~ I N A C T I V E 5/5/14 ~

Employment Development Department
State of California

Workforce Investment Act
Job Training Automation System
Client Forms Handbook

Prepared By
Workforce Services Division
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Workforce Investment Act
Job Training Automation System
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CHAPTER 1

Introduction

The Job Training Automation (JTA) system includes a module to track clients who are participating in the Workforce Investment Act (WIA) Program. The WIA module (MWIA) enables staff to enter data into WIA client forms, load data to the JTA system from a case management system, and print various client-tracking reports. The *WIA JTA System Client Forms Handbook* provides staff with instructions on how to use the WIA module as it relates to the following WIA client forms and JTA system screens:

- WIA Application form (EWIR)
- Short Application form (ESAF)
- Documentation of Eligibility form (EDOE)
- WIA Enrollment/Registration form (EWIE)
- WIA Goals form (EWIG)
- WIA Youth Test Scores form (EYTS)
- WIA Grant Specific Information form (EWGS)
- WIA Exit Form (EWIT)
- WIA Follow-up form (EWIF)
- Case Notes (ENOT)
- Print WIA forms screen
- WIA Self-Service Application form (ESSF)

Instructions on how to use the following WIA client forms and JTA system screens will be made available at a future date:

- Trade Adjustment Assistance (TAA) Participant Data screen (ETAA)
- Payments for Trade Readjustment Allowances (TRA)/TAA (EPMT)

Additional handbooks and guides related to the JTA system include:

- WIA Participant Reporting Handbook
- JTA Eligible Training Provider List (ETPL) Users Guide
- WIA JTA System Cash Request Handbook
- JTA System MIS Guide
- ETPL Policy and Procedures Guide

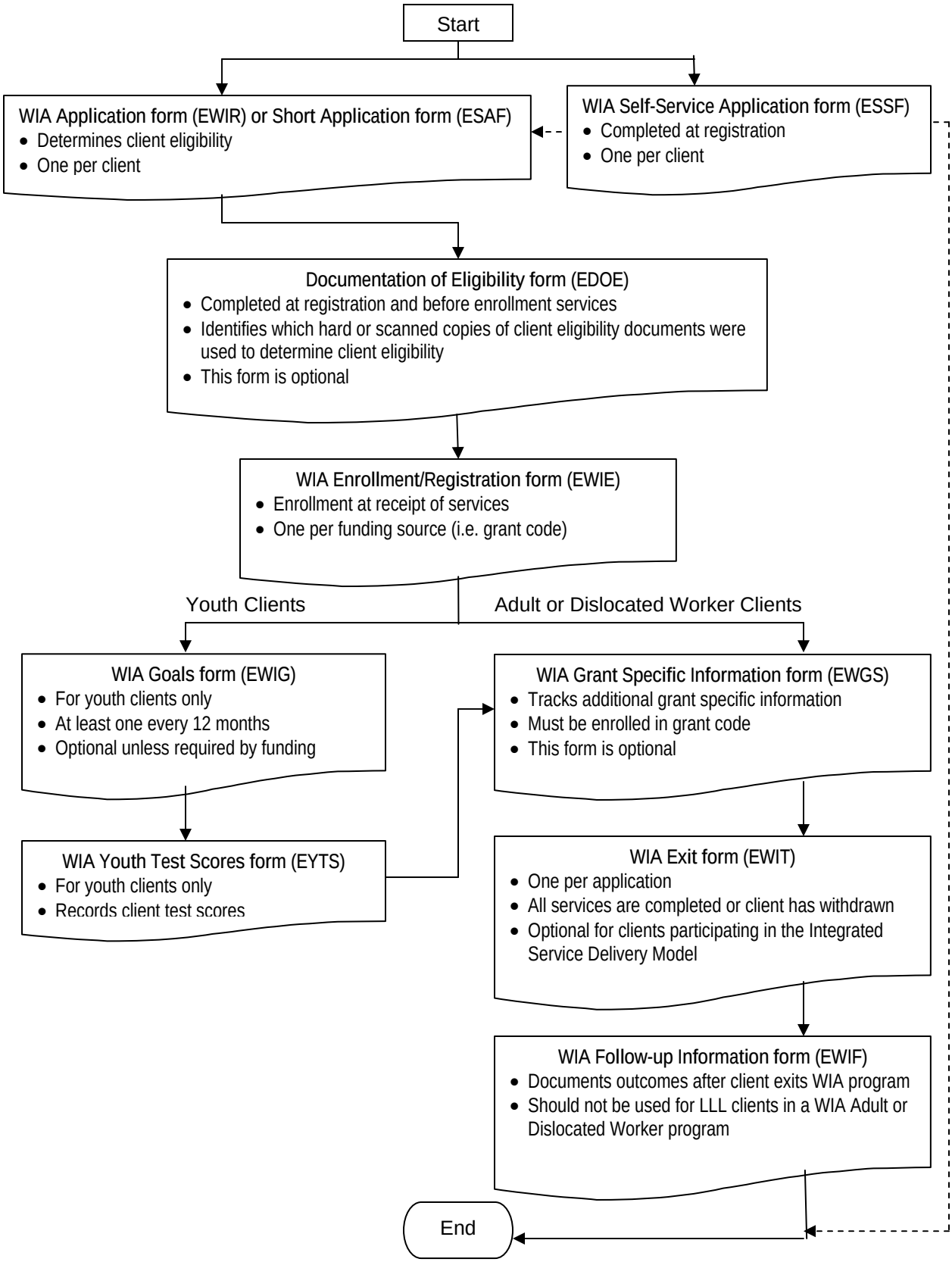
The additional handbooks and guides listed above are available on our Web site at: www.edd.ca.gov/Jobs_and_Training/MIS_Administrator_Resources.htm.

Client Forms Document Flow

The *WIA JTA System Client Forms Handbook* contains separate chapters for each WIA client form. WIA client forms should be completed by staff in the same order they appear in the *WIA JTA System Client Forms Handbook*.

1. The WIA Application form and the Short Application form are used by staff to gather demographic and eligibility data when a client initially applies for the WIA Program. The Short Application form can only be used for WIA Adult, Dislocated Worker, and Trade Adjustment Assistance (TAA) clients, and contains only the required data fields for entry into the JTA system. The WIA Application form captures more demographic and eligibility data than the Short Application form.
2. The Documentation of Eligibility form is optional and can be completed at registration and before enrollment services are provided to the client. The form can be used by staff to identify which hard or scanned client eligibility documents are being retained as proof of the client's eligibility to participate in the WIA Program.
3. Once the client has been determined eligible for the WIA Program and services have been provided to the client, the WIA Enrollment/Registration form should be completed by staff and entered into the JTA system. The Enrollment/Registration form is used by staff to track the client's training activities and/or services received throughout the client's participation in the WIA program.
4. The WIA Goals form is optional unless otherwise required by a funding source (e.g. the American Recovery and Reinvestment Act of 2009). The WIA Goals form is used to set at least one goal per 12-month period for youth clients. The goal(s) set should ensure attainment of basic skills, such as reading comprehension, math computation, listening, writing, and speaking.
5. The WIA Youth Test Scores form should be used by staff to track youth client test scores as a means of satisfying the Youth Literacy and Numeracy Gains performance measure.
6. The WIA Grant Specific Information form is optional and can be used by staff to track additional grant specific information for a client. An application and enrollment into a specific grant code must be completed before staff will be able to enter the grant specific information for a client.
7. The WIA Exit form should be completed once the client completes his or her participation in the WIA Program and all other related services. The client is no longer a WIA Program participant when all enrollment activities are closed, there are no open enrollments, and the client has exited from the WIA Program. Use of the WIA Exit form is optional for clients participating in the Integrated Service Delivery Model.
8. The WIA Follow-up Information form is used by staff to collect data concerning diplomas/certificates attained and supplemental employment data for clients who have exited the WIA Program. For youth clients, follow-up services are required for 12 months after exiting. For adult and dislocated worker clients, follow-up services must be available after entry into unsubsidized employment.
9. The WIA Self-Service Application form (ESSF) is used by staff to gather demographic and eligibility data to register clients for self-service only participation.

Client Forms Flow Chart



Logging onto JTA

In order to log onto the JTA system, you will need a JTA Logon identification (ID) and a JTA Logon password. The IT Customer Services Unit within the Workforce Services Division will issue JTA Logon IDs to JTA system users upon request. The JTA Logon ID is an individual user ID that is entered at the login prompt **(login:)** when accessing the JTA system. To access the JTA system, type in your JTA Logon ID in lowercase letters at the login prompt and press **<Enter>**.

Contact your JTA MIS Administrator to coordinate the issuance of a JTA Logon ID.

SECURITY REMINDER:

> ***A JTA Logon ID is not to be used by other individuals. Each JTA user will be assigned a unique JTA Logon ID and should secure their password.***

Once your computer has connected to the JTA system the following screen will appear:

```
telnet (f10c01)
                    WARNING
Any person who, without authorization, accesses or attempts to access, or
who tampers, interferes or damages any computer network, computer
system, computer program or software or computer data maintained by
the Health & Welfare Agency Data Center, is subject to civil and/or
criminal prosecution under all applicable state and federal laws.
login:
```

At the login prompt**,** type in your JTA Logon ID in lowercase letters only and press **<Enter>**. The system will then prompt you to enter your password. Type in your password and press **<Enter>**. Your password will not appear on the screen as you type. Once you have entered your password successfully, the last unsuccessful login and last login records will be displayed followed by one of two possible lines:

```
TERM = (vt220)
```

or

```
TERM = (dumb)
```

The "TERM" in both examples is referring to the terminal that is being utilized. If “TERM = (vt220)” is displayed, press **<Enter>**. However, if “TERM = (dumb)” is displayed, type “vt220” and press **<Enter>**. You are now at the California Department of Technology Services (DTS) “Welcome Screen.” At the bottom of the screen the cursor will be flashing at the end of what is known as the “$ prompt” or “command line” (/home/ed/jta/abccpooh 152$). At the flashing cursor, type “menu” in lower case and press **<Enter>**. You are now at the JTA system main menu.

The following chart contains items that may appear on the JTA system main menu:

1	MWTW	Welfare to Work
2	MWIA	Workforce Investment Act
3	MSM	System Set-ups and Management
4	MCM	Cash Management
5	MCR	Canned Report
6	MCAR	Custom Ace Reports
7	MTAA	TAA Program
8	MJTPA	Old JTPA Screens

The WIA MWIA module will have five sub-menus:

1	MWIS	Workforce Investment Act Screens
2	MWIR	Workforce Investment Act Reports
3	MWIL	Workforce Investment Act Loads/Extracts
4	MWPS	Workforce Investment Act Performance
5	MWTP	Employment Training Provider Screens

Logging off JTA

To exit the JTA system, press the **<F3>** key until the “$ prompt” is displayed (i.e. /home/ed/jta/abccpooh 207$). When the “$ prompt” is displayed, type “exit” in lower case and press **<Enter>**. The message “This session is no longer connected” will be displayed.

Function Keys

In the prior section, you will notice that the **<F3>** key is mentioned. This key is one of the function keys that must be mapped on your keyboard prior to using the JTA system. These function keys are located at the top line of keys on your keyboard. The standard keyboard will include a minimum of twelve function keys, **<F1>** through **<F12>,** although some keyboards may contain the complete set of function keys, including **<F11>** through **<F20>**.

When using the standard keyboard containing only function keys **<F1>** through **<F12>**; selecting the shift key and one of the existing function keys accesses function keys **<F11>** through **<F20>.** For example, by holding down the shift key and pressing **<F1>**, the JTA system will recognize the command for function key **<F11>**. Of course, if your keyboard already contains an **<F11>** key, there will not be a need to utilize the shift key.

The following chart contains the basic purpose behind each function key; however, some function keys will not be activated on every menu option.

<F1>	***Help***	Calls a scrolling window with a choice list showing help for the field in which cursor is placed. For example, with the cursor on the ethnicity field, **<F1>** will show all available ethnicity codes.
<F2>	***Clear***	Clears all fields of the current function.
<F3>	***Exit***	Exits from the current screen to the previous menu. May not be used if entry has been made on the screen without filing the data or if changes have been entered but not filed. To exit without saving changes, press **<F2>** to clear then **<F3>** to exit.
<F4>	***Go To***	Used to move cursor from present field to another field within a form. Press **<F4>** and enter field number or text to match.
<F5>	***File***	Writes the record to the database, assuming all edits and other constraints have been met.
<F6>	***Delete***	Deletes a record from the database, assuming that no constraints exist.
<F7>	***Previous Screen***	In a multiple screen process, returns to the previous screen.
<F8>	***Next Screen***	In a multiple screen process, moves cursor to the next screen.

<F9>	***Next***	Moves cursor up to the upper left corner of the screen and prompts for the keyword of the next process the user wishes to call. With this function, users may move to various processes without using the menus.
<F10>	***Function Key Menu***	Displays a window of function keys and allows user to scroll through and select desired function. Press **<F10>** again to close the window.
<F11> or SHIFT <F1>	***Previous Logical Process***	Calls the program defined in the menu setup as the most logical previous process, after meeting any filing requirements on the current screen. This flow may be changed using the Enter Menu Group Descriptions (EMGD) screen.
<F12> or SHIFT <F2>	***Next Logical Process***	Calls the program defined in the menu setup as the logical next process, after meeting any filing requirements on the current screen. This flow may be changed using the EMGD screen.
SHIFT <F3>	***Exit to Main***	Exits directly to the main menu.
SHIFT <F4>	***Conditional Operators Help***	Displays a help window for conditional operators (i.e. >, <, %). Only available on print report screens where choices can be made regarding grant codes, agency codes, etc.
SHIFT <F5>	***Redraw Screen***	Redraws the screen, including any information that was entered on the screen.
SHIFT <F6>	***Switch/QCM***	This key has no functionality in the JTA WIA module.
SHIFT <F7>	***Client History***	When used on an entry screen, displays client history for the client whose data is on the screen.
SHIFT <F8>	***Clear Field***	Clears field from which the function was called, and in some cases, the related fields.
SHIFT <F9>	***Restore***	Restores and displays original data to all fields after data is changed but not filed.
SHIFT <F10>	***Print Screen***	Prints the terminal/monitor screen display.

CHAPTER 2

WIA Application Form (EWIR)

The Workforce Investment Act (WIA) Application form (EWIR) is used to gather and record basic individual characteristics into the Job Training Automation (JTA) system. The Application form is also used to determine client eligibility, as required by the WIA Program. Once a client's eligibility for a WIA-funded program has been established using the data collected on the Application form, staff should use the Enrollment/Registration form (EWIE) to enroll the client in the appropriate WIA activity.

Hard or scanned copies of eligibility documents used to establish a client's eligibility for the WIA Program *must* be retained and made available for subsequent review of the client's case file. Staff can indicate which hard or scanned copies of eligibility documents were retained when establishing a client's eligibility for the WIA Program by checking the appropriate boxes on the Documentation of Eligibility form (EDOE). This form is optional for Local Learning Lab (LLL) staff and non-LLL staff.

Clients who are primarily seeking information about the WIA program and do not require direct one-on-one staff assistance should not be enrolled or registered. If a client is primarily seeking information, staff should use the "Universal Access Only" Application form to collect limited client information for clients who do not require direct one-on-one staff assistance.

If it is determined that a client should be enrolled in the WIA Adult, Dislocated Worker, or Trade Adjustment Assistance (TAA) programs, staff may use the Short Application form (ESAF) as an alternative to the WIA Application form as a time-saving measure. The Short Application form contains only the fields that are required for entry into the JTA system. The WIA Application form captures more demographic and eligibility data than the Short Application form.

A client may have only one active application form on file during an enrollment/registration cycle. While only one application form is active at any time, there can be multiple Enrollment/Registration forms linked to that application form. During the entry of the application form, the JTA system will use the client's Social Security number to determine if an active application form and/or Enrollment/Registration form(s) exist in the JTA system, indicating that the client has not been exited.

Table 1: Examples of WIA Services Reflected in Performance Measures

WIA Core Services	WIA Intensive Services	WIA Training Services
Staff-assisted job search assistance, job referral and career counseling.	Comprehensive and specialized assessment such as diagnostic testing and interviewing.	Occupational skills training.
Staff-assisted assessment, job placement assistance and other services (such as testing and background checks).	Full development of an individual employment plan.	On-the-job training.
Staff-assisted job development (working with employers and job seekers).	Group counseling.	Workplace training and cooperative education programs.
Staff-assisted workshops and job clubs.	Individual counseling and career planning.	Private sector training programs.
	Case management.	Skill upgrading and retraining.
	Short-term pre- vocational services.	Entrepreneurial training.
		Job readiness training.
		Adult education and literacy activities in combination with training.
		Customized training.

Self-Service and Informational Activities

According to the Code of Federal Regulations (CFR), Title 20, Part 666.140(a)(2), **self-service** and **informational activities** are those core services that are made available to the general public; that are designed to inform and educate individuals about the labor market, their employment strengths and weaknesses and the range of services appropriate to their situation, and that do not require significant staff involvement with the individual in terms of resources or time.

The DOL interprets the critical terms above as follows:

Self-service occurs when clients serve themselves in accessing information about the WIA program and related activities in either a physical location, such as a One-Stop

Career Center resource room or partner agency, or remotely via the use of electronic technologies.

Informational activities may include both self-service and staff-assisted core services that are designed to inform and educate a client about the labor market and to enable a client to identify his or her individual employment strengths, weaknesses and the range of services appropriate for the client.

Table 2: "Universal Access Only" Application Form Required Fields

A "Universal Access Only" Application form does not need to be entered completely before it may be filed. Only the following fields are required to file this type of application:

Field #	Field Name	Field #	Field Name
00	Application Number	05	Last Name
02	Social Security Number	06	First Name/Middle Initial
03	Universal Access Only	14a	Citizen
04	Application Date	14b	Eligibility to Work in the U.S.

Employment Development Department
State of California

WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name

00 Application Number

01 Agency Code

02 Social Security Number

03 Universal Access Only 1 Yes 2 No	04 Application Date	05 Last Name	06 First Name / Middle Initial

07 Street Address (Residence)	City / State (Residence)	08 ZIP (Residence)	09 Phone (Residence) ( )
10 Mail Street	Mail City / State	11 Mail ZIP	12 Message Phone ( )

13 GEO Code (Optional)	14a Citizen 1 Yes 2 No	14b Eligibility to Work in the U.S. 1 Yes 2 No	16 Gender 1 Female 2 Male	17 Birthdate	18 Age	19 Assessed 1 Yes, WIA Assessed 2 Yes, Non-WIA Assessed 3 Not Assessed	20 Selective Service Registration 1 Yes, Registered 2 No, Not Registered 3 Exempt From Registration 4 Not Required
	15 Alien Doc #						

21 Race (select one or more)

- AA Asian Indian
- AB Cambodian
- AC Chinese
- AD Filipino
- AE Guamanian
- AF Hawaiian
- AG Japanese
- AH Korean
- AI Laotian
- AJ Samoan
- AK Vietnamese
- AL Other Asian/Pacific Island
- AO Other Asian
- BL Black – Not Hispanic
- HI Hispanic
- NA American Indian/Alaskan Native
- WH White – Not Hispanic

Concurrent Participation

22	Adult Education	1 Yes	2 No
23	Job Corps	1 Yes	2 No
24	Migrant Seasonal Farmworker	1 Yes	2 No
25	Native American Program	1 Yes	2 No
26	Veterans' Workforce Investment Programs	1 Yes	2 No
27	a. Veterans' DVOP	1 Yes	2 No
	b. Veterans' LVER	1 Yes	2 No
28	Trade Adjustment Act	1 Yes	2 No
29	NAFTA-TAA	1 Yes	2 No
30	Vocational Education	1 Yes	2 No
31	Vocational Rehabilitation	1 Yes	2 No
32	Wagner-Peyser	1 Yes	2 No
33	WtW-Participant	1 Yes	2 No
34	Title V Activities (OAA)	1 Yes	2 No
35	Comm Srvc Blk Grant Program	1 Yes	2 No
36	HUD Program	1 Yes	2 No
37	Other non-WIA Program	1 Yes	2 No
38	Rapid Response	1 Yes	2 No
39	Rapid Response – Additional Assistance	1 Yes	2 No
40	TANF	1 Yes	2 No
41	Food Stamp Training Program		

42 Disabled
1 Yes, Major
2 Yes, Substantial
3 No

43 Limited English
1 Yes
2 No

44 Substance Abuse
1 Yes
2 No

45 Basic Skills Deficient
1 Yes
2 No
9 Not Applicable

46 Offender
1 Yes
2 No
9 Not Applicable

47 Pregnant / Parenting Youth
1 Yes
2 No
9 Not Applicable

48 Youth Needing Assistance (Additional Barriers)
1 Yes
2 No
9 Not Applicable

49 Runaway Youth
1 Yes
2 No
9 Not Applicable

50 Foster Child
1 Yes
2 No
9 Not Applicable

51 Family TANF
1 Yes
2 No

52 Family GA 1 Yes 2 No	53 Family RCA 1 Yes 2 No	54 Family SSI 1 Yes 2 No	55 Family Food Stamps 1 Yes, Eligible 2 Yes, Receiving 3 No	56 Number in Family	57 Number of Dependents < Age 18	58 Family Status 1 Parent in one-parent family 2 Parent in two-parent family 3 Other family member 4 Not a family member 5 Not reported

59 Family Income (Prior 6 mos)	60 Low Income 1 Yes 2 No	61 TANF Exhaustee 1 Yes 2 No	62 Homeless 1 Yes 2 No 9 Not Applicable	63 Poor Work History 1 Yes 2 No	64 Unemployment Insurance 1 Yes, UI Claimant 2 Yes, UI Exhausted 3 No

65 Veteran Status 1 Yes, <= 180 days 2 Yes, > 180 days 3 No	66 Disabled Veteran 1 Yes 2 Yes, Special disabled 3 No	67 Veteran Separation Date	68 Recently Separated Veteran 1 Yes 2 No	69 Campaign Veteran 1 Vietnam-era 2 Other Campaign Veteran 3 No	70 Spouse of Qualifying Veteran 1 Yes 2 No

Employment Development Department
State of California

WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name	
Application Number	
Agency Code	
Social Security Number	

Last Name	First Name / Middle Initial

71 Highest Grade Completed	72 Education Status 1 Student, H.S. or less 2 Student, attending post H.S. 3 Out-of-School, H.S. dropout 4 Out-of-School, H.S. grad, employment difficulty 5 Out-of-School, H.S. grad, no employment difficulty 6 Alternative School	73 Reading Grade	74 Reading Score	75 Reading Test	76 Reading Version

77 Math Grade	78 Math Score	79 Math Test	80 Math Version

81 Labor Force Status 1 Employed 2 Not employed	82 Weeks Not Employed Last 26 Weeks	83 Hourly Wage	84 Referred by WPRS (Profiling) 1 Yes 2 No

85 Dislocated Worker 1 Terminated or Laid-Off 2 Received Notice of Layoff 3 Long Term Unemployed 4 Self Employed 5 Displaced Homemaker 9 Not Applicable	86 Dislocation Date	87 Job Code at Dislocation	88 Job Title

89 Dislocation Industry Code	90 Tenure at Employer of Dislocation (months)	91 Client's E-mail Address

92 Employer Number	93 Employer Name

Employer Address	Employer City	Employer State / ZIP	Employer Telephone ( )

94 Eligibility			
A Adult WIA	F Youth (age 14 _ 18)	I 5% Window Youth (age 14 – 18)	Does client meet priority of service in Department of Labor veterans training program (Public Law 107-288)? Y Yes N No
B Adult Low Income	G Youth (age 19 – 21)	J 5% Window Youth (age 19 – 21)	
D Dislocated Worker	H Veteran Grant	N Long Term Unemployed	
		X Not Eligible	

Signature of Interviewer	95 Interviewer ID	Date
Signature of Reviewer	96 Reviewer ID	Date

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date	Signature of Parent, Guardian or Responsible Adult	Date

Remarks:

Field Requirements for Filing an Application Form

The Application form does not need to be entered completely before it may be filed. A partial Application form can be filed, but the Enrollment/Registration form cannot be entered against the Application form until it has been entered completely and error-free.

When all required fields have been entered, staff should press the **<F5>** key to file the Application form. If there are errors or missing data on the Application form, staff will be prompted to go to the error to correct it. This must be done prior to entering the Enrollment/Registration form. When the Application form has been entered with no errors or missing data, **"YES"** will appear in the field **"EWIR Complete"**. An incomplete Application form may be filed and updated at a later time, but no enrollments/registrations will be allowed until the **"EWIR Complete"** field displays **"YES"**.

If you requested an auto-generated application number, the application number will be generated at this time. The application number should be recorded on the Application form, as it will be used to complete other WIA client forms.

Sample Entry Screens

The Application form can be accessed by entering the program's mnemonic **"EWIR"** anywhere within the JTA system menu environment. After entering the mnemonic, the following data entry screen will be displayed:

EWIR--Screen 1

EWIR Enter WIA Application Form

00	App Num	16	Gender
01	Agcy Code	17	Birthdate / /
02	SSN - -	18	Age
03	Univ Access 2	19	Assessed
04	App Date / /	20	Selective Srvc Reg
05	Last Name	21	Race
06	First MI	22	Adult Education
07	Strt Adrs	23	Job Corps
	City	24	Migrant Seasonal Farmworker
	St	25	Native American Pgm
08	ZIP -	26	Vet Wrkfrce Inv Pgm
09	Phone	27	a. Veterans' DVOP
10	Mail Strt		b. Veterans' LVER
	Mail City	28	Trade Adjustment Act
	Mail St	29	NAFTAA-TAA
11	Mail Zip -	30	Vocational Education
12	Msg Phone	31	Vocational Rehab
13	GEO	32	Wagner-Peyser
14	a. Citizen	33	WTW Participant
	b. Eligibility to Work in the U.S.	34	Title V Actvy (OAA)
15	Alien Doc	35	Comm Srvc Blk Grnt
		36	HUD Pgm

EWIR--Screen 2

EWIR Enter WIA Application Form

37	Other Non-WIA Pgm	57	Number of Dependents	
38	Rapid Response	58	Family Status	
39	Rapid Resp Addl Asst	59	Family Inc (Prior 6 mos)	0
40	TANF	60	Low Income	
41	Food Stamp Training Pgm	61	TANF Exhaustee	
42	Disabled	62	Homeless	
43	Limited English	63	Poor Work History	
44	Substance Abuse	64	Unemployment Insurance	
45	Basic Skills Deficient	65	Veteran Status	
46	Offender	66	Disabled Veteran	
47	Pregnant/Parenting Youth	67	Veteran Sep Date	/ /
48	Youth Needing Asst (Addtl Barriers)	68	Recent Sep Vet	
49	Runaway Youth	69	Campaign Veteran	
50	Foster Child	70	Spouse of Qualifying Vet	2
51	Family TANF	71	Highest Grade Complete	
52	Family GA	72	Education Status	
53	Family RCA	73	Reading Grade	
54	Family SSI	74	Reading Score	
55	Family Food Stamps	75	Reading Test	
56	Number in Family	76	Read Version	

EWIR -- Screen 3

EWIR Enter WIA Application Form

77	Math Grade	92	Employer Number	
78	Math Score	93	Emp Name	
79	Math Test		Emp Address	
80	Math Version		Emp City	
81	Labor Force Status		Emp St / ZIP	-
82	Wks Not Empld Last 26		Emp Telephone	
83	Hourly Wage	94	Eligibility	
84	Referred by WPRS	95	Interviewer ID	
85	Dislocated Worker	96	Reviewer ID	
86	Disloc Date / /		EWIR Complete	NO
87	Job Cd at Disloc			
88	Job Title			
89	Disloc Industry Code			
90	Tenure Dislocation			
91	Client E-mail Address			

Line Item Instructions

The following are line item instructions for completing and entering the Application form into the JTA system.

For detailed instructions on the JTA system, please refer to the instructions marked with this icon.

Subgrantee Name (Optional)	Record the name of the subgrantee.
00 Application Number	The application number may be preprinted on the Application form. The application number can also be auto-generated using the JTA system by pressing **<Enter>** and selecting **"Y"** at the prompt.
01 Agency Code (Optional)	Record the code that has been assigned by the subgrantee to the service provider that conducts the initial intake interview. If the agency code is not known, staff may use the **<F1>** key to display a list of agency codes.
02 Social Security Number (SSN)	Record the client's Social Security number (SSN). If the client chooses not to provide his or her SSN, a pseudo-SSN may be assigned to the client so long as it is obvious that the pseudo-SSN is not a real SSN (e.g. 999-99-9999). A pseudo-SSN may result in a negative performance outcome if the client's actual SSN is not recorded prior to transmittal.
03 Universal Access Only	Select the appropriate number. **1** **Yes—**Send the client's information to the State if the client is not already enrolled/registered. The State will match the non-enrolled/registered client's SSN to the Unemployment Insurance Base Wage File to determine quarterly earnings information for the client. The client will not count in performance measurements. Only LWIAs can receive earnings information on universal access clients. **2** **No—**Non-LWIAs must select this number.
04 Application Date	Record the date the Application form is completed (MM/DD/YYYY).

05 Last Name	Record the client's last name. If the client has a previous Application form on file and is using a different last name, you will be asked if the client's last name should be changed.
06 First Name/Middle Initial	Record the client's first name and middle initial. If the client has a previous Application form on file and is using a different first name, you will be asked if the client's first name and middle initial should be changed.
07 Street Address (Residence)	Record the street address where the client resides including apartment numbers and/or letters. Post office box and/or RFD numbers are acceptable for homeless individuals and for those who live in rural areas.
City/State (Residence)	This item is auto-populated based on the ZIP code entered in field #8 and cannot be manually entered.
08 ZIP (Residence)	Record the ZIP code for the client's residence. This may be a city outside of the area and/or outside of the State. A lookup table will appear with the city for that ZIP code. If the correct city is displayed, use your arrow key to highlight the city and press **<Enter>**. If the correct city is not displayed, select the **"edit"** option. This will allow you to enter the new city for the selected ZIP code. Record **"XX"** for a country outside the U.S., and "**00000**" for a zip outside the U.S.
09 Phone (Residence) (Optional)	Record the client's phone number for his or her residence including the area code. If the client does not have a phone number for his or her residence, record a phone number in field #12 where the client can receive messages.
10 Mail Street (Optional)	Record the client's mailing address if different from the residence address. The mailing address must be entered if the residence address has been left blank. If the mailing address is the same as the residence address, press **<Enter>** to skip to the next field.
Mail City/State (Optional)	This item is auto-populated based on the ZIP code entered in field #11 and cannot be manually entered.

11 Mail ZIP (Optional)	Record the ZIP code for the client's mailing address. This may be a city outside of the area and/or outside of the state. A lookup table will appear with the city for that ZIP code. If the correct city is displayed, use your arrow key to highlight the city and press **<Enter>**. If the correct city is not displayed, select the **"edit"** option. This will allow you to enter the new city for the selected ZIP code. Record **"XX"** for a country outside of the US, and "**00000**" for a ZIP outside of the US.
12 Message Phone (Optional)	Record a phone number, including the area code, where the client can receive messages. This number should be different from field #09. If the message phone number is the same as the residence phone number, press **<Enter>** to skip to the next field.
13 GEO Code (Optional)	Record the appropriate geographic code assigned by the subgrantee. If the geographic code is not known, staff may use the **<F1>** key to display a list of agency codes.
14 (A) Citizen (Optional)	Select whether the client is a U.S. citizen using the number below. Clients must be U.S. citizens or eligible non-citizens to receive WIA-funded services. **1 Yes** **2 No**
14 (B) Eligibility to Work in the U.S.	Select whether the client is eligible to work in the U.S. **1 Yes** **2 No** The documentation of an individual's right-to-work must be conducted in compliance with the Code of Federal Regulations (CFR), Title 8, Section 274(a)(2). The requirements and procedures contained in 8 CFR 274(a)(2) are published as the Form I-9 and take precedence over any State statute or regulation governing alien status determination.

15 Alien Doc # (Optional)	Record the client's Alien Registration Number, if applicable.
16 Gender	Select the appropriate number. **1 Female** **2 Male**
17 Birthdate	Record the client's birth date (MM/DD/YYYY).
18 Age	Record the client's age at time of application. If the client's age is less than 14 years of age, the following message will appear: **"Age less than 14. Please check birth date and re-enter."** If the age is entered incorrectly, the following message will appear: **"Age incorrect, calculated age = (displays computed age)."**
19 Assessed (Optional)	Select the appropriate number. An initial assessment is a brief, preliminary information gathering process to determine the individual's skill levels, aptitudes, interests, employability and other needs. **1 Yes, WIA Assessed—**An initial assessment has been conducted by a WIA funded provider. **2 Yes, Non-WIA Assessed—**An assessment has been conducted by a non-WIA funded agency. **3 Not Assessed—**An initial assessment has not been conducted.

20 Selective Service Registration	Select the appropriate number from below. A client enrolled in the WIA Program must meet the requirements of Section 3 of the Military Selective Service Act (United States Code (USC), Title 50, Section 453). Each non-exempt male individual who has reached his 18th birthday and until the age of 26 (including those who have been released from active military duty) must certify that he has registered with the Selective Service system before participating in, or receiving any benefit or assistance from, WIA programs. **1 Yes, Registered—**The client has registered in accordance with the Military Selective Service Act. **2 No, Not Registered—**The client has not registered in accordance with the Military Selective Service Act. This individual is not eligible for WIA. **3 Exempt From Registration—**This list includes: a. Military Officer Procurement Program students at the Citadel, North Georgia College, Norwich University and the Virginia Military Institute; b. Men who are hospitalized, incarcerated, or institutionalized (must register within 30 days of release); and c. Lawful non-immigrants on visas; and d. Men who entered the U.S. after attaining their 26th birthday. **4. Not Required—**The Selective Service requirement does not apply to: a. Females; b. Males born prior to January 1, 1960, or c. Males who have not yet reached their 18th birthday; d. Cadets and midshipmen at the service academies; and e. Men on active duty in the Armed Forces. To obtain the choice list, press **<F1>** and a list of valid codes will be displayed.

21 Race/Ethnicity ***If the client chooses not to provide his or her race and/or ethnicity, the caseworker should complete this field to the best of his or her ability.***	Select one or more: **AA Asian Indian** Persons who indicate their race as Asian Indian, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Bengali, Bharati, Dravidian, East Indian, Goanese, Hindu India, Kashmiri, or South Asian. **AB Cambodian** Persons who indicate their race as Cambodian. Cambodia is a former name for the Khmer Republic. **AC Chinese** Persons who indicate their race as Chinese, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Cantonese, Formosan, Taiwanese, or Tibetan. **AD Filipino** Persons who indicate their race as Filipino, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Filipino American or Philippine. **AE Guamanian** Persons who indicate their race as Guamanian, as well as persons, who did not classify themselves in one of the specific race categories, but reported entries such as Chamorro or Guam. **AF Hawaiian** Persons who indicated their race as Hawaiian native, i.e., an individual whose ancestors were natives, prior to 1778, of the area which now comprises the state of Hawaii. **AG Japanese** Persons who indicated their race as Japanese, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Nipponese or Japanese American. **AH Korean** Persons who indicated their race as Korean or Korean American. **AI Laotian** Persons who indicated their race as Laotian.

Race/Ethnicity (Continued) ***If the client chooses not to provide his or her race and/or ethnicity, the caseworker should complete this field to the best of his or her ability.***	**AJ** **Samoan** Persons who indicated their race as Samoan, American Samoan or Western Samoan. **AK** **Vietnamese** Persons who indicated their race as Vietnamese. **AL** **Other Asian/Pacific Islanders** Persons who indicated their race as Pacific Islander with categories other than the eleven categories listed above, e.g., Maoris, Fiji Islander, Tahitian or Thai. **AO** **Other Asian** A person who indicated their race as Asian other than the categories listed above, e.g., Hmong, Indo-Chinese, or Pakistani. **BL** **Black—Not Hispanic** A person having origins in any of the black racial groups of Africa. **HI** **Hispanic** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin (including Spain), regardless of race. Among persons from Central and South American countries, only those who are of Spanish origin, descent, or culture should be included in this category. Persons from Brazil, Guiana, and Trinidad, for example, would be classified according to their race, and would not necessarily be included in this category. Also, the Portuguese should be excluded from this category and should be classified by their race. **Note: Federal statutes require ethnicity information to be collected separately from race information. If the Hispanic or Latino ethnicity is selected, a client's race should also be identified.** **NA** **American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition. **WH** **White—Not Hispanic** A person having origins in any of the original people of Europe, North Africa, or the Middle East.

22-41 Concurrent Participation	For items #22 through #41, indicate if the client is participating in any of the following programs by selecting the appropriate number. These items may be updated at anytime while the client is receiving WIA services (except follow-up services). **1** **Yes—**The client receives services from this source other than informational or self-service only. This activity is coordinated with the individual's WIA activities by inclusion in their WIA service plan or through the follow-up services. **2** **No—**The client is not receiving WIA services from this source other than informational or self-service only. **WIA Programs for Items #22 through #41** **22 Adult Education** Adult education, basic skills and/or literacy services provided under WIA Title II. These services must be offered in combination with other allowable training services (not including customized training). **23 Job Corps** Services for youth ages 16 through 24 provided under WIA Title I. **24 Migrant Seasonal Farmworker (MSFW) Programs** Services (including youth activities) provided under WIA Section 167 are for eligible migrant and seasonal farmworkers, which may include employment, training, educational/literacy assistance, an English language program, worker safety training, housing, supportive services, dropout prevention activities, followup services for individuals placed in employment, self-employment and related business enterprise development education as needed by eligible MSFWs. Migrant Farmworker: An eligible seasonal farmworker whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day.

Concurrent Participation (Continued)	Seasonal Farmworker: A disadvantaged person, who, for 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agricultural labor. **25 Native American Programs** Services for Indian, Alaska Native and Native Hawaiian individuals provided under WIA Section 166. **26 Veterans' Workforce Investment Programs** Services provided to veterans under WIA Section 168. **27 a. Disabled Veterans' Outreach Program (DVOP) Specialist** Services provided to veterans with an emphasis on veterans with service-connected disabilities. **27 b. Local Veterans' Employment Representative (LVER)** Services provided to veterans through local employment offices. **28 Trade Adjustment Act (TAA)** Services funded by the TAA. **29 North American Free Trade Agreement (NAFTA-TAA)** Services funded by the NAFTA-TAA. **30 Vocational Education** Services provided under the Carl D. Perkins Vocational and Applied Technology Education Act (20 U.S.C. 2471). **31 Vocational Rehabilitation** Services provided under WIA Title IV. **32 Wagner-Peyser** Services funded under the Wagner-Peyser Act.

Concurrent Participation (Continued)	**33 Welfare-to-Work (WTW)** Services provided under 20 CFR 645. **34 Title V Activities—Older Americans Act (OAA)** Services provided under Title V of the OAA (42 U.S.C. 3056 et seq.). **35 Community Service Block Grant Program** Services provided under 42 U.S.C. 9001 et seq. **36 Housing and Urban Development (HUD) Program** Any employment and training services funded by the Department of Housing and Urban Development. **37 Other non—WIA Program** Any non-WIA program not listed above that provided the individual with services authorized under WIA. Record only those programs that 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. **38 Rapid Response** An individual who participated in rapid response activities before WIA registration as outlined in WIA Section 134(a)(2)(A)(I). **39 Rapid Response—Additional Assistance** An individual who participated in a program funded by the State under WIA Section 134(a)(2)(A)(ii). **40 Temporary Assistance for Needy Families (TANF) Services** Receiving cash assistance or other services under the TANF program **41 Food Stamp Training Program** Any employment and training services as described in Section 6(d) of the Food Stamp Act of 1977.

42 Disabled	Select **"Yes"** (codes 1 or 2) if the individual states they have a physical or mental impairment that substantially limits one or more of the major life activities. The individual's statement is sufficient. Because of specific confidentiality requirements with respect to medical information, medical records should not be requested to validate the individual's statement. **1 Yes, Major—**The client has a record of such impairment. **2 Yes, Substantial—**The impairment may not be recorded but constitutes a substantial impediment to employment. **3 No—**The client states that he or she does not have a disability.
43 Limited English	Select the appropriate number. **1 Yes—**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. **2 No**
44 Substance Abuse	Select the appropriate number. **1 Yes—**The client requires substance abuse treatment in order to obtain employment. **2 No**
45 Basic Skills Deficient	Select the appropriate number. **1 Yes—**The client meets the local definition of basic skills deficient. Which must include a determination that an individual: a. Computes or solves problems, reads, writes or speaks English at or below grade level 8.9; or b. 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. **2 No** **9 Not Applicable**

46 Offender	Select the appropriate number. **1 Yes—**The client (adult or juvenile) who is or has been subject to any stage of the criminal justice process, for whom WIA services may be beneficial or who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction. **2 No** **9 Not Applicable**
47 Pregnant/ Parenting Youth ***(For Youth Clients Ages 14-24)***	Select the appropriate number. **1 Yes—**The client is under 22 years of age and is pregnant, or a youth (male or female) that provides custodial care for a minor child. **2 No** **9 Not Applicable**
48 Youth Needing Assistance (Additional Barriers) ***(For Youth Clients Ages 14-24)***	Select the appropriate number. Local policy must set the criteria for what constitutes additional barriers to completing an educational program or securing employment. **1 Yes—**The client is between 14 and 21 years of age and requires additional assistance to complete an educational program, or to secure and hold employment. **2 No** **9 Not Applicable**
49 Runaway Youth ***(For Youth Clients Ages 14-24)***	Select the appropriate number. **1 Yes—**The client is a youth (14-17) who absents his or herself from home or place of legal residence without the permission of parents or legal guardian. **2 No** **9 Not Applicable**
50 Foster Child ***(Optional)***	Select the appropriate number. **1 Yes—**The client is a foster child on behalf of whom state or local government payments are made. **2 No** **9 Not Applicable**

51 Family TANF	Select the appropriate number. **1 Yes—**The client is listed on the grant and/or is receiving assistance under the Temporary Assistance to Needy Families (TANF) program at any time during WIA participation. Also include participants 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 No**
52 Family GA	Select the appropriate number. **1 Yes—**The client is listed on the grant and/or is receiving cash assistance under a General Assistance (GA) program. **2 No**
53 Family RCA	Select the appropriate number. **1 Yes—**The client is listed on the grant and/or is receiving cash assistance under a Refugee Cash Assistance (RCA) program. **2 No**
54 Family SSI	Select the appropriate number. **1 Yes—**The client is listed on the grant and/or is receiving cash assistance under the Supplemental Security Income (SSI) program (SSI-SSA Title XVI). **2 No**
55 Family Food Stamps	Select the appropriate number. **1 Yes, Eligible—**The client has been determined to be eligible to receive food stamps pursuant to the Food Stamp Act of 1977 (7 USC 2011 et seq.) within the six-month period prior to WIA application. **2 Yes, Receiving—**The client receives, or is a member of a family that receives food stamps pursuant to the Food Stamp Act of 1977 (7 USC 2011 et seq.) **3 No**

56 Number in Family	Record the total number of family members, including the client, in the individual's household. Include family members who are voluntarily and temporarily residing elsewhere, for example, attending college or visiting relatives. A stepchild or stepparent is considered to be related by marriage.
57 Number of Dependents	Record the number of the client's dependents that are under the age of 18.
58 Family Status	Select the appropriate number. A client's family status is necessary to determine the appropriate WIA economic eligibility. As defined in WIA Section 101(15), the definition of family is 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: A. Husband, wife, and dependent children. B. A parent or guardian and dependent children. C. A husband and wife. **1 Parent in one-parent family—**A single, abandoned, separated, divorced, or widowed parent who has primary responsibility for one or more dependent children under age 18. **2 Parent in two-parent family—**An individual who, with his/her spouse, shares custodial support for one or more dependent children, residing in the same residence. **3 Other family member—**An individual who is living with his or her family of two or more persons and is not a parent. **4 Not a family member—**An individual who is not living with his or her family, i.e. single individual without dependents. This also may be an individual who is: a. Homeless; b. Disabled, living with his or her family or not; c. A foster child, on behalf of who State and local government payments are made. d. Court Adjudicated youth separated from the family (including incarcerated youth), homeless, runaway, and emancipated youth. **5 Not reported**

59 Family Income (Prior six-months)	Enter the ***whole dollar*** amount that the client (and the client's family, if applicable) received as income for the six-month period prior to the application. Exclude unemployment insurance compensation, child support payments, public assistance program payments and old age and survivors insurance benefits received under Section 202 of the Social Security Act (42 USC 402). A client, who is disabled, as noted in field #42, should exclude the income of family members.
60 Low Income	Select the appropriate number. An applicant's income status is necessary to determine the appropriate WIA eligibility. **1** **Yes—**The client is in one or more of the following categories. **2** **No—**The client does not fit into the following categories: a. The client receives, or is a member of a family which receives cash payments under a federal, state, or income-based public assistance program. b. The client receives an income, or is a member of a family that received a total family income, [exclusive of unemployment insurance compensation, child support payments, public assistance program payments, and old-age and survivors insurance benefits received under Section 202 of the Social Security Act (42 USC 402)], for the six-month period prior to WIA application that, in relation to family size does not exceed the higher of: (1) The poverty guideline for the equivalent period; or (2) 70 percent of the lower living standard income level, for an equivalent period. c. The client 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 Stamps under the Food Stamp Act of 1977. d. The client is a homeless individual, as defined in field #62.

Low Income (Continued)	e. The client is a foster child on behalf of whom State or local government payments are made. f. The client is an individual with a disability who meets the requirement of a program described in items a. or b. above, but who is a member of a family that does not meet such requirements.
61 TANF Exhaustee (Optional)	Select the appropriate number, if applicable. **1 Yes—**The client has exhausted all TANF benefits for which the individual has been determined eligible. **2 No**
62 Homeless	Select the appropriate number. **1 Yes—**The client lacks a fixed, regular and adequate nighttime residence; or Has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or Is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. **2 No** **9 Not Applicable**
63 Poor Work History (Optional)	Select the appropriate number. The definition of this field is defined by local policy. **1 Yes** **2 No**
64 Unemployment Insurance	Select the appropriate number. **1 Yes, UI Claimant—**The client is currently receiving unemployment insurance compensation. **2 Yes, UI Exhausted—**The client was receiving unemployment insurance compensation, but has exhausted claim benefits. **3 No—**The client was neither a UI claimant nor an exhaustee.

65 Veteran Status	Select the appropriate number. **1 Yes, less than or equal to 180 days—**The client served in the active US military, naval, or air service for a period less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable. **2 Yes, greater than 180 days—**The client served as above for greater than 180 days. **3 No**
66 Disabled Veteran ***(Skips if #65 is "3")***	Select the appropriate number. **1 Yes—**The client is a veteran entitled to disability compensation regardless of rate (include those rated at 0%) for a disability under laws administered by the Department of Veterans' Affairs (VA) or was discharged or released from active duty because of a service-connected disability. **2 Yes, Special disabled—**The client is rated at 30 percent disabled or more by the VA, or at 10 or 20 percent for a serious employment disability. **3 No**
67 Veteran Separation Date ***(Skips if #65 is "3")***	Record the date the client was discharged or released from active US military, naval, or air service. (MM/DD/YYYY).
68 Recently Separated Veteran ***(Skips if #65 is "3")***	Select the appropriate number. **1 Yes—**The client is a veteran who applied for WIA Title I within 48 months after discharge or release from active US military, naval, or air service. **2 No**

69 **Campaign Veteran** ***(Skips if #65 is "3")***	Select the appropriate number. **1** **Vietnam-Era—**The client is a veteran who served in the active US military, naval, or air service, and who was discharged or released from such service under conditions other than dishonorable during the Vietnam-era. (The period beginning on February 28, 1961, and ending on May 7, 1975, in the case of a veteran who served in the Republic of Vietnam during that period and the period beginning on August 5, 1964, and ending on May 7, 1975, in all other cases.) **2** **Other Campaign Veteran—**The client is a veteran who served on active duty in the US armed forces during a war or campaign or expedition for which a campaign badge or expeditionary medal has been authorized. For the most current information, please check the Office of Personnel Management Web site at www.fedshirevets.gov/hire/hrp/vetguide/index.aspx. **3** **No**
70 ***Spouse of Qualifying Veteran***	Select the appropriate number. **1** **Yes—**The client is: a. A surviving spouse of a veteran who died as a result of a service-connected disability; including the surviving spouse of a veteran who died in the active military, naval or air services and the surviving spouse of a veteran who was totally disabled at the time of death. b. A spouse of an active duty service member who has for a period of at least 90 days been missing in action, captured by a hostile force or forcibly detained or interned in line of duty by a foreign government. c. A spouse of a veteran who is totally disabled due to a service connected disability. **2** **No—**The client is not the spouse of a veteran who falls into one of the above categories.

71 Highest Grade Completed	Record the highest number that applies to the client. **0** No school grades completed. **1-11** Number of elementary/secondary grades completed. Individuals who completed 12th grade but did not receive a diploma or equivalent are to be coded 11. Disabled participants who received a Certificate of Completion or an Individual Education Plan diploma are to be coded as 11. **12** High School graduate. **13-15** If a high school graduate, the number of school years completed including college or full-time technical or vocational school. **16** Bachelor's degree or equivalent. **17** Education beyond the Bachelor's degree. **88** Attained certificate of equivalency for a high school degree (e.g., GED). **89** Certificate of competency **90** Other postsecondary education

72 Education Status at Application	Select the appropriate number. **1 Student, H.S. or less—**The client is not a high school graduate (or equivalent) and is attending any school (including elementary, intermediate, junior high school, secondary or post secondary school) or is between school terms and intends to return to school. **2 Student, attending post H.S.—**The client is a high school graduate (or equivalent) and is attending a post secondary school or is between school terms and intends to return to school. **3 Out-of-School, H.S. dropout—**The client is not attending any school and is not a high school graduate. **4 Out-of-School, H.S. grad, employment difficulty—**The client is not attending any school, is a high school graduate, and is basic skills deficient, unemployed, or underemployed. **5 Out-of-School, H.S. grad, no employment difficulty—**The client is not attending any school, is a high school graduate and is not basic skills deficient and not unemployed and not underemployed. **6 Alternative School -** Attending Alternative school.
73 Reading Grade	Record the client's grade level equivalent in English reading as determined by a generally accepted standardized or criterion-referenced test (administered within the last 12 months) or a school record of reading level (administered within the last 12 months). **<u>Grade Level Codes</u>:** **0-12.9** Grade level equivalent test result **13.0** Grade 13 to 15 **87.0** Not tested and obviously below the 9th grade level **88.0** Refused testing, could not be tested or testing was not needed **89.0** Individuals whose highest grade is equal to 16 or above.
74 Reading Score (Optional)	Record the client's raw score in reading English as determined by a generally accepted standardized or criterion-referenced test.

75 Reading Test (Optional)	If a raw score is reported in field #74, record the code for the test that was administered from the list below. **001** Adult Basic Learning Examination (ABLE) **002** DOL Workplace Literacy Test (DOL-WLT) **003** Adult Literacy Test (ALT) **004** Armed Forces Qualifying Test (AFQT) **005** Basic Occupational Literacy Test (BOLT) **006** California Achievement Test (CAT) **007** Career Ability Placement Survey (CAPS) **008** Comprehensive Adult Student Assessment System (CASAS) Appraisal **009** CASAS Survey Achievement Tests **010** General Aptitude Test Battery (GATB) **011** Iowa Test of Basic Skills (ITBS) **012** Metropolitan Achievement Test (MAT) **013** Reading Job Corps Screening Test (RJCST) **014** Tests of Adult Basic Education (TABE) **015** Wide Range Achievement Test (WRAT) **016** Other
76 Read Version (Optional)	If a raw score is reported in field #74, record the version of the Reading Test in field #75 that was administered to the client.

77 Math Grade	Record the client's grade level equivalent in computational skills as determined by a generally accepted standardized or criterion-referenced test (administered within the last 12 months) or a school record of reading level (administered within the last 12 months). **Grade Level Codes:** **0-12.9** Grade level equivalent test result **13** Grade 13 to 15 **87** Not tested and obviously below the 9th grade level **88** Refused testing, could not be tested or testing was not need **89** Individuals whose highest grade is equal to 16 or above.
78 Math Score (Optional)	Record the client's raw score in computation skills as determined by a generally accepted standardized or criterion-referenced test.
79 Math Test (Optional)	If a raw score is reported in field #78, record the code for the test that was administered from the list below. **001** Adult Basic Learning Examination (ABLE) **004** Armed Forces Qualifying Test (AFQT) **006** California Achievement Test (CAT) **007** Career Ability Placement Survey (CAPS) **008** Comprehensive Adult Student Assessment System (CASAS) Appraisal **009** CASAS Survey Achievement Tests **010** General Aptitude Test Battery (GATB) **011** Iowa Test of Basic Skills (ITBS) **012** Metropolitan Achievement Test (MAT) **014** Tests of Adult Basic Education (TABE) **015** Wide Range Achievement Test (WRAT) **016** Other

80 Math Version (Optional)	If a raw score is reported in field #78, record the version of the Math Test in field #79 that was administered to the client.
81 Labor Force Status (Optional)	Select the appropriate number. **1 Employed—**An individual employed at the date of participation is one who: Did any work at all as a paid employee on the date participation occurs (except the individual is not considered employed if; (a) he/she has 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 (b) he/she is a transitioning service member. Did any work at all in his/her own business, profession, or farm; Worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family; or Was not working, but has a job or business from which he/she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, regardless of whether paid by the employer for time off, and regardless of whether seeking another job. **2 Not employed—**An individual is also considered not employed at the date of participation when he/she (a) did no work at all as a paid employee on the date participation occurs, (b) has received a notice of termination of employment or the employer has issued a WARN or other notice that the facility or enterprise will close, or (c) Is a transitioning service member.
82 Weeks Not Employed Last 26 Weeks (Skips if #81 is "1")	Record the number of weeks (1-26) that the client was not employed during the 26 weeks immediately prior to applying for WIA. This field will be skipped if Labor Force status in field #81 is 1 (employed or left blank).

83 Hourly Wage (Optional)	Record the hourly wage the client earned or is earning. If the individual is paid by commission or receives a salary, you can convert to the hourly wage by dividing the amount paid by the number of hours the individual is working. The term "hourly wage" can include any bonuses, tips, gratuities, commissions, and overtime pay earned. The hourly wage collection should be consistent with the manner that the hourly wage is collected on the follow-up form in order for these figures to be used in estimating the earnings gains for the client.
84 Referred by WPRS (Profiling)	Select the appropriate number. **1 Yes—**The client is an unemployment insurance compensation claimant who has been referred to WIA reemployment services by the Worker Profiling and Reemployment Services (WPRS) system. **2 No**
85 Dislocated Worker (Items #86 through #90 do not apply if number 5 or 9 is selected for item #85)	Select the appropriate number. **1 Terminated, Laid off or Voluntarily terminated employment and is UI eligible** **2 Received Notice of Layoff** **3 Long Term Unemployed** **4 Self Employed** **5 Displaced Homemaker** **9 Not Applicable**
86 Dislocation Date (Skip if Dislocated Worker is 5 or 9)	Record the last day of employment at the dislocation job (MM/DD/YYYY). If there is no dislocation job, (e.g., displaced homemakers), leave blank. If the individual is still employed, this field should be left blank until the qualifying dislocation takes place.
87 Job Code at Dislocation (Optional) (Skip if Dislocated Worker is 5 or 9)	Record the five or six-digit SOC/O*NET, ONET3, OES, or nine-digit DOT code that best describes the individual's type of employment at their place of dislocation. This code should be the one at which the individual is most skilled or the one for the job held longest. NOTE: The choice of Job Code Type (SOC, ONET3, OES) is limited based on system design. The Job Code Type JTA will accept is selected in the Enter System Function Table (ESYS) screen by the JTA System Administrator. If you do not know which Job Code Type your system is configured for, contact your JTA MIS Administrator.

88 Job Title (Optional) ***(Skip if Dislocated Worker is 5 or 9)***	After a valid job code has been entered, the job title will be displayed in this field. Record the title of the job noted in field #89.
89 Dislocation Industry Code (Optional) ***(Skip if Dislocated Worker is 5 or 9)***	Record the first three-digits of the Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) industry code of the qualifying dislocation.
90 Tenure at Employer of Dislocation ***(Skip if Dislocated Worker is 5 or 9)***	Record the number of months ("000") the client was employed at the place of dislocation.
91 Client's E-Mail Address ***(Optional)***	Record the client's e-mail address.
92 Employer Number (Optional)	Record the number assigned to the employer from the list provided by the subgrantee MIS section.
93 Employer Name (Optional)	Record the business name of the employer for whom the client is/was working. After entry of a valid employer number, all employer information will be displayed.
Employer Address	This field will auto-populate after the Employer Number has been entered.
Employer City	This field will auto-populate after the Employer Number has been entered.
Employer State/ZIP	This field will auto-populate after the Employer Number has been entered.
Employer Telephone	Record the employer's contact telephone number including the area code.

94 Eligibility	This field will be populated by the JTA system based on information entered into the Application form. **A Adult WIA** The client is eligible for the Adult WIA program if the individual is age 18 or older. **B Adult Low Income** The client is eligible for the Adult Low Income program if the individual is age 18 or older AND is considered low income, as noted in field Line Item #60, Low Income. WIA Section 134 (d)(4)(E) PRIORITY: Unless the local board determines that funds allocated to a local area for adult employment and training activities are not limited under paragraph (2)(A) or (3) of Section 133(b), priority shall be given to recipients of public assistance and other low income individuals for intensive services and training services. The local board shall direct the one-stop operators in the local area with regard to making determinations related to such priority. **D Dislocated Worker** 1. Has been terminated, voluntarily terminated, laid off or has received a notice of termination or layoff from employment; and a. Is eligible for, or has exhausted, entitlement to unemployment insurance compensation; or b. Is not eligible for unemployment insurance compensation due to insufficient earnings or having performed services for an employer that was not covered under a state unemployment insurance compensation law, but demonstrates a sufficient attachment to the workforce and is unlikely to return to a previous industry or occupation. 2. 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.

Eligibility (Continued)	3. The Client is employed at a facility, has not received a notice but the employer has made a general announcement that the facility will close within 180 days. 4. 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. 5. Is a displaced homemaker. A displaced homemaker means an individual who has been providing unpaid services to family members in the home and who: a. Has been dependent on the income of another family member but is no longer supported by that income; and b. Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. **F Youth (age 14 – 18)** WIA requires that at least 95% of youth served in the Title I B program meet the following criteria in order to be eligible for Youth Services under WIA Section 101(13): 1. The client is age 14 through 18; and 2. Is a low income individual, as defined in WIA Section 101(25), and noted in field #60, Low Income; and 3. Is within one or more of the following categories: a. Deficient in basic literacy skills (in reading and/or math). b. School dropout. c. Homeless, runaway, or foster child. d. Pregnant or parenting. e. An offender. f. An individual (including youth with disabilities) who requires additional assistance to complete an educational program, or to secure and hold employment (WIA Section 101(13)).

Eligibility (Continued)	**G Youth (age 19 – 21)** The client is eligible for Youth services (WIA Section 101(13)), if the following criteria have been met: 1. The client is age 19 through 21; and 2. Is a low income individual, as defined in WIA Section 101(25), and noted in field #60; and 3. Is within one or more of the following categories: a. Deficient in basic literacy skills. b. School dropout. c. Homeless, runaway, or foster child. d. Pregnant or parenting. e. An offender. f. Is an individual (including a youth with a disability) who requires additional assistance to complete an educational program, or to secure and hold employment (WIA Section 101(13)). **H Veteran Grant** The client is eligible for Veteran services (WIA Section 168), if the following criteria have been met: 1. The client is eligible as 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; and 2. Is within one or more of the following categories: a. Service-connected disability. b. Significant barrier to employment. c. Campaign veteran. d. Recently separated veteran.

Eligibility (Continued)	**I 5 Percent Window Youth (age 14 – 18)** WIA allows 5% of participants who do not meet the low-income eligibility requirements to receive services (WIA Section 129 (c)(5). Such individuals must be age 14 through 21 at the time of WIA enrollment; and fall within one or more of the following categories: 1. School dropout. 2. Deficient in basic literacy skills. 3. Educational attainment is one or more grade levels below the grade level appropriate to the age of the individual. 4. Pregnant or parenting. 5. Is disabled, including learning disabilities. 6. Homeless or runaway. 7. Offender. 8. Faces serious barriers to employment as identified by the local board. **J 5 Percent Window Youth (age 19 – 21)** Not more than 5% of participants assisted under WIA Section 129(c)(5) in each subgrantee may be individuals who do not meet the minimum income criteria, as noted in field #60, Low Income, to be considered eligible youth. Such individuals must be age 19 through 21 at the time of WIA application and fall within one or more of the following categories: 1. School dropout. 2. Deficient in basic literacy skills. 3. Educational attainment is one or more grade levels below the grade level appropriate to the age of the individual. 4. Pregnant or parenting. 5. Is disabled, including learning disabilities. 6. Homeless or runaway. 7. Offender. 8. Faces serious barriers to employment as identified by the local board.

Eligibility (Continued)	**K American Recovery and Reinvestment Act (ARRA) Youth (age 14 – 24)** ARRA/WIA requires that at least 95% of youth served in the Title I B program meet the following criteria in order to be eligible for Youth Services under WIA Section 101(13): 1. The client is age 14 through 24; and 2. Is a low income individual, as defined in WIA Section 101(25), and noted in field #60, Low Income; and 3. Is within one or more of the following categories: a. Deficient in basic literacy skills (in reading and/or math). b. School dropout. c. Homeless, runaway, or foster child. d. Pregnant or parenting. e. An offender. f. An individual (including youth with disabilities) who requires additional assistance to complete an educational program, or to secure and hold employment (WIA Section 101(13)). **L 5 Percent Window ARRA Youth (age 14 – 24)** ARRA/WIA allows 5% of participants who do not meet the low-income eligibility requirements to receive services (WIA Section 129(c)(5). Such individuals must be age 14 through 24 at the time of WIA enrollment and fall within one or more of the following categories: 1. School dropout. 2. Deficient in basic literacy skills. 3. Educational attainment is one or more grade levels below the grade level appropriate to the age of the individual. 4. Pregnant or parenting. 5. Is disabled, including learning disabilities. 6. Homeless or runaway. 7. Offender. 8. Faces serious barriers to employment as identified by the local board.

Eligibility (Continued)	**N Long Term Unemployed** The client is eligible for the National Emergency Grant (NEG). The client is eligible as Long Term Unemployed if the following criteria have been met: 1. Client has been unemployed for 15 weeks out of the last 26-weeks; **AND** 2. Are unlikely to return to their normal or usual occupation from which they became unemployed. **X Not Eligible** The client is ineligible for the WIA program.
95 Interviewer ID (Optional)	Record the identification number assigned by the subgrantee for the person responsible for completion of the Application form.
Signature of Interviewer	The person responsible for completion of the Application form must sign here.
Date	Record the date the interviewer completed the Application form (MMDDYYYY).
Signature of Reviewer	The reviewer must sign the Application form. The signature certifies that the proper eligibility has been determined for the WIA program.
96 Reviewer ID (Optional)	Record the identification number assigned by the subgrantee for the person responsible for review.
EWIR Complete	All fields that are required for "EWIR Complete" must have valid values before this field can be changed to **"YES"**.
Date	Record the date the reviewer signed this form (MMDDYYYY).
Signature of Client	Once the Application form has been completed, review the form with the client and have them sign the application form. The client's signature constitutes the client's certification that the application information is true and correct.
Date	Record the date the client signed the application form (MMDDYYYY).
Signature of Parent, Guardian or Responsible Adult	In the case of a client who is a minor (except an emancipated minor), the signature of a parent, guardian or responsible adult is required to certify that the application information is true and correct.

Date	Record the date the parent, guardian or responsible adult signed the Application form.
Remarks	Provide any additional details essential to the Application form.

Upon completion of all the appropriate fields, the record may be filed by pressing the **<F5>** key.

Function Keys

The following function keys are available in this program:

<F1>	Displays a scrolling window with a choice list.
<F2>	Clears all fields of the current function.
<F3>	Exits from the current screen to the previous menu.
<F4>	Moves the cursor from the present field to another field within the form.
<F5>	At time of filing, if an application number is auto-generated, the following prompt will be displayed: **"Please record auto-generated data.** **Press any key to continue."**
<F6>	If there is no case number linked to this application, then it may be deleted. If case records are linked to this application, the following message will be displayed: **"Form may not be deleted, case data exists."**
<F7>	Page back to previous page.
<F8>	Page forward to next page.
<F9>	Moves cursor up to the upper left corner of the screen and prompts for the keyword of the next process the user wishes to call.
<F10>	Displays a window of function keys.
SHIFT <F7>	Displays client history.

CHAPTER 3

Short Application Form (ESAF)

A new Job Training Automation (JTA) system screen is now available for the "short" version of the Workforce Investment Act (WIA) Application (EWIR) form. The Short Application form (ESAF) should only be used for Adult, Dislocated Worker and Trade Adjustment Assistance (TAA) clients. The Short Application form only includes data fields that are required for JTA entry.

The implementation of the Short Application form is a result of the feedback from participants in the Local Learning Lab (LLL) integrated service delivery model, and in response to workflow issues that arose during the implementation of this model. The primary difference between the WIA Application form and the Short Application form is that only required data fields are displayed on the Short Application form. As a result, the WIA Application form captures more demographic and eligibility data than the Short Application form.

Hard or scanned copies of eligibility documents used to establish a client's eligibility for the WIA Program *must* be retained and made available for subsequent review of the client's case file. Staff can indicate which hard or scanned copies of eligibility documents were retained when establishing a client's eligibility for the WIA Program by checking the appropriate boxes on the Documentation of Eligibility form (EDOE). This form is optional for Local Learning Lab (LLL) staff and non-LLL staff.

As a reminder to staff, signed copies of either the WIA Application form or Short Application form should be retained and kept in the client's case file.

A client may have only one active application form on file during an enrollment/registration cycle. While only one application form is active at any time, there can be multiple Enrollment/Registration forms linked to that application form. During the entry of the application form, the JTA system will use the client's Social Security number to determine if an active application form and/or Enrollment/Registration form(s) exist in the JTA system, indicating that the client has not been exited.

Employment Development Department
State of California

SHORT APPLICATION FORM

(ADULT, DISLOCATED WORKER, TRADE ADJUSTMENT ACT ONLY)

Subgrantee Name

00 Application Number

01 Agency Code

02 Social Security Number

04 Application Date

05 Last Name

06 First Name / Middle Initial

07 Street Address (Residence/Mailing Address)

City/State

08 ZIP (Residence)

09 Phone (Residence)

14b Eligibility to Work in the U.S.
1 Yes
2 No

16 Gender
1 Female
2 Male

17 Birthdate

18 Age

20 Selective Service Registration
1 Yes, Registered
2 No, Not Registered
3 Exempt From Registration
4 Not Required

21 Race (select one or more)
AA Asian Indian
AB Cambodian
AC Chinese
AD Filipino
AE Guamanian
AF Hawaiian
AG Japanese
AH Korean
AI Laotian
AJ Samoan
AK Vietnamese
AL Other Asian/Pacific Island
AO Other Asian
BL Black – Not Hispanic
HI Hispanic
NA American Indian/Alaskan Native
WH White – Not Hispanic

24 Migrant Seasonal Farm Worker 1 Yes 2 No
38 Rapid Response 1 Yes 2 No
39 Rapid Response – Additional Assistance 1 Yes 2 No

42 Disabled
1 Yes, Major
2 Yes, Substantial
3 No

43 Limited English
1 Yes
2 No

46 Offender
1 Yes
2 No
9 Not Applicable

51 Family TANF
1 Yes
2 No

52 Family GA
1 Yes
2 No

53 Family RCA
1 Yes
2 No

54 Family SSI
1 Yes
2 No

55 Family Food Stamps
1 Yes, Eligible
2 Yes, Receiving
3 No

56 Number in Family

57 Number of Dependents < Age 18

58 Family Status
1 Parent in one-parent family
2 Parent in two parent family
3 Other family member
4 Not a family member
5 Not reported

59 Family Income (Prior 6 mos)

60 Low Income
1 Yes
2 No

62 Homeless
1 Yes
2 No
9 Not Applicable

64 Unemployment Insurance
1 Yes, UI Claimant
2 Yes, UI Exhausted
3 No

65 Veteran Status
1 Yes, <= 180 days
2 Yes, > 180 days
3 No

66 Disabled Veteran
1 Yes
2 Yes, Special disabled
3 No

67 Veteran Separation Date

68 Recently Separated Veteran
1 Yes
2 No

69 Campaign Veteran
1 Vietnam-era
2 Other Campaign Veteran
3 No

70 Spouse of Qualifying Veteran
1 Yes
2 No

71 Highest Grade Completed

84 Referred By WPRS (Profiling)
1 Yes
2 No

85 Dislocated Worker
1 Terminated or Laid-Off
2 Received Notice of Layoff
3 Long Term Unemployed
4 Self Employed
5 Displaced Homemaker
9 Not Applicable

86 Dislocation Date

90 Tenure at Employer of Dislocation (months)

94 Eligibility
A Adult WIA
B Adult Low Income
D Dislocated Worker
H Veteran Grant
X Not Eligible

Signature of Interviewer | Interviewer ID | Date

Signature of Reviewer | Reviewer ID | Date

Signature of Client | Date

Sample Entry Screens

The Short Application form can be accessed by entering the program's mnemonic **"ESAF"** anywhere within the JTA system menu environment. After entering the mnemonic, the following data entry screen will be displayed:

ESAF—Screen 1

```
ESAF                    Enter WIA Short Application Form

00  App Num                                  42  Disabled
01  Agcy Code                                43  Limited English        /    /
02  SSN             -    -                   46  Offender
04  App Date        /    /
05  Last Name                                51  Family TANF
06  First MI                                 52  Family GA
07  Strt Adrs                                53  Family RCA
    City                                     54  Family SSI
    St                                       55  Family Food Stamps
08  ZIP                  -                   56  Number in Family
09  Phone                                    57  Number of Dependents
14  Eligibility to Work in the U.S.          58  Family Status
16  Gender                                   59  Family Inc (Prior 6 mos)
17  Birthdate       /    /                   60  Low Income
18  Age                                      62  Homeless
20  Selective Srvc Reg                       64  Unemployment Insurance
21  Race                                     65  Veteran Status
24  Migrant Seasonal Farmworker              66  Disabled Veteran
38  Rapid Response                           67  Veteran Sep Date
39  Rapid Response Addl Asst                 68  Recent Sep Vet
                                             69  Campaign Veteran
```

ESAF—Screen 2

```
ESAF                          Enter WIA Short Application Form

70  Spouse of Qualifying Vet 2
71  Highest Grade Complete
84  Referred by WPRS
85  Dislocated Worker
86  Disloc Date               /     /
90  Tenure Dislocation
94  Eligibility
95  Interviewer ID
96  Reviewer ID
    ESAF Complete             NO
```

Line Item Instructions

The following are line item instructions for completing and entering the Short Application form into the JTA system.

For detailed instructions on the JTA system, please refer to the instructions marked with this icon.

Subgrantee Name (Optional)	Record the name of the subgrantee.
00 Application Number	The application number may be preprinted on the Short Application form. The application number can also be auto-generated using the JTA system by pressing **<Enter>** and selecting **"Y"** at the prompt.
01 Agency Code (Optional)	Record the code that has been assigned by the subgrantee to the service provider that conducts the initial intake interview. If the agency code is not known, staff may use the **<F1>** key to display a list of agency codes.
02 Social Security Number (SSN)	Record the client's Social Security number (SSN). If the client chooses not to provide his or her SSN, a pseudo-SSN may be assigned to the client so long as it is obvious that the pseudo-SSN is not a real SSN (e.g. 999-99-9999). A pseudo-SSN may result in a negative performance outcome if the client's actual SSN is not recorded prior to transmittal.
04 Application Date	Record the date the Short Application form is completed (MM/DD/YYYY).
05 Last Name	Record the client's last name. If the client has a previous Application form on file and is using a different last name, you will be asked if the client's last name should be changed.
06 First Name/Middle Initial	Record the client's first name and middle initial. If the client has a previous Application form on file and is using a different first name, you will be asked if the client's first name and middle initial should be changed.
07 Street Address (Residence)	Record the street address where the client resides including apartment numbers and/or letters. Post office box and/or RFD numbers are acceptable for homeless individuals and for those who live in rural areas.

City/State (Residence)	This item is auto-populated based on the ZIP code entered in field #8 and cannot be manually entered.
08 ZIP (Residence)	Record the ZIP code for the client's residence. This may be a city outside of the area and/or outside of the State. A lookup table will appear with the city for that ZIP code. If the correct city is displayed, use your arrow key to highlight the city and press **<Enter>**. If the correct city is not displayed, select the **"edit"** option. This will allow you to enter the new city for the selected ZIP code. Record **"XX"** for a country outside the U.S., and "**00000**" for a zip outside the U.S.
09 Phone (Residence) (Optional)	Record the client's phone number for his or her residence including the area code.
14 (B) Eligibility to Work in the U.S.	Select whether client is eligible to work in the U.S. **1 Yes** **2 No** The documentation of an individual's right-to-work must be conducted in compliance with the Code of Federal Regulations (CFR), Title 8, Section 274(a)(2). The requirements and procedures contained in 8 CFR 274(a)(2) are published as the Form I-9 and take precedence over any State statute or regulation governing alien status determination.
16 Gender	Select the appropriate number. **1 Female** **2 Male**
17 Birthdate	Record the client's birth date (MM/DD/YYYY).
18 Age	Record the client's age at time of application. If the client's age is less than 14 years of age, the following message will appear: **"Age less than 14. Please check birth date and re-enter."** If the age is entered incorrectly, the following message will appear: **"Age incorrect, calculated age = (displays computed age)."**

20 Selective Service Registration	Select the appropriate number. An individual enrolled in a WIA program must meet the requirements of Section 3 of the Military Selective Service Act (United States Code (USC), Title 50, Section 453). Each non-exempt male individual who has reached his 18th birthday and until the age of 26 (including those who have been released from active military duty) must certify that he has registered with the Selective Service system before participating in, or receiving any benefit or assistance, from WIA programs. **1 Yes, Registered—**The client has registered in accordance with the Military Selective Service Act. **2 No, Not Registered—**The client has not registered in accordance with the Military Selective Service Act. This individual is not eligible for WIA. **3 Exempt From Registration—**This list includes: a. Military Officer Procurement Program students at the Citadel, North Georgia College, Norwich University and the Virginia Military Institute; b. Men who are hospitalized, incarcerated, or institutionalized (must register within 30 days of release); and c. Lawful non-immigrants on visas; and d. Men who entered the U.S. after attaining their 26th birthday. **4. Not Required—**The Selective Service requirement does not apply to: a. Females; b. Males born prior to January 1, 1960, or c. Males who have not yet reached their 18th birthday; d. Cadets and midshipmen at the service academies; and e. Men on active duty in the Armed Forces. To obtain the choice list, press **<F1>** and a list of valid codes will be displayed.

21 Race/Ethnicity ***If the client chooses not to provide his or her race and/or ethnicity, the caseworker should complete this field to the best of his or her ability.***	Select one or more: **AA Asian Indian** Persons who indicate their race as Asian Indian, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Bengali, Bharati, Dravidian, East Indian, Goanese, Hindu India, Kashmiri, or South Asian. **AB Cambodian** Persons who indicate their race as Cambodian. Cambodia is a former name for the Khmer Republic. **AC Chinese** Persons who indicate their race as Chinese, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Cantonese, Formosan, Taiwanese, or Tibetan. **AD Filipino** Persons who indicate their race as Filipino, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Filipino American or Philippine. **AE Guamanian** Persons who indicate their race as Guamanian, as well as persons, who did not classify themselves in one of the specific race categories, but reported entries such as Chamorro or Guam. **AF Hawaiian** Persons who indicated their race as Hawaiian native, i.e., an individual whose ancestors were natives, prior to 1778, of the area which now comprises the state of Hawaii. **AG Japanese** Persons who indicated their race as Japanese, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Nipponese or Japanese American. **AH Korean** Persons who indicated their race as Korean or Korean American. **AI Laotian** Persons who indicated their race as Laotian.

Race/Ethnicity (Continued) ***If the client chooses not to provide his or her race and/or ethnicity, the caseworker should complete this field to the best of his or her ability.***	**AJ** **Samoan** Persons who indicated their race as Samoan, American Samoan or Western Samoan. **AK** **Vietnamese** Persons who indicated their race as Vietnamese. **AL** **Other Asian/Pacific Islanders** Persons who indicated their race as Pacific Islander with categories other than the eleven categories listed above, e.g., Maoris, Fiji Islander, Tahitian or Thai. **AO** **Other Asian** A person who indicated their race as Asian other than the categories listed above, e.g., Hmong, Indo-Chinese, or Pakistani. **BL** **Black—Not Hispanic** A person having origins in any of the black racial groups of Africa. **HI** **Hispanic** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin (including Spain), regardless of race. Among persons from Central and South American countries, only those who are of Spanish origin, descent, or culture should be included in this category. Persons from Brazil, Guiana, and Trinidad, for example, would be classified according to their race, and would not necessarily be included in this category. Also, the Portuguese should be excluded from this category and should be classified by their race. **Note: Federal statutes require ethnicity information to be collected separately from race information. If the Hispanic or Latino ethnicity is selected, a client's race should also be identified.** **NA** **American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition. **WH** **White—Not Hispanic** A person having origins in any of the original people of Europe, North Africa, or the Middle East.

24, 38 and 39 ***Concurrent Participation***	For items #24, #38 and #39, indicate if the client is participating in any of the following programs by selecting the appropriate number. These items may be updated at anytime while the client is receiving WIA services (except follow-up services). **1** **Yes—**The client receives services from this source other than informational or self-service only. This activity is coordinated with the individual's WIA activities by inclusion in their WIA service plan or through the follow-up services. **2** **No—**The client is not receiving WIA services from this source other than informational or self-service only. **WIA Programs for Items #24, #38 and #39** **24 Migrant Seasonal Farmworker (MSFW) Programs** Services (including youth activities) provided under WIA Section 167 are for eligible migrant and seasonal farmworkers, which may include employment, training, educational/literacy assistance, an English language program, worker safety training, housing, supportive services, dropout prevention activities, follow-up services for individuals placed in employment, self-employment and related business enterprise development education as needed by eligible MSFWs. Migrant Farmworker: An eligible seasonal farmworker whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day. Seasonal Farmworker: A disadvantaged person, who, for 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agricultural labor.

Concurrent Participation (Continued)	**38 Rapid Response** An individual who participated in rapid response activities before WIA registration as outlined in WIA Section 134(a)(2)(A)(I). **39 Rapid Response—Additional Assistance** An individual who participated in a program funded by the State under WIA Section 134(a)(2)(A)(ii).
42 Disabled	Select **"Yes"** (codes 1 or 2) if the individual states they have a physical or mental impairment that substantially limits one or more of the major life activities. The individual's statement is sufficient. Because of specific confidentiality requirements with respect to medical information, medical records should not be requested to validate the individual's statement. **1 Yes, Major—**The client has a record of such impairment. **2 Yes, Substantial—**The impairment may not be recorded but constitutes a substantial impediment to employment. **3 No—**The client states that he or she does not have a disability.
43 Limited English	Select the appropriate number. **1 Yes—**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. **2 No**
46 Offender	Select the appropriate number. **1 Yes—**The client (adult or juvenile) who is or has been subject to any stage of the criminal justice process, for whom WIA services may be beneficial or who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction. **2 No** **9 Not Applicable**

51 Family TANF	Select the appropriate number. **1 Yes—**The client is listed on the grant and/or is receiving assistance under the Temporary Assistance to Needy Families (TANF) program at any time during WIA participation. Also include participants 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 No**
52 Family GA	Select the appropriate number. **1 Yes—**The client is listed on the grant and/or is receiving cash assistance under a General Assistance (GA) program. **2 No**
53 Family RCA	Select the appropriate number. **1 Yes—**The client is listed on the grant and/or is receiving cash assistance under a Refugee Cash Assistance (RCA) program. **2 No**
54 Family SSI	Select the appropriate number. **1 Yes—**The client is listed on the grant and/or is receiving cash assistance under the Supplemental Security Income (SSI) program (SSI-SSA Title XVI). **2 No**
55 Family Food Stamps	Select the appropriate number. **1 Yes, Eligible—**The client has been determined to be eligible to receive food stamps pursuant to the Food Stamp Act of 1977 (7 USC 2011 et seq.) within the six-month period prior to WIA application. **2 Yes, Receiving—**The client receives, or is a member of a family that receives food stamps pursuant to the Food Stamp Act of 1977 (7 USC 2011 et seq.) **3 No**

56 Number in Family	Record the total number of family members, including the client, in the individual's household. Include family members who are voluntarily and temporarily residing elsewhere, for example, attending college or visiting relatives. A stepchild or stepparent is considered to be related by marriage.
57 Number of Dependents	Record the number of the client's dependents that are under the age of 18.
58 Family Status	Select the appropriate number. A client's family status is necessary to determine the appropriate WIA economic eligibility. As defined in WIA Section 101(15), the definition of family is 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: A. Husband, wife, and dependent children. B. A parent or guardian and dependent children. C. A husband and wife. **1 Parent in one-parent family—**A single, abandoned, separated, divorced, or widowed parent who has primary responsibility for one or more dependent children under age 18. **2 Parent in two-parent family—**An individual who, with his/her spouse, shares custodial support for one or more dependent children, residing in the same residence. **3 Other family member—**An individual who is living with his or her family of two or more persons and is not a parent. **4 Not a family member—**An individual who is not living with his or her family, i.e. single individual without dependents. This also may be an individual who is: a. Homeless; b. Disabled, living with his or her family or not; c. A foster child, on behalf of who State and local government payments are made. d. Court Adjudicated youth separated from the family (including incarcerated youth), homeless, runaway, and emancipated youth. **5 Not reported**

59 Family Income (Prior six months)	Enter the ***whole dollar*** amount that the client (and the client's family, if applicable) received as income for the six-month period prior to the application. Exclude unemployment insurance compensation, child support payments, public assistance program payments and old age and survivors insurance benefits received under Section 202 of the Social Security Act (42 USC 402). A client, who is disabled, as noted in field #42, should exclude the income of family members.
60 Low Income	Select the appropriate number. An applicant's income status is necessary to determine the appropriate WIA eligibility. **1 Yes—**The client is in one or more of the following categories. **2 No—**The client does not fit into the following categories: a. The client receives, or is a member of a family which receives cash payments under a federal, state, or income-based public assistance program. b. The client receives an income, or is a member of a family that received a total family income, [exclusive of unemployment insurance compensation, child support payments, public assistance program payments, and old-age and survivors insurance benefits received under Section 202 of the Social Security Act (42 USC 402)], for the six-month period prior to WIA application that, in relation to family size does not exceed the higher of: (1) The poverty guideline for the equivalent period; or (2) 70 percent of the lower living standard income level, for an equivalent period. c. The client 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 Stamps under the Food Stamp Act of 1977. d. The client is a homeless individual, as defined in field #62.

Low Income (Continued)	e. The client is a foster child on behalf of who State or local government payments are made. f. The client is an individual with a disability who meets the requirement of a program described in items a. or b. above, but who is a member of a family that does not meet such requirements.
62 Homeless	Select the appropriate number. **1 Yes—**The client lacks a fixed, regular and adequate nighttime residence; or Has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or Is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. **2 No** **9 Not Applicable**
64 Unemployment Insurance	Select the appropriate number. **1 Yes, UI Claimant—**The client is currently receiving unemployment insurance compensation. **2 Yes, UI Exhausted—**The client was receiving unemployment insurance compensation, but has exhausted claim benefits. **3 No—**The client was neither a UI claimant nor an exhaustee.
65 Veteran Status	Select the appropriate number. **1 Yes, less than or equal to 180 days—**The client served in the active US military, naval, or air service for a period less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable. **2 Yes, greater than 180 days—**The client served as above for greater than 180 days. **3 No**

66 Disabled Veteran ***(Skips if #65 is No)***	Select the appropriate number. **1 Yes—**The client is a veteran entitled to disability compensation regardless of rate (include those rated at 0%) for a disability under laws administered by the Department of Veterans' Affairs (VA) or was discharged or released from active duty because of a service-connected disability. **2 Yes, Special disabled—**The client is rated at 30 percent disabled or more by the VA, or at 10 or 20 percent for a serious employment disability. **3 No**
67 Veteran Separation Date ***(Skips if #65 is No)***	Record the date the client was discharged or released from active US military, naval, or air service. (MM/DD/YYYY).
68 Recently Separated Veteran ***(Skips if #65 is No)***	Select the appropriate number. **1 Yes—**The client is a veteran who applied for WIA Title I within 48 months after discharge or release from active US military, naval, or air service. **2 No**
69* Campaign Veteran** ***(Skips if #65 is No)	Select the appropriate number. **1 Vietnam-Era—**The client is a veteran who served in the active US military, naval, or air service, and who was discharged or released from such service under conditions other than dishonorable during the Vietnam-era. (The period beginning on February 28, 1961, and ending on May 7, 1975, in the case of a veteran who served in the Republic of Vietnam during that period and the period beginning on August 5, 1964, and ending on May 7, 1975, in all other cases.) **2 Other Campaign Veteran—**The client is a veteran who served on active duty in the US armed forces during a war or campaign or expedition for which a campaign badge or expeditionary medal has been authorized. For the most current information, please check the Office of Personnel Management Web site at www.fedshirevets.gov/hire/hrp/vetguide/index.aspx. **3 No**

70 Spouse of Qualifying Veteran	Select the appropriate number. **1 Yes—**The client is: a. A surviving spouse of a veteran who died as a result of a service-connected disability; including the surviving spouse of a veteran who died in the active military, naval or air services and the surviving spouse of a veteran who was totally disabled at the time of death. b. A spouse of an active duty service member who has for a period of at least 90 days been missing in action, captured by a hostile force or forcibly detained or interned in line of duty by a foreign government. c. A spouse of a veteran who is totally disabled due to a service connected disability. **2 No—**The client is not the spouse of a veteran who falls into one of the above categories.
71 Highest Grade Completed	Record the highest number that applies to the client. **0** No school grades completed. **1-11** The number of elementary/secondary grades completed. Individuals who completed 12th grade but did not receive a diploma or equivalent are to be coded 11. Disabled participants who received a Certificate of Completion or an Individual Education Plan diploma are to be coded as 11. **12** High School graduate. **13-15** If a high school graduate, the number of school years completed including college or full-time technical or vocational school. **16** Bachelor's degree or equivalent. **17** Education beyond the Bachelor's degree. **88** Attained certificate of equivalency for a high school degree (e.g., GED). **89** Certificate of competency **90** Other postsecondary education

84 Referred by WPRS (Profiling)	Select the appropriate number. **1 Yes—**The client is an unemployment insurance compensation claimant who has been referred to WIA reemployment services by the Worker Profiling and Reemployment Services (WPRS) system. **2 No**
85 Dislocated Worker (Items #86 and #90 do not apply if number 5 or 9 is selected for item #85)	Select the appropriate number. **1 Terminated, Laid off or Voluntarily terminated employment and is UI eligible** **2 Received Notice of Layoff** **3 Long Term Unemployed** **4 Self Employed** **5 Displaced Homemaker** **9 Not Applicable**
86 Dislocation Date	Record the last day of employment at the dislocation job (MM/DD/YYYY). If there is no dislocation job, (e.g., displaced homemakers), leave blank. If the individual is still employed, this field should be left blank until the qualifying dislocation takes place.
90 Tenure at Employer of Dislocation	Record the number of months (“000”) the client was employed at the place of dislocation.

94 Eligibility	This field will be populated by the JTA system based on information entered into the Application form. **A Adult WIA** The client is eligible for the Adult WIA program if the individual is age 18 or older. **B Adult Low Income** The client is eligible for the Adult Low Income program if the individual is age 18 or older AND is considered low income, as noted in field Line Item #60, Low Income. WIA Section 134 (d)(4)(E) PRIORITY: Unless the local board determines that funds allocated to a local area for adult employment and training activities are not limited under paragraph (2)(A) or (3) of Section 133(b), priority shall be given to recipients of public assistance and other low income individuals for intensive services and training services. The local board shall direct the one-stop operators in the local area with regard to making determinations related to such priority. **D Dislocated Worker** 1. Has been terminated, voluntarily terminated, laid off or has received a notice of termination or layoff from employment; and a. Is eligible for, or has exhausted, entitlement to unemployment insurance compensation; or b. Is not eligible for unemployment insurance compensation due to insufficient earnings or having performed services for an employer that was not covered under a state unemployment insurance compensation law, but demonstrates a sufficient attachment to the workforce and is unlikely to return to a previous industry or occupation. 2. 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.

Eligibility (Continued)	3. The Client is employed at a facility, has not received a notice but the employer has made a general announcement that the facility will close within 180 days. 4. 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. 5. Is a displaced homemaker. A displaced homemaker means an individual who has been providing unpaid services to family members in the home and who: a. Has been dependent on the income of another family member but is no longer supported by that income; and b. Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment. **H Veteran Grant** The client is eligible for Veteran services (WIA Section 168), if the following criteria have been met: 1. The client is eligible as 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; and 2. Is within one or more of the following categories: a. Service-connected disability. b. Significant barrier to employment. c. Campaign veteran. d. Recently separated veteran. **X Not Eligible** The client is ineligible for the WIA program.
95 Interviewer ID (Optional)	Record the identification number assigned by the subgrantee for the person responsible for completion of the Application form.
Signature of Interviewer	The person responsible for completion of the Application form must sign here.

Date	Record the date the interviewer completed the Application form (MMDDYYYY).
Signature of Reviewer	The reviewer must sign the Application form. The signature certifies that the proper eligibility has been determined for the WIA program.
96 Reviewer ID (Optional)	Record the identification number assigned by the subgrantee for the person responsible for review.
ESAF Complete	All fields that are required for "ESAF Complete" must have valid values before this field can be changed to **"YES"**.
Date	Record the date the reviewer signed this form (MMDDYYYY).
Signature of Client	Once the Application form has been completed, review the form with the client and have them sign the application form. The client's signature constitutes the client's certification that the application information is true and correct.
Date	Record the date the client signed the application form (MMDDYYYY).

Upon completion of all the appropriate fields, the record may be filed by pressing the **<F5>** key.

Function Keys

The following function keys are available in this program:

<F1>	Displays a scrolling window with a choice list.
<F2>	Clears all fields of the current function.
<F3>	Exits from the current screen to the previous menu.
<F4>	Moves the cursor from the present field to another field within the form.
<F5>	At time of filing, if an application number is auto-generated, the following prompt will be displayed: **"Please record auto-generated data.** **Press any key to continue."**
<F6>	If there is no case number linked to this application, then it may be deleted. If case records are linked to this application, the following message will be displayed: **"Form may not be deleted, case data exists."**
<F7>	Page back to previous page.
<F8>	Page forward to next page.
<F9>	Moves cursor up to the upper left corner of the screen and prompts for the keyword of the next process the user wishes to call.
<F10>	Displays a window of function keys.
SHIFT <F7>	Displays client history.

CHAPTER 4

Documentation of Eligibility (EDOE)

The Documentation of Eligibility form (EDOE) is optional for both Local Learning Labs (LLLs) and non-LLLs and can be completed at registration and before enrollment services are provided. The Documentation of Eligibility form is used by staff to collect and store client eligibility data. The form is linked to the client's Social Security number rather than the client's application number.

Staff can indicate which hard or scanned copies of eligibility documents were retained for subsequent review of the client's case file when establishing a client's eligibility for the WIA Program by checking the appropriate boxes on the Documentation of Eligibility form.

Hard or scanned copies of eligibility documents used to establish a client's eligibility for the WIA Program *must* be retained and made available for subsequent review of the client's case file.

The Documentation of Eligibility form is intended to be used for record keeping purposes so that staff can track which hard or scanned copies of eligibility documents were retained for a client. The Documentation of Eligibility form should *not* be used as a substitute for retaining required client eligibility documentation.

EDD Employment Development Department State of California	Subgrantee Name
	01 Social Security Number
WORKFORCE INVESTMENT ACT	02 Application Number
DOCUMENTATION OF ELIGIBILITY	03 Agency Code
Last Name	First Name / Middle Initial

Staff *must* retain hard or scanned copies of required client eligibility documents.

Section A - Birth Date

(One or more documents from this column is required)

- Baptismal Record ☐
- Birth Certificate ☐
- DD-214 ☐
- Report of Transfer or Discharge ☐
- Driver's License ☐
- Federal, State or Local ID Card ☐
- Passport ☐
- Hospital Record of Birth ☐
- Public Assist/Social Services records ☐
- School Records or ID Card ☐
- Work Permit ☐
- Cross Match with Vital Statistics ☐
- Tribal Records ☐

Date: _____ **Case Worker Signature:** _____

Section B - Income Eligibility

Low Income Y or N ☐

Documentation: _____

TANF Y or N ☐

Documentation: _____

Other Public Assistance Y or N ☐

Documentation: _____

Section C- Dislocated Worker

(One or more documents from this column is required)

- Verification of Employer ☐
- Rapid Response List ☐
- Notice of Layoff ☐
- Public Announcement w/ follow-up cross-match w/ UI ☐
- Self-Attestation ☐

Section D - Selective Services

(One or more documents from this column is required)

- Acknowledgement Letter ☐
- DD-214 ☐
- Screen Print of the Selective Service Verification ☐
  (Internet site: www.gov/regverification1.asp)
- Selective Service Status Information Letter ☐
- Selective Service Registration Card ☐
- Selective Service Registration Record (Form 3A) ☐
- Selective Service Verification Form ☐
- Stamp Post Office Receipt of Registration ☐
- Other (see case notes) ☐

Section E - Veteran Status

(One or more documents from this column is required)

- DD-214 ☐
- Veterans Administration Letter or Record ☐

Date: _____ **Case Worker Signature:** _____

Section F - U.S. Work Authorization *

Document that Satisfies List A or a combination of List B and List C of Form I-9

Select one or more documents from List A or one document from both List B and List C

List A - Verification Document that Establishes both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired) ☐
2. Permanent Resident or Alien Registration Card ☐
3. Unexpired Foreign passport ☐
4. Employment Authorization Document w/photo ☐
5. Unexpired 1) foreign passport and 2) Arrival-Departure Record ☐

List C - Verification Document that Establishes Employment

1. U.S. Social Security card ☐
2. Certification of Birth Abroad ☐
3. Original or certified copy of a birth certificate ☐
4. Native American Tribal document ☐
5. U.S. Citizen ID Card (Form I-197) ☐
6. ID card for use of Resident Citizen in the U.S. ☐
7. Employment authorization document ☐

List B - Verification Document that Establishes Identity

1. A state issued Driver's License or ID card ☐
2. ID card issued by federal, state or local govt ☐
3. School ID card with a photograph ☐
4. Voter's registration card ☐
5. U.S. Military card or draft record ☐
6. Military Dependent's ID card ☐
7. U.S. Coast Guard Merchant Mariner Card ☐
8. Native American tribal document ☐
9. Driver's license issued by Canadian government ☐

For persons under age 18 who are unable to present a document listed above:

10. School record or report card ☐
11. Clinic, doctor or hospital record ☐
12. Day-care or nursery school record ☐

* For additional information related to U.S. Work Authorization, see Form I-9.

Sample Entry Screen

The Documentation of Eligibility form can be accessed by entering the program's mnemonic **"EDOE"** anywhere within the Job Training and Automation (JTA) system menu environment. After entering the mnemonic, the following data entry screens will be displayed:

EDOE – Screen 1

EDOE		Enter Documentation of Eligibility		
SSN		Agency Cd		
App Num		Name		
Resume Flag		Referred to		
Assessment		Assessment Text		
Section A – Birth Date				
Baptismal Record		2	Hospital Record of Birth	2
Birth Certificate		2	Public Assist/Social Services	2
DD-214		2	School Records or ID Card	2
Report of Transfer or Discharge		2	Work Permit	2
Driver's License		2	Cross Match w/Vital Statistics	2
Federal, State or Local ID Card		2	Tribal Records	2
Passport		2	US Passport Card	2
Verif Date MM/DD/YYYY	Case Worker Signature			
Section B – Income Eligibility				
Low Income	2	Documentation		
TANF	2	Documentation		
Other Public Assist	2	Documentation		

EDOE – Screen 2

EDOE		Enter Documentation of Eligibility		
Section C – Dislocated Worker				
Verification of Employer		2		
Rapid Response List		2		
Notice of Layoff		2		
Public Announcement		2		
Self-Attestation		2		
Section D – Selective Services				
Acknowledgement Letter		2	Registration Record (Form 3A)	2
DD-214		2	Verification Form	2
Screen Print of Verification		2	Stamp PO Receipt of Registration	2
Status Information Letter		2	Other (see case notes)	2
Registration Card		2		
Section E – Veterans Status				
DD-214		2		
Veterans Administration Letter		2		
Verif Date / /	Case Worker Signature			

EDOE – Screen 3

EDOE Enter Documentation of Eligibility

Section F – U.S. Work Authorization

List A – Verification Document Establishing Identity/Employment Eligibility

U.S Passport	2	Employment Authorization Document	2
Permanent Resident/Alien Reg Card	2	Unexpired Foreign Passport with	2
Unexpired Foreign Passport	2	Unexpired Arrival/Departure Rec	

List B - Verification Document Establishing Identity

State Issued Driver's License/ID	2	U.S. Coast Guard Merchant Mariner	2
Federal, State or Local ID card	2	Native American tribal document	2
School ID card	2	Canadian Driver's license	2
Voter's registration card	2	School record or report card	2
U.S. Military card or draft record	2	Clinic, doctor, hospital record	2
Military Dependent ID card	2	Day-care or nursery school record	2

List C – Verification Document Establishing Employment Eligibility

U.S. Social Security Card	2	U.S. Citizen ID Card (Form I-197)	2
Certification of Birth Abroad	2	Resident Citizen U.S. ID Card	2
Birth Certificate	2	Employment authorization document	2
Native American Tribal document	2		

Line Item Instructions

The following are line item instructions for completing and entering the Documentation of Eligibility form into the JTA system.

For detailed instructions on the JTA system, please refer to the instructions marked with this icon.

Subgrantee Name (Optional)	Record the name of the subgrantee.
01 Social Security Number	Record the client's Social Security number (SSN). If the client chooses not to provide his or her SSN, a pseudo-SSN may be assigned to the client so long as it is obvious that the pseudo-SSN is not a real SSN (e.g. 999-99-9999). A pseudo-SSN may result in a negative performance outcome if the client's actual SSN is not recorded prior to transmittal.
02 Application Number	The application number will automatically be displayed once the client's SSN has been entered.
03 Agency Code (Optional)	Record the code that has been assigned by the subgrantee to the service provider that conducts the initial intake interview. If the agency code is not known, staff may use the **<F1>** key to display a list of agency codes.
Last Name	Record the client's last name. If the client has a previous Application form on file and is using a different last name, you will be asked if the client's last name should be changed.
First Name/Middle Initial	Record the client's first name and middle initial. If the client has a previous Application form on file and is using a different first name, you will be asked if the client's first name and middle initial should be changed.

Section A ***Birth Date***	One or more hard or scanned copies of the documents listed below must be retained and made available for subsequent review of the client's case file. LLL staff should check the appropriate box for any documents that have been retained for the client. • Baptismal Record • Birth Certificate • DD-214 • Report of Transfer or Discharge • Driver's License • Federal, State, or Local ID Card • Passport • Hospital Record of Birth • Public Assistance/Social Services records • School Records or ID Card • Work Permit • Cross Match with Vital Statistics • Tribal Records
Section B ***Income Eligibility***	A client's income status is necessary to determine the appropriate WIA eligibility. Select the appropriate income category. • Low Income • TANF • Other Public Assistance Indicate **"Yes"** or **"No"** as to whether documentation of income eligibility was provided. One or more hard or scanned copies of the documents used to establish income eligibility must be retained and made available for subsequent review of the client's case file, if applicable. LLL staff should check the appropriate box for any documents that have been retained for the client.

Section C Dislocated Worker	Local boards may establish policies and procedures for one-stop operators to use in determining an individual's eligibility as a dislocated worker consistent with the definition provided in WIA Section 101(9). These policies and procedures may address such conditions as: (1) General announcement of plant closing: (2) Unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters; (3) Difficulty in obtaining or upgrading employment; (4) Substantial layoff; (5) Sufficient attachment to the workforce; and (6) Unlikely to return to prior job or industry. One or more hard or scanned copies of the documents listed below must be retained and made available for subsequent review of the client's case file to verify the client's dislocated worker status. LLL staff should check the appropriate box for any documents that have been retained for the client. • Verification of Employer • Rapid Response List • Notice of Layoff • Public Announcement with follow-up cross-match with UI • Self Attestation (written)
Section D Selective Services	Each male registrant 18 years of age or older born on or after January 1, 1960, must present evidence that he has complied with Section 3 of the Military Selective Service Act. One or more hard or scanned copies of the documents listed below must be retained and made available for subsequent review of the client's case file to verify the client's Selective Service status. LLL staff should check the appropriate box for any documents that have been retained for the client. • Acknowledgement Letter • DD-214 • Screen Print of Selective Services Verification • Selective Services Registration Card

Section D Selective Services (Continued)	• Selective Services Registration Record (Form 3A) • Selective Service Verification Form • Stamp Post Office Receipt of Registration
Section E Veterans Status	One or more hard or scanned copies of the documents listed below must be retained and made available for subsequent review of the client's case file. LLL staff should check the appropriate box for any documents that have been retained for the client. • DD-214 • Veterans Administration Letter or Record
Section F U.S Work Authorization	Select one or more documents from List A or one document from *both* List B and List C that satisfies U.S. Work Authorization. Hard or scanned copies of the documents listed below must be retained and made available for subsequent review of the client's case file to verify the client's work authorization status. LLL staff should check the appropriate box for any documents that have been retained for the client. **List A: Verification Document that Establishes both Identity and Employment Eligibility** 1. U.S. Passport 2. Permanent Resident or Alien Registration Card 3. Unexpired Foreign passport 4. Employment Authorization Document w/photo 5. Unexpired 1) foreign passport and 2) Arrival-Departure Record **List B: Verification Document that Establishes Identity** 1. A state issued Driver's License or ID card 2. ID card issued by federal, state or local government 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military Dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by Canadian government

Section F U.S Work Authorization (Continued)	**List B: Verification Document that Establishes Identity (Continued)** For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record **List C: Verification Document that Establishes Employment Eligibility** 1. U.S. Social Security card 2. Certification of Birth Abroad 3. Original or certified copy of a birth certificate 4. Native American Tribal document 5. U.S. Citizen ID Card (Form I-197) 6. ID card for use of Resident Citizen in the U.S. 7. Employment authorization document

Function Keys

The following function keys are available in this program:

<F1>	Displays a scrolling window with a choice list.
<F2>	Clears all fields of the current function.
<F3>	Exits from the current screen to the previous menu.
<F4>	Moves the cursor from the present field to another field within the form.
<F5>	Files documentation data.
<F7>	Page back to previous page.
<F8>	Page forward to next page.
<F9>	Moves cursor up to the upper left corner of the screen and prompts for the keyword of the next process the user wishes to call.
<F10>	Displays a window of function keys.
SHIFT <F7>	Displays client history.

CHAPTER 5

WIA Enrollment/Registration Form (EWIE)

The Workforce Investment Act (WIA) Enrollment/Registration form (EWIE) is used to enroll a client into an activity and funding source.

Individuals who are primarily seeking information and do not seek direct one-on-one staff assistance do not need to be enrolled/registered. However, when an individual seeks more than minimal assistance from staff in taking the next steps toward self-sufficient employment, then eligibility must be determined by completing the Enrollment/Registration form. Enrollment/Registration is the point at which information that is used in performance measurements begins to be collected and clients are enrolled/registered in WIA activities.

Only one Enrollment/Registration form is completed for each client unless the client is receiving services from different WIA funding sources. For example, if a client was co-enrolled in both the WIA Adult program and the Older Youth program, a separate Enrollment/Registration form would be completed for each funding source. A separate line on the Enrollment/Registration form will be used for each specific activity, such as adult education, case management, and training.

Employment Development Department
State of California

WORKFORCE INVESTMENT ACT ENROLLMENT/REGISTRATION

Subgrantee Name

01 Social Security Number

02 Case Number

Application Number

Last Name	First Name / Middle Initial

03 Education Status	04 Enrolled in Education Anytime During Program	05 Basic Skills Deficient	06 Grant Code	07 Agency Code	08 Labor Force Status
1 Student, H.S. or less 2 Student, attending post H.S. 3 Out-of-School, H.S. dropout 4 Out-of-School, H.S. grad, employment difficulty 5 Out-of-School, H.S. grad, no employment difficulty 6 Alternative School	1 Yes 2 No	1 Yes 2 No 9 Not Applicable			1 Employed 2 Not Employed

09 Enrollment Date	10 Date ITA Established	11 Total Amount of ITA	12 Pell Grant Recipient	13 Pell Grant School Year Award Amount
			1 Yes 2 No, Applied but denied 3 No, Application pending 4 Application not submitted	

	Activity Code	Agency Code	State Provider ID	Program Code	Job Code/Job Description	Begin Date	Est/End Date	ITA Amount Used	Completion Code	Goal Code
Activity 1										
Activity 2										
Activity 3										

Enrolling Staff Signature	14 Enrolling Staff ID	Date

Activity Codes

Core
10 Follow-up Services, Counseling
11 Staff Assisted Job Development Contact (JDC)
12 Staff Assisted Job Referrals
13 Staff Assisted Job Search, Placement
14 Staff Assisted Workshops / Job Clubs
15 Other Core Services
16 Non-WIA Funded Core Services
17 Co-enrolled Core Services
18 Local Office Orientation
19 Job Fair Information
20 Special Service
21 Staff Assisted initial Assessment

Intensive
30 Case Mgt for Participants
31 Comprehensive Assessments
32 Development of Individual Employment Plan
33 Group Counseling
34 Work / Entry Employment Experience
35 Individual Counseling and Career Planning
36 Out-of-Area Job Search
37 Relocation Expenses
38 Short Term Pre-vocational Services
39 Internships
40 Other Intensive Services
41 Non-WIA Funded Intensive Services
42 Co-enrolled Intensive Services
43 Order Search
44 Bonding Assistance
45 WOTC Eligible

Training
50 Adult Education
51 Customized Training
52 Entrepreneurial Training
53 Job Readiness Training
54 Occupational Skills Training
55 On-The-Job Training
56 Private Sector Training
57 Skill Upgrading and Retraining
58 Workplace Training and Coop Ed
59 Other Training Services
60 Non-WIA Funded Training Services
61 Co-enrolled Training Services
62 Remedial Training
64 Prerequisite Training
65 Apprenticeship Training

Youth
70 Summer-related
71 Educational Achievement Services
72 Employment Services
73 Citizen and Leadership Services
74 Other Youth Services
75 Non-WIA Funded Youth Services
76 Co-enrolled Youth Services

Miscellaneous
81 Supportive Services
82 Needs-related Payments
83 Planned Break In Services: Delay in Training
84 Non-WIA Funded Miscellaneous
85 Co-enrolled Miscellaneous Services
86 Planned Break in Services: Health / Medical
90 : 99 Optional Local Use

Goal Codes (Youth Only)(Optional)

Basic Skills
001 Reading Comprehension
002 Math Computation
003 Writing
004 Speaking
005 Listening
006 Problem Solving, Reasoning, Decision Making
013 ESL / VESL
015 Life Skills

Occupational Skills
007 Perform Actual Tasks
008 Familiarity with Procedures, Tools
016 Technology
019 Information Skills

Work Readiness Skills
009 World of Work Awareness
010 Labor Market Knowledge
011 Career Planning
012 Job Search Techniques
014 Leadership
017 Allocates Resources
018 Team Work
020 Interpersonal Skills

Completion Codes
1 Completed
2 Not Completed, Involuntary
3 Not Completed, Voluntary
4 Completed during JTPA

Sample Entry Screen

The Enrollment/Registration form can be accessed by entering the program's mnemonic **"EWIE"** anywhere within the Job Training Automation (JTA) system menu environment. After entering the mnemonic, the following data entry screen will be displayed:

EWIE Enter WIA Enrollment/Registration Form

01 SSN - - Name
02 Case Num App Num
03 Education Status 09 Enrollment Date / /
04 Enrolled In Ed Any Time 10 Date ITA Established/ /
05 Basic Skills Deficient 11 Total Amt of ITA
06 Grant Code 12 Pell Grant Recipient
07 Agency Code 13 Pell Grant Amount
08 Labor Force Status 14 Enrolling Staff ID

Activities / Services Section

Ac Cd	Agy Cd	Provider Code	Program Code	Job Code	Begin Date	Est / End Date	ITA Amt Used	Cmp Cd	Gl Cd
					/ /	/ /			
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WIA Co-Enrollment Table

Coding WIA client forms correctly when co-enrolling ensures that clients are tracked as they should be, performance outcomes are credited duly, there is no duplication of services, and costs for service are meted out properly.

The following table should be used by staff as a guide for co-enrolling WIA clients into more than one funding stream. The table provides guidance on how to use the WIA Application form (EWIR), WIA Enrollment/Registration form (EWIE), WIA Exit form (EWIT), and WIA Follow-up form (EWIF) to enroll participants in more than one funding stream.

WIA CO-ENROLLMENT TABLE – NO CO-ENROLLMENT				
Your Entity:	***And you want to co-enroll into the:***	***WIA Application form (EWIR)***	***WIA Enrollment/ Registration form (EWIE)***	***WIA Exit from (EWIT)***
May choose not to co-enroll a client into their program, but can still provide services.	Same entity (same three letter subgrantee code)	Original provider (no new Application form)	Note the agency code of the provider of the additional services.	Once all services for the individual have been completed and it is time to exit the individual, make certain all activities have appropriate completion codes and enter one exit form into the JTA system.
May choose not to co-enroll a client into their program, but can still provide services.	Different entity (different three letter subgrantee code)	New provider (no new Application form)	No Enrollment form is required. The new provider is essentially acting as a subprovider and will not receive credit for the individual.	Notify partnering agency when services are completed.

WIA CO-ENROLLMENT TABLE – CO-ENROLLMENT				
If your:	***And you want to co-enroll into the:***	***WIA Application form (EWIR)***	***WIA Enrollment/ Registration form (EWIE)***	***WIA Exit from (EWIT)***
Project is continuing and services will be provided by another funding source.	Same entity (same three letter subgrantee code)	A new Application form and eligibility re-determination is not necessary because they tie to the original Application form.	A new Enrollment form tracking the additional service will need to be initiated in the new co-enrolling funding source to track the services under that grant code. Complete both Enrollment forms using the grant code that provides the activities.	Once all services for the individual have been completed and it is time to exit the individual, make certain all activities have appropriate completion codes and enter one Exit form into the JTA system.
Project is continuing and services will be provided by another funding source.	Different entity (different three letter subgrantee code)	A new Application form must be entered into the JTA system using the new subgrantee code.	A new Enrollment form tracking the additional service will need to be initiated in the new co-enrolling funding source to track the services under that grant code. Complete both Enrollment forms using the grant code that provides the activities.	In conjunction with the partnering service provider, once all services for the individual have been completed and it is time to exit the individual, make certain all activities have appropriate completion codes and enter one Exit form for each Application form on record for the client.

WIA CO-ENROLLMENT TABLE – CO-ENROLLMENT				
If your:	***And you want to co-enroll into:***	***WIA Application form (EWIR)***	***WIA Enrollment/ Registration form (EWIE)***	***WIA Exit from (EWIT)***
Project is ending	An alternative funding stream within the same entity (same three letter subgrantee code)	A new Application form and eligibility re-determination is not necessary because they tie to the original Application form.	For completed activities use completion code one, "Completed," with the actual date of completion. For activities not yet completed, use completion code two, "Not completed/ Involuntary," with a completion date for the end of the project. A new Enrollment form that tracks the additional services will need to be initiated for the new co-enrolled project. Use the day after the ending project as the beginning date.	Once all services for the individual have been completed and it is time to exit the individual, make certain all activities have appropriate completion codes and enter one Exit form into the JTA system.
Project is ending	An alternative funding stream with a different entity (different three letter subgrantee code)	A new Application form must be entered into the JTA system using the new subgrantee code.	Enrolled activities on the original Application form should be coded as outlined above. The client should also be enrolled into the appropriate non-WIA activity code or co-enrollment code to show that services are continuing. The expected future end date of services with the other entity should be estimated.	*Non LWIAs*: The State will monitor the estimated end date of the project and will exit the client based on the activity end date provided on the original Enrollment form. *LWIAs*: Once all services have been completed, enter one Exit form for each Application form on record for the client.

Line Item Instructions

The following are line item instructions for completing and entering the Enrollment/Registration form into the JTA system.

For detailed instructions on the JTA system, please refer to the instructions marked with this icon.

Subgrantee Name (Optional)	Record the name of the subgrantee or the four character alpha code.
01 Social Security Number (SSN)	Record the client's Social Security number (SSN). If the client chooses not to provide his or her SSN, a pseudo-SSN may be assigned to the client so long as it is obvious that the pseudo-SSN is not a real SSN (e.g. 999-99-9999). A pseudo-SSN may result in a negative performance outcome if the client's actual SSN is not recorded prior to transmittal.
02 Case Number	If the WIA Enrollment/Registration form does not have a pre-printed number, you may either assign one or allow the JTA system to assign the next sequential number. Do not reuse closed case numbers. For new cases, a case number can be auto-generated by pressing **<Enter>** on this field. You will be asked if you wish to auto-generate a number. If you respond with **"Y"**, a new case number will be generated when the record is filed. For existing cases, press **<F1>** to display a list of existing cases. If you already know the case number, you may enter it into this field. If this is a new case record, the word "ADD" will appear in the upper right-hand corner of the screen. If this is an existing case record, either the word "UPDATE" or "VIEW" will appear. When a record is opened in "UPDATE" mode, the record will be locked and only the person updating that record will have access to that record. If another user attempts to access the record, a message will appear indicating no changes can be made because the record is "locked." Local changes can be made if the changes are made before the XWID is submitted to the State. Local changes to a case record cannot be made after the XWID is submitted. In this case, submission of a Request for Correction to Previously Submitted Data is required.

Application Number (Display only no application entered)	Record the application number as it appears on the WIA Application form. The Application form must exist in the database and be complete. At this point, you may view the history for the client by pressing the **<Shift F7> or <F17>** key. This is the Display Client History key and will display the same information as the Query Client History (QCH).
Last Name	Record the client's last name and compare it with the Application form to verify its accuracy.
First Name / Middle Initial	Record the client's first name/middle initial and compare it with the Application form to verify its accuracy.
03 Education Status (At date of participation)	Select the appropriate number to indicate the client's actual education status at the date of participation. For clients attending post secondary education and are basic skills deficient, it is important to select their actual (literal) education status to ensure proper inclusion in the appropriate youth performance measure calculation. **1 Student, H.S. or less—**The client is not a high school graduate (or equivalent) and is attending any school (including elementary, intermediate, junior high school, secondary or post secondary, or is between school terms and intends to return to school. **2 Student, attending post H.S.—**The client is a high school graduate (or equivalent) and is attending a post secondary school or is between school terms and intends to return to school. **3 Out-of-School, H.S. dropout—**The client is not attending any school and is not a high school graduate. **4 Out-of-School, H.S. grad, employment difficulty—**The client is not attending any school, is a high school graduate, and is basic skills deficient, unemployed, or underemployed. **5 Out-of-School, H.S. grad, no employment difficulty—**The client is not attending any school, is a high school graduate and is not basic skills deficient and not unemployed and not underemployed. **6 Alternative school—**Attending alternative school.

04 Enrolled in Education Anytime During Program	Use this field if an individual enrolls in education at anytime during the program, beyond initial enrollment. Select the appropriate number. **1 Yes** **2 No** This field is required for youth participants if the Grant group is 50 or 60.
05 Basic Skills Deficient	Select the appropriate number. **1 Yes—**The client meets the local definition of basic skills deficient. Which must include a determination that an individual: a. Computes or solves problems, reads, writes or speaks English at or below grade level 8.9; or b. 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. **2 No** **9 Not Applicable**
06 Grant Code	Record the grant code of the WIA program in which the client is being served. Refer to the list of assigned WIA grant codes for accurate identification numbers. Client must be eligible on the application form for the grant entered here (See field #94 on the Application form.) However, the age of the client, for eligibility purposes, is based on the age of enrollment rather than the age of application. The **<F1>** key may be pressed to display a list of valid grant codes.
07 Agency Code (Optional)	Record the code that has been assigned by the subgrantee to the service provider that conducts the initial intake interview. If the agency code is not known, use the **<F1>** key to display a window of valid agency codes.

08 Labor Force Status	Record the current employment status of the participant on the date enrolled/registered into a WIA program. Select the appropriate number. **1 Employed—**An individual employed at the date of participation is one who: Did any work at all as a paid employee on the date participation occurs (except the individual is not considered employed if; (a) he/she has 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 (b) he/she is a transitioning service member. Did any work at all in his/her own business, profession, or farm; Worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family; or Was not working, but has a job or business from which he/she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, regardless of whether paid by the employer for time off, and regardless of whether seeking another job. **2 Not employed—**An individual is also considered not employed at the date of participation when he/she (a) did no work at all as a paid employee on the date participation occurs, (b) has received a notice of termination of employment or the employer has issued a WARN or other notice that the facility or enterprise will close, or (c) is a transitioning service member.
09 Enrollment Date	Record the actual date (MM/DD/YYYY) that the client enrolled in the WIA program. Do not leave this item blank. This date cannot be prior to the application date.

10 Date ITA Established (Optional)	Record the date (MM/DD/YYYY) that the Individual Training Account (ITA) was established on behalf of a participant. WIA Title I adult and dislocated workers purchase training services from eligible providers they select in consultation with the case manager. Contracts for services may be used instead of ITA's only when one of the following three exceptions apply: 1. When the services provided are on-the-job training (OJT) or customized training; 2. When the Local Board determines that there are an insufficient number of eligible providers in the local area to accomplish the purpose of a system of ITA's. The Local Plan must describe the process to be used in selecting the providers under a contract for services; **OR** 3. When the Local Board determines that there is a training services program of demonstrated effectiveness offered in the area by a community-based organization (CBO) or another private organization to serve special participant populations that face multiple barriers to employment, as described in WIA Section 134(d)(4)(G). This field does not apply to WIA youth. This is an optional field and should be left blank if it does not apply. This field may be updated at a later date, prior to completion of all services (exit).
11 Total Amount of ITA	Record the total dollar amount (“00000.00”) of the ITA established for the client. This does not apply to WIA youth. If the date the ITA was established is filled in, this field is required. This field is skipped if the date the ITA is established is left blank. Payments from ITA's may be made in a variety of ways, including the electronic transfer of funds through financial institutions, vouchers, or other appropriate methods. Payments may also be made incrementally, through payment of a portion of the costs at different points in the training course.

12 Pell Grant Recipient	Select the appropriate number. This term may be updated at anytime while the individual is receiving WIA services (except follow-up services). **1 Yes–**The client is, or has been notified they will be, receiving a Federal Pell Grant. **2 No, Applied but denied–**The client applied for a Pell Grant, but was denied. **3 No, Application pending–**The client applied for a Pell Grant, and is waiting for approval or denial. **4 Application not submitted–**The client did not apply for a Pell Grant.
13 Pell Grant School Year Award Amount	Record the dollar amount ("0000.00") of the Pell Grant that has been awarded to the client for the year. This field is skipped if "4" is selected above.
14 Enrolling Staff ID	Record the staff identification number assigned by the subgrantee for the person responsible for completion of this form. If the enrolling staff ID is not known, you may use the **<F1>** key to display a list of valid ID numbers.
Activity Code	An adult or dislocated worker WIA client must have at least one registered core activity before an intensive activity, and they must have at least one intensive activity before a training activity, even if Non-WIA funds, (core code #16 and intensive code #41 below) are used to support these activities. Record the code for the activity provided to the client from the list below: If the Activity Code is not known, you may use the **<F1>** key to display a list of codes. **CORE** **10 Follow-up Services, (Counseling)** a. *Adult and Dislocated Workers*–Follow-up services must be made available for a minimum of 12 months after employment begins for registered Adults and Dislocated Workers who are placed into unsubsidized employment and served under WIA. Local areas have broad discretion in determining

Activity Code (Continued)	the intensity and type of follow-up services. 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) Supportive services information about additional educational opportunities, and referral to supportive services available in the community. In determining the need for these post-placement services, there may also be a review of the participant's need for supportive services to meet the participant's employment goals. As provided in Section 663.815, financial assistance, such as needs-related payments, for employed participants is not an allowable follow-up service since, under WIA Section 134(e)(3)(A), needs-related payments are restricted to unemployed persons who have exhausted or do not qualify for unemployment compensation and who need the payments to participate in training. (5) A telephone call, letter, or visit by WIA staff concerning the progress of a client following placement on a job, enrollment in training, or referral to a supportive service to determine if additional services are needed. (6) Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate. b. *All youth participants*–Must receive some form of follow-up services for a minimum of 12 months after the completion of participation in a program. The types of services provided and the duration of services must be determined based on the needs of the individual. WIA Section 129(c)(2)(I).

Activity Code (Continued)	Follow-up services for youth may include, but are not limited to: • Adult mentoring (for example, job shadowing, tutoring, etc.); • Assistance in securing a better paying job, career development, and further education; • Leadership development and supportive services activities; • Regular contact with a youth participant's employer, including assistance in addressing work-related problems that arise; • Tracking the progress of youth in employment after training; • Work-related peer support groups. 20 CFR664.450 **11 Staff Assisted Job Development Contact (JDC)** Staff assists the individual by working with the employer and job seeker; could include securing an in-person, telephone or mail inquiry job interview, of a job opening not currently on file. Or a call is made to a union or employer on behalf of a particular applicant. **12 Staff Assisted Job Referrals** Staff refers the individual to an employment opportunity (referral to a job) and assists with testing and background checks. **13 Staff Assisted Job Search, Placement** Staff provides career counseling to assist the individual in determining whether more intensive services are required to obtain employment. **14 Staff Assisted Workshops/Job Clubs** Job search assistance means the provision of instruction and support to a participant to give the participant skills in acquiring full time employment. The services provided may include, but are not limited to, resume writing, interviewing skills, labor market guidance, telephone techniques, information on job openings, and job acquisition strategies, as well as the provision of office space and supplies for the job search.

Activity Code (Continued)	For veteran staff reporting, attending a workshop must be documented in order to receive Obtained Employment Credit. **CalJOBS^{SM} Workshop** A scheduled meeting of a group of job seekers with a trained leader who provides group members a curriculum that includes an orientation on the use of CalJOBS as a job search tool. **15 Other Staff Assisted Core Services** Other core services that do not fit into the above categories, such as, specific Labor Market Information (LMI), local, state, and national economic conditions that pertain to employment, including supply and demand for occupations. Referral to a supportive service is an appointment made to other agencies by WIA staff and may include appointments to a program, training course, health, medical, childcare, emergency financial assistance, relocation assistance, residential support, nutritional, and legal services. **16 Non-WIA Funded Core Services** Core services were provided to the individual by Non-WIA funding sources. **17 Co-enrolled Core Services** Core services were provided to the individual by co-enrolling into a different WIA funding source. **18 Local Office Orientation/ (IAW)** Local Office Orientation is usually provided during the Initial Assessment Workshop (IAW). The IAW is a component of the Worker Profiling and Reemployment Services (WPRS) system. The IAW provides job seekers with a local office orientation and information on CalJOBS^{SM}, the local labor market, and local employment and training resources. **19 Job Fair Information** Information provided about a structured, one-stop forum with a large number of employers and job seekers that links employers with a pool of qualified applicants to fill their job needs.

Activity Code (Continued)	**20 Special Services** Core services were provided to the individual by co-enrolling into a different WIA funding source. (e.g. Hurricane Katrina) **21 Staff Assisted Initial Assessment** An initial assessment was provided to the client. **INTENSIVE** **30 Case Management for Participants** Case management refers to the provision of a client-centered approach in the delivery of services. **31 Comprehensive Assessments** Includes diagnostic testing and use of other assessment tools, and in-depth interviewing and evaluation to identify employment barriers and appropriate employment goals. Assessment Services (Vet)—This assessment service is conducted after the initial needs based screening and is intended to determine if the veteran is in need of one-on-one veteran's case management services. **32 Development of Individual Employment Plan** The development of a plan (IDP), which identifies the employment goals, appropriate achievement objectives, and appropriate combination of services for the participant to achieve the employment goals. Employment Development Plan (Vet)—A plan developed jointly by the DVOP (VESS) and the LVER (VWS) with specific goals for the client to achieve and the steps for reaching those goals. **33 Group Counseling** Group counseling and career planning was provided to the client to achieve their employment goals. **34 Work/Entry Employment Experience** 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.

Activity Code (Continued)	**35 Individual Counseling and Career Planning** Individual counseling, career planning, and vocational guidance services were provided to help the client achieve employment goals and make decisions about employment and training opportunities. **36 Out-of-Area Job Search** Client was provided services for out-of-area job search. **37 Relocation Expenses** Provided financial assistance to relocate in order to accept employment, as provided for by local policy. **38 Short Term Pre-vocational Services** Includes the development of learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills, and professional conduct, to prepare individuals for unsubsidized employment or training. **39 Internships** Staff refers the individual to an intern opportunity. **40 Other Intensive Services** Other intensive services that do not fit into the above categories. **41 Non-WIA funded Intensive Services** Intensive services were provided to the individual by Non-WIA funding source. **42 Co-enrolled Intensive Services** Intensive services were provided to the individual by co-enrolling into a different WIA funding source. **43 Order Search (Vet)** LVER (VWS) or WIA staff performs an order search to identify job seekers who meet the criteria of the job order. When conducting an order search resumes of veterans appear first on a list, according to their veteran status. Non veterans cannot be referred to a new job order within the first 24 hours.

Activity Code (Continued)	**44 Bonding Assistance** One-time fidelity bond coverage administered and funded by EDD that protects employers from employees who commit on-the-job theft or dishonest acts. **45 WOTC Eligible (conditional certification)** A Conditional Certificate (CC) can be issued to clients who fall within specific targeted groups. This CC can be used as a marketing tool to encourage employers to hire job seekers within a targeted group who have barriers to employment. Employers who hire these individuals may receive a tax credit by doing so. **TRAINING** **50 Adult Education** This service must be offered in combination with other allowable training services (not including customized training). State/Local Education (Vet)—This activity code will be used when the veteran is referred to the Regional Occupations Program, Community Colleges, Universities, and State Colleges. **51 Customized Training** Training that is: a. Designed to meet the special requirements of an employer (including a group of employers); b. Conducted with a commitment by the employer to employ an individual on successful completion of the training; AND c. For which the employer pays for not less than 50 percent of the cost of the training. **52 Entrepreneurial Training** Entrepreneurial training is provided to the client. **53 Job Readiness Training** Training in job seeking and interviewing skills, understanding employer expectations, and enhancing a client's capacity to move toward self-sufficiency. **54 Occupational Skills Training** Occupational skills training.

Activity Code (Continued)	**55 On-the-Job Training** Training by an employer that is provided to a paid participant while engaged in productive work in a job that: a. Provides knowledge or skills essential to the full and adequate performance of the job; and b. 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 c. Is limited in duration that is appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant, as appropriate. **56 Private Sector Training** Training programs operated by the private sector. **57 Skill Upgrading and Retraining** Training was provided for the purpose of upgrading the skills and/or retraining the client. **58 Workplace Training And Coop Ed** Programs that combine workplace training with related instruction, which may include cooperative education programs. **59 Other Training Services** Other training services that do not fit into the above categories. Placed in Training Other (Vet)—A job seeker who was previously referred by EDD to a training program and was subsequently enrolled. WIA Training (Vet)—Individuals referred to service providers funded with monies from the WIA program. This training is considered to be a skills based training program. **60 Non-WIA Funded Training Services** Training services were provided to the individual by non-WIA funding source.

Activity Code (Continued)	**61 Co-enrolled Training Services** Training services were provided to the individual by co-enrolling into a different WIA funding source. **62 Remedial Training** Remedial training services were provided to the individual. **64 Prerequisite Training** Prerequisite training services were provided to the individual. **65 Apprenticeship Training** Apprenticeship training services were provided to the individual. **YOUTH (youth must use only these codes)** **70 Summer-related** The WIA youth received summer employment opportunities that are directly linked to academic and occupational learning. **71 Educational Achievement Services** Services include tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention strategies, and alternative secondary school service. **72 Employment Services** Preparation for and success in employment services include paid and unpaid work experiences, including internships, and job shadowing, and occupational skill training. **73 Citizen and Leadership Services** Services are intended to develop the potential of youth as citizens and leaders and include leadership development opportunities. **74 Other Youth Services** Other youth services include 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.

Activity Code (Continued)	**75 Non-WIA Funded Youth Services** Youth services were provided to the individual by non-WIA funding sources. **76 Co-enrolled Youth Services** Youth services were provided to the individual by co-enrolling into a different WIA funding source. **MISCELLANEOUS** **81 Supportive Services** Services such as transportation, child-care, dependent-care, housing, and needs-related payments, which are necessary to enable an individual to participate in activities authorized under Title I of WIA. **82 Needs-related Payments** **Adults/Dislocated Workers in Training Services:** Funds allocated to a local area that may be used to provide needs-related payments to adults and dislocated workers, respectively, who are unemployed and do not qualify for (or have ceased to qualify for) unemployment compensation for the purpose of enabling such individuals to participate in programs of training services. **Additional Eligibility Requirements:** A dislocated worker who has ceased to qualify for unemployment compensation may be eligible to receive needs-related payments **only** if such worker was enrolled in the training services by the end of the 13th week after the most recent layoff that resulted in a determination of the worker's eligibility for employment and training activities for dislocated workers under this subtitle; **OR** If later, by the end of the 8th week after the worker is informed that a short-term layoff will exceed six-months. **Youth in Training** Stipends for such activities as GED completion are allowable expenditures under the WIA Youth program, provided a stipend is included in the participant's individual needs assessment and individual service strategy.

Activity Code (Continued)	**83 Planned Break in Service: Delay in Training** This activity code should be used to identify participants who have a planned gap in service of greater than 90 days so they will not be considered as exited. The gap in service **must** be due to a delay before the beginning of training. Service providers 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 or more they **must** be exited from the system. **84 Non-WIA Funded Miscellaneous** Miscellaneous services were provided to the individual by non-WIA funding sources. This may include a referral of a veteran to other supportive services, health services, welfare services, veteran's services organizations, such as the County Veteran's Service Officer, Dept of Veterans Affairs. A California Department of Corrections and Rehabilitation (CDCR) 30 day follow-up. **85 Co-enrolled Miscellaneous** Miscellaneous services were provided to the individual by co-enrolling into a different WIA funding source. **86 Planned Break in Services: Health Medical** This activity code should be used to identify participants who have a planned gap in service of greater than 90 days so they will not be considered as exited. The gap in service **must** be due to a medical/health condition that prevents an individual from participating in services. Service providers should document any gap in service that occurs with a reason for such a gap in service. Unless a planned break in service is recorded, a participant who has not received any WIA funded or partner services for 90 days or more **must** be exited from the system. **90:99 Optional Local Use** Activity codes 90 to 99 are provided for the optional use of the local areas.

Agency Code (Optional)	Record the 4-character code that has been assigned by the Local Workforce Investment Area to the service provider that provides the service. Use the **<F1>** key to display a window of valid agency codes.
State Provider ID	Record the provider code from the Eligible Training Provider List (ETPL) that identifies the school/agency that provided the training activity. Leave this field blank for youth, customized training or OJT enrollments, and non-training activities, as it does not apply. The provider code may be obtained from the Print ETPL List (PETP) generated form in the JTA system by downloading the information for your county.
Program Code	Record the 12-digit program code from the ETPL that identifies the program activity. Leave this field blank for youth, customized training or OJT enrollments, and non-training activities, as it does not apply.
Job Code (Optional)	Basic skills, work readiness, and GED will not have a job code. This field should be left blank if it does not apply. Enter the 6-digit Standard Occupational Classification (SOC) code, 8-digit O*Net 3.0 Code, 9-digit Dictionary of Occupational Titles (DOT) code, the 5-digit Occupational Employment Survey (OES) code, or the 5 or 6-digit O*NET code that best describes the training occupation. If the participant is to receive classroom occupational skills training, the six-digit Classification of Instructional Programs (CIP) code may be entered. If training is to be provided for more than one occupation, enter the code for the most significant occupational training received.
Begin Date	Enter the first date the client received services and/or training (MM/DD/YYYY). This date must be on or after the application date.
Est/End Date	This field has a dual purpose. First, record the estimated end date for the activity (MM/DD/YYYY); update it to the actual date of completion of the activity when services have been provided.
Individual Training Account (ITA) Amount Used (Optional)	When services have been provided, record the cumulative dollar (“00000.00”) amount expended from the ITA for this activity, if it was an ITA activity.

Completion Code	When services have been completed, record the code that best describes the completion status of this activity. This indicates that the EST/end date is now an end date. **1** Completed **2** Not Completed, Involuntary **3** Not Completed, Voluntary
Goal Code (Optional)	The **<F1>** key will display a help window with a list of valid goal codes. **BASIC SKILLS (Activity Code 71)** **001** Reading Comprehension **002** Math Computation **003** Writing **004** Speaking **005** Listening **006** Problem Solving, Reasoning, Decision Making **013** ESL/VESL **015** Life Skills **OCCUPATIONAL SKILLS (Activity Code 72)** **007** Perform Actual Tasks **008** Familiarity with Procedures, Tools **016** Technology (computer skills) **019** Information Skills **WORK READINESS SKILLS (Activity Code 72):** **009** World of Work Awareness **010** Labor Market Knowledge **011** Career Planning **012** Job Search Techniques **CITIZEN/LEADERSHIP SERVICES (Activity Code 73):** **014** Leadership **017** Allocates Resources **018** Teamwork **020** Interpersonal Skills
Enrolling Staff Signature	The enrolling staff responsible for completion of this form must sign here.
Date	Record the date the enrolling staff member signed the enrollment form (MM/DD/YYYY).

Upon completion of all the appropriate fields, the record may be filed by pressing the **<F5>** key.

Function Keys

The following function keys are available in this program:

<F5>	At the time of filing, if the case number is auto-generated, the following prompt will be displayed: **"Please record auto-generated data. Press any key to continue."** For each row in the scrolling region containing data, if the activity record exists, update the record, otherwise insert the record. For any row that was cleared, delete the activity record.
<F6>	This record may not be deleted if there is an activity, goal, or exit record linked to this case number. If an activity, goal, or case record is linked to this case, the following message will be displayed: **"Cannot delete, case has activity (or goal or exit) data."** You must delete all subsequent records, including activities, before deleting this one.
<F7>	Page back to previous page.
<F8>	Page forward to next page.
< Shift F6> or <F16>	This function key allows the user to alternate between the scrolling region and the non-scrolling region of the screen.
<Shift F7> or <F17>	Displays client history.
<Shift F8> or <F18>	When the cursor is placed in the Activity Code field (09), this key is used to remove an activity from the record. It will not delete the whole case record, but rather delete one activity. Otherwise, it behaves in normal fashion.

CHAPTER 6

WIA Goals Form (EWIG)

The Workforce Investment Act (WIA) Goals form (EWIG) is an optional form (unless otherwise specified by a funding stream) used to record the goals that are set for and attained by a WIA youth client. Completion of this form is suggested for all youth ages 14-18.

Once a youth is registered, one goal per enrollment year is suggested for all in-school youth and any appropriately assessed out-of-school youth that need to attain basic skills, work readiness skills or occupational skills. At least one goal may be set within the first month after enrollment/registration. Any goal(s) must be recorded as being set on the date of enrollment/registration.

The Goals form will be used in two steps. Step one will be the establishment of a goal(s). At the establishment of a goal, the result code and date attained will not be completed. Step two will occur once the goal(s) have been reached or the one-year allowed period has expired, whichever occurs first, and the result code and date attained are completed.

Employment Development Department
State of California

WORKFORCE INVESTMENT ACT GOALS FORM

Subgrantee Name	
01 Case Number	
Application Number	
02 Agency Code	
Social Security Number	

Last Name	First Name / Middle Initial

Primary Goal	Goal Type	Goal Code	Goal Description	Date Set	Result Code	Result Description	Result Date

Staff Signature	03 Goals Staff ID	Date

Primary Goal Code
1 Primary Goal
2 Not Primary Goal

Goal Type
1 Basic Skills
2 Occupational Skills
3 Work Readiness Skills

Result Code
1 Attained Goal
2 Set, Goal Not Attained

Goal Code

BASIC SKILLS
001 Reading Comprehension
002 Math Computation
003 Writing
004 Speaking
005 Listening
006 Problem Solving, Reasoning, Decision Making
013 ESL / Vocational ESL
015 Life Skills

OCCUPATIONAL SKILLS
007 Perform Actual Tasks
008 Familiarity With Procedures, Tools
016 Technology
019 Information Skills

WORK READINESS
009 World of Work Awareness
010 Labor Market Knowledge
011 Career Planning
012 Job Search Techniques
014 Leadership
017 Allocates Resources
018 Team Work
020 Interpersonal Skills

Sample Entry Screen

The Goals form can be accessed by entering the program's mnemonic **"EWIG"** anywhere within the Job Training Automation (JTA) system menu environment. After entering the mnemonic, the following data entry screen will be displayed:

```
EWIG                                Enter WIA Goals Form

01  Case Num                  Name
    App Num                   SSN                 Grnt Cd        Grnt Desc

02  Agency Cd          03     Goals Staff ID


Primary   Goal    Goal   Goal          Date      Result   Result       Result

Goal      Type    Code   Description   Set       Code     Description  Date
                                         /   /                          /   /
                                         /   /                          /   /
                                         /   /                          /   /
                                         /   /                          /   /
                                         /   /                          /   /
                                         /   /                          /   /
                                         /   /                          /   /
                                         /   /                          /   /
                                         /   /                          /   /
                                         /   /                          /   /
                                         /   /                          /   /
                                         /   /                          /   /
                                         /   /                          /   /
                                         /   /                          /   /
```

Line Item Instructions

The following are line item instructions for completing and entering the Goals form into the JTA system.

For detailed instructions on the JTA system, please refer to the instructions marked with this icon.

Subgrantee Name (Optional)	Record the name of the subgrantee or the three-digit subgrantee alpha code.
01 Case Number	Record the seven-digit case number provided on the WIA Enrollment/Registration form (EWIE). The case number must already be entered into the JTA system. If the client has not yet been enrolled/registered, the following error message will be displayed: **"No Record Found."** If this error message appears, make sure the Enrollment/Registration form has been entered for this client. Staff may use the Query Client History **<Shift F7>** to determine if the Enrollment/Registration form has already been entered for a client. Once a valid case number has been entered, the application number, the client's name, the client's Social Security number, the grant code and the grant description will be displayed.
Application Number	The application number will be displayed once the case number has been entered.
Last Name, First Name and Middle Initial	The client's last name, first name and middle initial will be displayed once the case number has been entered.
Social Security Number (SSN)	The client's Social Security number (SSN) will be displayed once the case number has been entered.
Grant Code	The grant code will be displayed once the case number has been entered.
Grant Description	The grant description will be displayed once the case number has been entered.

02 Agency Code (Optional)	Record the agency code that has been assigned by the subgrantee to the service provider that completes the Goals form. If the agency code is not known, use the **<F1>** key to display a window of valid agency codes.
03 Goals Staff ID	Record the staff's assigned identification number (ID). If the staff ID is not known, you may use the **<F1>** key to display a help window.
Primary Goal	Select the appropriate number provided below. The Department of Labor allows three primary goals per program year to be set. The subgrantee determines the three goals to be measured for the client by noting the goal as a primary goal. **1 Primary Goal** Three primary goals per program year are allowable. **2 Not Primary Goal** This goal is considered secondary.
Goal Type	One goal per program year may be used for all in-school youth and any appropriately assessed out-of-school youth that need to attain basic skills, work readiness skills or occupational skills. New goals may be set after initial goals are achieved. A previously set non-primary goal may be changed to a primary goal as long as the change does not create more than three primary goals. Select the goal type in which the client is enrolled from the following: **1 Basic Skills** Include reading comprehension, math computation, writing, speaking, listening, problem solving, reasoning, decision-making and the capacity to use these skills. **2 Occupational Skills** Include 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.

Goal Type (Continued)	**3 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 follow-up letters). These skills 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. Also, include positive work habits, attitudes, and behavior 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 coworkers, 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. If the goal type is not known, use the **<F1>** key to display a window of valid goal types.
Goal Code	Record the goal code for the activity provided to the youth client from the list below. **001** Reading Comprehension **002** Math Computation **003** Writing **004** Speaking **005** Listening **006** Problem Solving, Reasoning, Decision-making **007** Perform Actual Tasks **008** Familiarity with Procedures, Tools, Equipment **009** World of Work Awareness **010** Labor Market Knowledge **011** Career Planning **012** Job Search Techniques **013** ESL/VESL **014** Leadership

Goal Code (Continued)	**015** Life Skills **016** Technology (computer skills) **017** Allocates Resources **018** Team Work **019** Information Skills **020** Interpersonal Skills If the goal code is not known, use the **<F1>** key to display a window of valid goal codes.
Goal Description	A concise description of the goal code will be displayed once the goal code is entered.
Date Set	Record the date the goal is established for the client (MM/DD/YYYY). At least one goal may be set within the first month after enrollment/registration. Any goal(s) must be recorded as being set on the date of enrollment/registration. New goals may be set as initial goals are achieved. Skill goals must be achieved within one year of their beginning date. The target date set can only be extended if the client has a planned gap in service in which they are placed in a hold status, does not receive services and plans to return to the program. To extend the target date, use miscellaneous activity code #83 (*Planned Break in Services: Delay in Training*) or #86 (*Planned Break in Services: Health/Medical*) from the EWIE if appropriate. When the client enters a hold status, the one-year clock for the goal target date stops. The clock resumes once the client is no longer in a hold status.

Result Code	Select the appropriate number provided below that describes the result of the selected goal code. **1 Attained Goal** Attainment of a goal is to be based on individual assessments using widely accepted and recognized measurement/assessment techniques. **2 Set, Goal Not Attained** Include goals whose anniversary date has passed without attainment of the goal. The anniversary date is the date one year after the date the goal was set. If the result code is not known, use the **<F1>** key to display a window of valid result codes.
Result Description	A concise description of the result entered will display once the result code is entered.
Result Date	Record the date the goal was determined to be attained (MM/DD/YYYY). This is the date on which the individual's skills were tested or otherwise assessed. The result date entered may not be a future date, and must be on or after the date set.
Staff Signature	The staff responsible for completion of this form must sign here.
Date	Record the date the staff member signed this form (MM/DD/YYYY).

Upon completion of all the appropriate fields, the record may be filed by pressing the **<F5>** key. At that time the goal table in the database will be updated.

Function Keys

The following function keys are available in this program:

<F2>	Clears all fields of the current function.
<F3>	Exits from the current screen to the previous menu.
<F5>	If the client is a youth (eligibility codes F, G, I, or J) less than 19 years old, at least one of the primary goals must have a date set equal to the enrollment date. If not, the following message will be displayed and the cursor will go to the date set of the first primary goal on the screen. **"First date set must be the same as case enrollment date."**
<F6>	If there is no exit record linked to the Application form for this case, then the goals may be deleted (all goal records for the case will be deleted). If an exit record is linked to the Application form for this case, the following message will be displayed: **"Cannot delete, application has been exited."**
<F9>	Moves cursor up to the upper left corner of the screen and prompts for the keyword of the next process the user wishes to call.
<F10>	Displays a window of function keys.
SHIFT <F7>	Displays client history.
SHIFT <F8>	If pressed on first field of the goal row, the entire row will be cleared. Otherwise, the function key behaves normally.

CHAPTER 7

WIA Youth Test Scores Form (EYTS)

The Workforce Investment Act (WIA) Youth Test Scores form (EYTS) is used to track youth client test scores as a means of satisfying the Youth Literacy and Numeracy Gains performance measure established by the Department of Labor (DOL).

The DOL issued Training and Employment Guidance Letter (TEGL) 17-05, dated February 17, 2006, for the purpose of providing technical guidance to entities responsible for implementing the Literacy and Numeracy Gains performance measure. The performance measure, which measures the increase in skills of youth clients through a common assessment tool administered at program entry and regular intervals thereafter. Youth clients for whom the goal of literacy and/or numeracy gains is most appropriate are those with basic skills deficiencies. Youth clients who are not basic skills deficient cannot achieve a positive outcome because they have attained basic literacy and numeracy skills. Exclusion of individuals who are not basic skills deficient focuses the measure on the youth clients with the greatest need for remediation, and minimizes the burden of testing individuals who, by virtue of their existing skill level, will not achieve a positive outcome under this measure.

On May 20, 2009, the DOL issued TEGL 17-05, Change 2. TEGL 17-05, Change 2, further clarifies the application of the literacy/numeracy measure initially provided in Attachment C, *Educational Functional Level Descriptors*, in TEGL 17-05, and rescinds TEGL 17-05, Change 1. This change TEGL only addresses specific reporting changes for the WIA Youth literacy/numeracy measure.

Employment Development Department
State of California

WORKFORCE INVESTMENT ACT YOUTH TEST SCORES

Subgrantee Name	
01 Application Number	
Agency Code	
Social Security Number	

Last Name	First Name / Middle Initial	02 ESL (English is a Second Language) 1 Yes 2 No

Test Type	Functional Area	Test Score	Educational Level	Date Administered

Staff Signature	Staff ID	Date

Test Type		Functional Area		Educational Level
ESL	ABE	ESL	ABE	ESL & ABE
1 Comprehensive Adult Student Assessment System (CASAS) 2 Student Performance Levels (SPL) 3 Basic English Skills Test (BEST) 4 Basic English Skills Test Plus (BEST Plus) 5 Other Approved Assessment Tools	1 TABE 7-8 2 TABE 9-10 3 CASAS 4 ABLE 5 Work Keys 6 Other Approved Assessment Tools	1 Reading and Writing Functional Area 2 Speaking Functional Area 3 Oral Functional Area 4 Literacy Functional Area 5 Listening Functional Area 6 Other ESL Functional Area	1 Reading Functional Area 2 Writing Functional Area 3 Language Functional Area 4 Mathematics Functional Area 5 Other Functional	1 Beginning ESL Literacy 2 Low Beginning ESL Literacy 3 Beginning ABE Literacy/High Beginning ESL Literacy 4 Beginning Basic Education/Low Intermediate ESL 5 Low Intermediate Basic Education/High Intermediate ESL 6 High Intermediate Basic Education/Advanced ESL 7 Low Adult Secondary Education/Exit ESL 8 High Adult Secondary Education

Sample Entry Screen

The Youth Test Scores form can be accessed by entering the program's mnemonic **"EYTS"** anywhere within the Job Training Automation (JTA) system menu environment. After entering the mnemonic, the following data entry screen will be displayed:

```
EYTS                        Enter WIA Youth Test Scores

01 App Num                Name
02 ESL (Y/N)              SSN             Agency CD     Staff ID

           Test    Functional    Test     Educational    Date
           Type    Area          Score    Level          Administered

                                                         /   /
                                                         /   /
                                                         /   /
                                                         /   /
                                                         /   /
                                                         /   /
                                                         /   /
                                                         /   /
                                                         /   /
                                                         /   /
                                                         /   /
                                                         /   /
                                                         /   /
```

Line Item Instructions

The following are line item instructions for completing and entering the Youth Test Scores form into the JTA system.

For detailed instructions on the JTA system, please refer to the instructions marked with this icon.

Subgrantee Name (Optional)	Record the name of the subgrantee or three-digit subgrantee alpha code.
01 Application Number	Record the application number as it appears on the WIA Application form (EWIR). The Application form must exist in the database and be complete. After the application number has been entered, the client's name and Social Security number will be displayed.
Last Name, First Name and Middle Initial	The client's last name, first name and middle initial will be displayed once the case number has been entered.
Social Security Number (SSN)	The client's Social Security number (SSN) will be displayed once the case number has been entered.
Agency Code (Optional)	Record the code that has been assigned by the subgrantee to the service provider that conducts the initial intake interview.
Staff ID	Record the staff's assigned identification number (ID). If the staff ID is not known, you may use the **<F1>** key to display a help window.
02 ESL (English as a Second Language)	Select the appropriate number. **1 Yes—**Individual is a person 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. **2 No—**Individual does not meet the condition described above.

Test Type	Select the appropriate number. If the Test Type is not known, you may use the **<F1>** key to display the help window. If ESL (Field 02) is Yes, select one of the following: **1 Comprehensive Adult Student Assessment System— (CASAS)** **2 Student Performance Levels (SPL)** **3 Basic English Skills Test (BEST)** **4 Basic English Skills Test Plus (BEST Plus)** **5 Other Approved Assessment Tools (Other Tools)** If ESL (Field 02) is No, select one of the following: **1 Test Adult Basic Education 7 – 8 (TABE 7– 8)** **2 Test Adult Basic Education 9 – 10 (TABE 9–10)** **3 Comprehensive Adult Student Assessment System- (CASAS)** **4 Adult Basic Learning Exam (ABLE)** **5 Work Keys** **6 Other Approved Assessment Tools (Other Tools)**
Functional Area	Select the appropriate number for ESL or ABE as appropriate. If the Functional Area is not known, you may use the **<F1>** key to display the help window. If ESL (Field 02) is Yes, select one of the following: **1 Reading and Writing Functional Area** **2 Speaking Functional Area** **3 Oral Functional Area** **4 Literacy Functional Area** **5 Listening Functional Area** **6 Other ESL Functional Area** If ESL (Field 02) is No, select one of the following: **1 Reading Functional Area** **2 Writing Functional Area** **3 Language Functional Area** **4 Mathematics Functional Area** **5 Other Functional Area**
Test Score	Record the client's test score.

Educational Level	Select the appropriate number. If the Educational Level is not known, you may use the **<F1>** key to display the help window. 1 Beginning ESL Literacy 2 Low Beginning ESL Literacy 3 Beginning ABE Literacy/High Beginning ESL Literacy 4 Beginning Basic Education/Low Intermediate ESL 5 Low Intermediate Basic Education/High Intermediate ESL 6 High Intermediate Basic Education/Advanced ESL 7 Low Adult Secondary Education/Exit ESL 8 High Adult Secondary Education

Upon completion of all the appropriate fields, the record may be filed by pressing the **<F5>** key.

Function Keys

The following function keys are available in this program:

<F1>	Displays a scrolling window with a choice list.
<F2>	Clears all fields of the current function.
<F3>	Exits from the current screen to the previous menu.
<F5>	This function will file the record.
<F9>	Moves cursor up to the upper left corner of the screen and prompts for the keyword of the next process the user wishes to call.
<F10>	Displays a window of function keys.
SHIFT <F7>	Displays client history.
SHIFT <F18>	If pressed on first field of a row, the entire row will be cleared. Otherwise, the function key behaves normally.

CHAPTER 8

WIA Grant Specific Information Form (EWGS)

The Workforce Investment Act (WIA) Grant Specific Information form (EWGS) is optional and can be used by staff to track additional grant specific information for a client. A WIA Application form (EWIR) and enrollment into a specific grant code must be completed before staff will be able to enter the grant specific information for a client.

The WIA Grant Specific Information form was developed to allow staff to enter grant specific information into the Job Training Automation (JTA) system for clients involved in the California Gang Reduction, Intervention and Prevention (CalGRIP) program. However, the form is not exclusive to the CalGRIP program, and is a useful tool for tracking other grant specific information.

Employment Development Department
State of California

WORKFORCE INVESTMENT ACT GRANT SPECIFIC INFORMATION

Subgrantee Name	
01 Case Number	
02 Agency Code	
Social Security Number	

Last Name, First Name	Grant Code

Grant Description	Staff ID	03 Gang Status 1 Gang Member 2 Gang Involved 3 At-Risk Gang Involvement 4 Not Reported
04 Youth of Incarcerated Parent 1 Yes 2 No	05 Entered Career Technical Training 1 Yes 2 No	06 Entered Post Secondary Education (pre-exit) 1 Yes 2 No
07 Entered Unsubsidized Employment (pre-exit) 1 Yes 2 No	08 Entered Apprenticeship Program (pre-exit) 1 Yes 2 No	09 Attain High School Diploma/GED (pre-exit) 1 Yes 2 No
10 Entered Customized Employer-Based Training 1 Yes 2 No	11 Completed Industry-Identified Soft Skills 1 Yes 2 No	12 Retained or Returned to Secondary School (for at least two semesters) 1 Yes 2 No
13 Entered Pre-Apprenticeship Program 1 Yes 2 No	14 Completed Career Technical Training 1 Yes 2 No	15 Completed Post Secondary Education 1 Yes 2 No
16 Completed Pre-Apprenticeship Program 1 Yes 2 No	17 Completed Industry-Identified Certificate 1 Yes 2 No	18 Completed Environmental Stewardship Education 1 Yes 2 No
19 Completed Civic Responsibility Education 1 Yes 2 No	20 Community Service Hours Completed 1 Yes 2 No	21 Parolee Number (CDCR Only) 1 Yes 2 No

Sample Entry Screen

The WIA Grant Specific Information form can be accessed by entering the mnemonic **"EWGS"** anywhere within the Job Training Automation (JTA) system menu environment. After entering the mnemonic, the following data entry screen will be displayed:

```
EWGS                    Enter WIA Grant Specific Information

Case Num                Name
                        App Num         SSN
Agency Cd               Grant Cd        Grant Desc                      Staff ID

Gang Status                             Cmpltd Indus Ident Cert
Youth of Incarcerated Parent            Cmpltd Env Stwd Educ
Entered Career Tech Trng                Cmpltd Civic Resp Educ
Entered Post Sec Ed                     Community Serv Hrs Cmpltd
Entered Unsubs Emp                      Parolee Number (CDCR Only)
Entered Appren Pgm
Attain High School Diploma/GED
Entered Cust Employer-based trng
Cmpltd Indust-Ident Soft Skills
Retained or Returned Scndry Sch
  (for at least two semesters)
Entered Pre_Appren Pgm
Cmpltd Career Tech Trng
Cmpltd Post Scndry Ed
Cmpltd Pre-Appren Pgm
```

Line Item Instructions

The following are line item instructions for completing and entering the WIA Grant Specific Information form into the JTA system.

For detailed instructions on the JTA system, please refer to the instruction marked with this icon.

Subgrantee Name (Optional)	Record the name or three-digit alpha code of the subgrantee.
01 Case Number	Record the seven-digit case number provided on the WIA Enrollment/Registration form (EWIE). The case number must already be entered into the JTA system. If the client has not yet been enrolled/registered, the following error message will be displayed: **"No Record Found."** If this error message appears, make sure the Enrollment/Registration form has been entered for this client. Staff may use the Query Client History **<Shift F7>** to determine if the Enrollment/Registration form has already been entered for a client. Once a valid case number has been entered, the application number, the client's name, the client's Social Security number, the grant code and the grant description will be displayed.
02 Agency Code (Optional)	Record the code that has been assigned by the subgrantee to the service provider that completes the follow-up form. If the agency code is not known, use the **<F1>** key to display a window of valid agency codes.
Social Security Number	The client's Social Security number (SSN) will be displayed once the case number has been entered.
Last Name, First Name and Middle Initial	The client's last name, first name and middle initial will be displayed once the case number has been entered.
Grant Code	The grant code will be displayed once the case number has been entered.
Grant Description	The grant description will be displayed once the case number has been entered.

Staff ID	Record the five character staff ID of the staff person completing the WIA Grant Specific Information form. Select **<F1>** to display a list containing staff IDs and names.
03 Gang Status ***(Required for grant codes 415, 417, 436, and 437)***	Indicate the client's gang status by selecting the appropriate number from below: 1. Gang Member 2. Gang Involved 3. At-Risk Gang Involvement 4. Not Reported
04 Youth of Incarcerated Parent ***(Optional)***	Indicate if the client is a youth of an incarcerated parent by selecting the appropriate number from below 1. Yes 2. No
05 Entered Career Technical Training ***(Optional)***	Indicate if the client has entered career technical training by selecting the appropriate number from below: 1. Yes 2. No
06 Entered Post Secondary Education (pre-exit) ***(Optional)***	Indicate if the client is involved in post secondary education by selecting the appropriate number from below: 1. Yes 2. No
07 Entered Unsubsidized Employment (pre-exit) ***(Optional)***	Indicate if the client has entered unsubsidized employment (pre-exit) by selecting the appropriate number from below: 1. Yes 2. No
08 Entered Apprenticeship Program (pre-exit) ***(Optional)***	Indicate if the client has entered an apprenticeship program (pre-exit) by selecting the appropriate number from below: 1. Yes 2. No

09 Attain High School Diploma/GED (pre-exit) ***(Optional)***	Indicate if the client has attained a high school diploma or satisfied the General Education Development (GED) test requirements by selecting the appropriate number from below: 1. Yes 2. No
10 Entered Customized Employer-Based Training ***(Optional)***	Indicate if the client has entered customized employer-based training by selecting the appropriate number from below: 1. Yes 2. No
11 Completed Industry-Identified Soft Skills ***(Optional)***	Indicate if the client has completed industry-identified soft skills training by selecting the appropriate number from below: 1. Yes 2. No
12 Retained or Returned to Secondary School (for at least two semesters) ***(Optional)***	Indicate if the client has retained or returned to secondary school (for at least two semesters) by selecting the appropriate number from below: 1. Yes 2. No
13 Entered Pre-Apprenticeship Program ***(Optional)***	Indicate if the client has entered a pre-apprenticeship program by selecting the appropriate number from below: 1. Yes 2. No
14 Completed Career Technical Training ***(Optional)***	Indicate if the client has completed career technical training by selecting the appropriate number from below: 1. Yes 2. No
15 Completed Post Secondary Education ***(Optional)***	Indicate if the client has completed post secondary education by selecting the appropriate number from below: 1. Yes 2. No

16 Completed Pre-Apprenticeship Program (Optional)	Indicate if the client has completed a pre-apprenticeship program by selecting the appropriate number from below: 1. Yes 2. No
17 Completed Industry-Identified Certificate (Optional)	Indicate if the client has completed/obtained an industry-identified certificate by selecting the appropriate number from below: 1. Yes 2. No
18 Completed Environmental Stewardship Education (Optional)	Indicate if the client has completed environmental stewardship education training by selecting the appropriate number from below: 1. Yes 2. No
19 Completed Civic Responsibility Education (Optional)	Indicate if the client has completed civic responsibility education training by selecting the appropriate number from below: 1. Yes 2. No
20 Community Service Hours Completed (Optional)	Indicate if the client has completed his or her community service hours by selecting the appropriate number from below: 1. Yes 2. No
21 Parolee Number (Required for grant code 195)	Record the client's parolee number, up to 11 characters, if applicable.

Upon completion of all the appropriate fields, the record may be filed by pressing the **<F5>** key. At that time the follow-up table in the database will be updated.

Function Keys

The following function keys are available in this program:

<F1>	Displays a scrolling window with a choice list.
<F2>	Clears all fields of the current function.
<F3>	Exits from the current screen to the previous menu.
<F4>	Moves the cursor from the present field to another field within the form.
<F5>	This function will file the record.
<F6>	The WIA Grant Specific Information form can be deleted as long as the WIA Exit form (EWIT) has not been completed.
<F7>	Page back to previous page.
<F8>	Page forward to next page.
<F9>	Moves cursor up to the upper left corner of the screen and prompts for the keyword of the next process the user wishes to call.
<F10>	Displays a window of function keys.
SHIFT <F7>	Displays client history.

CHAPTER 9

WIA Exit Form (EWIT)

The Workforce Investment Act (WIA) Exit form (EWIT) is used to record the exit of a client from the WIA program and to track post-program services. The WIA Exit form should only be used when a client has completed all services, including partner services, or when they are not expected to return. WIA performance measures require staff to focus on follow-up and post-program services in order to meet performance level requirements.

If there are activities on the WIA Enrollment/Registration form (EWIE) that do not have a completion date, this form may not be filed. You must return to the WIA Enrollment/Registration form and indicate completion dates for all activities.

The WIA Exit form is not required for Adult and Dislocated Worker clients participating in the Local Learning Lab (LLL) integrated service delivery model. LLL clients will be automatically exited 90 days after the last recorded service date.

However, LLLs now have the option to exit clients who have entered into employment, but who have not been automatically exited because they are continuing to access their CalJOBS^{sm} accounts (which is a recorded service). In these instances, LLLs should use the WIA Exit form to exit these clients.

Employment Development Department
State of California

WORKFORCE INVESTMENT ACT EXIT FORM

Subgrantee Name	
01 Application Number	
02 Agency Code	
Social Security Number	

Last Name	First Name/Middle Initial

03 Exit Education Status
1 Student, H.S. or Less
2 Student, attending post H.S.
3 Out-of-School, H.S. dropout
4 Out-of School, H.S. grad, employment difficulty
5 Out-of-School, H.S. grad, no employment difficulty
6 Alternative School

04 Exit Codes (Select up to three codes)
01 Entered Employment
02 Called Back / Remained With Layoff Employer
03 Entered Advanced Training
04 Entered Postsecondary Education
05 Attained Recognized Certificate / Diploma / Degree
06 Planned Services Completed
07 Planned Services Not Completed
08 Lacks Transportation
09 Family Care
10 Health / Medical
11 Cannot Locate
12 Death
13 Institutionalized
14 Voluntary Other
15 Objective Assessment Only
16 Returned to Secondary Education
17 Soft Exit
18 Reservists Recalled
19 Automatic State Exit
20 Mandated Residential Program Youth

05 Exit Date

06 Soft Exit Determination Date

07 Degree Attained
1 Yes
2 No, credential intended
3 No, credential not intended
4 No, credential pending
5 No training services provided

08 Date Degree or Certificate Attained

09 Type of Degree Attained
1 High School Diploma
2 Equivalency / GED
3 AA or AS Diploma / Degree
4 BA or BS Diploma / Degree
5 Occupational Skills License
6 Occupational Skills Certificate or Credential
7 Other

10 Entered Postsecondary Education
1 Yes
2 No

11 Entered Advanced Training
1 Yes
2 No

12 Entered Military Service
1 Yes
2 No

13 Entered Qualified Apprenticeship
1 Yes
2 No

14 Date Employed	15 Employer Number	16 Employer Name

Employer Address	Employer City/State	Employer ZIP

17 Employer Contact	18 Contact Phone	19 Job Code	20 Hours Per Week

21 Hourly Wage

22 Training Related Employment
1 Yes
2 No
9 Not Applicable

23 Determination Method
1 Training to job
2 Industry to training
3 Other

24 Health Benefits
1 Yes
2 No

25 Non-Traditional Employment
1 Yes
2 No

Exit Staff Signature	26 Exit Staff ID	27 Update Client Info? Y Yes N No	Date

Post Exit Services

28 Service Code	29 Description	30 Begin Date	31 End Date

Post Program Service Code
01 Educational Achievement
02 Employment Services
03 Additional Youth Support
04 Citizen and Leadership
05 Follow-up Services

Sample Entry Screen

The Exit form can be accessed by entering the program's mnemonic "**EWIT"** anywhere within the Job Training Automation (JTA) system menu environment. After entering the mnemonic**,** the following data entry screen will be displayed:

```
EWIT                                Enter WIA Exit Form

01  App Num                 Name
02  Agcy Cd                 SSN
03  Exit Education Status
04  Exit Codes                                  20  Hours Per Week          0.0

05  Exit Date                       /    /      21  Hourly Wage             0.00

06  Soft Exit Determination Dt      /    /      22  Trng Reltd Employment

07  Degree Attained                             23  Determination Method

08  Date Degree/Cert Attained       /    /      24  Health Benefits

09  Type of Degree Attained                     25  Non-Trad Employment

10  Entered Post-Scndry ED                      26  Exit Staff ID
                                                27  Update Client Info
11  Entered Advanced Trng
                                                Post Exit Services
12  Entered Military Service
13  Entered Apprenticeship                      Srv   Descrpt    Bgn Dt        End Dt
14  Date Employed       /    /                          /    /        /    /
                                                       /    /        /    /
15  Employer Number

16  Employer Name
    Address
    CSZ                                                 -

17  Employer Contact
18  Contact Phone       -    -
19  Job Code
```

Line Item Instructions

The following are line item instructions for completing and entering the Exit form into the Job Training Automation (JTA) system. (Learning Labs are not required to use the WIA exit form for Adult and Dislocated Worker programs).

For detailed instructions on the JTA system, please refer to the instructions marked with this icon.

Subgrantee Name (Optional)	Enter the subgrantee name or three-digit subgrantee alpha code.
01 Application Number	Record the application number as it appears on the application form. If an invalid application number is entered, the following error message will be displayed: **"No app record found."** If an application number has been entered which has open goals or activities, the following error message will be displayed: **"Open activities/goals found. Cannot exit app."** After the number is entered, the client's name and Social Security number will be displayed. Compare what is displayed with what is recorded in those fields on the form.
Last Name, First Name and Middle Initial	The client's last name, first name and middle initial will be displayed once the application number has been entered.
Social Security Number (SSN)	The client's Social Security number will be displayed once the application number has been entered.
02 Agency Code (Optional)	Record the code that has been assigned by the subgrantee to the service provider that completes the Exit form. Press **<F1>** key to display a list of valid agency codes.

03 Exit Education Status	Select the appropriate number to indicate the client's actual education status at exit. **1 Student, H.S. or less—**The client is not a high school graduate (or equivalent) and is attending any school (including elementary, intermediate, junior high school, secondary or post secondary school) or is between school terms and intends to return to school. **2 Student, attending post H.S.—**The client is a high school graduate (or equivalent) and is attending a post secondary school or is between school terms and intends to return to school. **3 Out-of-School, H.S. dropout—**The client is not attending any school and is not a high school graduate. **4 Out-of-School, H.S. grad, employment difficulty—**The client is not attending any school, is a high school graduate, and is basic skills deficient, unemployed, or underemployed. **5 Out-of-School, H.S. grad, no employment difficulty—**The client is not attending any school, is a high school graduate and is not basic skills deficient and not unemployed and not underemployed. **6 Alternative School—**Attending Alternative school.
04 Exit Codes	Record the appropriate code(s) from the list below. Up to three codes may be entered. **01 Entered Employment** The client entered full or part-time employment. This includes clients who enter the military and/or a qualified apprenticeship program. **02 Called Back/Remained with Layoff Employer** The client was called back to or remained with the layoff employer. **03 Entered Advanced Training** The client entered advanced training. **04 Entered Post-secondary Education** The client entered an accredited degree-granting institution that leads to an academic degree (AA, AS, BA or BS).

Exit Codes (Continued)	**05 Attained Recognized Certificate/Diploma/Degree** The client obtained a nationally recognized degree or certificate or a state/locally recognized credential. **06 Planned Services Completed** The individual's WIA service goals were completed, and the individual is no longer receiving services (excluding follow-up services). **07 Planned Services Not Completed** The individual's WIA service goals were not completed, and the individual is no longer receiving services (excluding follow-up services). **08 Lacks Transportation** The client is without a means of transportation. **09 Family Care** The client is responsible for the care of one or more family members, which precludes entry into employment or continued participation in WIA. This does not apply to youth. **10 Health/Medical** The client is receiving medical treatment, which precludes entry into employment, or continued participation in WIA other than temporary conditions expected to last less than 90 days. **11 Cannot Locate** The client cannot be located after utilizing the address, phone number, and additional contact information provided by the client to locate them. **12 Death** The client is deceased. **13 Institutionalized** The client resides in an institution or facility providing 24-hour support such as a hospital or a prison and is expected to remain in that institution for at least 90 days. **14 Voluntary Other** The client voluntarily left the WIA program for reasons other than listed above.

Exit Codes (Continued)	**15 Objective Assessment Only** The client received only objective assessment services. After July 1, 2000, those clients exited with objective assessment only **will** be counted in WIA performance measure calculations. **16 Returned to Secondary Education** Youth in secondary school at exit are included in the Attainment of a Degree or Certificate Measure and the Placement in Employment or Education Measure. **17 Soft Exit** A participant does not receive any WIA-funded or non-WIA funded partner services for 90 days and is not scheduled for future services except follow-up services (soft exit). If a participant is soft exited, the exit date will be the ending date of the **last** activity prior to the expiration of the 90 days. **18 Reservists Recalled** Reservists called to active duty that choose to return to WIA. **19 Automatic State Exit** A participant has been automatically exited from the system due to inactivity for 90 days. **20 Mandated Residential Program Youth** The youth is in a foster care system or another mandated (residential or non-residential) program and has moved from the area as part of such a program. This does not include relocation to a Job Corps center. Press <**F1>** key to display a list of valid exit codes. Select from that list the code/s desired and press **<Enter>.**

05 Exit Date	Record the last date (MM/DD/YYYY) on which WIA Title I or partner services were received by the individual, excluding follow-up services. The exit date must be on or after the end date of the last activity (see EWIE field 15) received prior to the client exiting from the program. There are two ways to determine exit: A. A participant has a date of case closure, completion or known exit from WIA-funded or non-WIA funded partner services (hard exit); B. A participant does not receive any WIA-funded or non-WIA funded partner services for 90 days and is not scheduled for future services except follow-up services (soft exit). If a participant is soft exited, the exit date will be the ending date of the **last** activity prior to the expiration of the 90 days. A planned gap in service of greater than 90 days should not be considered an exit if the gap is due to a delay before the beginning of training or a health/medical condition that prevents an individual from participating in services. This should be identified as activity code #83, on the Enrollment/Registration form. Service providers should document any gap in service that occurs with a reason for the gap. The exit date must be equal to or greater than the application and enrollment dates and on or after the last activity completion date. It cannot be a future date.
06 Soft Exit Determination Date	This field represents the day a soft exit is determined (not the last day of services received). A participant does not receive any WIA-funded or non-WIA funded partner services for 90 days and is not scheduled for future services except follow-up services (soft exit).
07 Degree Attained	Select the appropriate number. **1 Yes** **2 No, credential intended** **3 No, credential not intended** **4 No, credential pending** **5 No training services provided** Press **<F1>** key to display a list of valid exit codes. Select from that list the code/s desired and press **<Enter>.**

08 Date Degree or Certificate Attained	Record the date the client received a degree or certificate (MM/DD/YYYY), if applicable. This date must be on or prior to exit date.
09 Type of Degree Attained	Select the appropriate number. **1 High School Diploma** **2 Equivalency/GED** **3 AA or AS Diploma/Degree** **4 BA or BS Diploma or Degree** **5 Occupational Skills License** **6 Occupational Skills Certificate or Credential** **7 Other** Press **<F1>** key to display a list of valid exit codes. Select from that list the code/s desired and press **<Enter>.**
10 Entered Post-secondary Education ***(Required)***	Select the appropriate number. *Post-secondary education* is defined as a program at an accredited degree-granting institution that leads to an academic degree (AA, AS, BA or BS). **1 Yes** **2 No**
11 Entered Advanced Training ***(Required)***	Select the appropriate number. *Advanced training* is an occupational skills and employment or training program, not funded under WIA Title I, which does not duplicate training received under WIA Title I. Training that leads to an academic degree (e.g., AA, AS, BA, BS) should be categorized as post-secondary education and not reported as advanced training. Advanced training may be provided by a One-Stop partner following the exit of the registrant from WIA. Advanced training does not include training funded partially or wholly with WIA funds. An example of advanced training is a community college program that does not lead to an advanced degree. **1 Yes** **2 No**
12 Entered Military Service	Select the appropriate number. *Military service* is defined as reporting for active duty and is considered employment for the purpose of the youth retention rate performance measurement. **1 Yes** **2 No**

13 Entered Qualified Apprenticeship	Select the appropriate number. *Qualified apprenticeship* is defined as a program approved and recorded by the ETA/Bureau of Apprenticeship and Training (BAT) or by a recognized State Apprenticeship Agency (State Apprenticeship Council). Approval is by certified registration or other appropriate written credential. Apprenticeship is considered employment for the purpose of the youth retention rate performance measurement. **1 Yes** **2 No**
14 Date Employed (Optional)	Record the date (MM/DD/YYYY) the participant entered employment. This date must be on or prior to exit date.
15 Employer Number (Optional)	Record the locally assigned number for the employer. If the number is unknown, move to the employer name field. Once the employer number has been correctly entered or created, the Employer Name, address, and phone will be displayed.
16 Employer Name (Optional)	Record the business name of the employer for whom the participant is working. If the employer number is unknown, enter the first few characters of the name, then press **<F1>** key. A list of employers will be displayed, and the correct one may be selected. If the employer does not appear on the list, select "add employer" and proceed with the process of creating a new employer number.
Employer Address	Record the business address of the employer for whom the participant is working.
Employer City/State	Record the city and state of the employer.
Employer Zip	Record the ZIP Code of the employer. Enter **XX** for a state outside the US, and "**00000**" for a ZIP outside the US.
17 Employer Contact (Optional)	Record the name of the contact person at the employer's place of business who can verify employment information.
18 Contact Phone (Optional)	Record the employer's contact telephone number including the area code.
19 Job Code (Optional)	Record the SOC/O*NET, OES, ONET3 or DOT code that best describes the individual's type of employment as well as the title of the job.

20 Hours Per Week (Optional)	Record the number of hours per week the participant is working or is scheduled to work.
21 Hourly Wage (Optional unless Date Employed is Complete)	Record the hourly wage at exit. If the individual is paid by commission or receives a salary, convert this to an hourly wage by dividing the amount paid by the number of hours the individual is expected to work. The term "hourly wage" includes any bonuses, tips, gratuities, commissions, and overtime pay earned.
22 Training Related Employment (Optional unless Date Employed is Complete)	Select the appropriate number. **1 Yes—**The individual is placed into employment that uses a substantial portion of the skills taught in the training received by the individual. **2 No** **9 Not Applicable**
23 Determination Method (Optional)	If Item #22 indicates "Yes", Select the appropriate number that indicates the method used to determine if employment is training related. Otherwise, skip. **1 Training to job—**Comparison of the occupation codes between the training activity and the job. **2 Industry to training—**Comparison of the industry of employment with the occupation of training using an appropriate crosswalk. **3 Other—**Another method was used. Press **<F1>** key to display a list of valid exit codes. Select from that list the code/s desired and press **<Enter>.**
24 Health Benefits (Optional)	Select the appropriate number. **1 Yes—**The employment provides the individual with health insurance benefits. **2 No**

25 Non-Traditional Employment (Optional)	Select the appropriate number. Both males and females can be in nontraditional employment. Refer to WIA Standardized Record Data, Attachment E, Appendix D, for information that may be used for determining non-traditional employment. **1 Yes—**The participant has been placed in an occupation or field of work for which individuals of the participant's gender comprise less than 25% of the individuals employed in such occupation or field of work [WIA Section 101(26)]. **2 No**
Exit Staff Signature	The staff responsible for completion of this form must sign here.
26 Exit Staff ID	Record the assigned staff identification number of the staff responsible for the completion of the form. Press **<F1>** key to display a list of Staff ID numbers.
27 Update Client Info	Enter **"Y"** to call up blank Application form and update client information. Enter **"N"** to continue to the next field.
Date	Record the date the staff member signed the Exit form (MM/DD/YYYY).

Upon completion of all entries, press the **<F5>** key to file the record. The following message will appear:

"Update Final Post Exit Service Date? (Y/N) N"

If no services were provided after exit, then accept the default of "No." If services were provided, and/or have ended, change "N" to "Y", and enter end date. Multiple services may be entered; see following instructions.

Post Exit Services

The following fields are used to track required youth services that are provided after the exit date. The use of this portion of this form is optional for adults. Only post-exit service fields may be updated on this form after the extraction of the IPD record.

An Exit form may not be deleted once the record has been extracted for Individual Participant Data (IPD).

28 Service Code	Record the appropriate number for these services. Use one line for each service. There is a maximum of 5 lines and each Service Code can only be entered once. This section is required for youth. **Post Program Service Code**: **01 Educational Achievement** 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. **02 Employment Services** Include, but are not limited to: paid and unpaid work experiences, including internships, and job shadowing; and occupational skill training **03 Additional Youth Support** Include, but are not limited to: 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. **04 Citizen and Leadership** Include, but are not limited to: Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social behaviors during non-school hours.

28 Service Code (Continued)	**05 Follow-up Services** A minimum follow-up period of 12 months is required for all youth that exit the WIA program. Local areas have broad discretion in determining the intensity and type of follow-up services. Examples of follow-up services may include: a. Job shadowing; b. A "Youth Day" career exploration activity organized at the One-Stop; c. Periodic, scheduled group meetings or one-on-done meetings to discuss educational or career options; d. Use of technology to explore Web sites and facilitate communication; e. Periodic telephone calls to inform youth of on-going activities such as job fairs or other career activities; and f. Adult mentoring and tutoring. This is a scrolling region which displays 14 rows at a time and has a maximum size of 25 rows. Press the **<enter>** key at the end of row 14 to display subsequent rows. To remove a code, position the cursor on the line to be removed, in the code field. Press **<Shift F8>** to delete a row. Press **<F1>** key to display a list of valid service codes.
29 Description	Record the description of the service noted above. The description will be displayed when the code is entered.
30 Begin Date	Record the begin date for the post-program service above (MM/DD/YYYY).
31 End Date (Optional)	Record the actual end date for the post-program service above (MM/DD/YYYY).

Upon completion of all the appropriate fields, the record may be filed by pressing the **<F5>** key.

Function Keys

The following function keys are available in this program.

<F1>	Displays a scrolling window with a choice list.
<F2>	Clears all fields of the current function.
<F3>	Exits from the current screen to the previous menu.
<F4>	Moves the cursor from the present field to another field within the form.
<F5>	At time of filing, if all post exit service records for the application number have a service end date, or there are no post exit service records for the application number, the following prompt will be displayed: **"Final Post Exit Service? (Y/N)"** If there is a final post service date, the following prompt will be displayed: **"Update Final Post Exit Service Date? (Y/N)** If the exit record exists, update the record, otherwise insert the record. For each row in the scrolling region containing data, if the post exit service record exists, update the record, otherwise insert the record. For any row that was cleared, delete the record.
<F6>	The exit record may not be deleted if there are post exit services for the application number. To delete the exit record, delete all post exit service records and then delete the exit record.
<F7>	Page back to previous page.
<F8>	Page forward to next page.
<F9>	Moves cursor up to the upper left corner of the screen and prompts for the keyword of the next process the user wishes to call.
<F10>	Displays a window of function keys.
SHIFT <F7>	Displays client history.
SHIFT <F8>	If pressed while the first field of a row in the scrolling region is selected, the entire row will be cleared. Otherwise, it behaves in normal fashion

CHAPTER 10

WIA Follow-Up Information Form (EWIF)

The Workforce Investment Act (WIA) Follow-up Information form (EWIF) is used to record follow-up contact information for an exited WIA client. A follow-up contact is performed by staff to determine a client's employment and educational status after exiting the WIA program.

For Youth clients, follow-up services are required for 12 months after exiting the WIA program. For Adult and Dislocated Worker clients, follow-up services must be made available after entry into unsubsidized employment.

Employment Development Department
State of California

WORKFORCE INVESTMENT ACT FOLLOW-UP INFORMATION

Subgrantee Name

01 Application Number

02 Agency Code

Social Security Number

Last Name

First Name/Middle Initial

03 Follow-up Type (After Exit)
1 30 Day
2 60 Day
3 1st Quarter
4 2nd Quarte
5 3rd Quarter
6 4th Quarter

Follow-up Date

04 Interview Date

05 Follow-up Result
01 Complete: All Questions
02 Complete Interview: Missing Data
03 Respondent Never Located
04 Located but Never Available
05 Informant Refused for Respondent
06 Respondent Refused Interview
07 Language Problem Prevented Interview
08 Unable Due to Illness / Disability
09 Died / Incapable / Institutionalized After Exit

06 Labor Force Status
1 Employed Full-Time
2 Employed Part-Time
3 Unemployed
4 Not In Labor Force
5 Status Unknown

07 Supplemental Data Verified Employment Status First Quarter after Exit
1 Employed
2 Not Employed
3 Not Applicable

08 Supplemental Data Verified Employment Status Second Quarter after Exit
1 Employed
2 Not Employed
3 Not Applicable

09 Supplemental Data Verified Employment Status Third Quarter after Exit
1 Employed
2 Not Employed
3 Not Applicable

10 Date Degree or Certificate Attained

11 Type of Degree or Certificate Attained
1 High School Diploma
2 Equivalency/GED
3 AA or AS Diploma/Degree
4 BA or BS Diploma or Degree
5 Occupational Skills License
6 Occupational Skills Certificate or Credential
7 Other

12 Continuing in Post-Secondary Education
1 Yes
2 No

13 Continuing in Advanced Training
1 Yes
2 No

14 In Military Service
1 Yes
2 No

15 In Qualified Apprenticeship
1 Yes
2 No

16 Weeks Employed

17 With Exit Employer
1 Yes
2 No

18 Actual Hours Worked

Most Recent Employer or Employer at Follow-Up

19 Date Employed

20 Employer Number

21 Employer Name

Employer Address

Employer City, State, ZIP

22 Contact

23 Phone

24 Job Code

25 Hours Per Week

26 Hourly Wage

27 Follow-up Staff ID

Sample Entry Screen

The Follow-Up Information form can be accessed by entering the mnemonic **"EWIF"** anywhere within the Job Training Automation (JTA) system menu environment. After entering the mnemonic, the following data entry screen will be displayed:

```
EWIF                          Enter WIA Follow-up Form

01  App Num                     Name
02  Agency Cd                   SSN   -    -
03  Follow-up Type                         10  Date Degree / Cert      /        /
    Follow-up Date            /    /       11  Type of Degree Attained
04  Interview Date            /    /       12  Continuing in Post-Sec Educ
05  Follow-up Result                       13  Continuing in Advanced Trng
06  Labor Force Status                     14  In Military Service
07  Supp Data Emp St1                      15  In Qualified Apprenticeship
08  Supp Data Emp St2                      16  Weeks Employed
09  Supp Data Emp St3                      17  With Exit Employer
                                           18  Actual Hours Worked

Most Recent Employer or Employer at Follow-up
19  Date Emp     /    /                    25  Hours per Week     0.0
20  EMP Num                                26  Hourly Wage        0.00
21  EMP Name                               27  Follow_up Staff
    Address
    CSZ
22  Contact
23  Phone        -    -
24  Job Code
```

Line Item Instructions

The following are line item instructions for completing and entering the Follow-Up Information form into the JTA system.

For detailed instructions on the JTA system, please refer to the instruction marked with this icon.

Subgrantee Name (Optional)	Record the name or three-digit alpha code of the subgrantee.
01 Application Number	Record the application number as it appears on the Application form (EWIR). If an invalid application number is entered, the following error message will be displayed: **"No app record found."** If the application has not yet been exited the following error message will be displayed: **"App must be termed before follow-up."** After the application number is entered into the system, the social security number, and client's name will be displayed.
02 Agency Code (Optional)	Record the code that has been assigned by the subgrantee to the service provider that completes the follow-up form. If the agency code is not known, use the **<F1>** key to display a window of valid agency codes.
Social Security Number	The client's Social Security number (SSN) will be displayed once the case number has been entered.
Last Name	Record the client's last name and compare it with the WIA Application form (EWIR) to verify its accuracy.
First Name/Middle Initial	Record the client's first name and middle initial, and compare it with the Application form to verify its accuracy.

03 Follow-up Type (After Exit)	Select the appropriate number to indicate the period of the follow-up. The 30- and 60-day contacts are optional. The 1st, 2nd, 3rd, and 4th quarter contacts are required. **1 30 Day** **2 60 Day** **3 1st Quarter** **4 2nd Quarter** **5 3rd Quarter** **6 4th Quarter** Use the **<F1>** key to display a window of valid Follow-up Types.
Follow-up Date	Generated by the JTA system. Based on the follow-up type and the exit date, the date calculated is the first day this follow-up may be performed and entered into the JTA system.
04 Interview Date	Enter the date (MM/DD/YYYY) of the follow-up interview. This date must be on or after the Follow-up Date but not greater than the date of data entry.
05 Follow-up Result (Optional)	Select the appropriate number which most closely describes the result of the follow-up: **01 Complete: All Questions** **02 Complete Interview: Missing Data** **03 Respondent Never Located** **04 Located, but Never Available** **05 Informant Refused for Respondent** **06 Respondent Refused Interview** **07 Language Problem Prevented Interview** **08 Unable Due to Illness/Disability** **09 Died/Incapable/Institutionalized After Exit** Use the **<F1>** key to display a window of valid Follow-up results.
06 Labor Force Status	Select the appropriate number that describes the situation of the client at follow-up. **1 Employed Full-Time** **2 Employed Part-Time** **3 Unemployed** **4 Not in Labor Force** **5 Status Unknown** Use the **<F1>** key to display a window of valid Labor Force Status.

07 Supplemental Data Verified Employment Status First Quarter after Exit	Select the appropriate number that describes whether the WIA client's employment status after exit was determined by using a supplemental data verification process. This field applies only to those exiters who were not found in the Unemployment Insurance Base Wage File (BWF). All others Select #3. Local areas must maintain the appropriate documentation verifying employment as required by federal guidance, TEGL 17-05. All data and methods to supplement wage record data must be documented and are subject to audit. **1 Employed—**This participant was found to be employed in the **first** quarter after exit. **2 Not Employed—**This participant was not found to be employed in the **first** quarter after exit. **3 Not Applicable—**This participant was found in the BWF or supplemental verification was not attempted.
08 Supplemental Data Verified Employment Status Second Quarter after Exit	Select the appropriate number that describes whether the WIA client's employment status after exit was determined by using a supplemental data verification process. This field applies only to those exiters who were not found in the Unemployment Insurance Base Wage File (BWF). All others Select #3. Local areas must maintain the appropriate documentation verifying employment as required by federal guidance, TEGL 17-05. All data and methods to supplement wage record data must be documented and are subject to audit. **1 Employed—**This participant was found to be employed in the **first** quarter after exit. **2 Not Employed—**This participant was not found to be employed in the **first** quarter after exit. **3 Not Applicable—**This participant was found in the BWF or supplemental verification was not attempted.

09 Supplemental Data Verified Employment Status Third Quarter after Exit	Select the appropriate number that describes whether the WIA client's employment status after exit was determined by using a supplemental data verification process. This field applies only to those exiters who were not found in the Unemployment Insurance Base Wage File (BWF). All others Select #3. Local areas must maintain the appropriate documentation verifying employment as required by federal guidance, TEGL 17-05. All data and methods to supplement wage record data must be documented and are subject to audit. **1 Employed—**This participant was found to be employed in the **third** quarter after exit. **2 Not Employed—**This participant was not found to be employed in the **third** quarter after exit. **3 Not Applicable—**This participant was found in the BWF or supplemental verification was not attempted.
10 Date Degree or Certificate Attained (Optional)	Enter the date (MM/DD/YYYY) the degree or certificate, if any, was attained by the participant. Leave blank if this does not apply.
11 Type of Degree or Certificate Attained (Optional)	Select the appropriate number. **1 High School Diploma** **2 Equivalency/GED** **3 AA or AS Diploma/Degree** **4 BA or BS Diploma or Degree** **5 Occupational Skills License** **6 Occupational Skills Certificate/Credential** **7 Other** Leave blank if this does not apply. Field is required if the previous field is completed.
12 Continuing in Post-secondary Education	Select the appropriate number regarding whether the participant is continuing in postsecondary education since exit. **1 Yes** **2 No**
13 Continuing in Advanced Training	Select the appropriate number regarding whether the participant is continuing advanced training since exit. **1 Yes** **2 No**

14 In Military Service	Select the appropriate number regarding whether the participant is in military service since exit. **1 Yes** **2 No**
15 In Qualified Apprenticeship	Select the appropriate number regarding whether the participant is in a qualified apprenticeship since exit. **1 Yes** **2 No**
16 Weeks Employed (Optional)	Record the number of weeks the participant has been employed during the follow-up period.
17 With Exit Employer (Optional)	Select the appropriate number. **1 Yes—**the participant is employed with the same employer as reported at exit. **2 No**
18 Actual Hours Worked (Optional)	Record the actual number of total hours the participant worked for the employer during the follow-up period, including overtime. This field is required if the Labor Force status is “1” or “2”.
19 Date Employed	Record the date (MM/DD/YYYY) the participant entered **new** employment. Cursor will skip this field if client was not employed at termination and follow-up status is unknown. Otherwise the cursor will allow updating of employment information.
20 Employer Number	Record the number assigned to the employer. This information may be taken from the WIA Exit form (EWIT) if the employer information has not changed. This information will be displayed from the WIA Exit form if the employer information has not changed. However, it may be updated with new information gained during the follow-up contact. Upon entry of a valid employer number, the name address city and ZIP will be displayed. If the new employer number is not known, clear the existing number, press return to move the cursor to the next field and proceed with finding the employer in the database Employer file.

21 Employer Name	Record the business name of the employer for whom the client is working. This information may be taken from the WIA Exit form if the employer information has not changed. If the employer number is unknown, enter the first few characters of the name, then press **<F1>** key. A list of employers will be displayed, and the correct one may be selected. If the employer does not appear on the list, select "add employer" and proceed with the process of creating a new employer number.
Employer Address	Enter the business address of the employer for whom the client is working.
Employer City, State, ZIP	Enter the city, state, and ZIP code of the employer for whom the client is working.
22 Contact	Enter the full name of the contact person to verify or discuss the employment.
23 Phone	Enter the telephone number, including the area code, of the employer's contact person.
24 Job Code	Enter the appropriate Dictionary of Occupational Titles (DOT), Occupational Employment Statistics (OES), Occupational Information Network 3 (ONET3) or Standard Occupational Classification (SOC) code for the client's job.
25 Hours Per Week	Enter the number of hours per week the client is working.
26 Hourly Wage	Enter the hourly wage the client is currently receiving. If the individual is paid by commission or receives a salary, you can convert the salary to the hourly wage by dividing the amount paid by the number of hours the individual actually worked. The term "hourly wage" can include any bonuses, tips, gratuities, commissions, and overtime pay earned. The hourly wage collection should be consistent with the manner that the hourly wage is collected on the application form in order for these figures to be used in estimating the earnings gains for the client.
27 Follow-up Staff ID	Enter the assigned staff ID number of the person responsible for completion of this form. Use the **<F1>** key to display a window of Staff IDs.

Upon completion of all the appropriate fields, the record may be filed by pressing the **<F5>** key. At that time the follow-up table in the database will be updated.

Function Keys

The following function keys are available in this program:

<F1>	Displays a scrolling window with a choice list.
<F2>	Clears all fields of the current function.
<F3>	Exits from the current screen to the previous menu.
<F4>	Moves the cursor from the present field to another field within the form.
<F5>	This function will file the record.
<F6>	The Follow-Up Information form may not be deleted once the subsequent follow-up record has been entered into the JTA system. Follow-up records must be deleted by removing the most recent record first and working backward.
<F7>	Page back to previous page.
<F8>	Page forward to next page.
<F9>	Moves cursor up to the upper left corner of the screen and prompts for the keyword of the next process the user wishes to call.
<F10>	Displays a window of function keys.
SHIFT <F7>	Displays client history.

CHAPTER 11

Enter Case Notes (ENOT)

The Case Notes screen (ENOT) allows staff to record and store notes related to a client's participation in the WIA program. Case notes are tracked by the client's Social Security number rather than the application number recorded on the WIA Application form (EWIR).

Sample Entry Screen

The Case Notes screen can be accessed by entering the mnemonic **"ENOT"** anywhere within the Job Training Automation (JTA) system menu environment. After entering the mnemonic, the following data entry screen will be displayed:

ENOT Enter Case Notes

SSN - - Name

New Case Note

Past Case Notes:

Line Item Instructions

The following are line item instructions for completing and entering case notes into the JTA system.

For detailed instructions on the JTA system, please refer to the instructions marked with this icon.

Social Security Number (SSN)	The client's Social Security number will be displayed once the application number has been entered.
Name	The client's first and last name will automatically be displayed once the SSN has been entered.
New Case Note	A new case note should be entered into this field by staff. A new case note can have a maximum of 280 characters.
Past Case Notes	Past case notes can be viewed by scrolling in this field. Past case notes cannot be deleted or updated.

Function Keys

The following function key is available in this program.

<F2>	Clears all fields of the current function.
<F3>	Exits from the current screen to the previous menu.
<F4>	Moves the cursor from the present field to another field within the form.
<F5>	Records the case note.
<F9>	Moves cursor up to the upper left corner of the screen and prompts for the keyword of the next process the user wishes to call.
<F10>	Displays a window of function keys.
SHIFT <F7>	Displays client history.

CHAPTER 12

Print WIA Forms

This chapter provides instructions for retrieving, viewing and printing the following Workforce Investment Act (WIA) client forms using the Job Training Automation (JTA) system:

- PWIR – Print WIA Application Form
- PWIE – Print WIA Enrollment/Registration Form
- PWIG – Print WIA Goals Form
- PWIT – Print WIA Exit Form
- PWIF – Print WIA Follow-up Form

Each WIA program provides an option screen where the WIA application number or case number is entered for the desired form. With the exception of the PWIF, the user also has the option of printing the form including a signature block.

Sample Entry Screens

The following WIA client forms can be accessed and printed by entering the appropriate mnemonic below that corresponds to the desired program anywhere within the JTA system menu environment:

- PWIR – Print WIA Application Form
- PWIE – Print WIA Enrollment/Registration Form
- PWIG – Print WIA Goals Form
- PWIT – Print WIA Exit Form
- PWIF – Print WIA Follow-up Form

Using the Application form as an example, after staff enters the mnemonic **"PWIR"**, the following data entry screen will be displayed:

PWIR	Print WIA Application Form	
	Retrieve Existing Report, Enter (Y)es or (N)o	N
	App Number	
	Include Signature Block (Y/N)	N

Line Item Instructions

The following are line item instructions for the printing client forms.

Retrieve Existing Report, Enter (Y)es or (N)o (All)	Enter **"Y"** if you want to view or print an existing report. Enter **"N"** if a new report is to be generated from the JTA system. Default is set to **"N"**.
Application Number for PWIR, PWIT, and PWIF ***Case Number for PWIE and PWIF***	Enter the seven-digit application number for the record you wish to print. Enter the seven-digit case number for the record you wish to print.
Include Signature Block (PWIR, PWIE, PWIG, and PWIT) ***Follow-up Type (PWIF)***	Enter **"Y"** if you want the printed form to include a signature block. Default is set to **"N"**. Enter the follow-up type if printing the WIA Follow-up Information form (EWIF).

Function Keys

All function keys will operate in the normal mode.

Report Generation

The program will then generate the report using the entered data. After the report is generated, the Report Setup screen will be displayed on the screen. Enter a name for the report in the Report Description field, the desired number of days to keep the report and file the report using **<F5>**.

```
                                  Report Setup
Report Description: ____________(Enter File Name)____________ Keep  14 Days
Print:  N   printOpts   Run Later:  N   Start:     :        Private:  N   Owner:
```

The Report Input/Output Handler (RIOH) option screen will then be displayed on the screen with the filename displayed in the Report Description field. The report can then be viewed or printed.

```
                                  Report I/O Handler
Report Description ------------------------------      Status       Catalog    Date/Time  --

View    Print    printOps    Copy    Delete    Export    Zmodem    Keep    0 Days
```

To view the report, tab to the "View" option and hit the **<Enter>** key or enter **"V".** The report will be displayed on the screen. To return to the RIOH screen, enter **<F3>.** To print the report, tab to the "Print" option and hit the **<Enter>** key or enter **"P".** To return to the RIOH screen, enter **<F3>.** To exit RIOH, enter **<F3>**.

Before printing the report, ensure that the appropriate printer is selected using the **printOpts** option in RIOH. The PWIR, PWIG, PWIT, and PWIF are in the portrait format. The PWIE is in the landscape format.

CHAPTER 13

Self-Service Application Form (ESSF)

The Self-Service Application form (ESSF) is used to gather and record basic individual characteristics for self-service only registration. The form is used by staff to enter information into the Job Training Automation (JTA) system. The form helps to track participants and identify those seeking additional services.

Self-service occurs when clients serve themselves to obtain information on Workforce Investment Act (WIA) program and related activities. The client independently seeks workforce investment information at a One-Stop Career Center, partner agency, or via electronic technologies from home. Self-service participants do not require significant assistance from staff beyond informational activities. For example, the self-service participant does not need help from staff to assess individual skills, education, or career objectives. A self-service participant is a job seeker who provides basic contact information and receives WIA or Wagner-Peyser funded services.

If it is determined a client should be enrolled in the WIA Adult, Dislocated Worker, or Trade Adjustment Assistance (TAA) programs, staff may need to gather additional information for completing the WIA Application (EWIR) or Short Application Form (ESAF). For information on EWIR and ESAF, see Chapters Two and Three.

Employment Development Department
State of California

SELF-SERVICE APPLICATION FORM

00 Application Number	
01 Agency Code	
02 Social Security Number	
04 Application Date	

05 Last Name				
06 First Name / Middle Initial				
07 Street Address (Residence/Mailing Address)				
City/State			08 ZIP (Residence)	
09 Phone (Residence)	17 Birthdate	65 Veteran Status 1 Yes, <= 180 days 2 Yes, > 180 days 3 No	70 Spouse of Qualifying Veteran 1 Yes 2 No	94 Eligibility S Self-Service X Not Eligible
Signature of Client			Date	

Sample Entry Screen

The Self-Service Application form can be accessed by entering the program's mnemonic **"ESSF"** anywhere within the JTA system menu environment. After entering the mnemonic, the following data entry screen will be displayed:

ESSF Screen

```
ESSF                          Enter Self-Service Application Form


00  App Num
01  Agcy Code
02  SSN              -    -
04  App Date         /    /
05  Last Name
06  First MI
07  Strt Adrs
    City
    State
08  ZIP                   -
09  Phone
17  Birthdate        /    /
65  Veteran Status
70  Spouse of Qualifying Vet
94  Eligibility
```

Line Item Instructions

The following are line item instructions for completing and entering the Self-Service Application form into the JTA system.

For detailed instructions on the JTA system, please refer to the instructions marked with this icon.

00 Application Number	The application number may be preprinted on the Self-Service Application form. The application number can also be auto-generated using the JTA system by pressing **<Enter>** and selecting **"Y"** at the prompt.
01 Agency Code (Optional)	Record the code that has been assigned by the subgrantee to the service provider that conducts the initial intake interview. If the agency code is not known, staff may use the **<F1>** key to display a list of agency codes.
02 Social Security Number (SSN)	Record the client's Social Security number (SSN). If the client chooses not to provide his or her SSN, a pseudo-SSN may be assigned to the client so long as it is obvious that the pseudo-SSN is not a real SSN (e.g. 999-99-9999). A pseudo-SSN may result in a negative performance outcome if the client's actual SSN is not recorded prior to transmittal.
04 Application Date	Record the date the Self-Service Application form is completed (MM/DD/YYYY).
05 Last Name	Record the client's last name. If the client has a previous Application form on file and is using a different last name, you will be asked if the client's last name should be changed.
06 First Name/Middle Initial	Record the client's first name and middle initial. If the client has a previous Application form on file and is using a different first name, you will be asked if the client's first name and middle initial should be changed.
07 Street Address (Residence)	Record the street address where the client resides including apartment numbers and/or letters. Post office box and/or RFD numbers are acceptable for homeless individuals and for those who live in rural areas.
City/State (Residence)	This item is auto-populated based on the ZIP code entered in field #8 and cannot be manually entered.

08 ZIP (Residence)	Record the ZIP code for the client's residence. This may be a city outside of the area and/or outside of the State. A lookup table will appear with the city for that ZIP code. If the correct city is displayed, use your arrow key to highlight the city and press **<Enter>**. If the correct city is not displayed, select the **"edit"** option. This will allow you to enter the new city for the selected ZIP code. Record **"XX"** for a country outside the U.S., and "**00000**" for a zip outside the U.S.
09 Phone (Residence) (Optional)	Record the client's phone number for his or her residence including the area code.
17 Birthdate	Record the client's birth date (MM/DD/YYYY).
65 Veteran Status	Select the appropriate number. **1 Yes, less than or equal to 180 days—**The client served in the active US military, naval, or air service for a period less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable. **2 Yes, greater than 180 days—**The client served as above for greater than 180 days. **3 No**
70 Spouse of Qualifying Veteran	Select the appropriate number. **1 Yes—**The client is: a. A surviving spouse of a veteran who died as a result of a service-connected disability; including the surviving spouse of a veteran who died in the active military, naval or air services and the surviving spouse of a veteran who was totally disabled at the time of death. b. A spouse of an active duty service member who has for a period of at least 90 days been missing in action, captured by a hostile force or forcibly detained or interned in line of duty by a foreign government. c. A spouse of a veteran who is totally disabled due to a service connected disability. **2 No—**The client is not the spouse of a veteran who falls into one of the above categories.

94 Eligibility	This field will be populated by the JTA system based on information entered into the Application form. **S Self-Service** The client is a Self-Service only participant. **X Not Eligible** The client is ineligible for the WIA program.

Upon completion of all the appropriate fields, the record may be filed by pressing the **<F5>** key.

Function Keys

The following function keys are available in this program:

<F1>	Displays a scrolling window with a choice list.
<F2>	Clears all fields of the current function.
<F3>	Exits from the current screen to the previous menu.
<F4>	Must be operational.
<F5>	At time of filing, if an application number is auto-generated, the following prompt will be displayed: **"Please record auto-generated data.** **Press any key to continue."**
<F6>	If there is no case number linked to this application, then it may be deleted. If case records are linked to this application, the following message will be displayed: **"Form may not be deleted, case data exists."**
<F7>	Page back to previous page.
<F8>	Page forward to next page.
<F9>	Moves cursor up to the upper left corner of the screen and prompts for the keyword of the next process the user wishes to call.
<F10>	Displays a window of function keys.
SHIFT <F7>	Displays client history.
<F17>	Call Display Client History module.