provided by local funds allocated to local areas under the WIA. (WIA Sec.128[b]).
- d) Youth (Statewide 15% activities) (WIA Sec.134 [a])
- e) Displaced Homemaker (Statewide 15% activities) (WIA Sec.134 [a][3][A][vi][1])
- f) Incumbent Worker (Statewide 15% activities) (WIA Sec. 134[a][3][A][iv][I])
- g) Other (Statewide 15% activities)
- h) Rapid Response  
An individual who participated in Rapid Response activities authorized at WIA Section 134[a][2][A][i]. These activities could occur prior to or subsequent to registration.
- i) Rapid Response Additional Assistance  
An individual who participated in a program funded by the State under WIA section 134(a)(2)(A)(ii).
- j) National Emergency Grant (WIA Title I, Subtitle D, Sec.173)

### **WIA PARTNER PROGRAM PARTICIPATION** (WIASRD Item # 304 - 326)

The reporting requirements are designed to provide the opportunity to track and report on services that WIA Title I-B participants receive from partner programs. While tracking and

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reporting services is optional, it can be advantageous because receipt of tracked partner services can be used to avoid 'soft' exits under WIA Title I-B.

For example, an individual might be registered for WIA Title I-B and receive services and go on to receive adult literacy services from WIA Title II. If WIA Title II services are not tracked, the exit date occurs when WIA Title I-B services are finished. If WIA Title II services are tracked and reported, then (1) the individual is defined as an exiter from WIA Title I-B if there are neither WIA Title I-B nor WIA Title II services for 90 days and (2) the exit date is the last date on which either WIA Title I-B services or WIA Title II services were received.

Record only those programs that fund activities coordinated with the individual's WIA Title I-B activities, possibly through a formal co-enrollment, by inclusion in the individual's WIA service plan or through follow-up services. Do not report partner services that the individual obtains on his/her own or that are not coordinated with the individual's WIA Title I-B activities.

The only partner services that can extend the exit date are those services that would extend the exit date if they were funded by WIA Title I-B. These include services that would qualify under WIA as core services (other than informational or self-service), intensive services, training services, or youth activities (except for follow-up services). They also include similar employment and training activities, such as Adult Literacy Training. They do not include services that provide income support (e.g., Food Stamps, TANF grants, and Unemployment Compensation).

Services should be recorded cumulatively. A yes should be recorded for each source of service. Partner services received before WIA registration may be reported if known. Do not report sources that funded only core services classified as informational or self-service.

NOTE: When partner services are tracked and reported, receipt of partner services can be counted just like WIA services when determining the exit date.

- a) Adult Education (WIA Title II)
- b) Job Corps (WIA Title I-Subtitle C)
- c) Migrant and Seasonal Farm Worker Programs (WIA Title I-Subtitle D, Sec.167)
- d) Native American Programs WIA Title I-Subtitle D, Sec.166)
- e) Veterans' Programs  
Labor exchange services provided by DVOP/LVER (WIA Sec.121 [b][1][IX]) or Workforce Investment Program (WIA Sec. 168)
- f) Trade Adjustment Act (TAA)
- g) NAFTA-TAA
- h) Vocational Education  
Vocational Education is described in the Carl Perkins Vocational and Applied Technical. Education Act (20 U.S.C. 2471)
- i) Vocational Rehabilitation (WIA Title IV)

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- j) Wagner-Peyser Act
- k) Employment and Training programs carried out under the Community Services and Block Grant Act, 42 U.S.C. 9001 et seq.
- l) Employment and Training programs carried out by Dept. of Housing and Urban Development
- m) Other non-WIA Programs  
Any non-WIA program not listed above that provided the individual with services authorized under WIA. The program must fund activities coordinated with the individual's WIA Title I activities, possibly through a formal co-enrollment, by inclusion in the individual's WIA Service Plan, or through Follow-up services.
- n) Title V Activities  
Title V of the Older Americans Act of 1965
- o) Employment and Training Services related to Food Assistance (Stamps)

### **PLANNED GAP in SERVICE**

Participants who have a planned gap in service of greater than 90 days are not considered as exited if the gap in service is due to a delay before the beginning of training or a health/medical condition that prevents an individual from participating in services.

MWAs should document any gap in service that occurs with a reason for such a gap in service.

Once a participant has not received any WIA funded or partner services for 90 days, except follow-up services and there is no planned gap in service or the planned gap in service is for reasons other than those specified above, that participant has exited. The One-Stop MIS will automatically terminate a participant who has not received any services for 90 days and there is no planned gap or scheduled service pending.

See also definition for Exit Date.

### **PREGNANT or PARENTING YOUTH** (WIASRD Item # 127)

An individual who is between the ages of 14 and 21 years of age and pregnant, or a male or female youth who is providing custodial care for one or more dependent children under the age of 18.

### **PUBLIC ASSISTANCE**

Federal, state, and local government cash payments for which eligibility is determined by a need or income test. Food stamps, or vouchers issued by charitable agencies for food, housing, or clothing are not considered **Public Assistance**. Social Security retirement benefits and Social Security disability payments are not public assistance. Medicare/Medicaid are not considered public assistance for the WIA purposes.

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For eligibility purposes: A registrant is considered to be receiving Public Assistance if the individual, or any family member living with the individual, receives any of the following:

1. **Temporary Assistance to Needy Families (TANF)**  
A TANF recipient is in receipt of income or money payments pursuant to a state plan approved under the Social Security Act, Title IV. Also, include participants who were referred by the TANF agency, participated in the TANF assessment program as a requirement prior to opening a TANF grant, and who received support services from the TANF agency.
2. **General Assistance / Supplemental Security (SSI) / Refugee Assistance**
  - A General Assistance recipient is in receipt of state or local government cash assistance based on need.
  - A SSI recipient is in receipt of supplemental income or money payments pursuant to a state plan approved under the Social Security Act, Title XVI (Supplemental Security Income for the Aged, Blind, and Disabled), or pursuant to the Refugee Assistance Act of 1980 (Public Law 96-212). See *Supplemental Security Income*.
  - A Refugee Assistance recipient is in receipt of income or money payments under the Refugee Assistance Act of 1980 (Public Law 96-212).
3. **Other Public Assistance**  
Other Public Assistance programs are state or local government cash assistance programs based on need other than TANF or SSI payments. Only cash payments going directly to the registrant or his/her family are considered public assistance payments (e.g., fuel assistance) made payable to the registrant and a company or agency can be considered public assistance. Other public assistance includes benefits paid for Independent Living (a social services program for emancipated minors).

### **RACE** (WIASRD Item # 106 - 110)

The race category must closely denote the individual's recognition in his/her community for reporting purposes.

**White** - a person having origins in any of the original peoples of Europe, North Africa, or Middle East.

**Black** - a person having origins in any of the black racial groups of Africa.

**American Indian or Alaskan Native** - a person having origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.

**Asian or Pacific Islander** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (i.e., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan). This area includes, for example, Cambodia, China,

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Japan, Korea, Malaysia, the Philippines, Thailand and Vietnam. (WIASRD Sec. 11[19][4][11])

**Hawaiian Native or Pacific Islander** - A person having origins in any of the original people's of Hawaii, Guam, Samoa, or the Pacific Islands. (WIASRD Sec. 11[19][4][11])

### **REGISTRANT**

A registrant is an individual seeking the WIA services who has filed a completed application and for whom a formal eligibility determination was made.

### **REGISTRATION DATE**

All youth must be registered to receive any WIA Title I-B services.

Adults and dislocated workers must be registered when they start to receive WIA Title I-B services that are not informational or self-service. Core services that do not involve a significant amount of staff time or resources and/or are primarily for the purpose of providing information should be considered as self-service or informational and registration is not required. Examples of core services requiring registration:

- staff assisted job search and placement assistance, including career counseling
- staff assisted job referrals (such as testing and background checks)
- staff assisted job development (working with employer and job-seeker)
- staff assisted workshops and job clubs

### **REMEDIAL TRAINING** (Non-Regulatory Definition)

Training that is necessary to raise a participant's job skill level so the participant can qualify for certain vocational skills training or help them achieve employment. There are various types of remedial training which may be required or taken in conjunction with some type of occupational training. Types of remedial training may include:

- GED
- Developmental Math, Reading and English
- English as a Second Language

### **SCHOOL CODE**

A participant may only receive training from a school that has been certified to provide the training. MWAs can review certified schools and classes by going to the following internet site: <http://www.datamdcd.org/>

The School Code, Classification of Institutional Programs (CIP) Code CIP CODE Extra and Degree Level are all found at the above site. A user name and password are required and have

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been furnished to the MWA. Upon entering the site, the first screen lists all the letters of the alphabet. Select the letter of the alphabet under which the school you are seeking is listed. The school code and all other codes will be shown.

For example:

Lansing Community College (0015)

| CIP Code | CIP Extra | Program Title                 | Certification (Code)   |
|----------|-----------|-------------------------------|------------------------|
| 520302   | AA        | Accounting (curriculum 10162) | Associate's Degree (3) |

Enter the school code for the Individual Training Account. From the above example the school code is 0015

### **SCHOOL DROPOUT** (Act 101[39])

A school dropout is an individual who is no longer attending any school and who has not received a secondary school diploma or a recognized equivalent.

### **SCHOOL STATUS AT EXIT** - (For WIA Younger Youth.)

The youth may attain a secondary (high school) diploma, a GED or a high school equivalency diploma recognized by the State during enrollment or by the end of the first quarter after exit. Also include successful completion of an IEP for youth with disabilities. If this is true, outcome information for the first and third quarters after exit must be reported.

### **SELECTIVE SERVICE REGISTRATION** (Act 189[h])

Section 189 of the WIA requires that all the WIA participants be in compliance with the Military Selective Service Act registration requirement.

Requirements of the Military Selective Service Act include:

#### **Who must register**

- All male citizens of the United States and other male persons residing in this country born on or after January 1, 1960, who have attained their eighteenth birthday.
- Aliens who are permanent residents.
- Aliens who are refugees and parolees.
- Aliens who are undocumented (illegal).
- Civil Air Patrol members.
- Discharges/separates from active service (veterans).
- Dual nationals.
- Enlistees, delayed entry program.
- Men disabled or handicapped.

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- Men rejected for enlistment.
- National guardsmen and reservists not on active duty.
- ROTC students.
- Men who are hospitalized, incarcerated, or institutionalized (within 30 days of release).

### **Who is Exempt from Registration**

- Males born prior to January 1, 1960.
- Legal, non-immigrant aliens.
- Cadets and midshipmen at the service academies.
- Men hospitalized, incarcerated, or institutionalized (must register within 30 days of release).
- Men on active duty in the armed forces.
- Military Officer Procurement Program students at the Citadel, North Georgia College, Norwich University, and the Virginia Military Institute.
- Females.

### **When to Register**

- Males must register within 30 days of their eighteenth birthday, either before or after their birth date.
- Late registration is accepted by the Selective Service System.

### **Where to Register**

- Registration can be completed at any classified U.S. Post Office.
- Registration hours are the business hours during the days of operation of the particular U.S. Post Office or Foreign Post.

Registration for Selective Service can be accomplished in four ways:

1. can complete a form at the post office
2. go to an armed forces recruiting station
3. go online at internet site, [WWW.SSS.GOV](http://WWW.SSS.GOV), **OR**
4. by calling (847) 688-6888, 9:00 am to 4:30 pm. Have the registrant's date of birth and social security number available.

Selective service registration can be verified at the online site [www.sss.gov](http://www.sss.gov).

On the left side of the screen click on **HISTORY/RECORDS**. Scroll to the bottom of the screen and click on the words **CHECK A REGISTRATION** and follow the instructions. You will need the individual's name, date of birth, and social security number.

For additional information, see the current BWT policy regarding WIA Selective Service Status (SSS) Registration.

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### **What can you do if you did not register and are now 26 or older?**

In some instances, males who were subject to the SSS registration but did not register, and who were beyond their 26<sup>th</sup> birthday, could apply for an eligibility determination, an “advisory opinion letter,” on their SSS status as a precondition for receiving WIA services. Since January 1995, the SSS has been issuing “status information letters” indicating an applicant’s Selective Service status, in lieu of the previous system of “advisory opinion letters.” This current practice is pursuant to the SSS’s determination that final decisions for disbursing federally financed domestic benefits, services, rights, or training rests solely with the various provider agencies that disburse them. In the case of WIA, the provider agencies are the MWAs.

MWA programs disbursing services or benefits have the responsibility for determining the SSS status and eligibility for services or benefits on a case-by-case basis. The SSS determinations for eligibility for WIA benefits and services will be in accordance with Section 189(h) of the WIA, as amended, Section 667.250 of the WIA regulations, and U. S. Department of Labor Training and Employment Guidance Letter (TEGL) No. 8-98, dated November 4, 1998.

For additional information, see the “Original OWD site” regarding WIA Selective Service Registration policy. (PI 00-50)

### **SELF CERTIFICATION** (Reg. 660.300)

Self certification means an individual's signed attestation that the information he/she submits to demonstrate eligibility for a program under Title I of the WIA is true and accurate.

### **SELF-SUFFICIENCY**

Self-sufficiency will be defined by local area. However, the state will define the minimum level for self-sufficiency as employment that pays at least the lower living standard income level for the most recent year (see **Income Levels for Low Income Status** above). Local areas are permitted to define self-sufficiency at a higher income level than the state minimum, as long as supporting documentation is provided.

### **SERVICES - ADULT and DISLOCATED WORKER**

#### **CORE SERVICES - SELF-SERVICE** (Act 134[d][2])

Self-service core activities include the following:

1. Program Information/Basic Assessment, which may include:
  - i. WIA Eligibility Determination
  - ii. Outreach/Intake (inc. Worker Profiling)
  - iii. Initial Assessment of Skill Level, Abilities
  - iv. Work First Eligibility Assistance

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- v. Financial Aid Asst. for Training (non WIA)
- vi. Initial Assessment of Skill level, Abilities, Needs
- 2. General Information, which may include:
  - i. Services Available thru the One-Stop
  - ii. Employment Statistics
  - iii. Training Provider Performance
  - iv. One-Stop System Performance
  - v. Unemployment Compensation Claims Filing
  - vi. Resource Room Usage
  - vii. Available Support Services
- 3. Group Activities, which may include:
  - i. Workshop Referral/Attendance
  - ii. Job Club Referral/Attendance
- 4. Job Search, which may include:
  - i. Resume Assistance
  - ii. Internet Browsing Job Bank
  - iii. Job Referral
  - iv. Internet Browsing Training Services
  - v. Individual Job Development
  - vi. Internet Accounts
  - vii. Talent Referrals

### CORE SERVICES – STAFF ASSISTED (Act 134[d][2])

Staff assisted core service activities involve the use of services beyond self-service and informational activities. Staff assisted core services include the following:

- 1. Individual Job Development
- 2. Advanced Job Club
- 3. Advanced Screened Referrals
- 4. Follow-up Services. (Regs. 663.150(b) and preamble page 49319)

Follow-up services must be made available for a minimum of 12 months following the first day of employment. While follow-up services must be made available, not all of the adults and dislocated workers who are registered and placed into unsubsidized employment will need or want such services. Also, 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. Other participants may identify an area of weakness in the training provided by WIA prior to placement that will affect their ability to progress further in their occupation or to retain their employment.

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Follow-up services could include, but are not limited to:

1. Additional career planning and counseling;
2. Contact with the participant's employer, including assistance with work-related problems that may arise;
3. Peer support groups;
4. Information about additional educational opportunities, and referral to supportive services available in the community.

### INTENSIVE (Act 134[d][3][C] and Reg. 663.200)

Intensive services include the following:

1. Comprehensive and specialized assessments of the skill levels and service needs of adults and dislocated workers, which may include:
  - i. diagnostic testing and use of other assessment tools; and
  - ii. in-depth interviewing and evaluation to identify employment barriers and appropriate employment goals.
2. Development of an individual employment plan, to identify the employment goals, appropriate achievement objectives, and appropriate combination of services for the participant to achieve the employment goals.
3. Group counseling.
4. Individual counseling and career planning.
5. Case management for participants seeking training services.
6. Short-term prevocational services, including development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct, to prepare individuals for unsubsidized employment or training.
7. Literacy activity (Adult education, basic skills and/or literacy); related to basic workforce readiness.
8. Out of area job search.
9. Relocation assistance.
10. Internship and work experience.

### TRAINING (Act 134[d][4][D])

Training services may include the following:

1. Occupational skills training, including training for nontraditional employment;
2. On-the-job training; (Also see the definition)
3. Programs that combine workplace training with related instruction, which may include cooperative education programs;
4. Training programs operated by the private sector;

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5. Skill upgrading and retraining;
6. Entrepreneurial training;
7. Job readiness training;
8. Adult education and literacy activities provided in combination with services described in any of clauses (1) through (7). WIA section 134(d)(4)(D)(viii) stipulates that adult education and literacy activities be provided in combination with other training services, except that customized training is not a qualifying training activity to receive these services; **AND**
9. Customized training conducted with a commitment by an employer or group of employers to employ an individual upon successful completion of the training.

### **SERVICES - YOUTH**

#### EDUCATIONAL ACHIEVEMENT SERVICES (WIASRD Item # 344)

Educational achievement services include, but are not limited to tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention strategies, and alternative secondary school service.

#### EMPLOYMENT SERVICES (WIASRD Item # 345)

Preparation for and success in employment services include, but are not limited to paid and unpaid work experiences, including internships, and job shadowing, on-the-job training, and occupational skill training.

#### SUMMER YOUTH EMPLOYMENT OPPORTUNITIES (WIASRD Item # 346)

Summer employment opportunities must be directly linked to academic and occupational learning.

#### ADDITIONAL SUPPORT FOR YOUTH SERVICES (WIASRD Item # 347)

Supports for youth services include, but are not limited to

- a. Adult mentoring for a duration of at least twelve (12) months, that may occur both during and after program participation;
- b. Comprehensive guidance and counseling, including drug and alcohol abuse counseling, as well as referrals to counseling, as appropriate to the needs of the individual youth.

#### LEADERSHIP DEVELOPMENT OPPORTUNITIES (WIASRD Item # 348)

Leadership development opportunities are opportunities that encourage responsibility, employability, and other positive social behaviors such as:

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- a) Exposure to post-secondary educational opportunities
- b) Community and service learning projects
- c) Peer centered activities, including peer mentoring and tutoring
- d) Organizational and team work training, including team leadership training
- e) Training in decision-making, including determining priorities
- f) Citizenship training, including life skills training such as parenting, work behavior training, and budgeting of resources
- g) Positive social behaviors. (WIA sec. 129(c)(2)(F))

Positive social behaviors are outcomes of leadership development opportunities and are often referred to as soft skills. Leadership Development Opportunities are offered through local programs as part of the menu of services available to youth. Positive social behaviors focus on areas that may include the following:

1. Positive attitudinal development
2. Self esteem building
3. Openness to working with individuals from diverse racial and ethnic backgrounds
4. Maintaining healthy lifestyles, including being alcohol and drug free
5. Maintaining positive relationships with responsible adults and peers, and contributing to the well being of one's community, including voting
6. Maintaining a commitment to learning and academic success
7. Avoiding delinquency
8. Postponed and responsible parenting
9. Positive job attitudes and work skills.

### FOLLOW-UP SERVICES (WISARD Item # 349)

All youth participants must receive some form of follow-up services for a minimum duration of 12 months after exit from the WIA. If the youth re-enrolls in the WIA within 12 months of exit, follow-up services are discontinued. Follow-up services may be provided beyond twelve (12) months at the MWAs discretion. The types of services provided and the duration of services must be determined based on the needs of the individual. Follow-up services for youth may include:

1. Leadership Development Opportunities
2. Supportive Services
3. Regular contact with a youth participant's employer, including assistance in addressing work-related problems that arise
4. Assistance in securing better paying jobs, career development and further education
5. Work-related peer support groups
6. Adult mentoring

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### 7. Tracking the progress of youth in employment after training.

#### SUPPORTIVE SERVICES (Act 101[46])

Supportive Services are services such as transportation, child care, dependent care, housing, and needs-related payments that are necessary to enable an individual to participate in activities authorized under the WIA Title I, consistent with the provisions of the WIA Title I.

In addition, the following support services are included for youth:

Linkages to community services, assistance with transportation, assistance with child care and dependent care, assistance with housing, referrals to medical services, and assistance with uniforms or other appropriate work attire, work-related tool costs, including such items as eye glasses and protective eye gear.

#### Descriptions:

**Health and Medical Care** - Includes diagnostic and treatment services provided to participants to permit identification and correction of physical, mental, and dental problems.

**Family Care** - Includes services that ensure proper family care while the parent participates in a program or is employed. Family Care may include day care for children under six and/or after school care.

**Transportation** - Includes providing or arranging transportation for participants to ensure mobility between home and the locations of training, employment, and supportive services.

**Housing Assistance** - Assistance in maintaining or obtaining adequate shelter for participants and their families while they are receiving employment, training, or other supportive services.

**Counseling** - Includes counseling on a variety of personal, financial or legal problems occurring during participation.

**Needs - Based/Related Payments**

**Other** - Any supportive services(s) not included above provided to eligible individuals to enable them to participate in planned activities.

#### SHORT-TERM PRE-VOCATIONAL SKILLS

Such skills as communication and interviewing, professional conduct, and other services appropriate in preparing individuals for employment or training.

#### SKILLS UPGRADING (Non-Regulatory Definition)

Training that will upgrade current skills of the participant or may also included retraining in a new area.

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### **START DATE**

For purposes of reporting the participant's WIA activities, this date indicates the month, day, and year the participant actually begins the WIA activity.

### **SUBSIDIZED EMPLOYMENT**

Subsidized employment is subsidized by state or federal funds.

**NOTE:** On-the-Job Training (OJT) is a reportable training activity, rather than subsidized employment.

### **SUBSTANTIAL LAYOFF**

"Substantial layoff" is any reduction-in-force which is not the result of a plant closing and which results in an employment loss at a single site of employment during any 30-day period for:

- a) (1) at least 33 percent of the employees (excluding employees regularly working less than 20 hours per week); **AND**  
(2) at least 50 employees (excluding employees regularly working less than 20 hours per week); **OR**
- b) at least 500 employees (excluding employees regularly working less than 20 hours per week).

### **SUPPLEMENTAL SECURITY INCOME (SSI)**

Supplemental Security Income (SSI) is considered Public Assistance.

Individuals who are in financial need, 65 years of age or older, or needy people of any age who are blind or disabled (including children) may be eligible for SSI. SSI is paid out of Title XVI of the Social Security Act.

To qualify for SSI payments because of blindness, a person must have central visual acuity of 20/200, or less, in the better eye, with the use of a corrective lens, or visual field restriction of 20 degrees or less.

SSI payments for disability may be made if an individual is unable to engage in substantial, gainful activity because of a physical or mental impairment, which can be expected to result in death or which has lasted (or is expected to last) for 12 months or longer.

### **"UNCOVERED" UI EMPLOYMENT**

While the majority of employment in a state's workforce will be "covered" in the UI wage records, certain types of employers and employees are excluded by Federal standards or are not

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covered under a state's UI law. "Uncovered" employment typically includes Federal employment, postal service, military, railroad, self-employment, some agricultural employment, and employment where earnings are primarily based on commission. Flexibility exists in methods used to obtain information on participants in "uncovered" employment. Examples include:

- 1) Case management, follow-up services, and surveys of participants to determine that the participant is employed; **OR**
- 2) Record sharing and/or automated record matching with other employment and administrative databases to determine employment. These databases include, but are not limited to the Office of Personnel Management (Federal Career Service); United States Postal Service; Railroad Retirement System; State Department of Revenue or Tax (State income tax for self-reported occupations); U.S. Department of Defense; and Government Employment Records (state government, local government, judicial employment, public school employment, etc.).

### **UNEMPLOYED INDIVIDUAL** (Act 101[47])

The term "unemployed individual" means an individual who is without a job and who wants and is available for work. The determination of whether an individual is without a job shall be made in accordance with the criteria used by the Bureau of Labor Statistics of the Department of Labor in defining individuals as unemployed.

The U. S. Department of Labor, Bureau of Labor Statistics, defines unemployed as:

*Persons are classified as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work. Actively looking for work may consist of any of the following activities:*

- *Contacting:*
- *An employer directly or having a job interview;*
- *A public or private employment agency;*
- *Friends or relatives;*
- *A school or university employment center;*
- *Sending out resumes or filling out applications;*
- *Placing or answering advertisements;*
- *Checking union or professional registers; or*
- *Some other means of active job search.*

*Passive methods of job search do not result in jobseekers actually*

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*contacting potential employers, and therefore are not acceptable for classifying persons as unemployed. These would include such things as attending a job training program or course or merely reading the want ads.*

*Workers expecting to be recalled from layoff are counted as unemployed, whether or not they have engaged in a specific job seeking activity. But, in all other cases, the individual must be actively engaged in some job search activity and available for work (except for temporary illness).*

At the time of application, the month, day, and year of the last day worked as well as the number of weeks the registrant has been unemployed in the immediate 26 weeks prior to application should be recorded.

When determining unemployed status, note the following situations:

- A full-time student who was available for work during this seven-day period may be classified as unemployed.
- Time spent in the national guard, military, naval, or air force reserve activities shall not be counted as employment.
- A person who is working part-time is considered employed.
- A veteran who has not obtained permanent unsubsidized employment since being released from active duty shall be considered having met "unemployed" requirements regardless of the specific term of unemployment required.
- Persons institutionalized in a prison, jail, or similar correctional institution are to be considered "unemployed" only when such person has a reasonable expectation of release within 12 months of enrollment in activities under the act.
- Time spent in the WIA OJT and WE is considered employment for applications/reporting purposes. Time spent in CRT, Services, or Holding may or may not be considered employment depending on the specific situation.
- A person may meet the "made specific efforts to find a job" provision of the definition of "unemployed" by seeking either part-time or full-time work.

### **UNEMPLOYMENT COMPENSATION PROGRAMS** (WIASRD Item # 118)

An eligible unemployment compensation claimant is an individual who has been determined to be monetarily eligible for benefit payments under one or more state or federal unemployment compensation programs, and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights.

Eligible claimant referred by Worker Profile Reemployment System (WPRS)

Eligible claimant not referred by WPRS

Exhaustee (The individual has exhausted unemployment compensation benefits.)

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Neither claimant nor exhaustee

### **VETERAN** (Act 101[49])

An individual who served in the active military, naval, or air service and who was discharged or released from such service under conditions other than dishonorable.

The term "**Disabled Veteran**" means a veteran who is entitled to compensation regardless of rate (include those rated at 0 percent) under laws administered by the Veterans' Administration (DVA), or an individual who was discharged or released from active duty because of service-connected disability.

The term "**Special Disabled Veteran**" means a veteran who is rated at 30 percent or more by the Veterans Administration, or at 10 or 20 percent for a serious employment disability or was discharged or released from active duty because of service-connected disability.

"**Recently Separated Veteran**" means any veteran who applies for participation under the WIA Title I within 48 months after the discharge or release from active military, naval, or air service.

The term "**Campaign Veteran**" means a veteran who served on active duty in the U.S. armed forces during a war or in a campaign or expedition for which a campaign badge or expeditionary medal has been authorized as identified and listed by the Office of Personnel Management (OPM).

The term "**Eligible Veteran**" means if the individual served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to Section 167 (a), (d), or, (g), 673 (a) of Title 10, U. S. C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.

The term "**Other Eligible Person**" means if the individual is a person who is:

- a) the spouse of any person who died on active duty or of a service-connected disability,
- b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U. S. C. 101 and the regulations issued:
  - (i) missing in action;
  - (ii) captured in the line of duty by a hostile force; or
  - (iii) forcibly detained or interned in the line of duty by a foreign government or power; **OR**

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- c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.

### **VOCATIONAL OCCUPATIONAL TRAINING (VOT)**

An occupationally relevant training component, directly related to a specific occupational field or specific job, which may combine classroom, laboratory, and other related activities.

### **WORK EXPERIENCE** (Reg. 664.460)

Work experience is a planned, structured learning experience that takes place in a workplace for a limited period of time. Work experience may be paid or unpaid, as appropriate. A work experience workplace may be in the private for profit sector, the non-profit sector, or the public sector.

### **WORKER PROFILING AND REEMPLOYMENT SERVICES**

A U.I. claimant who has been referred to the WIA reemployment services by the Worker Profiling and Reemployment Services (WPRS) system. See Unemployment Compensation Programs.

### **WORKPLACE TRAINING** (Non-Regulatory Definition)

Training which is designed to enable participants to gain exposure to the working world and its requirements and help acquire personal attributes, industry defined skill standards and knowledge needed to obtain a job and advancement in employment.

### **YOUTH GOALS** (TEGL 7-99 p.56-57)

Basic skills goal - measurable increase in basic education skills including reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning, and the capacity to use these skills.

Occupational skills goal - primary occupational skills encompass the proficiency to perform actual tasks and technical functions required by certain occupational fields at entry, intermediate or advanced levels. Secondary occupational skills entail familiarity with and use of set-up procedures, safety measures, work-related terminology, record keeping and paperwork formats, tools, equipment and materials, and breakdown and clean-up routines.

Work readiness skills goal - work readiness skills include world of work awareness, labor market knowledge, occupational information, values clarification and personal understanding, career planning and decision making, and job search techniques (resumes, interviews, applications, and

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follow-up letters). They also encompass survival/daily living skills such as using the phone, telling time, shopping, renting an apartment, opening a bank account, and using public transportation. They also include positive work habits, attitudes, and behaviors such as punctuality, regular attendance, presenting a neat appearance, getting along and working well with others, exhibiting good conduct, following instructions and completing tasks, accepting constructive criticism from supervisors and co-workers, showing initiative and reliability, and assuming the responsibilities involved in maintaining a job. This category also entails developing motivation and adaptability, obtaining effective coping and problem-solving skills, and acquiring an improved self image.

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### CHAPTER 2, Appendix A – Campaign or Expedition List

Please specify either campaign veteran or Vietnam-era Veteran for veterans of the US armed forces participating in the wars, campaigns or expeditions listed below:

#### Armed Forces Expeditionary Medal (AFEM)

Berlin - Aug. 14, 1961 to Jun. 1, 1963  
Bosnia -Nov. 20, 1995 to Dec. 20, 1996 & Dec. 20, 1996 to present  
Cambodia - Mar. 29, 1973 to Aug. 15, 1973  
Cambodia Evacuation - Apr. 11 - 13, 1975  
Congo - Jul. 14, 1960 to Sept. 1, 1962 & Nov. 23 -27, 1964  
Cuba - Oct. 24, 1962 to Jun. 1, 1963  
Dominican Republic - Apr. 28, 1965 to Sept. 21, 1966  
El Salvador - Jan. 1, 1981 to Feb. 1, 1992  
Grenada - Oct. 23, 1983 to Nov. 21, 1983  
Haiti - Sept. 16, 1994 to Mar. 31, 1995  
Iraq - Jan. 1, 1997 to present  
Korea - Oct. 1, 1966 to Jun. 30, 1974  
Laos - Apr. 19, 1961 to Oct. 7, 1962  
Lebanon - Jul. 1, 1958 to Nov. 1, 1958 & Jun. 1, 1983 to Dec. 1, 1987  
Mayaguez Operation - May 15, 1975  
Operations in the Libyan Area - Apr. 12 - 17, 1986  
Panama - Dec. 20, 1989 to Jan. 31, 1990  
Persian Gulf Operation - Jul. 24, 1987 to Aug. 1, 1990  
Persian Gulf Operation - Dec. 1, 1995 to present  
Persian Gulf Operation - Dec. 1, 1995 to Feb. 1, 1997  
Persian Gulf Operation - Nov. 11, 1998 to Dec. 22, 1998  
Persian Gulf Operation - Dec. 16, 1998 to Dec. 22, 1998  
Persian Gulf Intercept Operation - Dec. 1, 1995 to present  
Quemoy and Matsu Islands - Aug. 23, 1958 to Jun. 1, 1963  
Somalia - Dec. 5, 1992 to Mar. 31, 1995  
Taiwan Straits - Aug. 23, 1958 to Jan. 1, 1959  
Thailand - May 16, 1962 to Aug. 10, 1962  
Vietnam Evacuation - Apr. 29, 1975 to Apr. 30, 1975  
Vietnam (including Thailand) - Jul. 1, 1958 to Jul. 3, 1965  
Afghanistan - September 11, 2001 to present

#### Navy Expeditionary Medal & Marine Corps Medal

Cuba - Jan. 3, 1961 to Oct. 23, 1962  
Indian Ocean/Iran - Nov. 21, 1979, to Oct. 20, 1981  
Iranian/Yemen/Indian Ocean - Dec. 8, 1978 to Jun. 6, 1976  
Lebanon - Aug. 20, 1982 to May 31, 1983

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Liberia - Aug. 5, 1990 to Feb. 21, 1991  
Libyan Area - Jan. 20, 1986 to Jun. 27, 1986  
Panama - Apr. 1, 1980 to Dec. 19, 1986 & Feb. 1, 1990 to Jun. 13, 1990  
Persian Gulf - Feb. 1, 1987 to Jul. 23, 1987  
Thailand - Apr. 7 - 18, 1994  
Iranian/Yemen/Indian Ocean - May 16 - Aug. 10, 1962

### **Other Campaign & Service Medals**

Army Occupation of Austria - May 9, 1945 to Jul. 27, 1955  
Army Occupation of Berlin - May 9, 1945 to Oct. 2, 1990  
Army Occupation of Germany (exclusive of Berlin) - May 9, 1945 to May 5, 1955  
Army Occupation of Japan - Sept. 3, 1945 to Apr. 27, 1952  
Chinese Service Medal (Extended) - Sept. 2, 1945 to Apr. 1, 1957  
Korean Service - Jun. 27, 1950 to Jul. 27, 1954  
Navy Occupation of Austria - May 8, 1945 to Oct. 25, 1955  
Navy Occupation of Trieste - May 8, 1945 to Oct. 25, 1955  
Southwest Asia Service Medal (SWASM) (Operations Desert Shield and Desert Storm) - Aug. 2, 1990 to Nov. 30, 1995  
Units of the Sixth Fleet (Navy) - May 9, 1945 to Oct. 25, 1955  
Vietnam Service Medal (VSM) - Jul. 4, 1965 to Mar. 28, 1973

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### CHAPTER 2, Appendix B – Income Levels for Low Income Status

The Department of Energy, Labor & Economic Growth has determined that when a Michigan Works! Agency (MWA) includes areas covered by more than one LLSIL, the higher LLSIL amount shall be used for the whole MWA. The following tables provide metropolitan and non-metropolitan family income levels. **NOTE:** For a particular family size, the figure provided is either 70 percent of LLSIL or the poverty level, whichever is the greater of the two figures.

| <b>Table 1: Poverty Levels for Non-Metropolitan Areas</b> |  |
|---|--|
| Family Size   | Poverty Income Level<br>70 Percent of LLSIL Non-metropolitan |
| 1   | 10,400 (poverty)   |
| 2   | 14,000 (poverty)   |
| 3   | 18,080 (poverty)   |
| 4   | 22,317   |
| 5   | 26,340   |
| 6   | 30,804   |
| For each additional member over 6 add:                    |  |
|   | 4,464  |

| <b>Table 2: Poverty Levels for Metropolitan Areas</b> |  |
|---|--|
| Family Size   | Poverty Income Level<br>70 Percent of LLSIL Metropolitan |
| 1   | 10,400 (poverty)   |
| 2   | 14,000 (poverty)   |
| 3   | 18,880   |
| 4   | 23,309   |
| 5   | 27,504   |
| 6   | 32,172   |
| For each additional member over 6 add:                |  |
|   | 4,668  |

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## Chapter 3: Workforce Investment Act (WIA) Eligibility and Documentation

### Section 3-1: WIA Eligibility Determination

The WIA registration must reflect information as of the date the form is completed, either on the online Management Information System (MIS) form or Form A. The signature and date of the intake worker on the registration form means that the intake worker has reviewed the registration information, made a determination of eligibility, and indicated that the individual is eligible or ineligible.

WIA regulation 661.120(b) gives the state the authority to establish policies and guidelines relating to verifying WIA eligibility as long as the policies and procedures are consistent with the WIA, the WIA regulations and other federal statutes. Michigan Works! Agencies (MWAs) must establish policies and procedures to verify and document participant eligibility for WIA programs. Existing requirements for MWAs to document the reason for dislocation for a dislocated worker remain unchanged. A guide to acceptable documentation for the reason of dislocation for a dislocated worker is included at the end of this chapter.

One of two options may be used by MWAs to verify and document eligibility:

- 1) Obtain documentation at time of registration, or
- 2) Obtain documentation using a sampling methodology to verify and document eligibility.

If the MWA chooses to obtain documentation at the time of registration, the Job Training Partnership Act (JTPA) Technical Assistance Guide (TAG) for eligibility documentation may be used as a resource. The JTPA TAG for eligibility documentation is not an exhaustive list of documentation. The MWA may identify other eligibility documentation.

MWA policy for verifying and documenting eligibility shall identify acceptable eligibility documentation.

If an MWA chooses to use a sampling methodology, the methodology found in the JTPA TAG for eligibility documentation is recommended.

All documentation must be retained in the participant's file.

### Section 3-2: WIA Eligibility Criteria

#### **Title 1B Adult - Eligibility Requirements**

To be eligible to participate in the WIA Title 1B Adult program, that is, to receive staff

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assisted core services, and to meet the initial eligibility requirements for intensive services and training services, the individual must be:

- 1) A citizen of the United States or an eligible non-citizen; [Act 188(a)(5)] and be
- 2) Registered with selective service (if applicable); [Act 189 (h)] and be
- 3) 18 years of age or older. [Regs.663.110]

To be eligible to receive an **intensive service**, an adult must be registered and meet one of the following additional eligibility requirements: [Reg. 663.220]

- 1) Be an adult who is unemployed, has received at least one core service (self-serve or staff assisted) and is unable to obtain employment through core services, and is determined by a One-Stop operator to be in need of more intensive services to obtain employment; or
- 2) Be an adult who is employed, has received at least one core service (self-serve or staff assisted), and is determined by the One-Stop operator to be in need of intensive services to obtain or retain employment that leads to self-sufficiency.

To be eligible to receive a **training service**, an adult must be registered and meet the following additional eligibility requirements: [Reg. 663.310]

- 1) Met the eligibility requirements for intensive services, received at least one intensive service, and has been determined to be unable to obtain or retain employment through such services;
- 2) After an interview, evaluation, or assessment, and case management, has been determined by a One-Stop operator or One-Stop partner to be in need of training services, and have the skills and qualifications to successfully complete the selected training program;
- 3) Select a program of training services that is **directly linked to the employment opportunities** either in the local area or in another area, which the individual is willing to relocate;
  - a. In alignment with the WIA key reform principals, and core service requirements, statistical information on industry and occupational projections must be provided and given strong consideration when determining training. This would include the provision of accurate information relating to local, regional, and national labor market areas, including information relating to local occupations in demand (“Key-Demand Occupations, see chapter 2”) and the earnings and

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skill requirement for such occupations. [Re. 661.400 (b)(2 & 3)] & [Act 134 (d)(2)(E)(iii)]

- 4) Is unable to obtain grant assistance from other sources to pay the costs of such training, including Federal Pell Grants established under Title IV of the Higher Education Act of 1965, or requires WIA assistance in addition to other sources of grant assistance, including Federal Pell Grants; and
- 5) Determined eligible in accordance with the State and local priority system, if any, in effect for adults under the WIA.

### **No Worker Left Behind (NWLB)**

The One Stop Management Information System (OSMIS) is set up so that any Workforce Investment Act (WIA) Adult or WIA Dislocated Worker participant entering training on or after August 1, 2007, will be a mandatory NWLB participant. This is currently how the TAA system functions. The NWLB indicator for any Adult or Dislocated Worker who is put into training on or after August 1, 2007, will be set by the system to “Yes.” There will no longer be a “Yes/No” dropdown box to set the indicator. Upon entering training, the “Training Institution” and “Field of Study” fields must be completed.

### **Title 1B Youth - Eligibility Requirements**

To be eligible for participation in a Title 1B youth program, the individual must be:

- 1) A citizen of the United States or an eligible non citizen; [Act 188(a)(5)] and be
- 2) Registered with the Selective Service, if applicable; [Act 189 (h)] and be
- 3) A low income individual (For a youth with a disability, see the definition for low income in Chapter II.) [(Act 101 (13)] and be
- 4) Age 14 through 21. [Act 101(13)] and be
- 5) An individual who is one or more of the following:(Act 101(13) (C))
  - a) Deficient in basic literacy skills;
  - b) A School dropout;
  - c) A Homeless, runaway, or foster child;
  - d) Pregnant or a parent;
  - e) An Offender; or

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- f) An individual (including a youth with a disability) who requires additional assistance to complete an educational program, or to secure and hold employment.

### **Exception to Low Income Requirement for Youth** [Regs. 664.220]:

Not more than 5 percent of Title 1B youth participants served in each local area may be individuals who do not meet the minimum income criteria to be considered an eligible youth. Such individuals must be within one or more of the following categories [Act 129 (c)(5)]:

- Individuals who are school dropouts.
- Individuals who are basic skills deficient.
- Individuals with educational attainment that is one or more grade levels below the grade level appropriate to the age of the individual.
- Individuals who are pregnant or parenting.
- Individuals with disabilities, including learning disabilities.
- Individuals who are homeless or runaway youth.
- Individuals who are offenders.
- Other eligible youth who face barriers to employment as identified by the Workforce Development Board.

### **Title 1B Dislocated Worker - Eligibility Requirements** [Act 101(9)]

To be eligible for participation in the WIA Title 1B dislocated worker program, that is, to receive staff-assisted core services, and to meet the initial eligibility requirements for intensive services and training services, the participant must:

- 1) Be 18 years of age or older [Regs.663.110] and
- 2) Be a citizen of the United States, or an eligible non-citizen; [Act 188(a)(5)] and
- 3) Be registered with selective service (if applicable); [Act 189 (h)] and meet the requirements of more than one of the following criteria:
  - a) Has been terminated or laid off or has received a notice of termination or layoff from employment;

### **AND**

- b) Is eligible for or has exhausted his/her entitlement to unemployment compensation; **OR**
- c) Has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center, attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings

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or having performed services for an employer that was not covered under State unemployment compensation law;

**AND**

- d) be unlikely to return to a previous industry or occupation;
- e) **OR** be an individual who:
  - I. 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**
  - II. is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; **OR**
  - III. 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; **OR**
  - IV. is a displaced homemaker.

### **Exception for Receiving Some Dislocated Worker Services**

A participant who is 18 years of age or older, is a citizen of the United States, or an eligible non-citizen, registered with selective service (if applicable); and employed at a facility for which the employer has made a general announcement that such facility will close is eligible to receive services other than training services, intensive services, or supportive services. [Act Sec. 101(9)(B)(iii)]

To receive these additional services, a copy of public announcement such as a press release, Worker Adjustment and Retraining Notification (WARN), newspaper article, or other written notification issued to the general public by an employer which states that a specific facility will be closed and that the worker was employed at the facility when the announcement was made.

To be eligible to receive an **intensive service**, a dislocated worker must be registered and meet one of the following additional eligibility requirements: [Reg. 663.220]

- 1) Is unemployed, has received at least one core service (self-serve or staff assisted) and is unable to obtain employment through core services, and are determined by a One-Stop operator to be in need of more intensive

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services to obtain employment; or

- 2) Is employed, has received at least one core service (self-serve or staff assisted), and is determined by a One-Stop operator to be in need of intensive services to obtain or retain employment that leads to self-sufficiency.

To be eligible to receive a **training service**, a dislocated worker must be registered and meet the following additional eligibility requirements:

- 1) Met the eligibility requirements for intensive services, has received at least one intensive service, and has been determined to be unable to obtain or retain employment through such services;
- 2) After an interview, evaluation, or assessment, and case management, has been determined by a One-Stop operator or One-Stop partner, to be in need of training services and to have the skills and qualifications to successfully complete the selected training program;
- 3) Select a program of training services that is directly linked to the employment opportunities either in the local area or in another area to which the individual is willing to relocate;
- 4) Is unable to obtain grant assistance from other sources to pay the costs of such training, including Federal Pell Grants established under title IV of the Higher Education Act of 1965, or requires WIA assistance in addition to other sources of grant assistance, including Federal Pell Grants. [Reg. 663.310]

### **Exception for Military Spouses**

As outlined in TEGL No. 22-04, a military spouse who leaves his/her job to follow his/her spouse to a new duty assignment can be served with WIA Dislocated Worker formula grant funds in certain circumstances. When the spouse is unable to continue an employment relationship due to the service member's permanent change of military station, or the military spouse loses employment as a result of the spouse's discharge from the military, then the cessation of employment can be considered to meet the termination component of the WIA definition of dislocated worker (WIA Section 101(9)(A)(i).) As provided in TEGL No. 22-04, military spouses in such circumstances must still be determined to be "unlikely to return to a previous industry or occupation" in order to qualify as a dislocated worker.

This policy guidance further clarifies that the spouse's cessation of employment,

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due to the service member's permanent change of military station or his/her discharge from the military, can also be considered to meet the "unlikely to return to a previous industry or occupation" criterion of the WIA definition of dislocated worker outlined in Section 101(9)(A)(iii). This portion of the definition of a dislocated worker recognizes the breadth of job types and considers whether the individual is likely to return to either his/her prior industry or (not "and") occupation. Furthermore, the phrase specifically uses the term "unlikely" to return; thus, the standard for determining the likelihood of return is not absolute, but rather a matter of judgment based on relevant circumstances. In the majority of cases, the circumstances in which military spouses are required to leave a job/occupation as a result of the military member's transfer do not position the spouse to return immediately to his/her previous occupation or industry, particularly at the same level for the following reasons:

- Spouses are generally not resuming employment with the same employer.
- Even if a spouse resumes employment with the same employer, the employment is in a new location, and occupations/jobs will generally not be the same structurally or organizationally as in the prior location.
- When military spouses do obtain jobs in their new locations, it is likely, as new employees, that they will start at lower levels of seniority than the levels of their positions in their prior locations.
- There is frequently a gap in employment as spouses make the move and search for new employment, which may lessen their likelihood of returning to the same level of occupation or type of job.

Based upon the totality of these circumstances, it would be reasonable for local areas to conclude that in the vast majority of cases, military spouses impacted by a service member's duty reassignment or discharge will meet the "unlikely to return to a previous industry or occupation" criterion of WIA Section 101(9)(A)(iii) and could thus be served as dislocated workers under WIA Section 101(9). Local workforce system leaders are strongly encouraged to reexamine their WIA Dislocated Worker program eligibility policies in light of this clarification and to take full advantage of the flexibility provided under the dislocated worker definition to engage and serve military spouses in need of education, training, and career assistance. Workforce system leaders are also reminded of the broad flexibility provided by WIA for Local Boards to establish policies and procedures for One-Stop Career Center operators to use in determining an individual's eligibility as a dislocated worker (20 CFR Part 663.115(b)). These policies and procedures could take into account a broad variety of additional factors, including:

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- The skills of the spouse, e.g., obsolete or inadequate skills to meet the advancing competency needs of the 21st century workforce and economy;
- The decline of the industry in which the spouse has prior work experience, in the region to which the spouse has relocated; and
- An excess number of workers with similar skill sets and experience seeking limited employment opportunities in the region.

### Section 3-3: Procedures for Exiting an Ineligible Participant

The possibility always exists that an ineligible individual may be enrolled as a participant. MWAs must provide for this instance in their eligibility/verification system.

The following method for exiting participants has been devised for an ineligible participant. MWAs may elect to initiate a procedure that is more structured, bearing in mind that "immediate action" and adherence to the MWAs established eligibility/verification procedure is of utmost importance.

1. Immediately notify the participant in writing using the "Notification of Exit" format (see Appendix A of this chapter).

**Note:** The WIA participant is to be exited from the program immediately unless he/she is enrolled at a work site where a two-week notice is required for regular employees. If the WIA employee must receive two-week notification, the exit procedure is immediately initiated by issuing the Notification of Exit letter. This constitutes immediate action.

2. Refer him or her to other community resources, as appropriate.
3. Exit the participant from all WIA activities on the MIS.
4. Initiate a Notice of Action Taken, following the format included in Appendix A for this chapter.
5. Retain a copy of the Notice of Action Taken as part of the permanent participant file.

### Section 3-4: Documentary Evidence

Documentary evidence is physical evidence, including written confirmation by an authorized agency or organization, of one or more WIA eligibility criteria for an individual, and reflects the individual's status as of the date of registration for such eligibility criteria.

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The federal Data Report and Validation System require the State of Michigan to be able to verify participant's information. In return, the State of Michigan requires MWAs to be able to show, with documentation, the participant's information. In the event information is not required by the federal government or the State of Michigan, the decision whether or not to maintain such documentation in the participant's file is up to the local WDB.

However, in the event of Priority of Service, when funds allocated to a MWA are limited; documentation of participants given priority should be kept in the individuals file.

### **Dislocated Worker Documentation Guide**

For dislocated workers, documentation of the reason for dislocation is required. The guide is not an all-inclusive list of documentation that may be used as verification of the reason for dislocation for a dislocated worker.

#### 1. *General Dislocated Worker Documentation*

##### a) Termination / Layoff Documentation:

Layoff notice, termination notice, a letter from the employer or collective bargaining unit, which specifically identifies the worker as laid off or terminated, or verification, or documentation from the Department of Labor and Economic Growth, Unemployment Insurance Agency, of eligibility for, receiving, or exhausted unemployment compensation. This also includes participants who accept early retirement or leave rather than being laid off or terminated.

##### b) Exhausted Unemployment Compensation:

Verification from the Unemployment Insurance Agency that the individual is eligible for or has exhausted his/her entitlement to unemployment compensation.

##### c) Insufficient Earnings / Not Covered Under by the Unemployment Compensation Law:

**The MWA must establish local policy for making this determination**

##### d) Unlikely to Return to a Previous Industry or Occupation:

Current "Key-Demand Occupations" or other standard labor market information (see Key-Demand Occupations in chapter 2) which may be available from the Bureau of Labor Market Information, the Chamber of Commerce, employer organizations, or other sources, which shows that an individual is unlikely to return to his/her previous industry or occupation. (NOTE: The MWA may find it useful to place a reference sheet or a copy of a page from a document in place of the complete document for either situation in the participant's file. The source document must be clearly identified by title, author, and date of publication.)

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**Note:** For documentation of applicant eligibility items the MWA may use the worker profile list generated by the Worker Profile Referral System (WPRS) of the Unemployment Insurance Agency. A copy of the list is acceptable documentation provided the applicant is not working at the time of application, the score for the applicant is 0.400 or higher, that is between 0.400 and 0.999, and the list was generated less than one year from the current date.

### 2. *Work Place Closure / Substantial Layoff*

One of the Following forms:

- a) Termination notice identifying the worker plus documentation such as a newspaper article, letter from the employer or collective bargaining unit, which shows that the termination notice is a result of a plant, facility or enterprise closure, or a letter from the employer or collective bargaining unit, which identifies workers terminated because of a plant, facility, or enterprise closure.
- b) Layoff notice identifying the worker plus documentation such as a letter from the employer, or collective bargaining unit, which shows that the layoff is the result of a substantial layoff at a plant, facility, or enterprise.
- c) A copy of a public announcement such as a press release, WARN, newspaper article, or other written notification issued to the general public by an employer, which states that a specific facility will be closed and identifies the date of closure, plus documentation that the worker was employed at the facility when the announcement was made.

### 3. *Facility Closure within 180 days*

A copy of a public announcement such as a press release, WARN notice, newspaper article, or other written notification issued to the general public by an employer, which states that a specific facility will be closed within 180 days and documentation that the worker was employed at the facility when the announcement was made.

### 4. *Self-Employed*

Documentation that shows the individual was self-employed and is unemployed such as:

- Internal Revenue Services tax records
- Articles of Incorporation and Dissolution
- Registration with county clerk for Doing Business As (D.B.A.'s) and Going Out of Business
- Advertisements such as yellow pages, white pages, newspaper, radio, or a Going Out of Business notice
- Bank statements
- Accounting records

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a) General economic conditions:

Documentation that shows the community economy has suffered as a result of a plant closure or significant layoff or other economic condition.

Documentation would include the following:

- Accounting records
- Vendor accounts payable records
- Filing of bankruptcy
- WARN notices
- Newspaper articles
- Governmental economic agency reports
- Published notice of going out of business
- Local labor market information

b) Natural disaster:

Documentation that shows that the self-employed individual is unemployed as the result of a natural disaster include:

- Insurance claims
- Federal/state disaster claims
- Proof of disaster by means of other government records (e.g. fire, police records)
- Newspaper articles

5. *Displaced homemaker*

Documentation that shows that the individual is a displaced homemaker include the following:

- Tax returns
- Public assistance records
- Court records
- Divorce papers
- Bank records
- Spouse's layoff notice
- Spouse's death record

### **Alternative Forms of Documentation**

1. *Telephone Verification*

Eligibility criteria may be verified by telephone contacts with cognizant governmental agencies or by document inspection. The information obtained must be documented by recording the information on the standardized form (see Appendix A of this Chapter). The information recorded must be adequate to enable a monitor or auditor to trace back to the cognizant agency or document used. Telephone verification must include the name of the agency representative providing the verification information. Documentation of eligibility verification through document inspection is appropriate when documents cannot or may not

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be machine copied.

2. *Participant Statement*

A participant statement may be used only after all practicable attempts to secure other documentation have failed. It is recommended that a written log be maintained of attempts made and the results. Documented corroborative contact or a reliable witness attesting to the accuracy of the statement must support participant statements. The information obtained must be documented by recording the information on a standardized form (see Appendix A of this chapter). A corroborative contact or witness must be indicated on the statement. The corroboration may be via witness signature or supporting telephone verification form, (see Appendix A of this chapter). In those rare instances when a participant cannot obtain a satisfactory witness or provide a telephone contact, the participant must explain why such corroboration is not possible.

3. Copies of documents used to verify eligibility must be maintained in the permanent participant file.

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## NOTIFICATION OF EXIT/TERMINATION

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

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

Customer Identification Number: \_\_\_\_\_

Dear Participant:

It has come to our attention that according to the provisions of the Workforce Investment Act, you must leave \_\_\_\_\_ (Program Activity) by \_\_\_\_\_ Date).

The reason you are being exited/terminated is because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions or concerns, please contact \_\_\_\_\_.  
(MWA Staff Person)

Sincerely,

Signature of Person Notifying Participant: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

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## NOTICE OF ACTION TAKEN

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

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

Customer Identification Number: \_\_\_\_\_

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

Reason for Exit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred to: (be specific) \_\_\_\_\_  
\_\_\_\_\_

Signature of Person Notifying Participant: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

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## TELEPHONE VERIFICATION FORM

WIA ELIGIBILITY VERIFICATION BY TELEPHONE OR DOCUMENT INSPECTION

PARTICIPANT'S IDENTIFICATION NUMBER \_\_\_\_\_

NAME OR NUMBER OF DOCUMENT \_\_\_\_\_

PARTICIPANT'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

PRIMARY ELIGIBILITY ITEM TO BE VERIFIED: \_\_\_\_\_

AGENCY PROVIDING VERIFICATION: \_\_\_\_\_

AGENT VERIFYING ELIGIBILITY ITEM: \_\_\_\_\_

DATE & TIME OF VERIFICATION: \_\_\_\_\_

REGISTRANT/PARTICIPANT RECORD/I.D. NUMBER: \_\_\_\_\_

TELEPHONE NUMBER OF AGENCY PROVIDING VERIFICATION: \_\_\_\_\_

ADDITIONAL ELIGIBILITY ITEMS VERIFIED (LIST & RECORD DATA FOR EACH)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I ATTEST THAT THE INFORMATION RECORDED BY ME ON THIS DOCUMENT WAS OBTAINED THROUGH TELEPHONE CONTACT OR DOCUMENT INSPECTION ON THE ABOVE DATE.

AS INDICATED BY THE AGENCY, ALL INFORMATION WAS OBTAINED FROM DATA PREVIOUSLY DETERMINED AND RECORDED IN THE PARTICIPANT'S RECORDS AT THE AGENCY PROVIDING THE ELIGIBILITY VERIFICATION.

OR

I ATTEST THAT THE DOCUMENT INSPECTED, VERIFIED THE PRIMARY/SECONDARY ITEMS REQUIRED TO DETERMINE ELIGIBILITY FOR THE CONTRACTOR PROGRAM.

INTAKE WORKER'S SIGNATURE and DATE: \_\_\_\_\_

# WIA Participant Management Information Guide

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## PARTICIPANT STATEMENT

If the participant cannot obtain a satisfactory witness or provide a telephone contact, explain below.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT

I \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

PARTICIPANT'S SIGNATURE and DATE

\_\_\_\_\_  
CORROBORATING WITNESS SIGNATURE

PARTICIPANT'S ADDRESS \_\_\_\_\_

WITNESS' RELATIONSHIP TO REGISTRANT \_\_\_\_\_

### OFFICE USE ONLY

The above registrant statement is being utilized for documentation of the following eligibility criteria: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE and DATE OF CERTIFYING OFFICIAL

## Chapter 4: Workforce Investment Act (WIA) Youth Registration

### Section 4-1: Purpose

The WIA Registration is used to collect information required by federal regulations and to make a determination of eligibility for the WIA Youth program. The registration and eligibility determination must be completed for any youth who is to receive any of the WIA services. The WIA Participant Management Information Guide is written to assist One-Stop staff in filling out the web-based form rather than the 'hard copy' form accompanied with this manual.

The youth participant must sign and date the WIA Youth Registration, either Form A or a printout of the online Management Information System (MIS) form. A parent/guardian must also sign and date the registration form, if the youth is a minor.

The intake worker may complete all items on the form in a personal interview with the participant, and then transfer the information to the web-based form. A personal interview with the participant by the intake worker is encouraged for accurate reporting since the participant will not be familiar with the definition used for many of the reporting items.

### Section 4-2: Overview

The WIA registration process begins with the WIA Pre-Registration screen. The Pre-Registration screen collects all information to meet Equal Opportunity (EO) requirements by the WIA, Section 188, and Code 29 of Federal Regulations (CFR) Part 37. The Pre-Registration screen also includes other common information, such as address and telephone numbers. Additionally, due to Common Measures, many questions were added. These changes cause some of the questions in the Pre-Registration form to not follow the same order as those in the Registration form. Therefore, each form should be treated as different form.

With the exception of the WIA registration, the Michigan Works! Agency (MWA) must collect EO data for every individual who is interested in being considered for the WIA Title I financially assisted aid, benefits, services or training by a MWA, and who has signified that interest by submitting personal information in response to a request by the MWA, See 29 CFR 37.4.

Corrections or clarification to information completed by the registrant, when using the "hard copy" form, should show clearly that the intake worker made the notations. The intake worker may wish to use a different color pen, etc. In no instance should the intake worker cross out or erase information provided by the registrant. The intake worker is to note whatever additional/correct information is appropriate in the **COMMENT SECTION** of the registration form.

# WIA Participant Management Information Guide

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The items discussed for this chapter are in the following format:

**REFERENCE:** cross-references each data element to the OSMIS.

**FIELD NAME:** identifies the field.

**DESCRIPTION:** the definition and coding instructions whether or not the field is required.

EXAMPLE:

Reference, Field Name:

Description    Enter the participant, etc.

## Section 4-3: Completing WIA Youth Registration (Form A)

### Contact Information

1. NAME - This field is required.

Enter the participant's last name, first name, and middle initial.

2. ADDRESS - This field is required.

Enter the participant's home street address.

3. CITY - This field is required.

Enter the participant's city of residence.

4. STATE - This field is required.

Enter the participant's state of residence.

5. ZIP CODE - This field is required.

Enter the participant's zip code

6. PHONE NUMBER - This field is not required.

Enter the participant's home telephone number including area code (or number at which the participant may be reached). If the participant has no home telephone number where he/she can be reached, leave blank.

7. COUNTY - Auto fill.

The system will automatically fill participant information based on zip code.

8. ALTERNATE CONTACT NAME - This field is not required.

## WIA Participant Management Information Guide

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Enter the full name of someone who can be contacted to help locate the participant.

9. ALTERNATE PHONE NUMBER - This field is not required.

Enter the telephone number of the alternate contact where he/she could be reached or a message left. If the alternate contact has no telephone number, leave blank.

### Personal Characteristics

10. DATE OF BIRTH - This field is required.

Enter the month, day, and year of birth (mm/dd/yyyy).

11. SOCIAL SECURITY NUMBER (SSN) - This field is required.

Record the nine-digit identification number assigned by the Social Security Administration under the Social Security Act. If the participant does not have a SSN, the MWA, grant recipient, sub-recipient, or contractor should assist him/her in obtaining an assigned nine-digit identification number from the Social Security Administration.

**Note:** In accordance with the Privacy Act of 1974, the MWA may not deny an individual any right, benefit, or privilege provided by law because of the individual's refusal to disclose his/her SSN. However, the MWA can properly require disclosure of an individual's SSN pursuant to the Internal Revenue Code where it is used as the identifying number for such individual for the purposes of a return, statement or other document required under the code (i.e., for payment of wages for On-the-Job Training, Work Experience, etc.). MWAs, therefore, should advise participants at time of application of the use(s) made of the SSN. If a participant refuses to provide a SSN, the MWA should create a number with the first two digits being the MWA number such as 260000001. The MWA must maintain a record of the numbers assigned.

12. GENDER - This field is required.

Select from the drop-down menu "Male" or "Female."

13. HISPANIC/LATINO (ETHNICITY) - This field is required.

Select from the drop-down menu "Yes" if of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race, or "No."

14. RACE - This field is required.

Select from the dropdown menus all which apply but at least one must be chosen:

- African American
- American Indian
- Asian

## WIA Participant Management Information Guide

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- Native Hawaiian or Other Pacific Islander
- White

**Note:** Many of the following reporting items have specific definitions the participant will not know. The intake worker is encouraged to work with the participant to obtain correct responses.

15. DISABILITY

Select from the drop-down menu “Has a Disability” if the participant has a disability, or “Does Not Have a Disability” if the participant does not have a disability.

16. CITIZENSHIP - This field is required.

Select from the drop-down menu “U.S. Citizen/Eligible Non-Citizen” if a U.S. Citizen/Eligible non-citizen or “No” if not a citizen.

17. SELECTIVE SERVICE - This field is required.

Select from the drop-down menu “Registered,” “Not Registered,” or “Not Applicable.” In general, a male who is age 18 or older must be registered.

18. VETERAN STATUS - This field is required for those 18 or older.

Select from the drop-down menu:

- Yes, Equal to, less than 180 days
- Yes, Eligible Veteran
- Yes, Other Eligible Person
- No, Not a Veteran

**Note:** Under federal law, an other eligible person is defined as one of the following: 1) The spouse of a veteran who died of a service-connected disability; 2) The spouse of any member of the Armed Forces serving on active duty who, at the time of application for assistance, has been listed in one of the following categories for more than ninety days: missing in action, captured in line of duty by a hostile force, forcibly detained or interned in the line of duty by a foreign government or power; or 3) The spouse of any person who has a total disability that is permanent in nature resulting from a service-connected disability.

19. CAMPAIGN VETERAN – This field is required for veterans.

(See Appendix A of Chapter 2 for a list of wars, campaigns, or expeditions.)

Select from the drop-down menu “Yes” or “No.”

20. DISABLED STATUS - This field is required for veterans.

## WIA Participant Management Information Guide

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If VETERAN STATUS equals “Yes”, enter one of the following: “Yes” disabled veteran, “Yes, Special Disabled” if serious employment disability or “No” if not disabled.

21. RECENTLY SEPARATED VETERAN - This field is required for veterans.

Any veteran who applies for participation under this title within 48 months after discharge or release from active military, naval or air service.

If VETERAN STATUS equals “Yes” selects from the drop-down menu one of the following: “Yes” recently separated veteran or “No” not recently separated veteran.

22. EMPLOYED AT REGISTRATION - This field is required.

Select one of the following from the drop down menu:

Select “Employed” if employed.

Enter “Employed but Received Notice of Term or Military Separation”, if either (1) they have received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (2) they are currently on active military duty and have been provided with a firm date of separation from military service.

Select “Not Employed” if not employed.

23. WAGES PER HOUR PRIOR SIX MONTHS - This field is not required.

Enter the previous hourly wage for the participant.

Pre-WIA wage information may be recorded.

24. UNEMPLOYMENT COMPENSATION PROGRAMS - This field is required.

Enter “Claimant Referred by Worker Profiling and Reemployment Services (WPRS)” if the individual is a person who, at the time of participation in the program, has filed a claim and has been determined monetarily eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights, and was referred to service through the state's WPRS system.

Enter “Claimant Not Referred by WPRS” if the individual is a person who, at the time of participation in the program, is eligible for Unemployment Compensation but was not referred to service through the state's WPRS system.

Enter “Exhaustee” if the individual has exhausted all UC benefit rights for which he/she has been determined monetarily eligible, including extended supplemental

## WIA Participant Management Information Guide

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benefit rights.

Enter “Neither Claimant nor Exhaustee” if the individual was neither an UC Claimant nor an Exhaustee.

25. MIGRANT/SEASONAL STATUS – The field is only required if the participant is 18 years of age or older.

Select one of the following from the drop-down menu:

“Not a Migrant/Seasonal Farmworker”- if the participant does not self-identify as a Migrant/Seasonal Farm worker.

“Seasonal Farm Worker” - if the participant worked at least an aggregate of 25 or more days or parts of days in which some work was performed in farm work. **OR**

“Seasonal Farm Worker – Field Work Only” if the participant only work in the field as a seasonal farm worker.

“Migrant Farm Worker” - if the participant worked as a seasonal farm worker, who has to travel to do the farm work so that they were unable to return to their permanent residence within the same day. **OR**

“Migrant Farm Worker – Field Work Only” if the participant only work in the field as a migrant worker.

“Migrant Food Processor” - if the participant worked at least an aggregate of 25 or more days or parts of days in which some work was performed in food processing.

### **Dislocated Worker Information**

This information is not required nor should be inputted for participants in the Older and Younger Youth program.

### **Assistance Information**

26. INCOME - This field is required.

Enter his/her family income for the 12 months prior to application. The OSMIS will compare the income entered against the appropriate income table for the MWA, poverty and metropolitan or poverty and non-metropolitan, stored in the MIS.

**Note:** Family income for the prior 12 months should be obtained by determining the family income for six months and multiplying the income by two.

27. FAMILY SIZE - This field is required.

Enter the number of individuals in her/his family at the time of application.

## WIA Participant Management Information Guide

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28. TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) - This field is required.

Select from the drop-down menu "Yes" if he/she receives cash assistance or is a member of a family receiving cash assistance. This includes a participant who was referred by the TANF agency, participated in the TANF assessment program as a requirement prior to opening a TANF grant, and who received support services from the TANF agency or "No" if this does not apply.

29. REFUGEE ASSISTANCE (RA) AND SUPPLEMENTAL SECURITY INCOME (SSI) - This field is required.

Select from the drop-down menu "Yes" if the participant is receiving or the participant is a member of a family receiving one or more of the following: Refugee Assistance or Supplemental Security Income or "No" if this does not apply.

30. FOOD ASSISTANCE (STAMPS) - This field is required.

Select from the drop-down menu "Yes" if the participant is a member of a household that receives or has been determined within the six-month period prior to registration for the program involved to be eligible to receive Food Assistance (Stamps) pursuant to the Food Stamp Act of 1977 or "No" if this does not apply.

31. PELL GRANT - This field is required.

Select from the drop-down menu "Yes" if the participant is or has been notified that he/she will be receiving a Pell Grant or "No" if this does not apply.

**Note:** This item may be updated at any time while the individual is receiving WIA services (except follow-up services). Record yes if the individual received a Pell grant at any time during WIA participation.

32. DISASTER RELIEF ASSISTANCE (NATIONAL EMERGENCY GRANT (NEG) ONLY) - This field is required for Dislocated Workers.

Select from the drop-down menu "Yes" if the individual received services financially assisted under a NEG or "No" if the does not receive services.

33. LOW INCOME - This field is required.

The system will automatically fill participant information based on assistance and barriers to income information.

34. 5 Percent FUNDING – This field is not required.

Select from the drop-down menu "Yes" if this participant does not meet the income criterion for eligible youth, but will receive youth services, else "No."

For additional information on 5 percent funding see chapter 3, page 4.

## WIA Participant Management Information Guide

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**Note:** The participant can't select "Yes" for 5 percent Funding and "Yes" for Low Income at the same time, it has to be either or.

### **Barriers to Employment**

35. LIMITED ENGLISH LANGUAGE PROFICIENCY - This field is required.

Select from the drop-down menu "Yes", if the participant has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language or "No" if this does not apply.

36. SINGLE PARENT - This field is required.

Select from the drop-down menu "Yes" if the participant is a single, separated, divorced, or widowed individual who has primary responsibility for one or more dependent children under age 18 or "No" if this does not apply.

37. FOSTER CHILD - This field is required.

Select from the drop-down menu "Yes" if he/she is a foster child on whose behalf state or local government payments are made and "No" if this does not apply.

38. HOMELESS - This field is required.

Select from the drop-down menu "Yes" if the participant has been determined as meeting the definition of homeless and "No" if this does not apply.

39. RUNAWAY YOUTH - This field is required.

Select from the drop-down menu "Yes" if a run-away youth or "No" if this does not apply.

40. OFFENDER - This field is required.

Select from the drop-down menu "Yes" if an offender and "No" if this does not apply.

41. PREGNANT OR PARENTING YOUTH - This field is required.

Select from the drop-down menu "Yes" if the participant is a pregnant or parenting youth or "No" if this does not apply.

42. SPECIAL ASSISTANCE YOUTH - This field is required.

Select from the drop-down menu "Yes" if the participant is a youth needing Special Assistance or "No" if this does not apply.

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43. BEHIND 1 GRADE LEVEL - This field is required.

Select from the drop-down menu "Yes" if the participant is a youth behind a grade level. Enter "No" if this does not apply, or 5 percent window low income.

44. OTHER BARRIER - This field is required.

Select from the drop-down menu "Yes" if the participant has an MWA defined Barrier to Employment or "No" if this does not apply. If "Yes", describe and identify what the barrier is.

### Education

45. EDUCATION LEVEL: (Highest Grade Completed): This field is required.

Select from the drop-down menu, the highest grade completed.

|   |   |
|---|---|
| No Formal Education                     | Individuals who have had no formal education (elementary, secondary, high school, etc.)   |
| First Grade – Eleventh Grade            | Number of elementary or secondary grades completed.   |
| Twelfth Grade                           | Individuals who have attained their final year of high school, but who have not graduated and received their high school diploma.                               |
| High School Graduate                    | High school graduate or equivalent includes completion of an Individual Education Program.  |
| Certificate of Equivalency (GED)        | Completion of a GED.  |
| <u>One year Post H.S.</u>               | Include college, or full-time technical or vocational school. Do not include individuals who are not high school graduates unless they attain a college degree. |
| Two years Post H.S.                     |   |
| Three years Post H.S.                   |   |
| Bachelors Degree                        | Bachelors Degree or equivalent.   |
| Education Beyond Bachelors Degree       | Education achievement beyond a bachelor's degree.   |
| Attained Certificate of Attendance/Comp | Individuals who receive certificates of attendance/completion.  |
| Attained Other Post-Sec Deg/Cert        | This refers to other post-secondary degrees or certified professional or educational achievements.  |
| Attained Associates Diploma or Degree   | This refers to the completion of an Associates degree or diploma.   |

45. EDUCATION STATUS AT REGISTRATION - This field is required.

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Select the appropriate category from the drop-down menu:

- Student, High School or less
- Student Alternative School
- Student, Attending Post-High School
- Not attending school; High School (HS) dropout
- Not attending school; High School (HS) graduate

47. ENROLLED IN EDUCATION – This field is **not** required

Select from the drop-down menu “Yes” if the individual is enrolled in secondary school, post-secondary school, adult education programs, or any other organized program of study, else “No”.

48. BASIC LITERACY SKILLS DEFICIENCY - This field is **not** required.

Select from the drop-down menu "Yes" if the participant is basic literacy skills deficient or "No" if this does not apply.

An individual who is given the Work Keys assessment tool and achieves a level three or less is considered basic skills deficient.

49. READING GRADE LEVEL - This field is not required.

Select from the drop-down menu the reading grade level 01 - 12 or one of the special options below:

- Grade Level 13 or Above
- Refused Testing/Untested
- No Testing Required

If a standardized test is used, select from the drop-down menu the test, enter the score and the test version:

- Adult Basic Learning Examination
- Adult Literacy Test (JTA/ES)
- Adult Literacy – Simon & Schuster Test
- Armed Forces Qualifying Test
- Basic Occupational Literacy Test
- California Achievement Test
- Career Ability Placement Survey
- CASAS Appraisal
- CASAS Survey Achievement Tests
- General Aptitude Test Battery
- Iowa Test of Basic Skills
- Metropolitan Achievement Test
- Reading Job Corps Screening Test
- Test of Adult Basic Education

## WIA Participant Management Information Guide

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- Wide Range Achievement Test
- Other (includes Work Keys)

For the Work Keys assessment tool, enter the level number achieved, for example 4, in the test score field. Enter the number 16 with the version number, if any, in the name and version field. For example, 1v3 would mean Adult Basic Learning Examination version 3.

50. MATH GRADE LEVEL This field is not required.

Select from the drop-down menu the reading grade level 01 - 12 or one of the special options below:

- Grade Level 13 or Above
- Refused Testing/Untested
- No Testing Required

If a standardized test is used, select from the drop-down menu the test, enter the score and the test version:

- Adult Basic Learning Examination
- Adult Literacy Test (JTA/ES)
- Adult Literacy – Simon & Schuster Test
- Armed Forces Qualifying Test
- Basic Occupational Literacy Test
- California Achievement Test
- Career Ability Placement Survey
- CASAS Appraisal
- CASAS Survey Achievement Tests
- General Aptitude Test Battery
- Iowa Test of Basic Skills
- Metropolitan Achievement Test
- Reading Job Corps Screening Test
- Test of Adult Basic Education
- Wide Range Achievement Test
- Other (includes Work Keys)

For the Work Keys assessment tool, enter the level number achieved, for example 4, in the test score field. Enter the number 16 with the version number, if any, in the name and version field. For example, 1v3 would mean Adult Basic Learning Examination version 3.

51. NOTES

The intake worker makes any additional comments concerning the participant.

52. REGION CODE - This field is not required

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Enter an optional region code.

53. OPTIONAL DATA A - D

Enter the Optional Data Code, if any.

54. RELATIVE TO WIA ADMINISTRATION - This field is required.

Select from the drop-down menu “Yes” or “No” if he/she is related to any individual involved in the administration of the WIA in the State of Michigan. If “Yes”, the participant provides the name, relationship, agency, and county of the individual.

## Recovery Act Information

55. RECOVERY FUNDS PARTICIPANT

For Youth between the ages of 22 and 24 the field is forced by OSMIS. For All other Youth, Adult, and Dislocated Worker participants select “yes” if the participant is funded by the Recovery Act program, otherwise select “no” if the participant is not funded by the program.

## Special Initiative Indicators

56. REGIONAL SKILLS ALLIANCE PARTICIPANT - this field is not required.

Select “yes” from the dropdown menu if the participant is part of the Regional Skills Alliance program.

57. DISLOCATED WORKER CAREER ADVANCEMENT ACCOUNT - This field is not required.

Select “yes” from the dropdown menu if the participant is part of the Dislocated Worker Career Advancement program.

58. PARTNERSHIP IN HEALTHCARE PARTICIPANT - This field is not required.

Select “yes” from the dropdown menu if the participant is part of the Partnership in Healthcare (M-PaTH) program.

59. FY 09 GF/GP PARTICIPANT - This field is not required.

Select “yes” from the dropdown menu if the participant is part of the FY 09 GF/GP program.

60. DISLOCATED WORKER SCHOLARSHIP PARTICIPANT - This field is not required.

## WIA Participant Management Information Guide

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Select “yes” from the dropdown menu if the participant is part of the Dislocated Worker Scholarship program.

61. WW GRAINGER PARTICIPANT - This field is not required.

Select “yes” from the dropdown menu if the participant is part of the WW Grainger program.

62. FY 08 GF/GP PARTICIPANT - This field is not required.

Select “yes” from the dropdown menu if the participant is part of the FY 08 GF/GP program.

63. CHRYSLER/NWLB PARTNERSHIP PARTICIPANT - This field is not required.

Select “yes” from the dropdown menu if the participant is part of the Chrysler/NWLB partnership program.

64. CASE MANAGER - This field is not required.

Select from the dropdown menu the case manager entering the participant’s information.

65. THE WIA REGISTRATION DATE - This field is required.

The intake worker enters the date of registration.

**Note:** To print and sign the registration document click on the “View WIA” button at the bottom of the screen.

66. SIGNATURE OF PARTICIPANT - This field is required.

The participant must sign and date the Registration form attesting that the information is true to the best of the participant's knowledge and there is no intent to commit fraud. The signature acknowledges that the information on the Registration form will be used to determine eligibility, that the participant may be required to document the accuracy of the information and that the information is subject to external verification and may be released for such purposes. The signature also acknowledges that, if found ineligible subsequent to enrollment, the participant will be terminated as a result of falsifying information on the Registration form and he/she may also be prosecuted for fraud.

77. SIGNATURE OF PARENT/GUARDIAN

If the participant is a minor, that is age 17 or less, then a signature from the parent/guardian is required.

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78. SIGNATURE OF INTAKE WORKER - This field is required.

The individual worker making the eligibility determination must sign and date the form.

# WIA Participant Management Information Guide

## REGISTRATION FOR THE YOUTH PROGRAM OF THE WORKFORCE INVESTMENT ACT

THIS INFORMATION IS REQUIRED BY PUBLIC LAW 105-200 OF AUGUST 7, 1998, TO DETERMINE PROGRAM ELIGIBILITY AND/OR MEET FEDERAL REPORTING REQUIREMENTS. THE DEPARTMENT OF LABOR AND ECONOMIC GROWTH WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP ON THE BASIS OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, DISABILITY OR POLITICAL BELIEFS.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_ Alternate Contact Name: \_\_\_\_\_  
Alternate Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

### Personal Characteristics

Gender (M/F): \_\_\_\_\_  
Hispanic/Latino (Y/N): \_\_\_\_\_  
Racial Group: (check all that apply)  
African American: \_\_\_\_\_  
American Indian/Alaskan Native: \_\_\_\_\_  
Asian: \_\_\_\_\_  
Hawaiian Native/Other Pacific Islander: \_\_\_\_\_  
White: \_\_\_\_\_  
Disability (Y/N): \_\_\_\_\_  
Citizen (US/Eligible. Non) (Y/N): \_\_\_\_\_  
Selective Service Registered (Y/N or NA): \_\_\_\_\_  
Veterans Status (select one)  
Yes, Equal to, Less Than 180 Days: \_\_\_\_\_  
Yes, Eligible Veteran: \_\_\_\_\_  
Yes, Other Eligible Person: \_\_\_\_\_ No: \_\_\_\_\_  
Campaign Veteran (Y/N): \_\_\_\_\_  
Disabled Veteran (Select one): Yes \_\_\_\_\_  
Yes Special Disabled: \_\_\_\_\_ No \_\_\_\_\_  
Recently Separated Veteran (Y/N): \_\_\_\_\_  
Employment at Registration (select one)  
Employed: \_\_\_\_\_  
Employed but Received Notice of Termination or  
Military Separation: \_\_\_\_\_  
Not Employed: \_\_\_\_\_  
Wages per hour Prior Six Months: \_\_\_\_\_  
Unemployment Compensation Programs (select one)  
Eligible claimant referred by WPRS: \_\_\_\_\_  
Eligible claimant not referred by WPRS: \_\_\_\_\_  
Exhaustee: \_\_\_\_\_  
Neither claimant nor exhaustee: \_\_\_\_\_  
Migrant/Seasonal Status  
Not a Migrant/Seasonal Farmworker: \_\_\_\_\_  
Seasonal Farmworker: \_\_\_\_\_  
Seasonal Farmworker – Field Worker Only: \_\_\_\_\_  
Migrant Farmworker \_\_\_\_\_  
Migrant Farmworker – Field Worker Only: \_\_\_\_\_  
Migrant Food Processor: \_\_\_\_\_

### Dislocated Worker Section

Date of Dislocation: \_\_\_\_\_  
Has Notice or is Terminated or Laid-off from  
employment (Y/N): \_\_\_\_\_ and is

### Assistance Information

Income (annual): \$ \_\_\_\_\_  
Family Size: \_\_\_\_\_  
TANF (Y/N): \_\_\_\_\_  
General Assistance (GA), Refugee Assistance (RCA), or Supplemental  
Security Income (SSI) (Y/N): \_\_\_\_\_  
Food Assistance (Y/N): \_\_\_\_\_  
Pell Grant (Y/N): \_\_\_\_\_  
Disaster Relief Assistance (NEG Only): \_\_\_\_\_  
Low Income (Y/N): \_\_\_\_\_  
5% Funding: \_\_\_\_\_

### Barriers to Employment

Limited English Language Proficiency (Y/N): \_\_\_\_\_ (not for eligibility)  
Single Parent (Y/N): \_\_\_\_\_  
Foster Child (Y/N): \_\_\_\_\_  
Homeless (Y/N): \_\_\_\_\_  
Runaway Youth (Y/N): \_\_\_\_\_  
Offender (Y/N): \_\_\_\_\_  
Pregnant or Parenting Youth (Y/N): \_\_\_\_\_  
Youth-Needs Special Assistance (Y/N): \_\_\_\_\_  
Behind a Grade Level (Y/N): \_\_\_\_\_  
Other Barrier (Y/N): \_\_\_\_\_ (5% window low income is no)  
If YES, Barrier: \_\_\_\_\_

### Education

Education Level:  
No school grades completed: \_\_\_\_\_  
Number of elementary/secondary school grades completed  
(1 – 12): \_\_\_\_\_  
High School Graduate \_\_\_\_\_  
Certificate of Equivalency or (GED): \_\_\_\_\_  
One Year Post HS: \_\_\_\_\_  
Two Years Post HS: \_\_\_\_\_  
Three Years Post HS: \_\_\_\_\_  
Bachelor's Degree or equivalent: \_\_\_\_\_  
Education beyond the Bachelor's degree: \_\_\_\_\_  
No formal Education: \_\_\_\_\_  
Attained certificate of attendance/completion: \_\_\_\_\_  
Attained other post-secondary degree or certification: \_\_\_\_\_  
Attained Associates degree or diploma: \_\_\_\_\_  
Education Status at Registration (Select the one that applies)  
Student, High School or less: \_\_\_\_\_  
Student, Attending Post High School: \_\_\_\_\_

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Eligible for or Exhausted Unemployment compensation (Y/N): \_\_\_\_ or  
Meets One-Stop Center Attachment to Workforce (Y/N): \_\_\_\_ and is  
Unlikely to Return to Prior Industry or Occupation (Y/N): \_\_\_\_ or  
Has Notice or is Terminated or Laid-off from employment Due to Plant, Facility, or Enterprise Closure (Y/N): \_\_\_\_ or  
Employed at Facility Announced to Close within 180 Days (Y/N): \_\_\_\_ or  
Self-employed but Unemployed because of General Economic Conditions or Natural Disaster (Y/N): \_\_\_\_ or  
A Displaced Homemaker (Y/N): \_\_\_\_ or  
Employed at Facility Announced to Close, No Date (Y/N): \_\_\_\_

Not Attending School, High School Dropout: \_\_\_\_  
Not Attending School, HS Graduate: \_\_\_\_  
Student Alternative School: \_\_\_\_  
Enrolled in Education (Y/N): \_\_\_\_  
Basic Literacy Skills Deficiency (Y/N): \_\_\_\_  
English Reading Grade Level: \_\_\_\_  
**OR** Test Score: \_\_\_\_\_, Name and Test Form  
\_\_\_\_\_  
Math Grade Level: \_\_\_\_  
**OR** Test Score: \_\_\_\_\_, Name and Test Form  
\_\_\_\_\_  
Regional Skills Alliance Participant (Y/N): \_\_\_\_  
Dislocated Worker Scholarship Participant (Y/N): \_\_\_\_  
Career Advancement Account (Y/N): \_\_\_\_

**CERTIFICATION: READ CAREFULLY.** I certify that I have reviewed this application and that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject to review and certification and I may have to provide documents to support this application. I understand the refusal to provide requested documents may result in my termination from the program. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud or perjury. I allow release of this information for verification purposes and understand it will be used to determine eligibility.

Are you related to anyone involved in the administration of the WIA program in the State of Michigan? (Y/N): \_\_\_\_  
If Y (Yes), indicate name and county, or agency and relationship: \_\_\_\_\_

WIA Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Intake Worker Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Eligible: Yes No

Comments / Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Chapter 5: Workforce Investment Act (WIA) Adult and Dislocated Worker Registration

### Section 5-1: Purpose

The WIA Registration is used to collect information required by federal regulations and to make a determination of eligibility for the WIA Adult and Dislocated Worker Program. The registration and eligibility determination must be completed for any adult who is to receive WIA services other than self-serve WIA core services.

The participant must sign and date the WIA Adult and Dislocated Worker Registration, either Form J or a printout of the online Management Information System (MIS) form

The intake worker may complete all items on the form in a personal interview with the participant, and then transfer the information to the web-based form. A personal interview with the participant by the intake worker is encouraged for accurate reporting since the participant will not be familiar with the definition used for many of the reporting items. Information requested is required of ALL participants.

### Section 5-2: Overview

The WIA registration process begins with the WIA Pre-Registration screen. The Pre-Registration screen collects all information to meet Equal Opportunity (EO) requirements as required by the WIA, Section 188 Code 29 of Federal Regulations (CFR) Part 37. The Pre-Registration screen also includes other common information, such as address and telephone numbers, which may be useful to the Michigan Works! Agency (MWA).

The MWA must collect EO data for each individual who is interested in being considered for the WIA Title I financially assisted aid, benefits, services or training by a MWA, and who has signified that interest by submitting personal information in response to a request by the MWA, See 29 CFR 37.4.

Corrections or clarification to information completed by the registrant, when using the “hard copy” form, should show clearly that the intake worker made the notations. The intake worker may wish to use a different color pen, etc. In no instance should the intake worker cross out or erase information provided by the registrant. The intake worker is to note whatever additional/correct information is appropriate in the **COMMENT SECTION** of the registration form.

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The items discussed for this chapter are in the following format:

**REFERENCE:** cross-references each data element to the OSMIS.

**FIELD NAME:** identifies the field.

**DESCRIPTION:** the definition and coding instructions whether or not the field is required.

EXAMPLE:

Reference, Field Name:

Description    Enter the participant, etc.

## Section 5-3: Completing WIA Adult and Dislocated Worker Registration (Form J)

### Contact Information

1. NAME - This field is required.

Enter the participant's last name, first name, and middle initial.

2. ADDRESS - This field is required.

Enter the participant's home street address.

3. CITY - This field is required.

Enter the participant's city of residence.

4. STATE - This field is required.

Enter the participant's state of residence.

5. ZIP CODE - This field is required.

Enter the participant's zip code.

6. PHONE NUMBER - This field is not required.

Enter the participant's home telephone number including area code (or number at which the participant may be reached). If the participant has no home telephone number where he/she can be reached, leave blank.

7. COUNTY - Auto fill.

The system will automatically fill participant information based on zip code.

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8. ALTERNATE CONTACT NAME - This field is not required.  
Enter the full name of someone who can be contacted to help locate the participant.

9. ALTERNATE PHONE NUMBER - This field is not required.

Enter the telephone number of the alternate contact where s/he could be reached or a message left. If the alternate contact has no telephone number, leave blank.

### Personal Characteristics

10. DATE OF BIRTH - This field is required.

Enter his/her month, day, and year of birth.

11. SOCIAL SECURITY NUMBER - This field is required.

Enter the nine-digit identification number assigned by the Social Security Administration under the Social Security Act. If the participant does not have a social security number, the Michigan Works Agency (MWA), grant recipient, sub-recipient, or contractor should assist him/her in obtaining one from the Social Security Administration.

**Note:** In accordance with the Privacy Act of 1974, the MWA may not deny to any individual any right, benefit, or privilege provided by law because of the individual's refusal to disclose his/her social security number. However, the MWA can properly require disclosure of an individual's social security account number pursuant to the Internal Revenue Code where it is used as the identifying number for such individual for the purposes of a return, statement or other document required under the code (i.e., for payment of wages for On-the Job Training, Work Experience, etc.). MWAs, therefore, should advise participants at time of application of the use(s) made of the social security number. If a participant refuses to provide a SSN, the MWA should create a number with the first two digits being the MWA number such as 260000001. The MWA must maintain a record of the numbers assigned.

12. GENDER - This field is required.

Select from the dropdown menu "Male" or "Female".

13. HISPANIC/LATINO ETHNICITY - This field is required.

Select from the drop-down menu "Yes" if of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race, or "No".

14. RACE - This field is required.

Select from the dropdown menus all which apply but at least one must be chosen:

- African American

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- American Indian
- Asian
- Native Hawaiian or Other Pacific Islander
- White

**Note:** Many of the following reporting items have specific definitions the participant will not know. The intake worker is encouraged to work with the participant to obtain correct responses.

15. DISABILITY - This field is required.

Select from the dropdown menu “Has a Disability” or “Does Not Have a Disability”.

16. CITIZEN - This field is required.

Select from the drop-down menu “US Citizen/Eligible Non-Citizen” if a U.S. Citizen/Eligible non-citizen or “No” if not a citizen.

17. SELECTIVE SERVICE - This field is required for males.

Select from the drop-down menu “Registered”, “Not Registered”, or “Not Applicable”. In general, a male who is age 18 or older must be registered.

18. VETERAN STATUS - This field is required for those who are 18 and older.

Select from the drop-down menu:

- Yes, Equal to, less than 180 days
- Yes, Eligible Veteran
- Yes, Other eligible person
- No, Not a veteran

**Note:** Under federal law, an other eligible person is defined as one of the following: 1) The spouse of a veteran who died of a service-connected disability; 2) The spouse of any member of the Armed Forces serving on active duty who, at the time of application for assistance, has been listed in one of the following categories for more than ninety days: missing in action, captured in line of duty by a hostile force, forcibly detained or interned in the line of duty by a foreign government or power; or 3) The spouse of any person who has a total disability that is permanent in nature resulting from a service-connected disability.

19. CAMPAIGN VETERAN - This field is required if Veteran equals “Yes”.

(See Appendix A of Chapter 2 for a list of wars, campaigns, or expeditions.)

Select from the drop-down menu "Yes" if the participant is a campaign veteran or

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“No” if the participant is not a campaign veteran.

20. DISABLED VETERAN - This field is required for veterans.

If VETERAN STATUS equals “Yes,” enter one of the following: “Yes” disabled veteran, “Yes, Special Disabled” if serious employment disability or “No” if not disabled.

21. RECENTLY SEPARATED VETERAN - This field is required for veterans.

Any veteran who applies for participation under this title within 48 months after discharge or release from active military, naval or air service.

If VETERAN STATUS equals “Yes” selects from the drop-down menu one of the following: “Yes” recently separated veteran or “No” not recently separated veteran.

22. EMPLOYED AT REGISTRATION - This field is required.

Select one of the following from the drop down menu:

Select “Employed” if employed.

Enter “Employed but Received Notice of Term or Military Separation,” if either (1) they have received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (2) they are currently on active military duty and have been provided with a firm date of separation from military service.

Select “Not Employed” if not employed.

23. WAGES PER HOUR PRIOR SIX MONTHS - This field is not required.

Enter the previous hourly wage for the participant.

Pre-WIA wage information may be recorded.

24. UNEMPLOYMENT COMPENSATION PROGRAMS - This field is required.

Enter “Claimant Referred by WPRS” if the individual is a person who, at the time of participation in the program, has filed a claim and has been determined monetarily eligible for benefit payments under one or more State or Federal Unemployment Compensation (UC) programs and whose benefit year or compensation, by reason of an extended duration period, has not ended and who has not exhausted his/her benefit rights, and was referred to service through the state's Worker Profiling and Reemployment Services (WPRS) system.

Enter “Claimant Not Referred by WPRS” if the individual is a person who, at the

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time of participation in the program, is eligible for UC but was not referred to service through the state's WPRS system.

Enter “Exhaustee” if the individual has exhausted all UC benefit rights for which he/she has been determined monetarily eligible, including extended supplemental benefit rights.

Enter “Neither Claimant nor Exhaustee” if the individual was neither an UC Claimant nor an Exhaustee.

25. MIGRANT/SEASONAL STATUS – The field is only required of the participant is 18 years of age or older.

Select one of the following from the drop-down menu:

“Not a Migrant/Seasonal Farmworker”- if the participant does not self-identify as a Migrant/Seasonal Farmworker.

“Seasonal Farm Worker” - if the participant worked at least an aggregate of 25 or more days or parts of days in which some work was performed in farm work. Or

“Seasonal Farm Worker – Field Work Only” if the participant only work in the field as a seasonal farm worker.

“Migrant Farm Worker” - if the participant worked as a seasonal farm worker, who had to travel to do the farm work so that they were unable to return to their permanent residence within the same day.

“Migrant Farm Worker – Field Work Only” if the participant only work in the field as a migrant worker.

“Migrant Food Processor” - if the participant worked at least an aggregate of 25 or more days or parts of days in which some work was performed in food processing.

### **Dislocated Worker Section**

26. DATE OF DISLOCATION

Select from the dropdown menus the last day of employment at the dislocation job. If there is no dislocation job (e.g., displaced homemakers), leave blank. For dislocated workers who are still employed at registration, leave blank until the qualifying dislocation takes place and then record the actual dislocation date.

27. (a) HAS NOTICE OR IS TERMINATED/LAID-OFF FROM EMPLOYMENT

Situation

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Select from the dropdown menu “Yes” if he/she has a notice of, or has been, terminated or laid-off, or “No” if s/he has not received a notice.

If “Yes”, the following questions must be answered:

(b) UNLIKELY TO RETURN TO PRIOR INDUSTRY OR OCCUPATION

Select from the dropdown menu “Yes” if s/he is unlikely to return to the prior industry or occupation, or “No” if s/he is likely to return.

(c) ELIGIBLE FOR OR EXHAUSTED UNEMPLOYMENT COMPENSATION

Select from the dropdown menu “Yes” if eligible for or is an Unemployment Compensation exhaustee, or “No” if not eligible/exhaustee.

(d) MEETS ONE-STOP CENTER ATTACHMENT TO WORKFORCE

Select from the dropdown menu “Yes” if s/he meets one-stop center policy for attachment to the workforce, or “No” if s/he does not.

28. HAS NOTICE OR IS TERMINATED/LAID-OFF DUE TO PLANT, FACILITY OR ENTERPRISE CLOSURE

Select from the dropdown menu “Yes” if s/he received a notice of termination or lay off due to plant closure, or “No” if s/he did not.

29. EMPLOYED AT FACILITY ANNOUNCED TO CLOSURE WITHIN 180 DAYS

Select from the dropdown menu “Yes” if employed at facility announced to close within 180 days, or “No” if not employed at such a facility.

30. SELF-EMPLOYED BUT UNEMPLOYED BECAUSE OF ECONOMIC CONDITIONS OR DISASTER

Select from the dropdown menu “Yes” if self employed but unemployed because of economic conditions or natural disaster, or “No” if not an unemployed self-employer.

31. DISPLACED HOMEMAKER

Select from the dropdown menu “Yes” if a Displaced Homemaker, or “No” if not a displaced homemaker.

32. EMPLOYED AT FACILITY ANNOUNCED CLOSURE WITH NO DATE

Select from the dropdown menu “Yes” if employed at facility for which the

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employer has made a general announcement that such facility will close but with no specific date for the closure, or “No” if not employed at such a facility.

**Note:** A participant determined eligible under this criterion is eligible to only receive services other than training services, intensive services, or supportive services.

### Assistance Information

33. INCOME - This field is required.

Enter the participant’s family income for the 12 months prior to application. The One-Stop Management Information System will compare the income entered against the appropriate income table for the MWA, poverty and metropolitan or poverty and non-metropolitan, stored in the MIS.

**Note:** The family income for the prior 12 months should be obtained by determining the family income for six months and multiplying the income by two. Income is not required for Dislocated Worker.

34. FAMILY SIZE - This field is required.

Enter the number of individuals in her/his family at the time of application.

35. TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) - This field is required.

Select from the drop-down menu "Yes" if he/she receives cash assistance or is a member of a family receiving cash assistance. This includes a participant who was referred by the TANF agency, participated in the TANF assessment program as a requirement prior to opening a TANF grant, and who received support services from the TANF agency or "No" if this does not apply.

36. REFUGEE ASSISTANCE (RA) AND SUPPLEMENTAL SECURITY INCOME (SSI) - This field is required.

Select from the drop-down menu "Yes" if the participant is receiving or the participant is a member of a family receiving one or more of the following: Refugee Assistance or Supplemental Security Income or "No" if this does not apply.

37. FOOD ASSISTANCE (STAMPS) - This field is required.

Select from the drop-down menu "Yes" if the participant is a member of a household that receives or has been determined within the six-month period prior to registration for the program involved to be eligible to receive Food Assistance (Stamps) pursuant to the Food Stamp Act of 1977 or “No” if this does not apply.

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38. PELL GRANT - This field is required.

Select from the drop-down menu "Yes" if the participant is or has been notified that he/she will be receiving a Pell Grant or "No" if this does not apply.

**Note:** This item may be updated at any time while the individual is receiving WIA services (except follow-up services). Record yes if the individual received a Pell grant at any time during WIA participation.

39. DISASTER RELIEF ASSISTANCE (NATIONAL EMERGENCY GRANT (NEG) ONLY)  
- This field is not required.

Select from the drop-down menu "Yes" if the individual received services financially assisted under a NEG or "No" if the does not receive services.

40. LOW INCOME - This field is required.

The system will automatically fill participant information based on assistance and barriers to income information.

41. 5 PERCENT FUNDING – This field is not required.

The system will automatically fill participant information ("No"), because this option is for the WIA Youth program only.

### Barriers to Employment

42. LIMITED ENGLISH LANGUAGE PROFICIENCY - This field is required.

Select from the drop-down menu "Yes", if the participant has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language or "No" if this does not apply.

43. SINGLE PARENT - This field is required.

Select from the drop-down menu "Yes" if the participant is a single, separated, divorced, or widowed individual who has primary responsibility for one or more dependent children under age 18 or "No" if this does not apply.

44. FOSTER CHILD - This field is not required.

Select from the drop-down menu "Yes" if he/she is a foster child on whose behalf state or local government payments are made and "No" if this does not apply.

45. HOMELESS - This field is required.

Select from the drop-down menu "Yes" if the participant has been determined as

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meeting the definition of homeless and "No" if this does not apply.

46. RUNAWAY YOUTH - This field is not required.

Select from the drop-down menu "Yes" if a run-away youth or "No" if this does not apply.

47. OFFENDER - This field is not required.

Select from the drop-down menu "Yes" if an offender and "No" if this does not apply.

48. PREGNANT OR PARENTING YOUTH - This field is not required.

Select from the drop-down menu "Yes" if the participant is a pregnant or parenting youth or "No" if this does not apply.

49. YOUTH-NEEDS SPECIAL ASSISTANCE - This field is not required.

Select from the drop-down menu "Yes" if the participant is a youth needing Special Assistance or "No" if this does not apply.

50. BEHIND A GRADE LEVEL - This field is not required.

Select from the drop-down menu "Yes" if the participant is a youth behind a grade level. Enter "No" if this does not apply, or 5 percent window low income.

51. OTHER BARRIER TO EMPLOYMENT - This field is not required.

Select from the drop-down menu "Yes" if the participant has an MWA defined Barrier to Employment or "No" if this does not apply. If "Yes", describe and identify what the barrier is.

### Education

52. EDUCATION LEVEL: (Highest Grade Completed): This field is required.

Select from the drop-down menu, the highest grade completed.

|                              |   |
|------------------------------|---|
| No Formal Education          | Individuals who have had no formal education (elementary, secondary, high school, etc.).  |
| First Grade – Eleventh Grade | Number of elementary or secondary grades completed.   |
| Twelfth Grade                | Individuals who have attained their final year of high school, but who have not graduated and received their high school diploma. |
| High School Graduate         | High school graduate or equivalent includes completion of an Individual Education Program.  |

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|   |   |
|---|---|
| Certificate of Equivalency (GED)        | Completion of a GED.  |
| <u>One year Post H.S.</u>               | Include college, or full-time technical or vocational school. Do not include individuals who are not high school graduates unless they attain a college degree. |
| Two years Post H.S.                     |   |
| Three years Post H.S.                   |   |
| Bachelors Degree                        | Bachelors Degree or equivalent.   |
| Education Beyond Bachelors Degree       | Education achievement beyond a bachelor's degree.   |
| Attained Certificate of Attendance/Comp | Individuals who receive certificates of attendance/completion.  |
| Attained Other Post-Sec Deg/Cert        | This refers to other post-secondary degrees or certified professional or educational achievements.  |
| Attained Associates Diploma or Degree   | This refers to the completion of an Associates degree or diploma.   |

53. EDUCATION STATUS AT REGISTRATION - This field is required.

Select the appropriate category from the drop-down menu:

- Student, High School or Less
- Student Alternative School
- Student, Attending Post-High School
- Not attending school; High School (HS) dropout
- Not attending school; High School (HS) graduate

54. ENROLLED IN EDUCATION – This field is required

Select from the drop-down menu “Yes” if the individual is enrolled in secondary school, post-secondary school, adult education programs, or any other organized program of study, else “No.”

55. BASIC LITERACY SKILLS DEFICIENCY - This field is required.

Select from the drop-down menu "Yes" if the participant is basic literacy skills deficient or "No" if this does not apply.

An individual who is given the Work Keys assessment tool and does not achieve a Bronze level should be considered basic skills deficient.

56. READING GRADE LEVEL - This field is not required.

Select from the drop-down menu the reading grade level 01 - 12 or one of the special options below.

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- Grade Level 13 or Above
- Refused Testing/Untested
- No Testing Required

If a standardized test is used, select from the drop-down menu the test, enter the score, test form, and version:

- Adult Basic Learning Examination
- Adult Literacy Test (JTA/ES)
- Adult Literacy – Simon & Schuster Test
- Armed Forces Qualifying Test
- Basic Occupational Literacy Test
- California Achievement Test
- Career Ability Placement Survey
- CASAS Appraisal
- CASAS Survey Achievement Tests
- General Aptitude Test Battery
- Iowa Test of Basic Skills
- Metropolitan Achievement Test
- Reading Job Corps Screening Test
- Test of Adult Basic Education
- Wide Range Achievement Test
- Other (includes Work Keys)

For the Work Keys assessment tool, enter the level number achieved, for example 4, in the test score field. Enter the number 16 with the version number, if any, in the name and version field. For example, 1v3 would mean Adult Basic Learning Examination version 3.

57. MATH GRADE LEVEL This field is not required.

Select from the drop-down menu the reading grade level 01 - 12 or one of the special options below.

- Grade Level 13 or Above
- Refused Testing/Untested
- No Testing Required

If a standardized test is used, select from the drop-down menu the test, enter the score, test form, and version:

- Adult Basic Learning Examination
- Adult Literacy Test (JTA/ES)
- Adult Literacy – Simon & Schuster Test
- Armed Forces Qualifying Test
- Basic Occupational Literacy Test

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- California Achievement Test
- Career Ability Placement Survey
- CASAS Appraisal
- CASAS Survey Achievement Tests
- General Aptitude Test Battery
- Iowa Test of Basic Skills
- Metropolitan Achievement Test
- Reading Job Corps Screening Test
- Test of Adult Basic Education
- Wide Range Achievement Test
- Other (includes Work Keys)

For the Work Keys assessment tool, enter the level number achieved, for example 4, in the test score field. Enter the number 16 with the version number, if any, in the name and version field. For example, 1v3 would mean Adult Basic Learning Examination version 3.

### 57. COMMENTS

The intake worker makes any additional comments concerning the participant.

### 58. REGION CODE - This field is not required.

Enter an optional region code.

### 59. OPTIONAL DATA A - D

Enter the Optional Data Code, if any.

### 60. RELATIVE TO WIA ADMINISTRATION - This field is required.

Select from the drop-down menu “Yes” or “No” if he/she is related to any individual involved in the administration of the WIA in the state of Michigan. If “Yes”, the participant provides the name and relationship, or the agency and county of the individual.

### 61. REGIONAL SKILL ALLIANCE PARTICIPANT - This field is not required.

Select from the drop-down menu “Yes” if the individual is part of a Regional Skill Alliance initiative, or "No" if the does not participate in the initiative.

### 62. DISLOCATED WORKER SCHOLARSHIP PARTICIPANT - This field is not required.

Select from the drop-down menu “Yes” if the individual receives monies from the Dislocated Worker Scholarship fund, or "No" if the participant does not receive monies.

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63. CASE MANAGER - This field is not required.

Select from the dropdown menu the case manager entering the participant's information.

## Recovery Act Information

64. RECOVERY FUNDS PARTICIPANT

For Youth between the ages of 22 and 24 the field is forced by OSMIS. For All other Youth, Adult, and Dislocated Worker participants select "yes" if the participant is funded by the Recovery Act program, otherwise select "no" if the participant is not funded by the program.

## Special Initiative Indicators

65. REGIONAL SKILLS ALLIANCE PARTICIPANT - This field is not required.

Select "Yes" from the dropdown menu if the participant is part of the Regional Skills Alliance program.

66. DISLOCATED WORKER CAREER ADVANCEMENT ACCOUNT - This field is not required.

Select "Yes" from the dropdown menu if the participant is part of the Dislocated Worker Career Advancement program.

67. PARTNERSHIP IN HEALTHCARE PARTICIPANT - This field is not required.

Select "Yes" from the dropdown menu if the participant is part of the Partnership in Healthcare (M-PaTH) program.

68. FY 09 GF/GP PARTICIPANT - This field is not required.

Select "Yes" from the dropdown menu if the participant is part of the FY 09 GF/GP program.

69. DISLOCATED WORKER SCHOLARSHIP PARTICIPANT - This field is not required.

Select "yes" from the dropdown menu if the participant is part of the Dislocated Worker Scholarship program.

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70. WW GRAINGER PARTICIPANT - This field is not required.

Select “Yes” from the dropdown menu if the participant is part of the WW Grainger program.

71. FY 08 GF/GP PARTICIPANT - This field is not required.

Select “Yes” from the dropdown menu if the participant is part of the FY 08 GF/GP program.

72. CHRYSLER/NWLB PARTNERSHIP PARTICIPANT - This field is not required.

Select “Yes” from the dropdown menu if the participant is part of the Chrysler/NWLB partnership program.

### No Worker Left Behind

73. NO WORKER LEFT BEHIND PARTICIPANT? - This field is not required.

This field is read-only and will be entered automatically by the OSMIS.

74. THE WIA REGISTRATION DATE - This field is required.

The intake worker enters the date of registration.

**Note:** To print and sign the registration document click on the “View WIA” button at the bottom of the screen.

75. SIGNATURE OF PARTICIPANT

The participant must sign and date the Registration form attesting that the information is true to the best of the participant’s knowledge and there is no intent to commit fraud. The signature acknowledges that the information on the Registration form will be used to determine eligibility, that the participant may be required to document the accuracy of the information, and that the information is subject to external verification and may be released for such purposes. The signature also acknowledges that if found ineligible subsequent to enrollment, the participant will be terminated as a result of falsifying information on the Registration and s/he may be prosecuted for fraud.

76. SIGNATURE OF INTAKE WORKER - This field is required.

The individual worker making the eligibility determination must sign and date the form.

# WIA Participant Management Information Guide

## REGISTRATION FOR THE ADULT/DISLOCATED WORKER PROGRAM OF THE WORKFORCE INVESTMENT ACT

THIS INFORMATION IS REQUIRED BY PUBLIC LAW 105-200 OF AUGUST 7, 1998, TO DETERMINE PROGRAM ELIGIBILITY AND/OR MEET FEDERAL REPORTING REQUIREMENTS. THE DEPARTMENT OF LABOR AND ECONOMIC GROWTH WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP ON THE BASIS OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, DISABILITY OR POLITICAL BELIEFS.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ County: \_\_\_\_\_ Alternate Contact Name: \_\_\_\_\_  
Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

### Personal Characteristics

Gender (M/F): \_\_\_\_\_  
Hispanic/Latino (Y/N): \_\_\_\_\_  
Racial Group: (check all that apply)  
African American: \_\_\_\_\_  
American Indian/Alaskan Native: \_\_\_\_\_  
Asian: \_\_\_\_\_  
Hawaiian Native/Other Pacific Islander: \_\_\_\_\_  
White: \_\_\_\_\_  
Disability (Y/N): \_\_\_\_\_  
Citizen (US/Eligible. Non) (Y/N): \_\_\_\_\_  
Selective Service Registered (Y/N or NA): \_\_\_\_\_  
Veterans Status (select one)  
Yes, Equal to, Less Than 180 Days: \_\_\_\_\_  
Yes, Eligible Veteran: \_\_\_\_\_  
Yes, Other Eligible Person: \_\_\_\_\_ No: \_\_\_\_\_  
Campaign Veteran (Y/N): \_\_\_\_\_  
Disabled Veteran (Select one): Yes \_\_\_\_\_  
Yes Special Disabled: \_\_\_\_\_ No \_\_\_\_\_  
Recently Separated Veteran (Y/N): \_\_\_\_\_  
Employment at Registration (select one)  
Employed: \_\_\_\_\_  
Employed but Received Notice of Termination or  
Military Separation: \_\_\_\_\_  
Not Employed: \_\_\_\_\_

Wages per hour Prior Six Months: \_\_\_\_\_  
Unemployment Compensation Programs (select one)  
Eligible claimant referred by WPRS: \_\_\_\_\_  
Eligible claimant not referred by WPRS: \_\_\_\_\_  
Exhaustee: \_\_\_\_\_  
Neither claimant nor exhaustee: \_\_\_\_\_  
Migrant/Seasonal Status  
Not a Migrant/Seasonal Farmworker: \_\_\_\_\_  
Seasonal Farmworker: \_\_\_\_\_  
Seasonal Farmworker – Field Worker Only: \_\_\_\_\_  
Migrant Farmworker \_\_\_\_\_  
Migrant Farmworker – Field Worker Only: \_\_\_\_\_  
Migrant Food Processor: \_\_\_\_\_

### Dislocated Worker Section

Date of Dislocation: \_\_\_\_\_

### Assistance Information

Income (annual): \$ \_\_\_\_\_  
Family Size: \_\_\_\_\_  
TANF (Y/N): \_\_\_\_\_  
General Assistance (GA), Refugee Assistance (RCA), or Supplemental  
Security Income (SSI) (Y/N): \_\_\_\_\_  
Food Assistance (Y/N): \_\_\_\_\_  
Pell Grant (Y/N): \_\_\_\_\_  
Disaster Relief Assistance (NEG Only): \_\_\_\_\_  
Low Income (Y/N): \_\_\_\_\_  
5% Funding: \_\_\_\_\_

### Barriers to Employment

Limited English Language Proficiency (Y/N): \_\_\_\_\_ (not for eligibility)  
Single Parent (Y/N): \_\_\_\_\_  
Foster Child (Y/N): \_\_\_\_\_  
Homeless (Y/N): \_\_\_\_\_  
Runaway Youth (Y/N): \_\_\_\_\_  
Offender (Y/N): \_\_\_\_\_  
Pregnant or Parenting Youth (Y/N): \_\_\_\_\_  
Youth-Needs Special Assistance (Y/N): \_\_\_\_\_  
Behind a Grade Level (Y/N): \_\_\_\_\_  
Other Barrier (Y/N): \_\_\_\_\_ (5% window low income is no)  
If YES, Barrier: \_\_\_\_\_

### Education

Education Level:  
No school grades completed: \_\_\_\_\_  
Number of elementary/secondary school grades completed  
(1 – 12): \_\_\_\_\_  
High School Graduate \_\_\_\_\_  
Certificate of Equivalency or (GED): \_\_\_\_\_  
One Year Post HS: \_\_\_\_\_  
Two Years Post HS: \_\_\_\_\_  
Three Years Post HS: \_\_\_\_\_  
Bachelor's Degree or equivalent: \_\_\_\_\_  
Education beyond the Bachelor's degree: \_\_\_\_\_  
No formal Education: \_\_\_\_\_  
Attained certificate of attendance/completion: \_\_\_\_\_  
Attained other post-secondary degree or certification: \_\_\_\_\_  
Attained Associates degree or diploma: \_\_\_\_\_  
Education Status at Registration (Select the one that applies)

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Has Notice or is Terminated or Laid-off from employment (Y/N): \_\_\_\_ and is Eligible for or Exhausted Unemployment compensation (Y/N): \_\_\_\_ or Meets One-Stop Center Attachment to Workforce (Y/N): \_\_\_\_ and is Unlikely to Return to Prior Industry or Occupation (Y/N): \_\_\_\_ or Has Notice or is Terminated or Laid-off from employment Due to Plant, Facility, or Enterprise Closure (Y/N): \_\_\_\_ or Employed at Facility Announced to Close within 180 Days (Y/N): \_\_\_\_ or Self-employed but Unemployed because of General Economic Conditions or Natural Disaster (Y/N): \_\_\_\_ or A Displaced Homemaker (Y/N): \_\_\_\_ or Employed at Facility Announced to Close, No Date (Y/N): \_\_\_\_

Student, High School or less: \_\_\_\_  
Student, Attending Post High School: \_\_\_\_  
Not Attending School, High School Dropout: \_\_\_\_  
Not Attending School, HS Graduate: \_\_\_\_  
Student Alternative School: \_\_\_\_  
Enrolled in Education (Y/N): \_\_\_\_  
Basic Literacy Skills Deficiency (Y/N): \_\_\_\_  
English Reading Grade Level: \_\_\_\_  
**OR** Test Score: \_\_\_\_\_, Name and Test Form  
\_\_\_\_\_  
Math Grade Level: \_\_\_\_  
**OR** Test Score: \_\_\_\_\_, Name and Test Form  
\_\_\_\_\_  
Regional Skills Alliance Participant (Y/N): \_\_\_\_  
Dislocated Worker Scholarship Participant (Y/N): \_\_\_\_  
Career Advancement Account (Y/N): \_\_\_\_

**CERTIFICATION: READ CAREFULLY.** I certify that I have reviewed this application and that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject to review and certification and I may have to provide documents to support this application. I understand the refusal to provide requested documents may result in my termination from the program. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud or perjury. I allow release of this information for verification purposes and understand it will be used to determine eligibility.

Are you related to anyone involved in the administration of the WIA program in the State of Michigan? (Y/N): \_\_\_\_

If Y (Yes), indicate name and county, or agency and relationship: \_\_\_\_\_

WIA Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant Signature: \_\_\_\_\_

Intake Worker Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Eligible: Yes No

Comments / Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Chapter 6: Funding Sources/Programs**

### **Section 6-1: Purpose**

The purpose for reporting by fund source is to enable required accountability for funds appropriated for Youth, Adult, and Dislocated Workers, as identified by the Workforce Investment Act (WIA). To ensure WIA participants have access to the maximum financial resources available for training and support services, WIA service providers shall encourage and assist participants, when appropriate, to apply for Pell Grants, other education-related forms of financial aid and other sources of funds.

### **Section 6-2: Overview**

The WIA funding source/programs screen collects information in two broad categories, one for provision of services and other participant services. MWAs should first indicate which WIA funding sources are being used in the provision of services to this applicant. One of the selections must be a valid funding source based on the program of this registration. Second, Michigan Works! Agencies (MWAs) shall indicate other One-Stop Partner programs under which this WIA participant is also receiving services. With regards to the WIA, a resource plan shall be developed for each participant who will identify and track the exact mix of funds used to pay for training and supportive services. Additionally, MWAs must ensure that WIA funds are not used to pay for training or services already covered by other sources.

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The items discussed for this chapter are in the following format:

**REFERENCE:** cross-references each data element to the OSMIS.

**FIELD NAME:** identifies the field.

**DESCRIPTION:** the definition and coding instructions whether or not the field is required.

EXAMPLE:

Reference, Field Name:

Description    Enter the participant, etc.

## Section 6-3: Completing Funding Source/Programs

**Note:** At least one funding source must be selected.

1. ADULT (LOCAL) WIA

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the WIA Adult program (WIA section 133(b) (2) (A)), otherwise select “No”.

2. DISLOCATED WORKER (LOCAL) WIA

Select from the dropdown menu one of the following if the participant will receive(s) funds from the WIA Dislocated Worker program (WIA section 133(b) (2) (B)).

Dislocated Worker

Dislocated Worker Displaced Homemaker

No

3. DISPLACED HOMEMAKER CONTRACT #

Enter the participant’s Displaced Homemaker contract number.

4. YOUTH (LOCAL) WIA

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the WIA Youth program, otherwise select “No”.

5. YOUTH (STATEWIDE (15%)) WORKFORCE INVESTMENT ACT (WIA)

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Statewide 15% funds for this program, otherwise select “No”.

6. YOUTH (STATEWIDE (15%)) CONTRACT #

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Enter the participants WIA Youth contract number.

7. DISPLACED HOMEMAKER (STATEWIDE (15%)) WIA

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Statewide 15% funds for this program, otherwise select “No”.

8. DISPLACED HOMEMAKER (STATEWIDE (15%)) CONTRACT #

Enter the participants Displaced Homemaker contract number.

9. INCUMBENT WORKER (STATEWIDE (15%)) WIA

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Statewide 15% funds for this program, otherwise select “No”.

10. INCUMBENT WORKER (STATEWIDE (15%)) CONTRACT #

Enter the participants Incumbent Worker contract number.

11. OTHER (STATEWIDE (15%)) WIA

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Statewide 15% funds for this program, otherwise select “No”.

12. OTHER (STATEWIDE (15%)) CONTRACT #

Enter the participant’s contract number.

13. RAPID RESPONSE

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Rapid Response program, otherwise select “No”.

14. RAPID RESPONSE ADDITIONAL ASSISTANCE

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Rapid Response program, otherwise select “No”.

15. RAPID RESPONSE CONTRACT #

Enter the participant’s Rapid Response contract number.

16. MICROSOFT GRANT PROJECT

Select from the dropdown menu “Yes” if the participant will receive(s) funds from

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the Microsoft Grant Program, otherwise select “No”.

17. NATIONAL EMERGENCY GRANT

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the National Emergency Grant, otherwise select “No”.

18. IF YES, GRANT NUMBER - This field is required if “Yes” is selected for National Emergency Grant.

Enter the participant’s National Emergency Grant number.

19. GRANT NUMBER 2 - This field is not required.

Enter the participant’s National Emergency Grant number.

20. GRANT NUMBER 3 - This field is not required.

Enter the participant’s National Emergency Grant number.

21. ADULT EDUCATION

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Adult Education program, otherwise select “No”.

22. JOB CORPS

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Job Corps program, otherwise select “No”.

23. MIGRANT & SEASONAL FARMWORKER PROGRAM

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Migrant and Seasonal Farmworker program, otherwise select “No”.

24. NATIVE AMERICAN PROGRAM

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Native American program, otherwise select “No”.

25. VETERAN’S PROGRAMS

Select one of the following from the dropdown menu:

- Yes, Labor exchange
- Yes, VWIP

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26. TRADE ADJUSTMENT ACT (TAA)

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the TAA program, otherwise select “No”.

27. NAFTA-TAA

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the NAFTA-TAA program, otherwise select “No”.

28. VOCATIONAL EDUCATION

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Job Corps program, otherwise select “No”.

29. VOCATIONAL REHABILITATION

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Vocational Rehabilitation program, otherwise select “No”.

30. WAGNER-PEYSER

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Wagner Peyser program, otherwise select “No”.

31. WELFARE-TO-WORK PARTICIPANT

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Welfare-to-Work program, otherwise select “No”.

32. EMPLOYMENT & TRAINING (UNDER COMMUNITY SERVICE BLOCK GRANT ACT) - This field is not required.

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Employment & Training (Under Community Service Block grant Act), otherwise select “No”.

33. EMPLOYMENT & TRAINING (UNDER DEPARTMENT OF HOUSING & URBAN DEVELOPMENT)

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Employment & Training (Under Department of housing & Urban Development), otherwise select “No”.

34. OTHER NON-WIA PROGRAMS

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Select from the dropdown menu “Yes” if the participant will receive(s) funds from other non-WIA programs, otherwise select “No”.

35. TITLE V ACTIVITIES

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Title 5 Activities, otherwise select “No”.

36. FOOD ASSISTANCE

Select from the dropdown menu “Yes” if the participant will receive(s) funds from the Food Assistance program, otherwise select “No”.

37. COMMENTS - This field is not required.

Enter any comments.

38. OPTIONAL DATA 1 - This field is not required.

Enter any optional data.

39. OPTIONAL DATA 2 - This field is not required.

Enter any optional data.

40. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or greater than the Pre Registration date. The System Default Date is the current date.

41. LOCATION - This field is required.

Select from the dropdown menu the site location.

## Chapter 7: Workforce Investment Act (WIA) Youth Goals and Activities

### Section 7-1: Purpose

WIA youth goals and activities have two purposes: First, they are used to record each step of a WIA youth participant's activity. Utilization of the One-Stop Management Information System (OSMIS) data collection process provides a complete history of a WIA youth participant's goal attainment and activities from the time of entry into the WIA to exit. Second, it provides an accurate audit trail that supports the WIA funds expended.

Goals and Activities are completed to report:

- a) When a youth participant enters a WIA funded activity.
- b) When a WIA youth participant changes from one activity to another.
- c) When a youth participant ends an activity and/or exits from WIA.

### Section 7-2: Overview

#### WIA Youth Goals

For a youth participant age 14-18, one goal per year minimum is required for all in-school youth and any appropriately assessed out-of-school youth who needs to attain basic skills, work readiness skills, or occupational skills. A maximum of three goals can be recorded by the system. The goal must be attainable within one year or less. The date a goal was identified for a youth is the date of the goal, except that the date of the first goal set must be the registration date (WISARD Item #626). Any goal not achieved at time of exit from WIA is reported as a goal not attained. A copy of the Youth Goals form is included as Form B.

#### WIA Activities

WIA youth can be enrolled in several different activities. Each activity involves the collection of information unique to that activity. For this reason, a separate reporting format has been created for each activity. Reporting each youth activity is discussed separately except for the common reporting items. There are six youth activities, they are:

1. Education Services (Form C)
2. Employment Services (Form D)
3. Summer Youth Employment Opportunities (Form E)
4. Additional Support for Youth (Form F)
5. Leadership Development Opportunities (Form G)
6. Follow-Up Services (Form H)

#### Core Self-Serve Activities

The four broad categories of self-serve core services are: Program Information/Basic Assessment, General Information, Job Search, and Group Activities. Unlike the WIA

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adult and dislocated program these activities are not ‘forced’, and do not need to be completed in order to participate in other services. Much of the information that can be reported for each service is the same. For Program Information/Basic Assessment and General Information, the same information is reported except for the service provided

1. Program Information/Basic Assessment (Form K)
2. General Information (Form K)
3. Group Activities (Form L)
4. Job Search (Form M)

The items discussed for this chapter are in the following format:

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**REFERENCE:** cross-references each data element to the OSMIS.

**FIELD NAME:** identifies the field.

**DESCRIPTION:** the definition and coding instructions whether or not the field is required.

**EXAMPLE:**

Reference, Field Name:

Description    Enter the participant, etc.

## **Section 7-3: Completing WIA Youth Goals and Activity**

The following reporting items are common for goals and activities, and will not be repeated in the explanation of information reported for each goal or activity.

2. **COMMENTS** - This field is not required.

Enter any comment(s).

3. **SUB CODE** - This field is not required.

Enter the MWA code, if any.

4. **OPTIONAL DATA A** - This field is not required.

Enter the optional data code, if any.

5. **OPTIONAL DATA B** - This field is not required.

Enter the optional data code, if any.

6. **SERVICE DATE** - This field is required.

Select form the drop-down menus the date the service was provided. This date must be equal to or greater than the Pre Registration Date. The System Default Date is the current date.

7. **LOCATION** - This field is required.

The site location is displayed.

8. **SUPPORT SERVICES** - This field is not required.

Check all boxes that apply. Your choices are the following:

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- Health
- Family Care
- Transportation
- Housing/Rental
- Counseling
- Need based/Related Payments
- Other

## Section 7-4: Completing WIA Youth Goals (Form B)

1. SKILL DEVELOPMENT CATEGORY - This field is required.

Select one of the following from the drop-down menu (WISARD Item # 620):

- Basic Skill (A basic skill goal is required if a youth, age 14-18, is basic literacy skills deficient)
- Occupational Skill
- Work Readiness Skill

2. GOAL - This field is required.

Select one of the goals for the skill development category chosen from the drop-down menu; you will only see these choices when a SKILL DEVELOPMENT CATEGORY is selected.

- Basic Skill
  - Complete Requirements for GED
  - Conflict Resolution
  - Improve Overall Physical Fitness
  - Incomplete Grade Level/Deficient Area
  - Listening
  - Math Computation
  - Money Management
  - Obtain High School Diploma
  - Other
  - Problem Solving
  - Reading Comprehension
  - Reasoning
  - Refrain from Alcohol/Substance Abuse/Use
  - Speaking
  - Writing
- Occupational Skill
  - Enlist in Armed Forces
  - Enroll in 2-year college

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Enroll in 4-year college  
Enter apprenticeship program  
Enroll in internship opportunities  
Enroll in Job Corp  
Familiarity with/use Breakdown/Clean-up Routine  
Familiarity with/use Computers  
Familiarity with/use Equipment and Materials  
Familiarity with/use Paperwork Formats  
Familiarity with/use Record Keeping  
Familiarity with/use Safety Measures  
Familiarity with/use Set-up Procedures  
Familiarity with/use Tools  
Familiarity with/use Work related Terminology  
Other  
    Proficiency in Occupational Field at Advanced Level  
    Proficiency in Occupational Field at Entry Level  
    Proficiency in Occupational Field at Intermediate Level

- Work Readiness Skill

Acquiring an Improved Self-image  
Career Planning and Decision Making  
Daily Living Skills  
Effective Problem Solving Skills  
Filling out Applications  
Follow-up on Job Leads  
Identify Mentor  
Interviewing  
Job Search Techniques  
Labor Market Knowledge  
Leadership  
Motivation and Adaptability  
Occupational Information  
Other  
    Positive Work Habits, Attitude, Behavior  
    Preparing Resume/Cover Letter  
    Presenting Appropriate Appearance  
    Secure Reliable Transportation  
    Values Clarification and Personal Understanding  
    Work Awareness

3. OTHER GOAL - This field is not required.

Enter any other goal.

4. GOAL SET DATE - This field is required.

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Select from the drop-down menu the numerical month, day, and year the participant goal was set. The first or initial goal must be the date of registration. (WISARD Item #621)

5. ESTIMATED END DATE - This field is required at the time the activity ends or when the participant exits the WIA.

Select from the drop-down menus the numerical month, day, and year the activity ended.

6. ATTAINMENT STATUS (OUTCOME OF THE GOAL) - This field is required at the time of exit from the WIA. See also definition for Attainment Status in Chapter 2.

Select from the drop-down menu whether the goal was:

- Attained
  - Set but Not Attained (Includes any goal not attained at time of exit from WIA, or 1 year after setting a goal)
7. DATE OF ATTAINMENT/END DATE - This field is required if the goal was attained, or end date if a goal was not attained.

Select from the drop-down menus the numerical month, day, and year the goal was attained.

### Section 7-5: Completing WIA Youth Education Services (Form C)

1. ACTIVITY PROVIDED - This field is required.

Select from the drop-down menu one of the following:

- Tutoring
- Study Skills Training
- Instructions Leading to Secondary School Completion
- Alternate Secondary School Offerings
- **Classroom Training**

2. START DATE - This field is required.

Select from the drop-down menus the numerical month, day, and year the activity began.

3. ESTIMATED END DATE - This field is required at the time the activity ends or when the participant exits the WIA.

Select from the drop-down menus the numerical month, day, and year the activity ended.

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4. END DATE - This field is required at the time the activity ends or when the participant exits the WIA.

Select from the drop-down menus the numerical month, day, and year the activity ended.

5. HOURS - This field is not required.

Enter the hours per week the participant is in the activity.

6. EDUCATION/TRAINING PROVIDER - This field is not required.

Enter the name of the institution, company, organization or other agency providing the training.

7. EDUCATION/TRAINING LOCATION - This field is not required.

Enter the location of the education/training provider.

8. COMPLETED ACTIVITY - This field is required at the time the activity ends.

Select from the drop-down menu either “Yes” or “No” as to whether the education/training was completed.

### **Section 7-6: Completing WIA Youth Employment Services (Form D)**

1. ACTIVITY PROVIDED - This field is not required.

Select from the drop-down menu one of the following:

- Paid Work Experience
- Unpaid Work Experience
- Internship
- Job Shadowing
- Occupational Skills Training
- On-The-Job Training

2. START DATE - This field is required.

Select from the drop-down menus the numerical month, day, and year the activity began.

3. ESTIMATED END DATE - This field is required at the time the activity ends or when the participant exits the WIA.

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Select from the drop-down menus the numerical month, day, and year the activity ended.

4. END DATE - This field is required at the time the activity ends or when the participant exits the WIA.

Select from the drop-down menus the numerical month, day, and year the activity ended.

5. HOURS - This field is not required.

Enter the hours per week the participant is in the activity.

6. WAGE - This field is not required.

Enter the hourly wage.

7. ONET CODE - This field is required.

Enter the ONET Code, which most closely matches the employment.

8. EMPLOYER NAME - This field is not required.

Enter the name of the employer.

9. EMPLOYER ADDRESS - This field is not required.

Enter the street address of the employer.

10. EMPLOYER CITY - This field is not required.

Enter the city name of the employer.

11. EMPLOYER STATE - This field is not required.

Enter the name of the state in which the employer is located.

12. EMPLOYER ZIP CODE - This field is not required.

Enter the zip code for the employer.

13. EMPLOYER CONTACT NAME - This field is not required.

This field refers to the employer representative who actually placed the job order with the MWA or a contractor of the MWA or another employer representative who has first hand knowledge of the job order or the individual referred to the job by the MWA or the MWA contractor.

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14. EMPLOYER PHONE - This field is not required.

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

15. CONTRACTOR NAME - This field is not required.

If the MWA or a MWA contractor wishes to enter the name of an employer representative or other individual for use by the MWA but NOT included in the employer customer satisfaction survey, enter the name in this field.

**Note:** To exclude the employer from the employer customer satisfaction survey, enter XXX as the first three letters of the Employer Contact Person or Enter 999 as the area code of the Employer Phone (Contact) or leave either the Employer Contact Person field or the Employer Phone (Contact) field blank.

16. COMPLETED EMPLOYMENT - This field is required when the activity ends or at time of exit from the WIA.

Select from the drop-down menu “Yes” if the employment was completed or “No” if the employment was not completed.

17. NON-TRADITIONAL EMPLOYMENT - This field is required when the activity ends or at time of exit from the WIA.

Select from the drop-down menu “Yes” if the employment was non-traditional or “No” if the employment was not non-traditional.

### **Section 7-7: Completing WIA Summer Youth Employment Opportunities (Form E)**

1. START DATE - This field is required.

Select from the drop-down menus the numerical month, day, and year the activity began.

2. ESTIMATED END DATE - This field is required at the time the activity ends or when the participant exits the WIA.

Select from the drop-down menus the numerical month, day, and year the activity ended.

3. END DATE - This field is required at the time the activity ends or when the participant exits the WIA.

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Select from the drop-down menus the numerical month, day, and year the activity ended.

4. HOURS - This field is not required.

Enter the hours per week the participant is in the activity.

5. WAGE - This field is not required.

Enter the hourly wage.

6. ONET CODE - This field is not required.

Enter the ONET Code, which most closely matches the employment.

7. EMPLOYER NAME - This field is not required.

Enter the name of the employer.

8. EMPLOYER ADDRESS - This field is not required.

Enter the street address of the employer.

9. EMPLOYER CITY - This field is not required.

Enter the city name of the employer.

10. EMPLOYER STATE - This field is not required.

Enter the name of the state in which the employer is located.

11. EMPLOYER ZIP CODE - This field is not required.

Enter the zip code for the employer.

12. EMPLOYER CONTACT NAME - This field is required.

Refers to the employer representative who actually placed the job order with the MWA or a contractor of the MWA or another employer representative who has first hand knowledge of the job order or the individual referred to the job by the MWA or the MWA contractor.

13. EMPLOYER PHONE - This field is required.

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer

## WIA Participant Management Information Guide

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contact name field.

Enter the telephone number, including the area code, for the individual identified as the employer contact person.

14. CONTRACTOR NAME - This field is not required.

If the MWA or a MWA contractor wishes to enter the name of an employer representative or other individual for use by the MWA but NOT included in the employer customer satisfaction survey, enter the name in this field.

**Note:** To exclude the employer from the employer customer satisfaction survey, enter XXX as the first three letters of the Employer Contact Person or Enter 999 as the area code of the Employer Phone (Contact) or leave either the Employer Contact Person field or the Employer Phone (Contact) field blank

15. COMPLETED EMPLOYMENT - This field is required when the activity ends or at time of exit from WIA.

Select from the drop-down menu “Yes” if the employment was completed or “No” if the employment was not completed.

16. NON - TRADITIONAL EMPLOYMENT - This field is required when the activity ends or at time of exit from the WIA.

Select from the drop-down menu “Yes” if the participants’ employment was non-traditional, otherwise select “No”.

### Section 7-8: Completing WIA Additional Support for Youth (Form F)

1. ACTIVITY PROVIDED - This field is not required.

Select from the drop-down menu one of the following:

- Linkages to Community Services
- Assistances with transportation Needs
- Assistances with Child/Dependent Care Needs
- Assistances with Housing Needs
- Referral to medical Services
- Assistances with Work related Needs
- Providing Mentoring
- Comprehensive Guidance/Counseling (which may include drug and alcohol abuse counseling and referral primarily provided to assist a youth in achieving employment related success)

2. START DATE - This field is required.

## WIA Participant Management Information Guide

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Enter the numerical month, day, and year the activity began.

3. ESTIMATED END DATE - This field is required at the time the activity ends or when the participant exits the WIA.

Select from the drop-down menus the numerical month, day, and year the activity ended.

4. END DATE - This field is required at the time the activity ends or when the participant exits WIA.

Enter the numerical month, day, and year the activity ended.

5. HOURS - This field is not required.

Enter the hours per week the participant is in the activity.

6. SUPPORT PROVIDED - This field is required.

Enter the type of support provided.

7. SUPPORT PROVIDER - This field is not required.

Enter the name of the agency providing the support.

8. SUPPORT LOCATION - This field is not required.

Enter the location of the support provider.

9. COMPLETED ACTIVITY - This field is required when the activity ends or at time of exit from the WIA.

Select from the drop-down menu “Yes” if the activity was completed or “No” if the activity was not completed.

### **Section 7-9: Completing WIA Youth Leadership Development Opportunities (Form G)**

1. ACTIVITY PROVIDED - This field is required.

Select one of the following from the drop-down menu:

- Social Behavior and Soft Skills
- Decision Making
- Team Work
- Adult Mentoring

## WIA Participant Management Information Guide

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- Exposure to Post Secondary Education Opportunities
- Community Service Learning Projects
- Peer Centered Activities
- Citizenship Activities

2. START DATE - This field is required.

Enter the numerical month, day, and year the activity began.

3. ESTIMATED END DATE - This field is required at the time the activity ends or when the participant exits the WIA.

Select from the drop-down menus the numerical month, day, and year the activity ended.

4. END DATE - This field is required at the time the activity ends or when the participant exits the WIA.

Enter the numerical month, day, and year the activity ended.

5. HOURS - This field is not required.

Enter the hours per week the participant is in the activity.

6. ACTIVITY PROVIDER - This field is not required.

Enter the name of the agency providing the activity.

7. ACTIVITY LOCATION - This field is not required.

Enter the location of the activity provider.

8. COMPLETED ACTIVITY - This field is required when the activity ends or at time of exit from the WIA.

Select from the drop-down menu “Yes” if the activity was completed or “No” if the activity was not completed.

### **Section 7-10: Completing WIA Youth Follow-up Services (Form H)**

1. CONTACT DATE - This field is required.

Select from the drop-down menus the date the former participant was contacted.

2. TYPE OF FOLLOW-UP – This field is required.

## WIA Participant Management Information Guide

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For youth only, the One-Stop MIS will automatically display “Pre-Exit Follow-Up”.

3. TYPE OF SERVICE - This field is not required

Select from the drop-down menu one of the following:

- Leadership development
- Addressing Work Related Problems
- Career Development
- Work Related Support Groups
- Adult Mentoring
- Tracking Progress in Employment
- Case Management Administration Follow-Up

3. REASON FOR FOLLOW-UP - This field is not required.

Enter the reason for the follow-up.

4. OUTCOME OF FOLLOW-UP - This field is not required.

Enter the information obtained as a result of the follow-up.

5. DATE OF NEXT FOLLOW-UP

Select the date of the next, planned, follow-up meeting from the drop-down menus.

### **Section 7-11: Completing Core Self Serve Program Information/Basic Assessment or General Information (Form K)**

1. SERVICE PROVIDED - This field is required

Select one of the descriptions for the Program Information/Basic Assessment provided from the dropdown menu:

- WIA Eligibility Determination
- Outreach/Intake (including Worker Profiling)
- General Career Counseling
- Work First Eligibility Assistance
- Financial Aid Assessment for Training (non – WIA)
- Initial Assessment skill level, abilities, and/or needs

**OR**

For **General Information**, select one of the following from the dropdown menu:

## WIA Participant Management Information Guide

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- Services Available Thru One-Stop
- Employment Statistics
- Training Provided Performance
- One-Stop System Performance
- Unemployment Compensation Claims Filing
- Resource Room Usage
- Available Support Services

### Section 7-12: Completing Core Self Serve Group Activities (Form L)

1. SERVICE PROVIDED - This field is required.

Select one of the two services available from the dropdown menu:

- Workshop Referral/Attendance.
- Job Club Referral/Attendance.

2. WORKSHOP/JOB CLUB NAME - This field is not required.

Enter the name of the workshop or job club.

3. PROVIDED BY - This field is not required.

Enter the name of the agency providing the workshop/job club.

4. WORKSHOP/JOB CLUB LOCATION - This field is not required.

Enter the location or address of the workshop/job location.

5. WORKSHOP/JOB CLUB START DATE - This field is not required.

Select from the dropdown menus the date the Workshop/Job Club started.

6. WORKSHOP/JOB CLUB ESTIMATED END DATE - This field is not required.

Select from the dropdown menus the estimated date the Workshop/Job Club will end.

7. WORKSHOP/JOB CLUB END DATE - This field is not required.

Select from the dropdown menus the date the Workshop/Job Club ended.

### Section 7-13: Completing Core Self Serve Job Search (Form M)

- SERVICE PROVIDED - This field is required.

Select one of the services from the dropdown menu:

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- Resume assistance
- Internet Browsing Job Bank
- Job Referral
- Internet Browsing Training Services
- Individual Job Development
- Internet Accounts (e.g. Career Kit, Personnel Kit)
- Talent Referrals

2. RESUME IN TALENT BANK - This field is not required.

Select from the dropdown menu Yes or No.

3. DATE RESUME LAST UPDATED - This field is not required.

Select from the dropdown menus the date the resume was last updated.

4. JOB LEAD OR REFERRAL - This field is not required.

Select from the dropdown menu Yes or No.

5. EMPLOYER NAME - This field is not required.

Enter the name of the employer for which a job lead or referral was given.

6. EMPLOYER ADDRESS - This field is not required.

Enter the street address of the employer for which a job lead or referral was given.

7. EMPLOYER CITY - This field is not required.

Enter the city name of the employer for which a job lead or referral was given.

8. EMPLOYER STATE - This field is not required.

Enter the name of the state in which the employer for which a job lead or referral was given is located.

9. EMPLOYER ZIP CODE - This field is not required.

Enter the zip code for the employer for which a job lead or referral was given.

10. EMPLOYER PHONE - This field is not required.

Enter the telephone number for the employer for which a job lead or referral was given.

# WIA Participant Management Information Guide

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11. OUTCOME OF LEAD/REFERRAL - This field is not required.

Select one of the outcomes shown from the dropdown menu:

- Hired
- Not Hired
- Pending
- Applicant Did Not Follow-up

## Section 7-14: Completing Summer Youth Recovery Funds

1. ACTIVITY PROVIDED - This field is not required.

Select from the drop-down menu one of the following:

- Paid Work Experience
- Unpaid Work Experience
- Internship
- Job Shadowing
- Occupational Skills Training
- On-The-Job Training

2. START DATE - This field is required.

Select from the drop-down menus the numerical month, day, and year the activity began.

3. ESTIMATED END DATE - This field is required at the time the activity ends or when the participant exits the WIA.

Select from the drop-down menus the numerical month, day, and year the activity ended.

4. END DATE - This field is required at the time the activity ends or when the participant exits the WIA.

Select from the drop-down menus the numerical month, day, and year the activity ended.

5. HOURS - This field is not required.

Enter the hours per week the participant is in the activity.

6. WAGE - This field is not required.

## WIA Participant Management Information Guide

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Enter the hourly wage.

7. ONET CODE - This field is required.

Enter the ONET Code, which most closely matches the employment.

8. EMPLOYER NAME - This field is not required.

Enter the name of the employer.

9. EMPLOYER ADDRESS - This field is not required.

Enter the street address of the employer.

10. EMPLOYER CITY - This field is not required.

Enter the city name of the employer.

11. EMPLOYER STATE - This field is not required.

Enter the name of the state in which the employer is located.

12. EMPLOYER ZIP CODE - This field is not required.

Enter the zip code for the employer.

13. EMPLOYER CONTACT NAME - This field is not required.

This field refers to the employer representative who actually placed the job order with the MWA or a contractor of the MWA or another employer representative who has first hand knowledge of the job order or the individual referred to the job by the MWA or the MWA contractor.

14. EMPLOYER PHONE - This field is not required.

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

15. CONTRACTOR NAME - This field is not required.

If the MWA or a MWA contractor wishes to enter the name of an employer representative or other individual for use by the MWA but NOT included in the employer customer satisfaction survey, enter the name in this field.

## WIA Participant Management Information Guide

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**Note:** To exclude the employer from the employer customer satisfaction survey, enter XXX as the first three letters of the Employer Contact Person or Enter 999 as the area code of the Employer Phone (Contact) or leave either the Employer Contact Person field or the Employer Phone (Contact) field blank

16. COMPLETED EMPLOYMENT - This field is required when the activity ends or at time of exit from the WIA.

Select from the drop-down menu “Yes” if the employment was completed or “No” if the employment was not completed.

17. NON-TRADITIONAL EMPLOYMENT - This field is required when the activity ends or at time of exit from the WIA.

Select from the drop-down menu “Yes” if the employment was non-traditional or “No” if the employment was not non-traditional.

18. SUPPORT SERVICE - This field is not required.

Check all that apply.

- Health
- Transportation
- Counseling
- Other
- Family Care
- Housing/Renting
- Need Based/related Payment

# WIA Participant Management Information Guide

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## WIA YOUTH GOALS FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

### Skill Development Category (select one)

Basic Skill \_\_\_\_\_  
Occupational Skill \_\_\_\_\_  
Work Readiness Skill \_\_\_\_\_  
**Classroom Training** \_\_\_\_\_

Goal: (Select One of the Goals for the Skill Development Category Chosen)

\_\_\_\_\_

Other Goal

\_\_\_\_\_

Goal Set Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Attainment Status: (Indicate the status of the goal attainment)

\_\_\_\_\_ Attained    \_\_\_\_\_ Set but not attained

Date of (Goal) Attainment \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location

\_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA YOUTH EDUCATION SERVICES FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

### Activity Provided (select one)

Tutoring \_\_\_\_\_  
Study Skills Training \_\_\_\_\_  
Instructions Leading to Secondary School Completion \_\_\_\_\_  
Alternate Secondary School Offerings \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated End date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Hours (per week): \_\_\_\_

Education/Training Provider:  
\_\_\_\_\_

Education/Training Location:  
\_\_\_\_\_

Completed Activity Yes\_\_\_\_ No\_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care\_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_  
Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

Comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location  
\_\_\_\_\_

# WIA Participant Management Information Guide

## WIA YOUTH EMPLOYMENT SERVICES FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

### Activity Provided (select one)

Paid Work Experience \_\_\_\_\_  
Unpaid Work Experience \_\_\_\_\_  
Internship \_\_\_\_\_  
Job Shadowing \_\_\_\_\_  
Occupational Skills Training \_\_\_\_\_  
On-the-Job Training \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated End date \_\_\_\_/\_\_\_\_/\_\_\_\_  
End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours (per week) \_\_\_\_\_ Wage (hourly) \_\_\_\_\_ ONET Code \_\_\_\_\_

Employer / **Training Provider** Name \_\_\_\_\_

Employer / **Training Provider** Address \_\_\_\_\_

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

Contact Person\* \_\_\_\_\_ Phone (contact\*) (\_\_\_\_) \_\_\_\_\_

Contractor Name \_\_\_\_\_

Completed Employment Yes \_\_\_\_\_ No \_\_\_\_\_  
Non – Traditional Employment Yes \_\_\_\_\_ No \_\_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care \_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_  
Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

### Comments

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Sub Code \_\_\_\_\_ Optional Data A \_\_\_\_\_ Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location \_\_\_\_\_

\*See Chapter 5 for Customer Satisfaction Survey exclusion instructions

# WIA Participant Management Information Guide

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## WIA SUMMER YOUTH EMPLOYMENT OPPORTUNITIES FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours (per week) \_\_\_\_ Wage (hourly) \_\_\_\_\_ ONET Code \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer City \_\_\_\_\_ Employer State \_\_\_\_ Employer Zip Code \_\_\_\_\_

Employer Contact Person\* \_\_\_\_\_

Employer Phone (contact\*) (\_\_\_\_) \_\_\_\_ \_\_\_\_\_

Contactor Name \_\_\_\_\_

Completed Employment Yes \_\_\_\_ No \_\_\_\_

Non – Traditional Employment Yes \_\_\_\_ No \_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care \_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_  
Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

### Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

\*See Chapter 5 for Customer Satisfaction Survey exclusion instructions

# WIA Participant Management Information Guide

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## WIA ADDITIONAL SUPPORT FOR YOUTH FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Activity Provided (select one)

Linkages to Community Services \_\_\_\_\_

Assistances with transportation Needs \_\_\_\_\_

Assistances with Child/Dependent Care Needs \_\_\_\_\_

Assistances with Housing Needs \_\_\_\_\_

Referral to medical Services \_\_\_\_\_

Assistances with Work related Needs \_\_\_\_\_

Providing Mentoring \_\_\_\_\_

Comprehensive guidance and counseling which may include drug and alcohol abuse counseling and referral primarily provided to assist a youth in achieving employment related success \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Hours (per week): \_\_\_\_

Support Provided: \_\_\_\_\_

Support Provider: \_\_\_\_\_ Support Location: \_\_\_\_\_

Completed Activity Yes \_\_\_\_ No \_\_\_\_

Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care \_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_

Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA YOUTH LEADERSHIP DEVELOPMENT OPPORTUNITIES FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Activity Provided (select one)

- Social Behavior and Soft Skills \_\_\_\_\_
- Decision Making \_\_\_\_\_
- Team Work \_\_\_\_\_
- Adult Mentoring \_\_\_\_\_
- Exposure to Post secondary Education Opportunities \_\_\_\_\_
- Community Service Learning Projects \_\_\_\_\_
- Peer Centered Activities \_\_\_\_\_
- Citizenship Activities \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours (per week): \_\_\_\_\_

Activity Provider: \_\_\_\_\_  
Activity Location: \_\_\_\_\_

Completed Activity Yes\_\_\_\_ No\_\_\_\_

Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care\_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_  
Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

Comments

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Sub Code \_\_\_\_\_  
Optional Data A \_\_\_\_\_  
Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA YOUTH FOLLOW-UP SERVICES FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Contact Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Follow-up: Pre-Exit Follow-up \_\_\_\_\_ Post-Exit Follow-up \_\_\_\_\_

### Type of Service:

Leadership development \_\_\_\_\_  
Addressing Work Related Problems \_\_\_\_\_  
Career Development \_\_\_\_\_  
Work Related Support Groups \_\_\_\_\_  
Adult Mentoring \_\_\_\_\_  
Tracking Progress in Employment \_\_\_\_\_  
Case Management Administration Follow-Up \_\_\_\_\_

Reason for Follow-up \_\_\_\_\_

Outcome of Follow-up \_\_\_\_\_

Date of Next Follow-up \_\_\_\_/\_\_\_\_/\_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_ Family Care \_\_\_ Transportation \_\_\_ Housing/Rental \_\_\_  
Counseling \_\_\_ Needs Based/Related Payments \_\_\_ Other \_\_\_

### Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

## **Chapter 8: Workforce Investment Act (WIA) Adult and Dislocated Worker Core and Intensive Activities**

### **Section 8-1: Overview**

#### **Core Self-Serve Activities**

When a WIA registration is NOT required, information on self-serve core services may be entered in the OSMIS at the discretion of the Michigan Works! Agency (MWA). The four broad categories of self-serve core services are: Program Information/Basic Assessment, General Information, Job Search, and Group Activities. Much of the information that can be reported for each service is the same.

#### **Staff-Assisted Core Activities**

A WIA registration is required for staff-assisted core services provide by WIA funded staff. There are four broad categories of staff-assisted core services, Individual Job Development, Advanced Job Club, Follow-up Services, and Advanced Screened Referrals.

#### **Intensive Services Activities**

All Adult and Dislocated Worker Intensive Services may be captured using one of the intensive service forms. There are nine broad categories of intensive services, Comprehensive/Specialized Assessment, Individual Employment Planning, Counseling, Short Term Pre-Vocational Skills, Case Management, Literacy Activities Related to Basic Workforce Readiness, Out-of-Area Job Search, Relocation Assistance, and Internship and Work Experience.

# WIA Participant Management Information Guide

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The items discussed for this chapter are in the following format:

**REFERENCE:** cross-references each data element to the OSMIS.

**FIELD NAME:** identifies the field.

**DESCRIPTION:** the definition and coding instructions whether or not the field is required.

EXAMPLE:

Reference, Field Name:

Description    Enter the participant, etc.

## Section 8-2: Completing Adult and Dislocated Worker Core & Intensive Activity

**The following reporting items are common for each of the core and intense activities and will not be repeated in the explanation of information which can be reported for each core and intense activity.**

2. COMMENTS - This field is not required.

Enter any comment(s).

3. SUB CODE - This field is not required.

Enter the MWA code, if any.

4. OPTIONAL DATA A - This field is not required.

Enter the optional data code, if any.

5. OPTIONAL DATA B - This field is not required.

Enter the optional data code, if any.

6. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or greater than the Pre-Registration Date. The System Default Date is the current date.

7. LOCATION - This field is required.

The site location is displayed.

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## Section 8-3: Completing Core Self Serve Program Information/Basic Assessment or General Information (Form K)

1. SERVICE PROVIDED - This field is required

Select one of the descriptions for the **Program Information/Basic Assessment** provided from the dropdown menu:

- WIA Eligibility Determination
- Outreach/Intake (including Worker Profiling)
- General Career Counseling
- Work First Eligibility Assistance
- Financial Aid Assessment for Training (non – WIA)
- Initial Assessment skill level, abilities, and/or needs

**OR**

For **General Information**, select one of the following from the dropdown menu:

- Services Available Thru One-Stop
- Employment Statistics
- Training Provided Performance
- One-Stop System Performance
- Unemployment Compensation Claims Filing
- Resource Room Usage
- Available Support Services

## Section 8-4: Completing Core Self Serve Group Activities (Form L)

1. SERVICE PROVIDED - This field is required.

Select one of the two services available from the dropdown menu:

- Workshop Referral/Attendance.
- Job Club Referral/Attendance.

2. WORKSHOP/JOB CLUB NAME - This field is not required.

Enter the name of the workshop or job club.

3. PROVIDED BY - This field is not required.

Enter the name of the agency providing the workshop/job club.

## WIA Participant Management Information Guide

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4. WORKSHOP/JOB CLUB LOCATION - This field is not required  
Enter the location or address of the workshop/job location.
5. WORKSHOP/JOB CLUB START DATE - This field is not required.  
Select from the dropdown menus the date the Workshop/Job Club started.
6. WORKSHOP/JOB CLUB ESTIMATED END DATE - This field is not required.  
Select from the dropdown menus the estimated date the Workshop/Job Club will end.
7. WORKSHOP/JOB CLUB END DATE - This field is not required.  
Select from the dropdown menus the date the Workshop/Job Club ended.

### Section 8-5: Completing Core Self Serve Job Search (Form M)

1. SERVICE PROVIDED - This field is required.  
Select one of the services from the dropdown menu:
  - Resume assistance
  - Internet Browsing Job Bank
  - Job Referral
  - Internet Browsing Training Services
  - Individual Job Development
  - Internet Accounts (e.g. Career Kit, Personnel Kit)
  - Talent Referrals
2. RESUME IN TALENT BANK - This field is not required.  
Select from the dropdown menu Yes or No.
3. DATE RESUME LAST UPDATED - This field is not required.  
Select from the dropdown menus the date the resume was last updated.
4. JOB LEAD OR REFERRAL - This field is not required.  
Select from the dropdown menu Yes or No.
5. EMPLOYER NAME - This field is not required.  
Enter the name of the employer for which a job lead or referral was given.

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6. EMPLOYER ADDRESS - This field is not required.

Enter the street address of the employer for which a job lead or referral was given.

7. EMPLOYER CITY - This field is not required.

Enter the city name of the employer for which a job lead or referral was given.

8. EMPLOYER STATE - This field is not required.

Enter the name of the state in which the employer for which a job lead or referral was given is located.

9. EMPLOYER ZIP CODE - This field is not required.

Enter the zip code for the employer for which a job lead or referral was given.

10. EMPLOYER PHONE - This field is not required.

Enter the telephone number for the employer for which a job lead or referral was given.

11. OUTCOME OF LEAD/REFERRAL - This field is not required.

Select one of the outcomes shown from the dropdown menu:

- Hired
- Not Hired
- Pending
- Applicant Did Not Follow-up

### Section 8-6: Completing Core Staff-Assisted Activity

**The following reporting items are common for each of the staff-assisted core activity and will not be repeated in the explanation of information reported for each staff-assisted core activity.**

1. Support Service Provided - This field is not required.

Indicate if the participant is receiving or received any of the following supportive services:

- Health and Medical Care
- Family Care
- Transportation
- Housing Assistance

## WIA Participant Management Information Guide

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- Counseling
- Needs Based/Related Payments
- Other

### Section 8-7: Completing Staff-Assisted Individual Job Development (Form N)

1. RESULT OF JOB DEVELOPMENT - This field is required.

Select from the dropdown menu one of the following:

- Resume Sent
- Will File Application
- Interview Scheduled

2. EMPLOYER NAME - This field is not required.

Enter the name of the employer for which a job lead or referral was given.

3. EMPLOYER ADDRESS - This field is not required.

Enter the street address of the employer for which a job lead or referral was given.

4. EMPLOYER CITY - This field is not required.

Enter the city name of the employer for which a job lead or referral was given.

5. EMPLOYER STATE - This field is not required.

Enter the name of the state in which the employer for which a job lead or referral was given is located.

6. EMPLOYER ZIP CODE - This field is not required.

Enter the zip code for the employer for which a job lead or referral was given.

7. EMPLOYER CONTACT NAME - This field is not required.

This field refers to the employer representative who actually placed the job order with the MWA or a contractor of the MWA or another employer representative who has first hand knowledge of the job order or the individual referred to the job by the MWA or the MWA contractor.

8. EMPLOYER PHONE (CONTACT) - This field is not required.

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

## WIA Participant Management Information Guide

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9. CONTRACTOR NAME - This field is not required.

If the MWA or a MWA contractor wishes to enter the name of an employer representative or other individual for use by the MWA but NOT included in the employer customer satisfaction survey, enter the name in this field.

**Note:** To exclude the employer from the employer customer satisfaction survey. Enter XXX as the first three letters of the Employer Contact Person or Enter 999 as the area code of the Employer Phone (Contact) or leave either the Employer Contact Person field or the Employer Phone (Contact) field blank.

10. OUTCOME OF JOB DEVELOPMENT - This field is not required.

From the dropdown menu select one of the outcomes shown:

- Hired
- Not Hired
- Pending
- Applicant Did Not Follow-up

11. OUTCOME DATE - This field is not required.

From the dropdown menus, select the date the outcome of the job development is learned.

### **Section 8-8: Completing Staff Assisted Advanced Job Club (Form O)**

1. JOB CLUB NAME - This field is required.

Enter the name of the job club.

2. OBJECTIVE - This field is not required.

Enter the objective expected to be achieved as a result of participating in the job club.

3. JOB CLUB LOCATION - This field is not required.

Enter the location of the job club.

4. PROVIDED BY - This field is not required.

Enter the name of the agency operating the job club.

5. JOB CLUB START DATE - This field is not required.

Enter the date the job club began.

## WIA Participant Management Information Guide

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6. JOB CLUB ESTIMATED END DATE - This field is not required.

Select from the dropdown menus the estimated date the Job Club will end.

7. JOB CLUB END DATE - This field is not required.

Enter the date the job club ended.

8. COMPLETED ACTIVITY - This field is not required.

Select from the dropdown menu “Yes” if the job club objective was completed or “No” if the job club objective was not completed.

### Section 8-9: Completing Staff Assisted Advanced Screened Referral (Form P)

1. SCREENING PROVIDED - This field is required.

Enter the name of the screening provided.

2. MI JOB BANK ORDER NUMBER - This field is not required.

Enter the number associated with the Michigan Job Bank Order Number.

3. RESULT OF SCREENING - This field is not required.

Select one of the following from the dropdown menu:

- Resume Sent
- Will File Application
- Interview Scheduled.

4. EMPLOYER NAME - This field is not required.

Enter the name of the employer for which a job lead or referral was given.

5. EMPLOYER ADDRESS - This field is not required.

Enter the street address of the employer for which a job lead or referral was given.

6. EMPLOYER CITY - This field is not required.

Enter the city name of the employer for which a job lead or referral was given.

7. EMPLOYER STATE - This field is not required.

## WIA Participant Management Information Guide

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Enter the name of the state in which the employer for which a job lead or referral was given is located.

8. EMPLOYER ZIP CODE - This field is not required.

Enter the zip code for the employer for which a job lead or referral was given.

9. EMPLOYER CONTACT NAME - This field is not required.

This field refers to the employer representative who actually placed the job order with the MWA or a contractor of the MWA or another employer representative who has first hand knowledge of the job order or the individual referred to the job by the MWA or the MWA contractor.

10. EMPLOYER PHONE (CONTACT) - This field is not required.

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

**Note:** To exclude the employer from the employer customer satisfaction survey. Enter XXX as the first three letters of the Employer Contact Person or Enter 999 as the area code of the Employer Phone (Contact) or leave either the Employer Contact Person field or the Employer Phone (Contact) field blank.

11. CONTRACTOR NAME

If the MWA or a MWA contractor wishes to enter the name of an employer representative or other individual for use by the MWA but NOT included in the employer customer satisfaction survey, enter the name in this field.

12. OUTCOME OF REFERRAL

Select one of the outcomes from the dropdown menu:

- Hired
- Not Hired
- Pending
- Applicant Did Not Follow-up

13. REFERRAL OUTCOME DATE - This field is not required.

Enter the date the outcome of the referral is learned.

### Section 8-10: Completing Staff Assisted Follow-up Services (Form Q)

## WIA Participant Management Information Guide

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1. CONTACT DATE - This field is required.

Enter the date the former participant was contacted.

2. TYPE OF FOLLOW-UP - This field is required.

Select one of the following from the dropdown menu:

- Pre-Exit Follow-up
- Post-Exit Follow-up

3. TYPE OF SERVICE - This field is required.

Select one of the following from the dropdown menu:

- Counseling
- Other Service
- Case Management Administrative Follow-up

4. REASON FOR FOLLOW-UP - This field is not required.

Enter the reason for the follow-up.

5. OUTCOME OF FOLLOW-UP - This field is not required.

Enter the information obtained as a result of the follow-up.

6. DATE OF NEXT FOLLOW-UP - This field is not required.

Enter the date, if any, of the next planned follow-up.

### **Section 8-11: WIA Adult and Dislocated Worker Intensive Service Activities**

**The following reporting items are common for each of the Intensive Service activities and will not be repeated in the explanation of information reported for each activity.**

1. SUPPORT SERVICE PROVIDED - This field is not required.

Indicate if the participant is receiving or received any of the following supportive services:

- Health and Medical Care
- Family Care
- Transportation
- Housing Assistance
- Counseling

## WIA Participant Management Information Guide

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- Needs Based/Related Payments
- Other

### **Section 8-12: Completing Intensive Services Comprehensive/Specialized Assessment (Form R)**

1. ASSESSMENT START DATE - This field is required.

Select from the dropdown menus the date the assessment began. The date must equal to or greater than the registration date.

2. ASSESSMENT TOOL - This field is not required.

Enter the name of the assessment tool used.

3. DIAGNOSTIC TESTING PERFORMED - This field is not required.

Enter information regarding any diagnostic testing.

4. OUTCOME OF ASSESSMENT - This field is not required.

Enter the results of the assessment process.

5. DATE OF NEXT APPOINTMENT - This field is not required.

Select from the dropdown menus the date, if any, for the next appointment.

6. ASSESSMENT ESTIMATED END DATE - This field is not required.

Select from the dropdown menus the estimated date the assessment will end.

7. ASSESSMENT END DATE - This field is not required.

Select from the dropdown menus the date the assessment process ended.

8. COMPLETED ACTIVITY - This field is not required.

Select from the dropdown menu “Yes” if the assessment process was completed or “No” if the assessment process was not completed.

### **Section 8-13: Completing Intensive Service Individual Employment Planning (Form S)**

1. INDIVIDUAL SERVICE STRATEGY START DATE - This field is required.

Select from the dropdown menus the date the individual service strategy start date. The date must equal to or greater than the registration date.

## WIA Participant Management Information Guide

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2. INDIVIDUAL SERVICE STRATEGY ESTIMATED END DATE - This field is not required.

Select from the dropdown menus the estimated date the individual service strategy was completed.

3. INDIVIDUAL SERVICE STRATEGY END DATE - This field is not required.

Select from the dropdown menus the date the individual service strategy was completed. The date must be equal to or greater than the start date.

4. EMPLOYMENT PLAN - This field is required.

Enter the employment plan.

5. PRINCIPAL OBJECTIVE 1 - This field is required.

Enter the primary objective of the employment plan.

6. PRINCIPLE OBJECTIVE 2 - This field is not required.

Enter the second objective, if any, of the employment plan.

7. PRINCIPLE OBJECTIVE 3 - This field is not required.

Enter the third objective, if any, of the employment plan.

8. PRIMARY SERVICE 1 - This field is required.

Enter the primary service identified by the employment plan.

9. PRIMARY SERVICE 2 - This field is not required.

Enter the second service, if any, identified by the employment plan.

10. PRIMARY SERVICE 3 - This field is not required.

Enter the third service, if any identified by the employment plan.

11. DATE OF NEXT APPOINTMENT - This field is not required.

Enter the date, if any, for the next appointment.

12. COMPLETED ACTIVITY - This field is not required.

Select from the dropdown menu “Yes” if the objective of the employment plan was achieved and “No” if the objective was not achieved.

# WIA Participant Management Information Guide

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## Section 8-14: Completing Intensive Service Group Counseling (Form T)

1. TYPE OF COUNSELING - This field is required.

Select from the dropdown menu the type of counseling provided (Group or Individual).

2. START DATE - This field is required.

Select from the dropdown menus the start date for the counseling. The date must be equal to or greater than the registration date.

3. PROVIDED BY - This field is not required.

Enter the name of the provider of the counseling.

4. PURPOSE OF THE COUNSELING - This field is not required.

Enter the reason for the counseling.

5. DATE OF NEXT APPOINTMENT - This field is not required.

Select from the dropdown menus the date, if any, for the next counseling appointment.

6. COUNSELING ESTIMATED END DATE - This field is not required.

Select from the dropdown menu the estimated end date for counseling.

7. COUNSELING END DATE - This field is not required.

Select from the dropdown menus the end date of counseling.

8. COMPLETED COUNSELING - This field is not required.

Select from the dropdown menu “Yes” if the counseling was completed and “No” if the counseling was not completed.

9. IF NO, REASON - This field is not required.

If the counseling was not completed, provide a reason as to why the counseling was not completed.

## Section 8-15: Completing Intensive Service Short-Term Pre-vocational Skills (Form U)

## WIA Participant Management Information Guide

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1. SKILL - This field is required.

Enter the skill to be obtained during the training.

2. START DATE - This field is required.

Select from the dropdown menus the start date of the training. The date must be greater than or equal to the registration date.

3. ESTIMATED END DATE - This field is not required.

Select from the dropdown menus the estimated end date.

4. END DATE - This field is required.

Select from the dropdown menus the end date the training ended.

5. HOURS PER WEEK - This field is not required.

Enter the number of hours per week the participant is in the training.

6. TRAINING PROVIDER - This field is not required.

Enter the name of the training provider.

7. TRAINING LOCATION - This field is not required.

Enter the location for the training.

8. COMPLETED ACTIVITY - This field is required.

Select from the dropdown menu “Yes” if the Short-Term Pre-vocational skills were completed and “No” if they were not completed.

9. IF NO REASON - This field is not required.

If the Short-Term Pre-vocational skills were not completed, provide a reason as to why they were not completed.

### **Section 8-16: Completing Intensive Service Case Management (Form V)**

1. CASE MANAGEMENT START DATE - This field is required.

Select from the dropdown menus the date case management began. The date must be equal to or greater than the registration date.

## WIA Participant Management Information Guide

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2. CASE MANAGEMENT ESTIMATED END DATE - This field is not required.  
Select from the dropdown menus the date the case management ended.
3. CASE MANAGEMENT END DATE - This field is not required.  
Select from the dropdown menus the date the case management ended.
4. PROVIDED BY - This field is not required.  
Enter the name of the provider of the case management.
5. PURPOSE OF THE CASE MANAGEMENT - This field is not required.  
Enter the reason for the case management with the expected outcome.
6. DATE OF NEXT APPOINTMENT - This field is not required.  
Select from the dropdown menus the date of the next case management appointment, if any.
7. PURPOSE OF NEXT APPOINTMENT - This field is not required.  
Enter the purpose for the next case management appointment, if any.
8. COMPLETED CASE MANAGEMENT - This field is not required.  
Select from the dropdown menu “Yes” if the purpose of the case management was completed and “No” if the purpose of the case management was not completed
9. IF NO, REASON - This field is not required.  
Enter the reason the case management was not completed.

### **Section 8-17: Completing Intensive Service Literacy Activity (Form W)**

1. TYPE OF ACTIVITY - This field is required.  
Enter the type of literacy activity provided.
2. START DATE - This field is required.  
Select from the dropdown menus the start date of the literacy activity.
3. ESTIMATED END DATE - This field is not required.

## WIA Participant Management Information Guide

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Select from the dropdown menus the estimated end date.

4. END DATE - This field is not required.

Select from the dropdown menus the end date of the literacy activity.

5. HOURS PER WEEK - This field is not required.

Enter the hours per week of literacy training.

6. TRAINING PROVIDER - This field is not required.

Enter the name of the training provider.

7. TRAINING LOCATION - This field is not required.

Enter the location of the training provider.

8. COMPLETED ACTIVITY - This field is required.

Select from the dropdown menu “Yes” if the literacy training was completed and “No” if the training was not completed.

9. IF NO, REASON - This field is not required.

Enter the reason the case management was not completed.

### **Section 8-18: Completing Intensive Service Out of Area Job Search (Form X)**

1. LOCATION OF SEARCH - This field is required.

Enter the location for the job search.

2. START DATE OF SEARCH - This field is required.

Select from the dropdown menus the start date of the job search.

3. ESTIMATED END DATE - This field is not required.

Select from the dropdown menus the estimated end date.

4. END DATE OF SEARCH - This field is not required.

Enter the end date of the job search.

5. JOB LEAD OR REFERRAL - This field is not required.

## WIA Participant Management Information Guide

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Select from the dropdown menu “Yes” or “No.”

6. EMPLOYER NAME - This field is required.

Enter the name of the employer for which a job lead or referral was given.

7. EMPLOYER ADDRESS - This field is required.

Enter the street address of the employer for which a job lead or referral was given.

8. EMPLOYER CITY - This field is not required.

Enter the city name of the employer for which a job lead or referral was given.

9. EMPLOYER STATE - This field is not required.

Enter the name of the state in which the employer for which a job lead or referral was given is located.

10. EMPLOYER ZIP CODE - This field is required.

Enter the zip code for the employer for which a job lead or referral was given.

11. EMPLOYER CONTACT NAME - This field is not required.

This field refers to the employer representative who actually placed the job order with the MWA or a contractor of the MWA or another employer representative who has first hand knowledge of the job order or the individual referred to the job by the MWA or the MWA contractor.

12. EMPLOYER PHONE - This field is not required.

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

**Note:** To exclude the employer from the employer customer satisfaction survey. Enter XXX as the first three letters of the Employer Contact Person or Enter 999 as the area code of the Employer Phone (Contact) or leave either the Employer Contact Person field or the Employer Phone (Contact) field blank.

13. CONTRACTOR NAME

If the MWA or a MWA contractor wishes to enter the name of an employer representative or other individual for use by the MWA but NOT included in the

## WIA Participant Management Information Guide

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employer customer satisfaction survey, enter the name in this field.

14. OUTCOME OF LEAD/REFERRAL - This field is not required.

Select from the dropdown menu the outcome of the job lead or referral.

Your choices are:

- Hired
- Not Hired
- Pending
- Applicant did not follow-up

### **Section 8-19: Completing Intensive Service Relocation Assistance (Form Y)**

1. PURPOSE OF ASSISTANCE - This field is required.

Enter the purpose of the assistance provided.

2. DATA OF ASSISTANCE - This field is required.

Select from the dropdown menus the date of assistance.

3. PAID DATE - This field is required.

Select from the dropdown menus the date the assistance was paid.

4. VOUCHER PAID TO - This field is required.

Enter the name of the person the voucher was given.

5. CHECK NUMBER - This field is required.

Enter the check number.

6. PAID AMOUNT - This field is required.

Enter the amount the check was written.

### **Section 8-20: Completing Intensive Service Internship and Work Experience (Form Z)**

1. TYPE OF ACTIVITY - This field is required.

Enter either Internship or Work Experience.

2. START DATE - This field is required.

## WIA Participant Management Information Guide

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- Select from the dropdown menus the start date of the Internship or Work Experience.
3. ESTIMATED END DATE - This field is not required.  
Select from the dropdown menus the estimated end date.
  4. END DATE - This field is not required.  
Select from the dropdown menus the end date of the Internship or Work Experience.
  5. HOURS - This field is required.  
Enter the hours per week of the Internship or Work Experience.
  6. WAGE - This field is required.  
Enter the hourly wage, if, any.
  7. ONET CODE - This field is required.  
Enter the ONET Code.
  8. EMPLOYER NAME - This field is required.  
Enter the name of the employer for which a job lead or referral was given.
  9. EMPLOYER ADDRESS - This field is required.  
Enter the street address of the employer for which a job lead or referral was given.
  10. EMPLOYER CITY - This field is required.  
Enter the city name of the employer for which a job lead or referral was given.
  11. EMPLOYER STATE - This field is required.  
Enter the name of the state in which the employer for which a job lead or referral was given is located.
  12. EMPLOYER ZIP CODE - This field is required.  
Enter the zip code for the employer for which a job lead or referral was given.
  13. EMPLOYER CONTACT NAME - This field is not required.  
This field refers to the employer representative who actually placed the job order with the MWA or a contractor of the MWA or another employer representative who

## WIA Participant Management Information Guide

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has first hand knowledge of the job order or the individual referred to the job by the MWA or the MWA contractor.

14. EMPLOYER PHONE - This field is not required.

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

15. CONTRACTOR NAME

If the MWA or a MWA contractor wishes to enter the name of an employer representative or other individual for use by the MWA but NOT included in the employer customer satisfaction survey, enter the name in this field.

16. COMPLETED ACTIVITY - This field is not required.

Select from the dropdown menu “Yes” if the Internship or Work experience was completed and “No” if the Internship or Work Experience was not completed.

# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER, and WIA YOUTH PROGRAM INFORMATION/BASIC ASSESSMENT or GENERAL INFORMATION

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Service Provided, select one from the lists provided below.

#### Program Information/Basic Assessment:

- WIA Eligibility Determination
- Outreach/Intake (including Worker Profiling)
- General Career Counseling
- Work First Eligibility Assistance
- Financial Aid Assessment for Training (non – WIA)
- Initial Assessment skill level, abilities, and/or needs

#### General Information:

- Services Available Thru One-Stop
- Employment Statistics
- Training Provided Performance
- One-Stop System Performance
- Unemployment Compensation Claims Filing
- Resource Room Usage
- Available Support Services

#### Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA ADULT, DISLOCATED WORKER, and YOUTH GROUP ACTIVITIES

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Service Provided (select one)  
Workshop Referral/Attendance \_\_\_\_\_  
Job Club Referral/Attendance \_\_\_\_\_

Workshop Name \_\_\_\_\_

Provided By \_\_\_\_\_

Workshop/Job Club Location \_\_\_\_\_

Workshop/Job Club Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Workshop/Job Club Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Workshop/Job Club End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Location

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# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER, and YOUTH JOB SEARCH FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

### Service Provided (select one)

Resume Assistance \_\_\_\_\_  
Internet Browsing Job Bank \_\_\_\_\_  
Job Referral \_\_\_\_\_  
Internet Browsing Training services \_\_\_\_\_  
Individual Job Development \_\_\_\_\_  
Internet Accounts (e.g. Career Kit, Personnel Kit) \_\_\_\_\_  
Talent Referrals \_\_\_\_\_

Resume in Talent Bank Yes \_\_\_\_\_ No \_\_\_\_\_  
Date Resume last Updated \_\_\_\_/\_\_\_\_/\_\_\_\_  
Job Lead or Referral Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer City \_\_\_\_\_ Employer State \_\_\_\_\_

Employer Zip code \_\_\_\_\_ Employer Phone (\_\_\_\_) \_\_\_\_\_

### Outcome of Lead/Referral (select one)

Hired \_\_\_\_\_ Not Hired \_\_\_\_\_  
Pending \_\_\_\_\_ Applicant Did Not Follow-up \_\_\_\_\_

### Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER INDIVIDUAL JOB DEVELOPMENT FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant Name \_\_\_\_\_

### Result of Job Development (select one)

Resume Sent \_\_\_\_\_  
Will File Application \_\_\_\_\_  
Interview Scheduled \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer City \_\_\_\_\_ Employer State \_\_\_\_\_

Employer Zip code \_\_\_\_\_ Employer Contact Name \_\_\_\_\_

Employer Phone (Contact\*) (\_\_\_\_) \_\_\_\_\_

Contractor Name \_\_\_\_\_

### Outcome of Job Development (select one)

Hired \_\_\_\_\_ Not Hired \_\_\_\_\_  
Pending \_\_\_\_\_ Applicant Did Not Follow-up \_\_\_\_\_

Outcome Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care \_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_  
Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

### Comments

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Sub Code \_\_\_\_\_ Optional Data A \_\_\_\_\_ Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER ADVANCED JOB CLUB FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Job Club Name \_\_\_\_\_

Objective... \_\_\_\_\_

Job Club Location \_\_\_\_\_

Provided By \_\_\_\_\_

Job Club Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Club Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Club End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed Activity Yes \_\_\_\_ No \_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care \_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_

Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

### Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

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## WIA ADULT and DISLOCATED WORKER ADVANCED SCREENED REFERRALS FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant Name \_\_\_\_\_

Screening Provided \_\_\_\_\_

MI Job Bank Order Number \_\_\_\_\_

### Result Screening-(select one)

Resume Sent \_\_\_\_\_  
Will File Application \_\_\_\_\_  
Interview Scheduled \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer City \_\_\_\_\_ Employer State \_\_\_\_\_

Employer Zip code \_\_\_\_\_ Employer Contact Name \_\_\_\_\_

Employer Phone (Contact) (\_\_\_\_) \_\_\_\_ \_\_\_\_ Contractor Name \_\_\_\_\_

### Outcome of Referral (select one)

Hired \_\_\_\_\_ Not Hired \_\_\_\_\_  
Pending \_\_\_\_\_ Applicant Did Not Follow-up \_\_\_\_\_

Referral Outcome Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_ Family Care \_\_\_ Transportation \_\_\_ Housing/Rental \_\_\_

Counseling \_\_\_ Needs Based/Related Payments \_\_\_ Other \_\_\_

### Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sub Code \_\_\_\_\_ Optional Data A \_\_\_\_\_ Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER FOLLOW-UP SERVICES FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Contact Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Follow-up: Post - Exit Follow-up \_\_\_\_\_ or Pre - Exit Follow up \_\_\_\_\_

Type of Service:

Counseling \_\_\_\_\_

Other Service \_\_\_\_\_

Case Management Administrative Follow-up \_\_\_\_\_

Reason for Follow-up \_\_\_\_\_

Outcome of Follow-up \_\_\_\_\_

Date of Next Follow-up \_\_\_\_/\_\_\_\_/\_\_\_\_

Support Service Provided (check all which apply)

Health \_\_\_ Family Care \_\_\_ Transportation \_\_\_ Housing/Rental \_\_\_

Counseling \_\_\_ Needs Based/Related Payments \_\_\_ Other \_\_\_

Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location

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# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER COMPREHENSIVE /SPECIALIZED ASSESSMENT FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Assessment Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Assessment Tool \_\_\_\_\_

Diagnostic Testing Performed \_\_\_\_\_

Outcome of Assessment \_\_\_\_\_

Date of Next Appointment \_\_\_\_/\_\_\_\_/\_\_\_\_

Assessment Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Assessment End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed Activity Yes\_\_\_\_ No\_\_\_\_

Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care\_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_  
Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

### Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER INDIVIDUAL EMPLOYMENT PLANNING FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Individual Employment Plan Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Individual Employment Plan Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Individual Employment Plan End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employment Plan \_\_\_\_\_

Principle Objective 1 \_\_\_\_\_  
Principle Objective 2 \_\_\_\_\_  
Principle Objective 3 \_\_\_\_\_

Primary Service 1 \_\_\_\_\_  
Primary Service 2 \_\_\_\_\_  
Primary Service 3 \_\_\_\_\_

Date of Next Appointment \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed Activity Yes\_\_\_\_ No\_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care \_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_  
Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

### Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER GROUP COUNSELING FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Type of Counseling (Individual or Group ) \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Provided By \_\_\_\_\_

Purpose of Counseling \_\_\_\_\_

Date of Next Appointment \_\_\_\_/\_\_\_\_/\_\_\_\_

Counseling Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Counseling End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed Counseling Yes\_\_\_\_ No\_\_\_\_

If no, reason \_\_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_ Family Care\_\_\_ Transportation \_\_\_ Housing/Rental \_\_\_  
Counseling \_\_\_ Needs Based/Related Payments \_\_\_ Other \_\_\_

### Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER SHORT-TERM PRE-VOCATIONAL SKILLS FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Skill \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours Per Week \_\_\_\_

Training Provider \_\_\_\_\_

Training Location \_\_\_\_\_

Completed Activity Yes\_\_\_\_ No\_\_\_\_

If no, reason \_\_\_\_\_

Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care\_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_  
Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER CASE MANAGEMENT FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Case Management Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Management Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Management End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Provided By \_\_\_\_\_

Purpose of Case Management \_\_\_\_\_

Date of Next Appointment \_\_\_\_/\_\_\_\_/\_\_\_\_

Purpose of Next Appointment \_\_\_\_\_

Completed Case Management Yes\_\_\_\_ No\_\_\_\_

If no, reason \_\_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care\_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_  
Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

### Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER LITERACY ACTIVITY FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Type of Activity \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
End Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Hours Per Week \_\_\_\_\_

Training Provider \_\_\_\_\_  
Training Location \_\_\_\_\_

Completed Activity Yes\_\_\_\_ No\_\_\_\_

If No, Reason \_\_\_\_\_

Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care\_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_  
Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

Comments

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Sub Code \_\_\_\_\_  
Optional Data A \_\_\_\_\_  
Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER OUT OF AREA JOB SEARCH FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Location of Search \_\_\_\_\_

Start Date of Search \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated End Date of Search \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date of Search \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Lead \_\_\_\_\_ Job Referral: \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer City \_\_\_\_\_ Employer State \_\_\_\_

Employer Zip Code \_\_\_\_\_ Employer Contact Name \_\_\_\_\_

Employer Phone (Contact) (\_\_\_\_) \_\_\_\_ Contractor Name \_\_\_\_\_

Outcome of Lead/Referral (select one)

Hired \_\_\_\_\_

Not Hired \_\_\_\_\_

Pending \_\_\_\_\_

Applicant Did Not Follow-up \_\_\_\_\_

Comments

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER RELOCATION ASSISTANCE FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Purpose of Assistance  
\_\_\_\_\_

Date of Assistance \_\_\_\_/\_\_\_\_/\_\_\_\_

Paid Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Voucher Paid To \_\_\_\_\_

Check Number \_\_\_\_\_

Paid Amount (\$) \_\_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_ Family Care \_\_\_ Transportation \_\_\_ Housing/Rental \_\_\_  
Counseling \_\_\_ Needs Based/Related Payments \_\_\_ Other \_\_\_

Comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

# WIA Participant Management Information Guide

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## WIA ADULT and DISLOCATED WORKER INTERNSHIP AND WORK EXPERIENCE FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Type of Activity: Internship \_\_\_\_\_ or Work Experience \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
End Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Hours (per week) \_\_\_\_\_  
Wage (Hourly) \_\_\_\_\_  
ONET Code \_\_\_\_\_

Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer City \_\_\_\_\_ Employer State \_\_\_\_\_ Employer Zip Code \_\_\_\_\_

Employer Contact Name \_\_\_\_\_  
Employer Phone (Contact) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Contractor Name \_\_\_\_\_

Completed Activity Yes \_\_\_\_\_ No \_\_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_\_ Family Care \_\_\_\_ Transportation \_\_\_\_ Housing/Rental \_\_\_\_  
Counseling \_\_\_\_ Needs Based/Related Payments \_\_\_\_ Other \_\_\_\_

Comments

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Sub Code \_\_\_\_\_ Optional Data A \_\_\_\_\_ Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location \_\_\_\_\_

## **Chapter 9: Workforce Investment Act (WIA) Adult and Dislocated Worker Training Activities**

### **Section 9-1: Purpose**

The data collection has two purposes: First, it is used to record each step of a WIA adult participant's activity. Utilization of this portion provides a complete history of an adult participant's WIA funded activities. Second, it provides an accurate audit trail that supports the WIA funds expended.

### **Section 9-2: Overview**

All WIA participants Training Activities should be entered using the training screen in the One Stop Management Information System (OSMIS). There are five broad categories of training services, Training Information, Individual Training Account, Dislocated Worker Scholarship Program Information, No Worker Left behind Information, and Training Results.

The WIA Adult and Dislocated Worker Training Activities are completed to report:

- a) When an adult or dislocated worker participant enters a WIA funded activity and may be used to report WIA partner activities.
- b) When a WIA adult or dislocated worker participant changes from one activity to another.
- c) When an adult or dislocated worker participant ends a WIA funded activity.

The Adult and Dislocated Worker Training form is located after Chapter 9 as Form AA.

# WIA Participant Management Information Guide

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The items discussed for this chapter are in the following format:

**REFERENCE:** cross-references each data element to the OSMIS.

**FIELD NAME:** identifies the field.

**DESCRIPTION:** the definition and coding instructions whether or not the field is required.

EXAMPLE:

Reference, Field Name:

Description    Enter the participant, etc.

## Section 9-3: NWLB Waiting for Training

1. (WAITING FOR TRAINING) START DATE - This field is required.

Select from the dropdown menus the start date of the training.

2. TRAINING SCHEDULED START DATE - This field is required.

Select from the dropdown menus the scheduled start date of the training.

### Reason(s) individual must wait for training (chose at least one).

3. LACK OF FUNDING - This field is required.

Select from the dropdown menu “Yes” if there is a lack of funding, otherwise “No”.

4. LACK OF CAPACITY - This field is required.

Select from the dropdown menu “Yes” if there is a lack of capacity at the training institution, otherwise “No”.

5. TIMING ISSUES - This field is required.

Select from the dropdown menu “Yes” if there is a timing issue(s), otherwise “No”.

6. TRAINING ESTIMATED END DATE - This field is required.

Select from the dropdown menus the end date for training.

7. (WAITING FOR TRAINING) END DATE - This field is required.

Select from the dropdown menus the end date for training.

## WIA Participant Management Information Guide

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8. COMMENTS - This field is not required.

Enter any comments.

9. SUB CODE - This field is not required.

Enter the MWA code, if any.

10. OPTIONAL DATA A - This field is not required.

Enter any optional data.

11. OPTIONAL DATA B - This field is not required.

Enter any optional data.

12. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or greater than the Pre Registration date. The System Default Date is the current date.

13. LOCATION - This field is required.

Select from the dropdown menu the site location.

### Section 9-4: Completing Training Activities (Form AA)

#### Training Information

1. TYPE OF TRAINING - This field is required.

Select from the dropdown menu one of the following:

- On-the-Job training
- Occupational Skill Training
- Skills Upgrade
- Workplace Training
- Classroom Training
- Entrepreneurial Training
- Job Readiness Training
- Adult Education
- Literacy
- Customized Training

2. OCCUPATIONAL SKILLS TRAINING CODE (ONET) - This field is required.

Enter the ONET Code.

## WIA Participant Management Information Guide

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3. TRAINING PROVIDER - This field is required.

Enter the name of the training provider.

4. TRAINING PROGRAM - This field is not required.

Enter the name of the training program the participant is entering.

5. TRAINING LOCATION - This field is not required.

Enter the training location.

6. TRAINING START DATE - This field is required.

Select from the dropdown menus the start date of the training.

7. TRAINING ESTIMATED END DATE - This field is not required.

Select from the dropdown menus the estimated date of the training.

**Note:** The training estimated end date is automatically completed but can be altered by the user.

8. TRAINING END DATE - This field is required prior to exiting from WIA.

Select from the dropdown menus the end date of the training.

9. SUPPORT SERVICE PROVIDED - This field is not required.

**Note:** to enter some information about support services, see the WIA Enter Support Services Screen.

Check which box the participant is receiving or received any of the following supportive services:

- Health and Medical Care
- Family Care
- Transportation
- Housing Assistance
- Counseling
- Needs Based/Related Payments
- Other

## WIA Participant Management Information Guide

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10. WIA PARTNER FUNDED - This field is required.

Select from the dropdown menu one of the following:

- No
- Yes – Other Partner
- Yes – NEG

**Note:** For WIA partner funded training, ITA information is not completed.

### **Individual Training Account**

11. MAXIMUM INDIVIDUAL TRAINING ACCOUNT AMOUNT - This field is not required.

Enter the maximum dollar amount of the Individual Training Account.

12. ITA VOUCHER DATE - This field is not required.

Select from the dropdown menus the voucher date for the ITA account.

13. ITA VOUCHER PAID DATE - This field is not required.

Select from the dropdown menus the date the voucher was paid.

14. ITA VOUCHER PAID TO - This field is not required.

Enter the name of the person the voucher was given.

15. ITA CHECK NUMBER - This field is not required.

Enter the check number for the Individual Training Account voucher payment.

16. ITA VOUCHER PAID AMOUNT - This field is not required.

Enter the amount of the check written for payment of the ITA Voucher.

17. SCHOOL CODE - This field is required if WIA PARTNER FUNDED is “No”.

Enter the ITA school code. This code can be found at <http://www.datamdcd.org/>

18. CIP CODE - This field is required if WIA PARTNER FUNDED is “No”.

Enter the CIP code; a federal six-digit numeric code used to classify education and training programs by the content of the program.

This code can be found at <http://www.datamdcd.org/>

## WIA Participant Management Information Guide

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19. CIP CODE EXTRA - This field is required if WIA PARTNER FUNDED is “No”.

Enter the extra CIP code. This code can be found at <http://www.datamdcd.org/>

20. DEGREE LEVEL - This field is required if WIA PARTNER FUNDED is “No”.

Enter the one digit degree level (1-5 or 8).

This code can be found at <http://www.datamdcd.org/>

### **DW Scholarship Program Information**

21. DW SCHOLARSHIP AMOUNT - This field is not required.  
Enter the scholarship amount.

22. DW SCHOLARSHIP PROGRAM OF TRAINING - This field is not required.

Select one of the following from the dropdown menu:

- Management Occupations
- Finance Professionals
- Science Occupations
- Engineering Occupations
- Computer Professionals
- Education Occupations
- Healthcare Nursing
- Other Healthcare Professionals
- Healthcare Support Occupations
- Community and Social Services Occupations
- Other Professional Occupations
- Technicians
- Sales Workers
- Administrative Support Workers
- Construction Workers
- Mechanics, Installer, and Repair Workers
- Production (Manufacturing) Workers
- Transportation Workers
- Laborer and Helpers
- Service Worker, except Protective Service
- Protective Service Occupations

### **No Worker Left Behind Information**

23. NO WORKER LEFT BEHIND PARTICIPANT? - This field is required.

Select from the dropdown menu “Yes” if the participant is in the No Worker Left Behind program or “No” if the participant is not in the No Worker Left Behind program.

## WIA Participant Management Information Guide

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24. TRAINING INSTITUTION - This field is not required.

Select from the dropdown menu one of the following:

- Remedial Education – Including General Equivalency Diploma (GED) & High School Completion
- 2-Year Institution
- 4-Year Institution
- Proprietary Institution
- Employer Training
- Other Provider

25. 2 YEAR INSTITUTION NAME – Required if participant is placed into a training institution.

Select from the dropdown menu one of the following:

- Alpena Community College
- Bay Mills Community College
- Bay de Noc Community College
- Delta College
- Glen Oaks Community College
- Gogebic Community College
- Grand Rapids Community College
- Henry Ford Community College
- Jackson Community College
- Kalamazoo Valley Community College
- Kellogg Community College
- Kirtland Community College
- Lake Michigan College
- Lansing Community College
- Macomb Community College
- Mid Michigan Community College
- Monroe County Community College
- Montcalm Community College
- Mott Community College
- Muskegon Community College
- North Central Michigan College
- Northwestern Michigan College
- Oakland Community College
- Other
- Saginaw Chippewa Tribal College
- Schoolcraft College
- Southwestern Michigan College
- St. Clair County Community College

## WIA Participant Management Information Guide

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- Washtenaw Community College
- Wayne County Community College District
- West Shore Community College

26. 4 YEAR INSTITUTION NAME – Required if participant is placed into a training institution.

Select from the dropdown menu one of the following:

- Adrian College
- Albion College
- Alma College
- Andrews University
- Aquinas College
- Ave Maria School of Law
- Baker College
- Calvin College
- Calvin Theological Seminary
- Central Bible College
- Central Michigan University
- Cleary University
- College for Creative Studies
- Concordia University
- Cornerstone University
- Cranbrook Academy of Art
- Davenport University
- DeVry University
- Detroit Baptist Theological Seminary
- Detroit College of Law
- Eastern Michigan University
- Ecumenical Theological Seminary
- Ferris State University
- Finlandia University
- Grace Bible College
- Grand Rapids Baptist Seminary
- Grand Valley State University
- Great Lakes Christian College
- Great Lakes University
- Hillsdale College
- Hope College
- ITT Technical Institute
- International Academy of Design & Technology
- Kalamazoo College
- Kettering University
- Kuyper College
- Lake Superior State University

## WIA Participant Management Information Guide

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- Lawrence Technological University
- Lewis College of Business
- Madonna University
- Marygrove College
- Michigan Jewish Institute
- Michigan School of Professional Psychology
- Michigan State University
- Michigan Technological University
- Michigan Theological Seminary
- Midwestern Baptist College
- Miller College
- Northern Michigan University
- Northwood University
- Oakland University
- Olivet College
- Other
- Puritan Reformed Theological Seminary
- Rochester College
- Sacred Heart Major Seminary
- Saginaw Valley State University
- Saint Cyril and Saint Methodius Seminary
- Siena Heights University
- Spring Arbor University
- The Art Institute of Michigan
- Thomas M. Cooley Law School
- University of Detroit, Mercy
- University of Michigan - Ann Arbor
- University of Michigan – Dearborn
- University of Michigan – Flint
- University of Phoenix
- VanAndle Institute
- Walsh College
- Wayne State University
- Western Michigan University
- Western Theological Seminary
- Yeshiva Gedolah

27. **PROPRIETARY INSTITUTION NAME** - Required if participant is placed into a training proprietary institution.

- American Medical Careers
- Aress Academy
- Blue Heron Academy
- Everest Institute
- International Truck Driving School
- Midwest Truck Driving School

## WIA Participant Management Information Guide

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- New Horizon
- North Country Heavy Equipment School
- Other
- Phelbotomy Education
- Ross Medical
- Stepping Stone
- Tri Area Truck Driving
- U. S. Truck Driving School
- Walker Medical
- West Michigan CDL

28. FIELD OF STUDY - This field is not required.

Select from the dropdown menu one of the following:

- Management Occupations
- Financial Occupations
- Science Occupations
- Engineering Occupations
- Computer Occupations
- Education Occupations
- Healthcare Nursing
- Other Healthcare Professionals
- Healthcare Support Occupations
- Community and Social Service Occupations
- Other Professional Workers
- Technicians
- Sales Workers
- Administrative Support Workers
- Construction Workers
- Mechanics, Installers, and Repair Workers
- Production (Manufacturing) Workers
- Transportation Workers
- Laborers and Helpers
- Service Workers, Except Protective Service
- Protective Service Occupations

### Training Results

29. COMPLETED TRAINING - This field is required when the training ends.

Select from the dropdown menu “Yes” if training was completed and “No” if training was not completed.

30. CREDENTIAL RECEIVED - This field is required if the response to Completed Training is “Yes.”

## WIA Participant Management Information Guide

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Select one of the following from the dropdown menu:

- High School Diploma
- GED
- Associates Degree
- Bachelors Degree
- Masters Degree
- Recognized Skills Standard Attainment
- Occupational License
- Industry Recognized Certificate
- Other
- No Credential Received
- Microsoft Program Completion (This selection is only used for the Microsoft Unlimited Potential Grant)

31. EMPLOYMENT RESULTING FROM TRAINING - This field is required if the response to Completed Training is "Yes".

Select one of the following from the dropdown menu:

- Yes
- No
- Unknown

32. EMPLOYER NAME - This field is required if the response to Employment Resulting from Training is "Yes".

Enter the name of the employer for which a job lead or referral was given.

33. EMPLOYER ADDRESS - This field is not required.

Enter the street address of the employer for which a job lead or referral was given.

34. EMPLOYER CITY - This field is not required.

Enter the city name of the employer for which a job lead or referral was given.

35. EMPLOYER STATE - This field is not required.

Enter the name of the state in which the employer for which a job lead or referral was given is located.

36. EMPLOYER ZIP CODE - This field is not required.

Enter the zip code for the employer for which a job lead or referral was given.

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37. EMPLOYER CONTACT NAME - This field is not required.

Refers to the employer representative who actually placed the job order with the MWA or a contractor of the MWA or another employer representative who has first hand knowledge of the job order or the individual referred to the job by the MWA or the MWA contractor.

38. EMPLOYER PHONE - This field is not required.

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

39. CONTRACTOR NAME

If the MWA or a MWA contractor wishes to enter the name of an employer representative or other individual for use by the MWA but NOT included in the employer customer satisfaction survey, enter the name in this field.

### **Miscellaneous**

40. COMMENTS - This field is not required.

Enter any comments.

41. SUB CODE - This field is not required.

Enter the MWA code, if any.

42. OPTIONAL DATA A - This field is not required.

Enter any optional data.

43. OPTIONAL DATA B - This field is not required.

Enter any optional data.

44. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or greater than the Pre Registration date. The System Default Date is the current date.

45. LOCATION - This field is required.

Select from the dropdown menu the site location.

# WIA Participant Management Information Guide

## WIA ADULT and DISLOCATED WORKER TRAINING FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

### Training Information

Type of Training: \_\_\_\_\_ Entrepreneurial Training  
\_\_\_\_\_ On-the-Job training \_\_\_\_\_ Job Readiness Training  
\_\_\_\_\_ Occupational Skill training \_\_\_\_\_ Adult Education  
\_\_\_\_\_ Skills Upgrade \_\_\_\_\_ Literacy  
\_\_\_\_\_ Workplace Training \_\_\_\_\_ Customized Training  
\_\_\_\_\_ Classroom Training

Occupational Skill Code (ONET) \_\_\_\_\_  
Training Provider \_\_\_\_\_  
Training Location \_\_\_\_\_  
Training Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Training Estimated End Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Training End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Support Service Provided (check all which apply)

Health \_\_\_\_\_ Family Care \_\_\_\_\_ Transportation \_\_\_\_\_ Housing/Rental \_\_\_\_\_  
Counseling \_\_\_\_\_ Needs Based/Related Payments \_\_\_\_\_ Other \_\_\_\_\_

WIA Partner Funded No \_\_\_\_\_ Yes - Other Partner \_\_\_\_\_ Yes - NEG \_\_\_\_\_

### Individual Training Account

Maximum Individual Training Account (ITA) Amount (\$) \_\_\_\_\_ ITA Voucher Paid Amount (\$) \_\_\_\_\_  
ITA Voucher Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School Code \_\_\_\_\_  
ITA Voucher Paid Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CIP Code \_\_\_\_\_  
ITA Voucher Paid To \_\_\_\_\_ CIP Code Extra \_\_\_\_\_  
Degree Level \_\_\_\_\_  
Check Number \_\_\_\_\_

### No Worker Left Behind

No Worker left behind Participant \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

### Training Institution:

Remedial Education – Including GED & HS Completion \_\_\_\_\_  
2-Year Institution \_\_\_\_\_  
4-Year Institution \_\_\_\_\_  
Proprietary Institution \_\_\_\_\_

# WIA Participant Management Information Guide

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## Field of Study:

|  |  |
|--|--|
| Management Occupations _____                   | Technicians _____                                |
| Financial Occupations _____                    | Sales Workers _____                              |
| Science Occupations _____                      | Administrative Support Workers _____             |
| Engineering Occupations _____                  | Construction Workers _____                       |
| Computer Occupations _____                     | Mechanics, Installers, and Repair Workers _____  |
| Education Occupations _____                    | Production (Manufacturing) Workers _____         |
| Healthcare Nursing _____                       | Transportation Workers _____                     |
| Other Healthcare Professionals _____           | Laborers and Helpers _____                       |
| Healthcare Support Occupations _____           | Service Workers, Except Protective Service _____ |
| Community and Social Service Occupations _____ | Protective Service Occupations _____             |
| Other Professional Workers _____               |  |

---

## DW Scholarship Program Information

DW Scholarship Amount (\$) \_\_\_\_\_

### DW Scholarship Program of Training:

|  |  |
|--|--|
| <input type="checkbox"/> Management Occupations                    | <input type="checkbox"/> Technicians                               |
| <input type="checkbox"/> Finance Professionals                     | <input type="checkbox"/> Sales Workers                             |
| <input type="checkbox"/> Science Occupations                       | <input type="checkbox"/> Administrative Support Workers            |
| <input type="checkbox"/> Engineering Occupations                   | <input type="checkbox"/> Construction Workers                      |
| <input type="checkbox"/> Computer Professionals                    | <input type="checkbox"/> Mechanics, Installer, and Repair Workers  |
| <input type="checkbox"/> Education Occupations                     | <input type="checkbox"/> Production (Manufacturing) Workers        |
| <input type="checkbox"/> Healthcare Nursing                        | <input type="checkbox"/> Transportation Workers                    |
| <input type="checkbox"/> Other Healthcare Professionals            | <input type="checkbox"/> Laborer and Helpers                       |
| <input type="checkbox"/> Healthcare Support Occupations            | <input type="checkbox"/> Service Worker, except Protective Service |
| <input type="checkbox"/> Community and Social Services Occupations | <input type="checkbox"/> Protective Service Occupations            |
| <input type="checkbox"/> Other Professional Occupations            |  |

## Training Results

Completed Training Yes \_\_\_\_\_ No \_\_\_\_\_

### Credential Received:

|  |  |
|--|--|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Recognized Skills Standard Attainment |
| <input type="checkbox"/> GED                 | <input type="checkbox"/> Occupational License                  |
| <input type="checkbox"/> Associates Degree   | <input type="checkbox"/> Industry Recognized Certificate       |
| <input type="checkbox"/> Bachelors Degree    | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Masters Degree      | <input type="checkbox"/> No Credential Received                |
|  | <input type="checkbox"/> Microsoft Program Completion          |

Employment Resulting from Training Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer City \_\_\_\_\_ Employer State \_\_\_\_\_ Employer Zip Code \_\_\_\_\_

Employer Contact Name \_\_\_\_\_ Employer Phone (Contact) (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sub Code \_\_\_\_\_ Optional Data A \_\_\_\_\_ Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location \_\_\_\_\_

## **Chapter 10: (WIA) Participation Status**

### **Section 10-1: Purpose**

All participant final status information is captured using the WIA Participation Status screen. The purpose of the data collection is to record the WIA participant's status in the WIA. This includes future service, planned gaps, the WIA manual exit date, and other reporting information upon exiting the WIA. This information may include credential attainment, goal attainment, employer information, and school information. It is also used to collect information in a format acceptable for entering information into the One Stop Management Information System (OSMIS).

The items discussed for this chapter are in the following format:

**REFERENCE:** cross-references each data element to the OSMIS.

**FIELD NAME:** identifies the field.

**DESCRIPTION:** the definition and coding instructions whether or not the field is required.

**EXAMPLE:**

Reference, Field Name:

Description    Enter the participant, etc.

## Section 10-2: Completing WIA Participation Status (From I)

### Credential Attainment Information (For Adults, Dislocated Workers and Older Youth.)

1. CREDENTIAL ATTAINMENT - This field is required.

Select from the drop-down menu the credential attained, if any. If no credential was attained, leave blank.

- High School Diploma/General Equivalency Diploma (GED)
- AA or AS Diploma/Degree
- BA or BS Diploma/Degree
- Masters Degree
- Occupational Skills License
- Occupational Skills Certificate/Credential
- Other

2. EDUCATION INSTITUTION - This field is required, if a credential was attained, otherwise leave blank.

Enter the name of the Education Institution conferring the credential.

3. LOCATION - This field is required, if a credential was attained, otherwise leave blank.

Enter the location of the Education Institution conferring the credential.

4. DATE ATTAINED - This field is required if a credential was attained, otherwise leave blank.

Select from the drop-down menus the date the credential was attained.

**Note:** A credential must be obtained either during participation or by the end of the third quarter after exit from services (other than follow-up services).

### Future Services (For Adults, Dislocated Workers, Older Youth, and Younger Youth.)

5. SCHEDULED START DATE - This field is required.

Select from the drop-down menus the scheduled start date of future service(s). A scheduled start date may be up to one year from the current date.

6. SCHEDULED SERVICE - This field is required.

**Note:** separate services for youth, adults, and dislocated workers.

Select from the dropdown menu the scheduled future service for the **WIA Adult** program or the **Dislocated Worker** program.

- Advanced Job Club
- Advanced Screened Referrals
- Case Management
- Comprehensive/Specialized Assessment
- Follow-up Services
- Group Counseling
- Individual Employment Planning
- Individual Job Development
- Internship and Work Experience
- Literacy Activity
- Out of Area Job Search
- Relocation Assistance
- Short-Term Pre-Vocational Skill Training
- Training

**OR**

Enter the scheduled future service for youth in the **WIA Youth** program.

- Additional Support for Youth
- Education Services
- Employment Services
- Follow-Up Services
- Leadership Development Opportunities
- Summer Youth Employment Opportunities

### Planned Gap (For Adults, Dislocated Workers, Older Youth and Younger Youth.)

7. START DATE

Select from the drop down menus the planned gap start date.

8. ESTIMATED END DATE - This field is required if START DATE is entered.

Select from the dropdown menus the estimated date when the planned gap in service will end.

9. PLANNED GAP REASON - This field is required if START DATE is entered.

Select from the dropdown menu the reason for the planned gap in service.

- Health/Medical
- Delay in Training Date

### **Participation Exit (For Adults, Dislocated Workers, Older Youth and Younger Youth.)**

10. MANUAL EXIT DATE

Select from the dropdown menus the last day the participant received services from the WIA or a WIA partner.

11. MANUAL EXIT REASON - This field is required if MANUAL EXIT DATE is entered.

Select from the dropdown menu one of the following for the exit reason.

- Deceased
- Institutionalized
- Health/Medical
- Family Care
- Reservists Called to Active Duty
- Invalid SSN
- Employed
- Self-employed
- Voluntary Exit
- Involuntary Exit
- Found Ineligible After Registration
- Apprenticeship
- Military
- Entered Advanced Training
- Entered Post Secondary Education
- Retired from Employment

12. EMPLOYED AT EXIT - This field is required.

Select from the drop-down menu “Yes” if the participant was employed, or “No” if the participant was not employed at time of exit.

If “Yes”, Employer Information (For Adults, Dislocated Workers, Older Youth and Younger Youth.)

## Workforce Investment Act (WIA) Participant Management Information Guide

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13. EMPLOYER NAME - This field is required if “Yes” was answered for EMPLOYED AT EXIT.

Enter the employer name if the participant is employed at time of exit from WIA.

14. EMPLOYER ADDRESS - This field is required if “Yes” was answered for EMPLOYED AT EXIT.

Enter the employer address if the participant is employed at time of exit from the WIA.

15. EMPLOYER CITY - This field is required if “Yes” was answered for EMPLOYED AT EXIT.

Enter the employer city name.

16. EMPLOYER STATE - This field is required if “Yes” was answered for EMPLOYED AT EXIT.

Enter the employer state.

17. EMPLOYER ZIP - This field is required if “Yes” was answered for EMPLOYED AT EXIT.

Enter the employer ZIP Code.

18. EMPLOYER CONTACT NAME - This field is required if “Yes” was answered for EMPLOYED AT EXIT.

This field refers to the employer representative who actually placed the job order with the MWA or a contractor of the MWA or another employer representative who has first hand knowledge of the job order or the individual referred to the job by the MWA or the MWA contractor.

19. EMPLOYER CONTACT PHONE - This field is required if “Yes” was answered for EMPLOYED AT EXIT.

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

**Note:** To exclude the employer from the employer customer satisfaction survey. Enter XXX as the first three letters of the Employer Contact Person or Enter 999 as the area code of the Employer Phone (Contact) or leave either the Employer Contact Person field or the Employer Phone (Contact) field blank.

20. CONTRACTOR NAME - If the Michigan Works! Agency (MWA) or a MWA

## Workforce Investment Act (WIA) Participant Management Information Guide

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contractor wishes to enter the name of an employer representative or other individual for use by the MWA but not included in the employer customer satisfaction survey, enter the name in this field.

21. HOURS - This field is required if “Yes” was answered for EMPLOYED AT EXIT. Enter the number of hours per week the former participant is currently working.

22. HOURLY WAGE - This field is required if “Yes” was answered for EMPLOYED AT EXIT. Enter the hourly wage the former participant is currently receiving.

23. FRINGE BENEFITS - This field is required if “Yes” was answered for EMPLOYED AT EXIT.

Select from the drop-down menu “Yes” if the participant received benefits from their employer but which are not included in their salary or wages, or “No” if the participant did not receive these benefits.

24. ONET CODE - This field is required if “Yes” was answered for EMPLOYED AT EXIT.

Enter the ONET code that best describes the former participant’s employment.

25. TRAINING RELATED EMPLOYMENT - This field is required if “Yes” was answered for EMPLOYED AT EXIT.

Select from the drop-down menu the appropriate response:

- Yes
- No
- Training Did Not Impact Job Specific Skills
- Cannot be determined

26. METHOD USED - This field is required if “Yes” was answered for EMPLOYED AT EXIT.

Select from the drop-down menu the method used to determine if placement was training related.

- Leave Blank if Training Services were not Provided.
- Compare Occupational Code - Training Activity/Job
- Compare Industry of Employment with Training Occupation
- Other Appropriate Method

27. NON TRADITIONAL EMPLOYMENT

Select from the drop-down menu “Yes”, if the employment meets the definition for non traditional employment, or “No” if the employment does not meet the definition

## Workforce Investment Act (WIA) Participant Management Information Guide

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for non traditional employment. This field applies to either gender.

28. ATTAINED DIPLOMA, GED OR CERTIFICATE - This field is required For WIA Younger Youth.

Select from the drop-down menu the appropriate response:

- Attained a High School Diploma
- Attained GED or H.S. Equivalency Diploma
- Attained Certificate
- Did not Attain any of the Above

29. SCHOOL STATUS AT EXIT - This field is required For WIA Younger Youth.

Select from the drop-down menu the appropriate response:

- Student H.S. or Less
- Student Alternative School
- Student Attending
- Post H.S.
- Not Attending School, H.S. Dropout
- Not Attending School, H.S. Graduate

30. SCHOOL NAME - This field is required For WIA Younger Youth.

Enter the name of the school if the participant is attending school at time of exit from WIA.

31. SCHOOL LOCATION - This field is required For WIA Younger Youth.

Enter the location of the school if attending.

32. SCHOOL ATTAINMENT DATE - This field is required For WIA Younger Youth.

Select from the drop-down menus the date the participant attained a high school diploma, GED or a high school equivalency diploma.

33. SCHOOL ESTIMATED END DATE - This field is required For WIA Younger Youth.

Select from the drop-down menus the date for estimated departure from school.

### No Worker Left Behind Information

**Note:** This information will only display on the OSMIS if the participant is in the No Worker Left Behind program.

34. NO WORKER LEFT BEHIND PARTICIPANT - This field is not required.

This field is read-only and will be entered automatically by the OSMIS.

35. OCCUPATION AT EXIT - This field is required.

Select from the dropdown menu one of the following:

- Art, Design, Entertainment, Sports, and Media Occupations
- Building and Grounds, Cleaning and Maintenance Occupations
- Business and Financial Occupations
- Community and Social Service Occupations
- Computer and Mathematical Occupations
- Construction and Extraction Occupations
- Education, Training, and Library Occupations
- Farming, Fishing, and Forestry, Occupations
- Food Preparation and Serving Related Occupations
- Health Care Practitioner and Technical Occupations
- Health Care Support Occupations
- Installation, Maintenance, and Repair Occupations
- Legal Occupations
- Life, Physical, and Social Science Occupations
- Management Occupations
- Military Specific Occupations
- Office and Administrative Support Occupations
- Personal Care and Service Occupations
- Production Occupations
- Protective Service Occupations
- Sales and Related Occupations
- Transportation and Material Moving Occupations

36. INDUSTRY AT EXIT - This field is required.

Select from the dropdown menu one of the following:

- Accommodation and Food Services
- Administrative and Support Services
- Agriculture, Forestry, Fishing, and Hunting
- Arts, Entertainment, and Recreation
- Construction
- Education Services
- Finance and Insurance
- Health Care and Social Assistance
- Information
- Management of Companies and Enterprises
- Manufacturing
- Mining

- Other Services except Public Administration
- Professional, Scientific, and Technical Services
- Public Administration
- Real Estate, Renting, and Leasing
- Retail
- Transportation and Warehousing
- Utilities
- Wholesale Trade

37. COMMENTS - This field is not required

Enter any comments.

38. OPTIONAL DATA A AND B

Enter the Optional Data Code, if any.

30. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or greater than the Pre Registration date. The System Default Date is the current date.

40. LOCATION - This field is required.

Select from the dropdown menu the site location.

WIA ADULT/YOUTH PARTICIPATION STATUS FORM

Participant Identifying Information

Customer ID \_\_\_\_\_ Participant Name \_\_\_\_\_

**Credential Attainment**

Credential Attained (select one)  
School Diploma/GED \_\_\_\_\_  
AA or AS Diploma/Degree \_\_\_\_\_  
BA or BS Diploma Degree \_\_\_\_\_  
Masters Degree \_\_\_\_\_  
Occupational License \_\_\_\_\_  
Occupational Skill Certificate/Credential \_\_\_\_\_  
Other \_\_\_\_\_

Education Institution (Name)  
\_\_\_\_\_

Location (Education Institution)  
\_\_\_\_\_

Date Attained ( \_/ \_/ \_ ) \_\_\_\_\_

**Future Services**

Scheduled Start Date ( \_/ \_/ \_ ) \_\_\_\_\_

Scheduled Service (select one)

Adult  
Advanced Job Club \_\_\_\_\_  
Advanced Screened Referrals \_\_\_\_\_  
Case Management \_\_\_\_\_  
Comprehensive/Specialized Assessment \_\_\_\_\_  
Follow-up Services \_\_\_\_\_  
Group Counseling \_\_\_\_\_  
Individual Employment Planning \_\_\_\_\_  
Individual Job Development \_\_\_\_\_  
Internship and Work Experience \_\_\_\_\_  
Literacy Activity \_\_\_\_\_  
Out-of-Area Job Search \_\_\_\_\_  
Relocation Assistance \_\_\_\_\_  
Short Term Pre-Vocational Skill Training \_\_\_\_\_  
Training \_\_\_\_\_

Youth  
Additional Support for Youth \_\_\_\_\_  
Education Services \_\_\_\_\_  
Employment Services \_\_\_\_\_  
Follow-up Services \_\_\_\_\_  
Leadership Development Opportunities \_\_\_\_\_  
Summer Youth Employment Opportunities \_\_\_\_\_

**Planned Gap**

Start Date ( \_/ \_/ \_ ) \_\_\_\_\_

Estimated End date ( \_/ \_/ \_ ) \_\_\_\_\_

Planned Gap Reason (select one)

Health/Medical \_\_\_\_\_  
Delay in Training Date \_\_\_\_\_

**Participation Exit**

Manual Exit Date ( \_/ \_/ \_ ) \_\_\_\_\_

**Participation Exit Cont.**

Reservists Called to Active Duty \_\_\_\_\_  
Invalid SSN \_\_\_\_\_  
Employed \_\_\_\_\_  
Self-employed \_\_\_\_\_  
Voluntary Exit \_\_\_\_\_  
Involuntary Exit \_\_\_\_\_  
Found Ineligible After Registration \_\_\_\_\_  
Apprenticeship \_\_\_\_\_  
Military \_\_\_\_\_  
Entered Advanced Training \_\_\_\_\_  
Entered Post Secondary Education \_\_\_\_\_  
Retired from Employment \_\_\_\_\_

Employed at Exit (Y/N) \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer City \_\_\_\_\_

Employer State \_\_\_\_\_

Employer Zip \_\_\_\_\_

Employer Contact Person \_\_\_\_\_

Employer Contact Number \_\_\_\_\_

Hours \_\_\_\_\_

Wages \_\_\_\_\_

Fringe Benefits (Y/N) \_\_\_\_\_

ONET Code \_\_\_\_\_

Training Related Employment (select one)

(Y/N) \_\_\_\_\_

Training Didn't Impact Job Specific Skills \_\_\_\_\_

Cannot be determined \_\_\_\_\_

Method Used to Determine if Training is Related

(select one)

Compare Occupational Code – Training

Activity/Job \_\_\_\_\_

Compare Industry of Employment with Training

Occupation \_\_\_\_\_

Other Appropriate Method \_\_\_\_\_

Non-Traditional Employment (Y/N) \_\_\_\_\_

Attained Diploma, GED or Certificate (select

one)

Attained a HS Diploma \_\_\_\_\_

Attained a GED Equivalent \_\_\_\_\_

Attained Certificate \_\_\_\_\_

Did not attain any above \_\_\_\_\_

School Status at Exit (select one)

Student HS or Less \_\_\_\_\_  
Student Alternative School \_\_\_\_\_

# Workforce Investment Act (WIA) Participant Management Information Guide

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Manual Exit Reason (select one)

- Deceased \_\_\_\_\_
- Institutionalized \_\_\_\_\_
- Health/Medical \_\_\_\_\_
- Family Care \_\_\_\_\_

Student Attending Post HS \_\_\_\_\_

Not Attending, HS Dropout \_\_\_\_\_

Not Attending, HS Graduate \_\_\_\_\_

School Name \_\_\_\_\_

School Location \_\_\_\_\_

Start/Attainment Date ( \_ / \_ / \_ ) \_\_\_\_\_

Estimated End Date ( \_ / \_ / \_ ) \_\_\_\_\_

Comments:

---

---

---

Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_

Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

## Chapter 11: Workforce Investment Act (WIA) Youth Outcome

### Section 11-1: Purpose

The WIA Youth Outcomes are used to report information after exit of the WIA participant from the WIA program. Michigan Works! Agencies (MWAs) should have a procedure in place that describes how outcome information will be obtained and retained. Outcome information is reported using the Enter/Update Outcome screen which can be used to record all the necessary information including the date of contact, who was contacted and the information provided.

### Section 11-2: Overview

Outcome information for younger youth may be collected for the first and third quarters after the quarter in which the youth exited from WIA. Outcome information for older youth may be collected for the first thru fourth quarters after the quarter in which the youth exited from WIA. Because outcome information for the first, second, or third quarter may impact performance, MWAs are encouraged to collect and enter the information in the One-Stop Management Information System (OSMIS).

If the school status for a younger youth has been updated to reflect attainment of a secondary school diploma, outcome information for the first and third quarters after exit must be reported.

The general screen layout for WIA Youth Outcomes is a little complex and, thus, a little explanation on data collected is in order.

- Post Secondary Education/Advanced Training - this set is collected for the first and third quarters only.
- Entered Employment - data is collected for the first thru fourth quarters. The first quarter has additional data collection on employer contact and training.
- Entered Military - data is collected for the first and third quarters.
- Entered Apprenticeship Program - data is only collect for the first and third quarters.

The items discussed for this chapter are in the following format:

# WIA Participant Management Information Guide

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**REFERENCE:** cross-references each data element to the OSMIS.

**FIELD NAME:** identifies the field.

**DESCRIPTION:** the definition and coding instructions whether or not the field is required.

**EXAMPLE:**

Reference, Field Name:

Description    Enter the participant, etc.

## Section 11-3: Completing WIA Youth Outcome (Form AB)

### Post Secondary Education/Advanced Training

These fields are used for the 1<sup>st</sup> and 3<sup>rd</sup> quarters only.

1. IN SCHOOL/TRAINING IN QTR. - This field is not required.

Select from the dropdown menu one of the following:

- Entered Advanced Training
- Entered Post Secondary Education
- Did Not Enter Further Training

2. EDUCATION INSTITUTION/TRAINING PROVIDER - This field is not required.

Enter the name of the institution, company, organization or other agency providing the training.

3. LOCATION - This field is not required.

Enter the location of the education/training provider.

4. DATE STARTED - This field is required.

Select from the dropdown menus the numerical month, day, and year the activity began.

5. PROGRAM - This field is not required.

Enter the name of the training program.

### Entered Employment

6. EMPLOYED (1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, OR 4<sup>TH</sup>) AFTER EXIT - This field is required for the first quarter.

Select from the dropdown menu “Yes” if the former participant was employed during

## WIA Participant Management Information Guide

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the quarter being reported. If the former participant was not employed during the quarter being reported, select “No” or leave this field blank along with the remaining employment items.

7. SOURCE OF SUPPLEMENTAL DATA - This field is required if item # 1, Employed in Quarter is “Yes.”

Select from the dropdown menu the appropriate source of supplemental data:

- Case Management – information was obtained through ongoing case management activities
- Follow-Up – information was obtained by contacting former participant
- Survey – information was obtained by survey or questionnaire completed by the former participant
- Verified with Employer – information was obtained from the employer of the former participant
- Record Sharing – information was obtained through record sharing with other workforce programs

8. EMPLOYER NAME - This field is not required.

Enter the name of the employer for which the former participant worked during the quarter. If more than one job was held, enter the name of the employer for which the former participant worked the most hours.

9. EMPLOYER ADDRESS - This field is not required.

Enter the street address for the employer identified in item # 1.

10. EMPLOYER CITY - This field is not required.

Enter the city name for the employer identified in item # 1.

11. EMPLOYER STATE - This field is not required.

Enter the name of the state in which the employer identified in item # 1 is located.

12. EMPLOYER ZIP CODE - This field is not required.

Enter the zip code for the employer identified in item # 1.

13. EMPLOYER CONTACT NAME - This field is not required.

This field is used for the 1<sup>st</sup> quarter only.

This field refers to the employer representative who actually placed the job order

## WIA Participant Management Information Guide

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with the MWA or a contractor of the MWA or another employer representative who has first hand knowledge of the job order or the individual referred to the job by the MWA or the MWA contractor.

14. EMPLOYER PHONE - This field is not required.

This field is used for the 1<sup>st</sup> quarter only.

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

15. HOURS (PER WEEK) - This field is not required.

Enter the number of hours worked per week for the employer identified in item # 1.

16. WAGE (PER HOUR) - This field is not required.

Enter the numeric wage per hour for the employer identified in item # 1.

17. ONET CODE - This field should be completed, if employed.

Enter the appropriate ONET code related to the employment with the employer identified in item # 1, if available.

18. TRAINING RELATED EMPLOYMENT - This field is required only for the first quarter, if employed.

Select from the dropdown menu the appropriate response:

- Yes
- No
- Training did not impact Specific Job Skill
- Relationship between employer/training cannot be determined

19. METHOD USED TO DETERMINE TRAINING RELATED EMPLOYMENT - This field is required if item #18, Training Related Employment is “Yes”.

This field is used for the 1<sup>st</sup> quarter only.

Select from the dropdown menu the appropriate response.

- Compare Occupational Code/Training Activity with Job
- Compare Industry of Employment with Training Occupation
- Other Appropriate Method

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20. NON-TRADITIONAL EMPLOYMENT - This field is required only for the first quarter, if employed.

This field is used for the 1<sup>st</sup> quarter only.

Select from the dropdown menu “Yes” if non-traditional employment, or “No” if not non-traditional employment.

### **Entered Military**

These fields are used for the 1<sup>st</sup> and 3<sup>rd</sup> quarters only.

21. IN MILITARY IN OTR. - This field is not required.

Select from the dropdown menu “Yes” if the participant entered the military or “No” if the participant did not enter the military.

22. BRANCH OF SERVICE - This field is not required.

Select from the dropdown menu the branch of service the participant entered.

23. ENLISTMENT DATE - This field is required.

Select from the drop-down menus the numerical month, day, and year the participant enlisted.

24. WAGE (PER HOUR) - This field is not required.

Enter the numeric wage per hour for the participant.

### **Entered Apprenticeship Program**

These fields are used for the 1<sup>st</sup> and 3<sup>rd</sup> quarters only.

25. IN APPRENTICESHIP IN QTR. - This field is not required.

Select from the dropdown menu “Yes” if the participant entered an apprenticeship program or “No” if the participant did not entered an apprenticeship program.

26. PROGRAM - This field is not required.

Enter the name of the program.

27. START DATE - This field is required.

Select from the drop-down menus the numerical month, day, and year the activity began.

28. WAGE (PER HOUR) - This field is not required.

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Enter the numeric wage per hour.

29. HOURS (PER WEEK) - This field is not required.

Enter the number of hours worked per week.

30. ONET CODE - This field should be completed, if employed.

Enter the appropriate ONET code related to the employment with the employer, if available.

### Service By/Date

31. ENTERED BY

System defaults to current user.

32. ENTERED ON

System defaults to current date.

33. LOCATION - This field is required.

The system defaults to the location for the individual who is entering the data. This location may be changed.

34. COMMENTS - This field is not required.

Enter any comments.

35. OPTIONAL DATA A - This field is not required.

Enter any optional data required by the MWA.

36. OPTIONAL DATA B - This field is not required.

Enter any optional data, which may be required by the MWA.

# WIA Participant Management Information Guide

## WIA YOUTH OUTCOME FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

Employed After Exit (check one) 1<sup>st</sup> Qtr. \_\_\_\_\_ 2<sup>nd</sup> Qtr. \_\_\_\_\_ 3<sup>rd</sup> Qtr. \_\_\_\_\_ 4<sup>th</sup> Qtr. \_\_\_\_\_

In School/Training in Qtr. \_\_\_\_\_ Employed in Qtr Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_ Entered Advanced Training  
\_\_\_\_ Entered Postsecondary Education  
\_\_\_\_ Did not Enter Further Training

Source of Supplemental Data (select one)  
Case Management \_\_\_\_\_ Follow-up \_\_\_\_\_  
Survey \_\_\_\_\_ Verify With Employer \_\_\_\_\_

Education Institution/ Training Provider  
\_\_\_\_\_

Record Sharing \_\_\_\_\_  
Non Traditional Employment Yes \_\_\_\_\_ No \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Program \_\_\_\_\_

Training Related Employment (select one)

\_\_\_\_ Yes  
\_\_\_\_ No  
\_\_\_\_ Training did Not Impact Specific  
Job Skill  
\_\_\_\_ Relationship of Employment to  
Training Cannot be Determined

Method Used to Determine Training Related  
Employment (select one)

\_\_\_\_ Compare Occupational Code/Training  
Activity with Job  
\_\_\_\_ Compare Industry of Employment with  
Training Occupation  
\_\_\_\_ Other Appropriate Method

Employer Contact Name \_\_\_\_\_ Employer Contact Number \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Address \_\_\_\_\_

Employer City \_\_\_\_\_ Employer State \_\_\_\_\_ Employer Zip Code \_\_\_\_\_

Hours (per week) \_\_\_\_\_ Wage (hourly) \_\_\_\_\_ ONET Code \_\_\_\_\_

Location \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entered By \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location \_\_\_\_\_

Optional Data A \_\_\_\_\_ Optional Data B \_\_\_\_\_

## **Chapter 12: Workforce Investment Act (WIA) Adult and Dislocated Worker Outcomes**

### **Section 12-1: Purpose**

The WIA Adult/Dislocated Worker Outcomes are used to report information after exit of the WIA participant from the WIA program. The form version of WIA Adult/Dislocated Worker and the Younger Youth Outcomes may be found in form AC.

Michigan Works! Agencies (MWAs) should have a procedure in place that describes how outcome information will be obtained and retained. Outcome information is reported using the Enter/Update Outcome screen which can be used to record all the necessary information including the date of contact, who was contacted and the information provided.

### **Section 12-2: Overview**

Outcome information for an adult or a dislocated worker may be collected in the first through fourth quarters after the quarter in which the participant exited from the WIA. Because outcome information for the first, second, and third quarter may impact performance, MWAs are encouraged to collect and enter the information in the One-Stop Management Information System (OSMIS). The form may be used for each quarter by indicating the quarter for which the information is collected.

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The items discussed for this chapter are in the following format:

**REFERENCE:** cross-references each data element to the OSMIS.

**FIELD NAME:** identifies the field.

**DESCRIPTION:** the definition and coding instructions whether or not the field is required.

EXAMPLE:

Reference, Field Name:

Description Enter the participant, etc.

## Section 12-3: Completing WIA Adult/Dislocated Workers Outcomes (Form AC)

The following reporting items are common for the WIA Outcomes and will not be repeated in the explanation of information reported for each outcome quarter.

1. EMPLOYED (1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, OR 4<sup>TH</sup>) AFTER EXIT - This field is required for the first quarter. Outcomes may be collected.

Entered information may impact performance measures. Select from the dropdown menu “Yes” if the former participant was employed during the quarter being reported. If the former participant was not employed during the quarter being reported, select “No” or leave this field blank along with the remaining employment items.

2. SOURCE OF SUPPLEMENTAL DATA - This field is required if item # 1, Employed in Quarter is “Yes.”

Select from the dropdown menu the appropriate source of supplemental data:

- Case Management – information was obtained through ongoing case management activities
- Follow-Up – information was obtained by contacting former participant
- Survey – information was obtained by survey or questionnaire completed by the former participant
- Verified with Employer – information was obtained from the employer of the former participant
- Record Sharing – information was obtained through record sharing with other workforce programs

3. EMPLOYER NAME - This field is not required.

Enter the name of the employer for which the former participant worked during the quarter. If more than one job was held, enter the name of the employer for which the former participant worked the most hours.

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4. EMPLOYER ADDRESS - This field is not required.  
Enter the street address for the employer identified in item # 1.
5. EMPLOYER CITY - This field is not required.  
Enter the city name for the employer identified in item # 1.
6. EMPLOYER STATE - This field is not required.  
Enter the name of the state in which the employer identified in item # 1 is located.
7. EMPLOYER ZIP CODE - This field is not required.  
Enter the zip code for the employer identified in item # 1.
8. HOURS (PER WEEK) - This field is not required.  
Enter the number of hours worked per week for the employer identified in item # 1.
9. WAGE (PER HOUR) - This field is not required.  
Enter the numeric wage per hour for the employer identified in item # 1.
10. ONET CODE - This field should be completed, if employed.  
Enter the appropriate ONET code related to the employment with the employer identified in item # 1, if available.
11. ENTERED BY  
System defaults to current user.
12. ENTERED ON  
System defaults to current date.
13. LOCATION - This field is required.  
The system defaults to the location for the individual who is entering the data.
14. COMMENTS - This field is not required.  
Enter any comments.

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15. OPTIONAL DATA A - This field is not required.

Enter any optional data required by the MWA.

16. OPTIONAL DATA B - This field is not required.

Enter any optional data, which may be required by the MWA.

The following reporting items are used for the 1st quarter outcomes only, and will not be collected for the remaining quarters.

17. EMPLOYER CONTACT NAME - This field is not required.

Refers to the employer representative who actually placed the job order with the MWA or a contractor of the MWA or another employer representative who has first hand knowledge of the job order or the individual referred to the job by the MWA or the MWA contractor.

18. EMPLOYER PHONE - This field is not required.

If the employer contact name field is completed, enter the telephone number, including the area code, for the employer representative identified in the employer contact name field.

19. TRAINING RELATED EMPLOYMENT - This field is required only for the first quarter, if employed.

Select from the dropdown menu the appropriate response:

- Yes
- No
- Training did not impact Specific Job Skill
- Relationship between employer/training cannot be determined

20. METHOD USED TO DETERMINE TRAINING RELATED EMPLOYMENT - This field is required if item #19, Training Related Employment is "Yes".

Select from the dropdown menu the appropriate response.

- Compare Occupational Code/Training Activity with Job
- Compare Industry of Employment with Training Occupation
- Other Appropriate Method

21. NON-TRADITIONAL EMPLOYMENT - This field is required only for the first quarter, if employed.

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Select from the dropdown menu “Yes” if non-traditional employment, or “No” if not non-traditional employment.

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## WIA ADULT AND DISLOCATED WORKER OUTCOME FORM

### Participant Identifying Information

Customer ID \_\_\_\_\_ Participant  
Name \_\_\_\_\_

The same information is required for the 1<sup>st</sup>, 3<sup>rd</sup> and 5<sup>th</sup> quarter following exit. Select the quarter for which information is being reported.

Following Exit (check one)

1<sup>st</sup> Qtr. \_\_\_\_\_ 2<sup>nd</sup> Qtr. \_\_\_\_\_ 3<sup>rd</sup> Qtr. \_\_\_\_\_ 4<sup>th</sup> Qtr. \_\_\_\_\_ 5<sup>th</sup> Qtr. \_\_\_\_\_

Employed in Qtr Yes \_\_\_\_\_ No \_\_\_\_\_

Source of Supplemental Data (select one)

Case Management \_\_\_\_\_ Follow-up \_\_\_\_\_ Survey \_\_\_\_\_  
Verify With Employer \_\_\_\_\_ Record Sharing \_\_\_\_\_

Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer City \_\_\_\_\_ Employer State \_\_\_\_\_ Employer Zip Code \_\_\_\_\_  
Hours (per week) \_\_\_\_\_ Wage (hourly) \_\_\_\_\_ ONET Code \_\_\_\_\_

Training Related Employment (select one)

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Training did Not Impact Specific Job Skill \_\_\_\_\_  
Relationship of Employment to Training Cannot be Determined \_\_\_\_\_

Method Used to Determine Training Related Employment (select one)

Compare Occupational Code/Training Activity with Job \_\_\_\_\_  
Compare Industry of Employment with Training Occupation \_\_\_\_\_  
Other Appropriate Method \_\_\_\_\_

Non Traditional Employment Yes \_\_\_\_\_ No \_\_\_\_\_

Location \_\_\_\_\_

Comments

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Optional Data A \_\_\_\_\_ Optional Data B \_\_\_\_\_

## Chapter 13: Case Notes, Support Services, and ISS.

### Section 13-1: Overview

#### Case Notes

The Workforce Investment Act (WIA) adheres to a case management approach to service delivery. Integral to this approach is the maintenance of comprehensive case notes for each program participant. Case notes are intended to document the delivery of case management services to program participants. Information contained in participant case notes should be relevant to the goals of case management. Adequate electronic or hard-copy case notes must be maintained for all participants. Any case notes containing confidential medical information must be kept separate and in a secure location apart from the participant's regular program file. The content of case notes should include information that accurately describes the services provided and the individual's experiences in WIA activities.

#### Support Services

As a reminder, the term "supportive services" means services, which are necessary to enable an individual who cannot pay for such services to participate in a program under the WIA. Supportive services may be provided to participants during program enrollment for intensive and training services. Supportive services must be necessary to the success of the participant's Employment Plan and beyond the ability of the participant to pay. Supportive services are not entitlements and shall be provided to participants on the basis of a documented financial assessment, individual circumstances, the absence of other resources and funding limits. Supportive services may take the form of in-kind or cash assistance. Michigan Works! Agency (MWA) supportive services policy shall be for actual costs, up to the established limits. Supportive services in excess of the established limits must be requested in writing. Program operators must provide accurate information about the availability of Supportive Services in the local area as well as referral to such services as a core service.

#### Individual Service Strategies (ISS)

The ISS sets forth a mutually developed plan between a participant and the caseworker. In consultation with a participant, the MWA must develop an ISS. It is recommended the consultations be held in-person with the participant; however, they may take place over the telephone or use other alternative communication methods. The ISS must be completed within 30 days following enrollment into a Department of Engery, Labor & Economic Growth/Bureau of Workforce Transformation (DELEG/BWT administered program. If the participant is a veteran, the DELEG/BWT Field Services Division Local Veteran's Employment Representative (LVER) or Disabled Veteran's Outreach Worker (DVOW) should also be consulted. LVERs and DVOWs are required to develop and/or maintain an ISS for veteran job seekers identified as receiving case management. An acknowledgement copy of the ISS must be provided to the participant.

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The items discussed for this chapter are in the following format:

**REFERENCE:** cross-references each data element to the OSMIS.

**FIELD NAME:** identifies the field.

**DESCRIPTION:** the definition and coding instructions whether or not the field is required.

EXAMPLE:

Reference, Field Name:

Description    Enter the participant, etc.

## Section 13-2: Completing WIA Case Notes

1. PROGRAM - This field is required.

The OSMIS will provide all appropriate programs for the individual participant. Select from the dropdown menu the program that is correct for the participant:

2. SUBJECT - This field is not required.

Enter the subject for the Case Note.

3. COMMENTS - This field is required.

Enter any comments.

## Section 13-3: Completing WIA Support Services

1. SUPPORT SERVICE - This field is required.

Select from the dropdown menu one of the following.

- Auto Other
- Auto Repair
- Birth Certificate
- Clothing
- Counseling
- Drivers License
- Family Care
- Health
- Housing/Rental
- Needs Based Payment
- Other Support Service
- Private Vehicle Mileage Reimbursement

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- Public Transportation
- Tests/Permits

2. AMOUNT - This field is not required.

Enter the amount of the check written for payment.

3. CHECK NUMBER - This field is not required.

Enter the check number for the voucher payment.

4. EXPENDITURE BEGIN DATE - This field is not required.

Select from the dropdown menus the start date of the payment.

5. EXPENDITURE END DATE - This field is not required.

Select from the dropdown menus the end date of the payment.

6. DATE RECEIVED - This field is not required.

Select from the dropdown menus the date the payment was received.

7. COMMENTS - This field is not required.

Enter any comments.

8. FUNDING SOURCE - This field is required.

You must select one of the funding source(s).

9. SUB CODE - This field is not required.

Enter the MWA code, if any.

10. OPTIONAL DATA A - This field is not required.

Enter any optional data.

11. OPTIONAL DATA B - This field is not required.

Enter any optional data.

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12. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or greater than the Pre Registration date. The System Default Date is the current date.

13. LOCATION - This field is required.

Select from the dropdown menu the site location.

### **Section 13-3: Completing Individual Service Strategies**

The following reporting items are common for Individual Service Strategies and will not be repeated in the explanation of information reported for each ISS.

1. COMMENTS - This field is not required.

Enter any comments.

2. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or greater than the Pre Registration date. The System Default Date is the current date.

### **Client Characteristics**

#### **Contact Information**

1. NAME - This field is required.

Enter the participants' last name, first name, and middle initial.

2. ADDRESS - This field is required.

Enter the participants' home street address.

3. CITY - This field is required.

Enter the participants' city of residence.

4. STATE - This field is required.

Enter the participants' state of residence.

5. ZIP CODE - This field is required.

Enter the participants' zip code.

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6. PHONE NUMBER - This field is not required.

The participant enters his/her home telephone number including area code (or number at which the participant may be reached). If the participant has no home telephone number where he/she can be reached, leave blank.

### **Personal Characteristics**

7. DATE OF BIRTH - This field is required.

Enter the participants' month, day, and year of birth.

8. GENDER - This field is required.

Select from the dropdown menu "Male" or "Female".

9. RACE - This field is required.

Select from the dropdown menus all which apply but at least one must be chosen:

- African American
- American Indian
- Asian
- Native Hawaiian or Other Pacific Islander
- White

10. HISPANIC/LATINO ETHNICITY - This field is required.

Select from the drop-down menu "Yes" if of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture in origin, regardless of race, or "No".

11. VETERAN STATUS - This field is required for those who are 18 and older.

Select from the drop-down menu:

- No
- Spouse
- Yes

12. IF VETERAN, SERVICE ENTRY DATE - This field is required.

Select from the drop-down menus the numerical month, day, and year the participant enlisted.

13. IF VETERAN, SERVICE EXIT DATE - This field is required.

Select from the drop-down menus the numerical month, day, and year the

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participant enlisted.

14. IF VETERAN, BRANCH OF SERVICE - This field is not required.

Select from the dropdown menu the branch of service the participant entered.

15. IF VETERAN, TYPE OF DISCHARGE - This field is not required.

Select from the dropdown menu the type of discharge from service for the participant.

## Client Status

The OSMIS will automatically display the participant's information. Changes can not be made at this screen.

## Employment Goals

1. PROGRAM(S) - This field is required.

Select from the dropdown menu the appropriate program the individual is enrolled. A program must be selected in order to continue.

2. LONG TERM EMPLOYMENT GOAL - This field is not required.

Enter the Long Term Employment Goal.

3. ACTION PLAN - This field is not required.

Enter the Action Plan.

4. DISCUSSED NON-TRADITIONAL OPPORTUNITIES FOR WOMEN/MEN - This field is not required.

Select from the dropdown menu "Yes" if you have discussed Non-Traditional Opportunities for Women/Men or "No" if you have not.

5. DISCUSSED LOAN REPAYMENT COUNSELING - This field is not required.

Select from the dropdown menu "Yes" if you have discussed Loan Repayment Counseling or "No" if you have not.

6. DISCUSSED SELF-SUFFICIENCY PLANNING - This field is not required.

Select from the dropdown menu "Yes" if you have discussed Self-Sufficiency Planning or "No" if you have not.

## Assessment - Work History

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### **These fields are used for Employers 1 thru 5.**

1. EMPLOYER NAME - This field is not required.

Enter the name of the employer for which the former participant worked during the quarter. If more than one job was held, enter the name of the employer for which the former participant worked the most hours.

2. START DATE - This field is not required.

Select from the dropdown menus the date employment started.

3. END DATE - This field is not required.

Select from the dropdown menus the date employment ended.

4. JOB TITLE - This field is not required.

Enter the job title from the most recent employer.

5. WAGE (PER HOUR) - This field is not required.

Enter the numeric wage per hour for the employer identified in item # 1.

6. NOTES/DUTIES - This field is not required.

Enter any notes or job duties.

### **Assessment - Education History**

#### **These fields are used for Education 1 thru 5.**

1. INSTITUTION NAME - This field is not required.

Enter the name of the institution, company, organization or other agency providing the education.

2. START DATE - This field is not required.

Select from the dropdown menus the date employment started.

3. END DATE - This field is not required.

Select from the dropdown menus the date employment ended.

4. PROGRAM/CLASS - This field is not required.

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Enter the name of the training program or class.

5. COMPLETED PROGRAM/CLASS - This field is required at the time the activity ends.

Select from the drop-down menu either “Yes” or “No” as to whether the education/training was completed.

6. DEGREE/CERTIFICATION - This field is not required.

Enter the name of the degree or certificate attained.

7. NOTES - This field is not required.

Enter any notes for this entry.

### **Assessment – Skill/Assets History**

1. SKILL/ASSETS - This field is not required.

Enter the skill or asset attained.

2. DATE ACQUIRED - This field is not required.

Select from the dropdown menus the date the skill or assessment was acquired.

3. CERTIFIED - This field is required at the time the activity ends.

Select from the drop-down menu either “Yes” or “No” as to whether the education/training was certified.

### **Assessment – Testing History**

**These fields are used for Work Keys Testing Pre and Post Services.**

1. TEST DATE - This field is required.

Select from the dropdown menus the date for the test date.

2. TEST SITE - This field is required.

Enter the test site or location.

3. TEST RESULTS DATE - This field is not required.

Select from the dropdown menus the date for the test results.

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4. APPLIED MATH - This field is not required.

Select from the dropdown menu “Yes” if the test is for Applied Mathematics or “No” if the test is not.

5. APPLIED TECHNOLOGY - This field is not required.

Select from the dropdown menu “Yes” if the test is for Applied Technology or “No” if the test is not.

6. LISTENING - This field is not required.

Select from the dropdown menu “Yes” if the test is for Listening or “No” if the test is not.

7. LOCATION INFORMATION - This field is not required.

Select from the dropdown menu “Yes” if the test is for Location Information or “No” if the test is not.

8. OBSERVATION - This field is not required.

Select from the dropdown menu “Yes” if the test is for Observation or “No” if the test is not.

9. READING FOR INFORMATION - This field is not required.

Select from the dropdown menu “Yes” if the test is for Reading for Information or “No” if the test is not.

10. TEAM WORK - This field is not required.

Select from the dropdown menu “Yes” if the test is for Team Work or “No” if the test is not.

11. WRITING - This field is not required.

Select from the dropdown menu “Yes” if the test is for Writing or “No” if the test is not.

12. SERVICE DATE - This field is required.

Select from the dropdown menus the service date.

13. EMPLOYABILITY SKILL GIVEN - This field is not required.

Select from the drop down menu “Yes” if the participant received employability or

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“Soft” skills training or “No” if the participant did not receive training.

14. EMPLOYABILITY SKILL TRAINING COMPLETED - This field is not required.

Select from the drop down menu “yes” if the participant completed training on employability skills or “No” if the participant did not complete training.

15. WORKKEYS SCORES – The system will automatically generate an achievement level based on Applied Mathematics, Locating Information, and Reading for Information WorkKeys core assessments.

Individuals scoring at least a level **three** in each of the three core areas will be awarded a **Bronze** level MI NCRC.

Individuals scoring at least a level **four** in each of the three core areas will be awarded a **Silver** level MI NCRC.

Individuals scoring at least a level **five** in each of the three core areas will be awarded a **Gold** level MI NCRC.

Individuals scoring at least a level **six** in each of the three core areas will be awarded a **Platinum** level MI NCRC.

16. POST TEST COUNTER - This is a system generated count.

A counter on how many times the participant’s post test results have been entered into OSMIS (a snapshot of the field is below).



**These fields are used for other Testing 1, 2, or 3.**

1. TEST - This field is not required.

Select from the dropdown menu one of the following.

- Adult Basic Learning
- Adult Literacy JTPA/ES
- Adult Literacy – Simon & Shuster
- Armed Forces Qualitying
- Basic Occupation Literacy
- California Achievement
- Career Ability Placement Survey
- CASAS Appraisal

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- CASAS Survey Achievement
  - General Aptitude Test Battery
  - Iowa Test of Basic Skills
  - Metropolitan Achievement
  - Reading Job Corps Screening
  - Test of Adult Basic Ed
  - Wide Range Achievement
  - Other
2. VERSION - This field is not required.
- Enter the test version.
3. LEVEL - This field is not required.
- Enter the test level.
4. TEST DATE - This field is required.
- Select from the dropdown menus the service date.
5. TEST SUBJECT - This field is not required.
- Enter the test subject.
6. SCORE/RESULTS - This field is not required.
- Enter the test score.
7. NOTES - This field is not required.
- Enter any notes for this entry.

### Section 13-4: Completing the Action Plan

1. BARRIER/SKILL NEEDED - This field is required.  
Select one of the following barriers/skill needed.
- Appropriate Work Cloths
  - Attitude
  - Basic Skill Deficiency
  - Behavioral Problems
  - Behind 1 or More Grades
  - Budget/Credit Concerns
  - Child Care (Lack of)
  - Child Support (Collecting)
  - Non-high School Graduate
  - Non-Willingness to Relocate
  - Non-Willingness to Travel
  - Offender/Ex-Offender
  - Older Worker
  - Other
  - Personal/Family Problems
  - Physical Disability

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- Court Ward/Foster Child
- Credential (Lack of)
- Domestic Violence
- Homeless
- Job Search Skills (Lack of)
- Legal Issues
- Limited English
- Long Term AFDC
- Long Term Unemployment
- Loss of Financial Assistance
- Math Skills below 8<sup>th</sup> Grade
- Mental Health Problems
- Motivational Problems
- No Telephone
- No Tools, Uniform, Equipment
- No/Restricted Drivers License
- Poor Health
- Poor Self-Confidence
- Pregnant/Parenting Youth
- Reading Skills below 8<sup>th</sup> grade
- Relevant Experience (Lack of)
- Relocation Expenses
- Runaway
- Significant Work History (Lack of)
- Substance Abuse
- Time Management
- Transportation (Lack of)
- Transportation Funds (Lack of)
- Veteran
- Vocational/Job Skills (Lack of)
- Wage Expectation High
- Youth

2. OTHER (BARRIER/SKILL NEEDED) - This field is not required.

Enter any additional skill/barrier needed that is not mentioned above.

3. BARRIER ESTABLISHMENT DATE - This field is required.

Select from the dropdown menus the barrier establishment date.

4. ACTION TO BE TAKEN - This field is not required.

Enter actions that need to be taken by the participant.

5. PROGRAM - This field is not required.

Select from the dropdown menu the participants program. The list of options is determined by the participants Employment Goal(s).

6. SERVICE TO BE PROVIDED - This field is not required.

A list of available services will depend on the participants program. Different list will be available with each program selected.

7. PROVIDED BY - This field is not required.

Select from the dropdown menu one of the following:

- Other
- Participant
- Staff

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8. IF OTHER - This field is not required.

If other was selected in PROVIDED BY then enter the other provider.

9. TOTAL ESTIMATED COST - This field is not required.

Enter the total estimated cost of the action plan.

10. TO BE PAID BY 1, 2, AND 3 – This field is not required.

Select one of the following:

- Other Funding Source
- Participant
- Program Funding

11. PROGRAM FUNDING SOURCE 1, 2, AND 3 - This field is not required.

Select from the dropdown menu the funding source for the participant. The list of choices is determined by the participant's program.

12. ESTIMATED AMOUNT - This field is not required.

Enter the estimated amount for the service.

13. ESTIMATED SERVICE START DATE - This field is required.

Select from the dropdown menus the start date of the service.

14. ESTIMATED SERVICE END DATE - This field is not required.

Select from the dropdown menus the estimated end date of the service.

15. ACTION END DATE - This field is not required.

Select from the dropdown menus the end date of the service.

16. SUCCESSFUL OUTCOME (BARRIER REMOVED) - This field is not required.

Select from the dropdown menu "Yes" if the barrier was removed or "No" if the barrier was not removed.

17. OUTCOME - This field is not required.

Enter the outcome of the service provided to the participant.

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18. REASON BARRIER NOT REMOVED - this field is not required.

Select from the dropdown menu one of the following:

- Availability of Program Funds
- Disability Related Issue
- Early Program Term
- Lack of Comm. Resources
- Lack of Work Experience
- Long-Term Assistance Needed
- Other
- Participant Choice
- Program Restrictions
- Unknown

19. COMMENTS - This field is not required.

Enter any comments.

20. SUB CODE - This field is not required.

Enter the MWA code, if any.

21. OPTIONAL DATA A - This field is not required.

Enter any optional data.

22. OPTIONAL DATA B - This field is not required.

Enter any optional data.

23. SERVICE DATE - This field is required.

Record the date the service was provided. This date must be equal to or greater than the Pre-Registration date. The System Default Date is the current date.