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STATE OF MICHIGAN  
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH  
LANSING

STANLEY "SKIP" PRUSS  
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**OFFICIAL**

E-mailed 04/19/10 (jl)

**Bureau of Workforce Transformation (BWT)**  
**Policy Issuance (PI): 09-34, Change 1**

**Date:** April 19, 2010

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

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

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

**Programs  
Affected:** WIA

**References:** Federal Register of January 22, 2010  
Federal Register of March 26, 2009  
The WIA Act of 1998

**Rescissions:** PI 09-34 Appendix B, Form B and Form C, issued February 25, 2010.

**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 correct  
errors in the recently issued PI 09-34.

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

**Action:** The MWAs shall use the new Appendix B, Form C and Form B  
immediately.

DELEG is an equal opportunity employer/program.  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

BUREAU OF WORKFORCE TRANSFORMATION  
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**Inquiries:**

Questions regarding this policy should be directed to Mr. Joe Billig, Manager, One-Stop Management Information System, at [billigj@michigan.gov](mailto:billigj@michigan.gov), or by phone at (517) 241-8614.

The information contained in this PI will be made available in alternative format (large type, audio tape, etc.) upon special request received by this office.

**Expiration  
Date:**

Continuing

LEO:BW:jl  
Attachments

# WIA Participant Management Information Guide

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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 70 Percent of LLSIL Non-metropolitan
1	10,830 (poverty)
2	14,570 (poverty)
3	18,310 (poverty)
4	22,272
5	26,288
6	30,742
For each additional member over 6 add:	
	4,454

<b>Table 2: Poverty Levels for Metropolitan Areas</b>	
Family Size	Poverty Income Level 70 Percent of LLSIL Metropolitan
1	10,830 (poverty)
2	14,570 (poverty)
3	18,824
4	23,239
5	27,422
6	32,075
For each additional member over 6 add:	
	4,653

# 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 \_\_\_\_\_

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 \_\_\_\_\_  
Classroom Training \_\_\_\_\_

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

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Sub Code \_\_\_\_\_

Optional Data A \_\_\_\_\_

Optional Data B \_\_\_\_\_ Service Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Location  
\_\_\_\_\_