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E-mailed: 09/05/14 (rw)

Workforce Development Agency, State of Michigan (WDASOM)
Policy Issuance (PI): 14-06

Date: September 05, 2014

To: Michigan Works! Agency (MWA) Directors

From: Christine Quinn, Director, Workforce Development Agency
SIGNED

Subject: Jobs for Veterans' State Grant (JVSG) Program reforms and roles and responsibilities of MWA staff serving Veterans

Programs Affected: Wagner-Peyser (WP), Workforce Investment Act (WIA) and JVSG

Rescissions: None

References: Veterans Opportunity to Work (VOW) to Hire Heroes Act of 2011 (VOW Act, Title II of Pub.L. 112-56)

United States Department of Labor (USDOL), Training and Employment Guidance Letters (TEGL) No. 10-09 *Implementing Priority of Service for Veterans and Eligible Spouses in all Qualified Job Training Programs Funded in whole or in part by the U.S. Department of Labor*, November 10, 2009

USDOL, TEGL No. 19-13, *Jobs for Veterans' State Grants Program Reforms and Roles and Responsibilities of American Job Center Staff Serving Veterans*, April 10, 2014

USDOL, Training and Employment Notice No. 15-10, *Protocol for Implementing Priority of Service for Veterans and Eligible Spouses in all Qualified Job Training Programs Funded in whole or in part by the USDOL*, November 10, 2010

Title 38 United States Code, Sections 4101 and 4211



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

Background: The Employment and Training Administration (ETA) and the Veterans' Employment and Training Service (VETS) recently completed a review of the JVSG, WP and WIA program performance indicators and participant characteristics. This review found that eligible veterans and eligible spouses did not consistently receive the best combination of services according to their needs. The agencies determined that this could best be rectified by refocusing the Disabled Veterans' Outreach Program (DVOP) Specialists to serve only those veterans and eligible spouses most in need of intensive services. As a result, DVOP Specialists will serve a narrower group of veterans and eligible spouses, enabling the specialists to provide intensive services to a vast majority of the people they serve. This, in turn, will impact the MWA operations and programs, including WP and WIA.

Policy: DVOP Specialists must limit their activities to providing services to eligible veterans and eligible spouses (as defined in 38 U.S.C. 4101(4) and 4211(4)) who meet the definition of an individual with a Significant Barrier to Employment (SBE), or are members of a special population identified by USDOL-VETS.

It is the responsibility of One Stop Service Center Wagner-Peyser staff, hereafter referred to as MWA staff, to identify such eligible veterans and eligible spouses, and to formally refer them to a DVOP Specialist while continuing to provide such eligible veterans and eligible spouses with all other appropriate services and programs in accordance with the requirements of Priority of Service.

1. Identifying Veterans and Eligible Spouses

As part of implementing Priority of Service for veterans and eligible spouses (see TEGL 10-09, November 10, 2009), MWA staff must attempt to identify veterans and eligible spouses at each point of entry into the workforce development system. At a minimum, this may be accomplished by encouraging veterans and eligible spouses to self-identify. MWA staff may also directly ask customers if they are a veteran or eligible spouse. This guidance does not change the requirements of TEGL 10-09, and self-attestation remains sufficient for identification as a veteran or eligible spouse

All customers who self-identify as veterans or eligible spouses must immediately be notified by MWA staff they may be qualified to receive additional services from a DVOP Specialist. This notification must include all of the following:

- As a veteran or eligible spouse, the customer is entitled to receive Priority of Service;
- As a veteran or eligible spouse, the customer may be eligible to receive additional personalized employment services from a DVOP Specialist;
- DVOP Specialist services are in addition to other One Stop services.

If a veteran or eligible spouse customer is interested in pursuing DVOP services, proceed to Section 2 below. If not, continue to provide the customer with all other appropriate services and programs as with any other customer, and in accordance with the requirements of Priority of Service.

2. Providing the DVOP Application Form

If a veteran or eligible spouse customer is interested in pursuing DVOP services, MWA staff must immediately provide that customer with a copy of the DVOP Application Form (with instructions). It is intended that the DVOP Application Form be completed immediately by the customer, and promptly returned to MWA staff.

When the DVOP Application Form is provided to the customer, MWA staff must notify the customer of the following:

- The information is being requested on a voluntary basis;
- Completing the form is a requirement for DVOP Specialist services;
- The information will be kept confidential;
- Refusal to provide the information will not subject the customer to any adverse treatment;
- The information will be used only in accordance with law;
- Where to return the completed form.

3. Reviewing the Completed DVOP Application Form

MWA staff must immediately review all completed DVOP Application Forms received to determine qualification to receive DVOP Specialist services. This determination will be made using the attached “Guide to Reviewing the DVOP Application Form”.

Once this determination is made, the reviewing MWA staff member must complete the “For Staff Use Only” section of the DVOP Application Form:

- Enter name and the date in the “Reviewed by” box.
- In the “DVOP Spec. referred to” box enter the name of the DVOP Specialist assigned responsibility for that One Stop Service Center, or “Not Qualified” if not being referred.

If the customer is determined to be qualified to receive DVOP Specialist services, proceed to Section 4 below; if not, proceed to Section 5 below.

For a DVOP Application Form to be complete, Section 1 must include a full name and address, and either a telephone number or e-mail address (preferably both), Section 2 or 3 must have all questions answered, and Section 4 must have all questions answered.

4. Customer is Qualified to Receive DVOP Specialist Services

Customers who are determined to be qualified to receive DVOP Specialist services must immediately be referred by MWA staff to the DVOP Specialist assigned responsibility for that One Stop Service Center. The process sequence for making this referral is:

- a) Ensure that the customer has an active Wagner-Peyser registration in the State of Michigan One Stop Management Information System (OSMIS), creating a registration if necessary.
- b) Enter the customer's OSMIS ID in the "Customer OSMIS ID" box in the "For Staff Use Only" section of the DVOP Application Form.
- c) For that customer, enter the service "Referral to Supportive Service" in OSMIS, with "DVOP Specialist" entered in the "Name of Agency" box.
- d) Notify the receiving DVOP Specialist of the referral, and provide the customer's DVOP Application Form to the DVOP Specialist. This may be accomplished in any manner mutually agreed upon between appropriate MWA management and the appropriate Veterans' Services Division (VSD) Regional Manager.
- e) The receiving DVOP Specialist will keep the customer's DVOP Application Form on file for a period of three years in accordance with all applicable privacy policies and laws.

5. Customer is Not Qualified to Receive DVOP Specialist Services

For customers who are determined not to be qualified to receive DVOP Specialist services, MWA staff must immediately:

- a) Inform the customer that the DVOP Specialist is not the best person to assist them.
- b) Continue to provide the customer with all other appropriate services and programs as with any other customer, and in accordance with the requirements of Priority of Service.
- c) Keep the customer's DVOP Application Form on file in accordance with all applicable privacy policies and laws for a period of three years. Either a physical or electronic copy may be maintained. At their discretion, the MWA may also retain a copy of all completed DVOP Application Forms that are forwarded to a DVOP Specialist as part of a referral.

OSMIS Data Entry

All customers being referred to a DVOP Specialist are required to have an active Wagner-Peyser registration in the State of Michigan One Stop Management Information System (OSMIS). If it is necessary to create a registration, this must be done by MWA staff since DVOP Specialists are statutorily prohibited from completing this activity. As part of the referral process, MWA staff must also enter the service "Referral to Supportive

Service” in OSMIS, with “DVOP Specialist” entered in the “Name of Agency” box.

Co-enrollment

It is both acceptable and encouraged that eligible veterans and eligible spouses be enrolled in any and all appropriate programs simultaneously with enrollment in the DVOP. Nothing in this policy issuance should be interpreted as limiting or restricting the access of veterans or eligible spouses to other services and programs.

Process for Local Amendments to the DVOP Application Form

Individual MWAs may request permission to modify the DVOP Application Form to better support their local operating model. All such requests must be approved by WDA before being implemented. In general, WDA will seek to approve all such requests provided that the requested changes do not violate USDOL guidance or detract from the original intent of the form.

The Michigan Works! Association will establish and control the process by which requests to modify the DVOP Application Form will be processed and forwarded to WDA for review and approval or disapproval.

Referral Process

WDA has not mandated a specific method or mechanism for how MWA staff will notify a DVOP Specialist that a referral has occurred, or how MWA staff will provide a completed DVOP Application Form to the DVOP Specialist. Each MWA is free to determine their methods for accomplishing these activities provided that the process adopted meet all of the following four requirements:

- It must be prompt;
- It must be reliable;
- It must satisfy the requirements set in Section 4 above, and
- It must be agreed to by the VSD Operations Manager.

The first point of contact when developing this referral process should be the appropriate VSD Regional Manager. Once a mutually agreeable process has been established, the VSD Regional Manager will forward the proposed referral process to the VSD Operations Manager for review and approval.

Record Retention

MWA – Each MWA One-Stop Service Center is required to retain all completed DVOP Application Forms that are not forwarded to a DVOP Specialist as part of a referral for a period of three years. At their discretion, the MWA may also retain a copy of all completed DVOP Application Forms that are forwarded to a DVOP Specialist as part of a referral.

At their discretion, each MWA may maintain such DVOP Application Forms as either physical documents or electronic files. These must be maintained in a manner such that they are readily accessible to VSD management or USDOL-VETS staff.

DVOP Specialist – Each DVOP Specialist is required to retain all completed DVOP Application Forms received as part of a referral from MWA staff for a period of three years.

VSD management will determine how each DVOP Specialist shall maintain such DVOP Application Forms; this may be as either physical documents or electronic files. These must be maintained in a manner such that they are readily accessible to VSD management or USDOL-VETS staff.

Action: MWA officials shall take the appropriate actions necessary to implement the directives of this letter.

Inquiries: Questions regarding this policy issuance should be directed to Mr. Ethan McCallum at (517) 241-1192 or at mccallume@michigan.gov.

Expiration Date: Continuing

CQ:EM:rw
Attachments

The information requested in this form is being requested on a voluntary basis for the sole purpose of determining the applicant's qualification to receive services from a Disabled Veterans' Outreach Program (DVOP) Specialist. This information will be kept confidential and will be used only in accordance with the law. Refusal to provide the information will not subject the customer to any adverse treatment. Information on disabilities is requested for use solely in connection with efforts to give priority to persons with disabilities.

1. APPLICANT INFORMATION

Name: _____

Address: _____

Phone #: _____ E-mail: _____

2. UNITED STATES MILITARY SERVICE

- a. Have you ever been discharged from active duty with the United States Military? Yes No
- b. Are you **currently** on active duty with the United States Military? Yes No
- c. If you have been discharged from the United States Military, did you most recently receive an honorable, general, under other than honorable, or bad conduct discharge? Yes No N/A
Answer "No" **only** if you were dishonorably discharged. See instructions.
- d. Have you served **at least 181 consecutive** days on active duty, to include federal mobilizations of National Guard/Reserve service members? Yes No
- e. Were you awarded a Campaign Medal (such as Iraq Campaign Medal, Armed Forces Expeditionary Medal, Southwest Asia Campaign Medal, etc.)? Yes No
- f. Were you medically discharged due to a line of duty injury or illness? Yes No

3. SPOUSE OR FAMILY OF A VETERAN

- a. Are you the spouse of one of the following: **1)** a veteran who has a total, permanent disability, resulting from a service-connected disability; **2)** a POW or an MIA? Yes No
- b. Are you the spouse or family caregiver of a wounded, ill, or injured service member who is in a military hospital or Warrior Transition Unit? Yes No

4. CURRENT STATUS (Select all that apply; please see instructions)

- a. Do you have a Department of Veterans Affairs disability rating (including 0% ratings)? Yes No
- b. Were you discharged from active duty because of a service-connected disability? Yes No
- c. Are you homeless, or lack a fixed, regular and/or adequate nighttime residence? Yes No
- d. Did you leave active duty military service within the last 36 months **and** in the last 12 months been unemployed for 27 weeks in a row? Yes No
- e. Have you been released from jail or prison within the last 12 months? Yes No
- f. Do you lack a high school diploma, GED, or equivalent? Yes No
- g. Do you meet the family income guidelines described in the instructions for this question? Yes No
- h. Are you aged 18-24? Yes No
- i. Are you currently on active duty but in the process of leaving military service and have completed the Transition Assistance Program? Yes No
- j. Are you currently on active duty and assigned to a Warrior Transition Unit for treatment? Yes No

FOR MWA STAFF USE ONLY

Reviewed by (name and date): _____

Customer OSMIS ID: _____ DVOPS referred to: _____

Comments _____

1. APPLICANT INFORMATION

Clearly print your name, address and contact information.

Important Note on "Active Duty": Active duty includes service in the regular components of the U.S. Military and federal mobilizations as a member of the National Guard or Reserves. It **does not** include active duty for training only (such as basic and advanced training) for members of the National Guard or Reserves. It **does not** include state mobilization or duty for members of the National Guard.

2. UNITED STATES MILITARY SERVICE

Complete this section **only** if you have served in the U.S. Military. If you are currently or in the past have served in the U.S. Military, check either "Yes," "No," or "N/A" in the areas provided for each question.

- 2a:** Answer "Yes" if you have ever served on active duty with the U.S. Military. Also answer "Yes" if you previously served on active duty and are now serving in the National Guard or Reserves. See Note above for the definition of "active duty."
- 2b:** This includes federal mobilizations as a member of the National Guard or Reserves. See Note above for the definition of "active duty."
- 2c:** Answer "No" **only if you received a Dishonorable Discharge.**
Answer "N/A" if you are still on active duty with the U.S. Military or have never served in the U.S. Military.
- 2d:** See Note above for the definition of "active duty."
- 2e:** Campaign badges are medals or badges awarded for service in combat campaigns or expeditions. Examples include Vietnam Service Medal, Afghanistan Campaign Medal, Iraq Campaign Medal, Armed Forces Expeditionary Medal, or Southwest Asia Campaign Medal.
- 2f:** Answer "Yes" only if the reason for your discharge was an injury or illness suffered or aggravated in the line of duty.

3. SPOUSE OR FAMILY OF A VETERAN

Complete this section **only** if you are the spouse or family member of someone who is currently serving in the U.S. Military, or who in the past served in the U.S. Military.

- 3a:** Also answer yes if you are the spouse of a Veteran who died of a service connected disability.

4. CURRENT STATUS

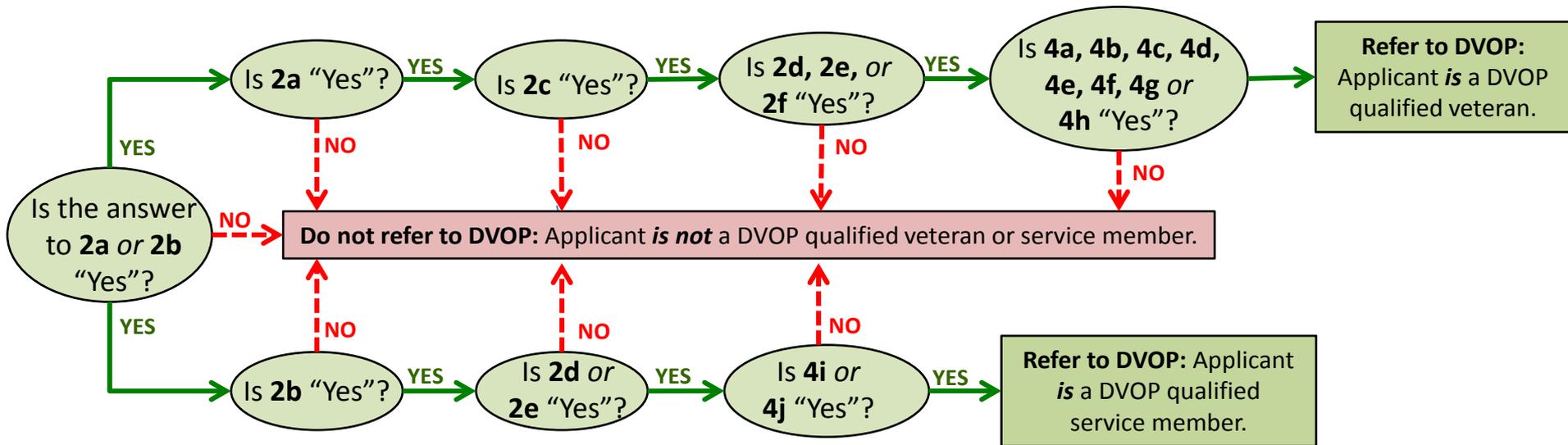
- 4a:** Answer "Yes" if you have a Department of Veterans Affairs disability rating, even if it is 0% or you are not receiving payments.
- 4b:** Answer "Yes" only if the reason for your discharge was an injury or illness suffered or aggravated in the line of duty. See Note above for the definition of "active duty."
- 4c:** Also answer "Yes" if you think you are likely to soon become homeless or will soon lack a fixed, regular and/or adequate nighttime residence.
- 4d:** See Note above for the definition of "active duty."
- 4g:** Answer "Yes" if your **estimated total family income** for the **last 6 months** was equal to or less than the amounts shown for your family size (including yourself) on the chart below.
Family means spouses with or without dependent child/children **or** parent/guardian with dependent child/children. Use family size of one if you are unmarried and have no dependent children. Do **not** include military pay, education assistance, child support received, or unemployment benefit payments in this total.

Family Size	1	2	3	4	5	6
6 Month Family Income	\$5,745	\$7,755	\$10,318	\$12,738	\$15,031	\$17,582

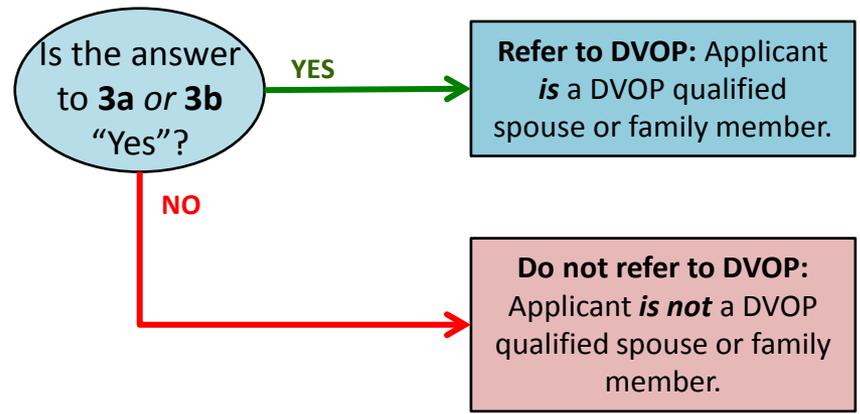
For each additional family member above 6, add \$2,551 to the total.

- 4j:** Answer "Yes" even if you are currently staying at home, but are assigned to a Warrior Transition Unit for treatment. Also answer "Yes" if you are in a military hospital for treatment.

Part 2. U.S. Military Service: Is any question in this section answered "Yes"?



Part 3. Spouse or Family of a Veteran: Is any question in this section answered "Yes"?



Purpose: The purpose of reviewing the DVOP Application Form is to determine if the applicant should be referred to a DVOP Specialist for intensive services. To be referred, the applicant must be qualified to receive services from a DVOP Specialist.

Instructions:

Is Section 1 (Applicant Information) legible, with **full** name, address, and either phone number or e-mail address? If not, have the applicant complete or rewrite Section 1.

The applicant **must** have answered “**Yes**” to at least one of the following questions: **2a**, **2b**, **3a**, or **3b**. If not, the applicant **is not** to be referred to a DVOP Specialist.

Find the appropriate direction below for the answers given in Section 2 or Section 3, and follow the steps to determine if the applicant is to be referred to a DVOP Specialist.

If Question 2a is answered “Yes”:

Step 1: 2a must be “Yes”. If so, proceed to step 2.

Step 2: 2c must also be “Yes”. If so, proceed to step 3.

Step 2: At least one of 2d, 2e, or 2f must also be “Yes”. If so, proceed to step 4.

Step 4: At least **one** of 4a, 4b, 4c, 4d, 4e, 4f, 4g, or 4h must be “Yes”. If so, the applicant **is** to be referred to a DVOP Specialist

If Question 2b is answered “Yes”:

Step 1: 2b must be “Yes”. If so, proceed to step 2.

Step 2: Either 2d or 2e must also be “Yes”. If so, proceed to step 3.

Step 3: Either 4i or 4j must be “Yes”. If so, the applicant **is** to be referred to a DVOP Specialist.

If Question 3a or 3b is answered “Yes”:

If either question 3a or 3b is “Yes”, the applicant **is** to be referred to a DVOP Specialist.

In all other cases, the applicant **is not** to be referred to a DVOP Specialist.