

November 21, 2007

NEMO WIB Issuance #03-07

To: All Program Operators

From: Casie Baumann, Interim Director

Subject: Requirement to have WIA Title I Customers Sign the WIA Registration Details Page Produced by Toolbox

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**Purpose:** To provide policy regarding the requirement that all customers receiving services funded with Workforce Investment Act (WIA) Title I formula funds or any discretionary funds provided through projects which require a WIA registration, have signed the WIA Registration Details page produced by Toolbox.

**Background:** The WIA Registration Details page produced by Toolbox includes the customer's attestation that the information provided is true and accurate, their acknowledgement of possible penalties for providing fraudulent information, their consent to release educational records, and an explanation of how their Social Security account number will be used. In order for this attestation to be valid, the customer must be allowed to review the information as it appears in Toolbox and sign the document produced by Toolbox.

**Substance:** When the WIA Registration Details page is properly executed, it satisfies the documentation requirement for any data element for which the Missouri Division of Workforce Development (DWD) allows self attestation. This document will also meet the documentation requirement for any data element that the U.S. Department of Labor (USDOL) allows for self-attestation for Data Validation purposes.

WIA Registrations should be completed in "real time". It is imperative staff complete the WIA registration in Toolbox, print the details page and allow the customer to review the information before signing the document to attest to the validity of the information as it appears in Toolbox and to consent to the release of their educational records. Any changes to the WIA Registration Details page will require the customer's signature.

If the initial intake occurred at a site without access to Toolbox, WIA staff may use the "Off-site" form to collect the required applicant data at the point of intake (WIA Registration date). The "Off-site" form must include the exact information to be entered into Toolbox. A revised "Off-site" form has been attached which should be used in those rare situations it is not possible to complete the WIA registration in "real time".

If an "Off-site" form is used, attempts should be made to enter the data into Toolbox as soon as possible. Staff will have a maximum of ten days to enter the WIA Registration data into Toolbox. After the intake data has been entered into the WIA Registration

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Details page in Toolbox, the customer should review and sign the WIA Registration Details page as soon as possible. However, the customer's signature must be obtained within 10 days of the WIA registration date. If the WIA Registration Details page is dated later than the date of the WIA Registration the file must also include the "Off-site" form used to gather the customer data. The "Off-site" form may be used in the rare occasion where Toolbox is not available. However, the "Off-site" form should not be used as a common practice.

Files of all WIA Title I customers subject to registration must contain a copy of the WIA Registration Details that has been signed by the customer. A statement that the customer's signature is on file on another intake document is not allowable. Any changes to the WIA Registration Details page will require the customer's signature.

**Action:**

This guidance is effective immediately. Sub Contractors must ensure that all WIA Title I customers subject to registration, review and sign the WIA Registration page produced by Toolbox at the point of registration whenever possible.

Subcontractors should review all active WIA registrations to ensure they contain the customer's signature on the WIA Registration Details page which has been generated from Toolbox. Files that do not contain the customer's signature on the WIA Registration Details page must be reviewed and signed by the customer on a subsequent visit.

**Rescissions:**

- DWD Issuance 14-99 dated June 21, 2000 –WIA Eligibility Attestation Form
- DWD Issuance 17-99, Dated June 22, 2000 – Off-site Intake Form

**Contact:** If you have any questions, please contact Linda Studer or Casie Baumann at (660) 327-5125.

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Casie Baumann, Interim Director

## WIA Off-Site Data Collection Form Northeast Region

<b>WIA Registration Date</b>		<b>WIA Families</b>		<b>Counselor</b>	
		<ul style="list-style-type: none"> <li>• Adult</li> <li>• In-School Youth</li> <li>• Dislocated Worker</li> <li>• Out-School Youth</li> </ul>			
<b>Social Security #</b>		<b>First Name</b>	<b>Middle Initial</b>		<b>Last Name</b>
<b>Street Address</b>			<b>State</b>		<b>Zip Code</b>
<b>City</b>			<b>Alternate Address (street, city, zip)</b>		
<b>Telephone (Primary)</b>		<b>Cell phone number</b>		<b>Telephone 2</b>	
<b>Fax Number</b>		<b>Currently Employed?</b>		<b>Do you want contact information displayed to Potential employers on GreatHires?</b>	
		Yes      No		Yes      No	
<b>Date of Birth</b>		<b>Gender</b>		<b>Race</b>	
/      /		Male      Female		<ul style="list-style-type: none"> <li>• American Indian</li> <li>• Asian</li> <li>• Black or African American</li> <li>• Hawaiian Native or other Pacific Islander</li> <li>• White</li> </ul>	
<b>Ethnicity</b>		<b>Are you a US Citizen or permanent resident Alien?</b>		<b>If <u>not</u> a US Citizen or resident Alien (Work Visa), do you have permission to work in the United States?</b>	
Hispanic or Latino		Yes      No		Yes      No	
Yes      No		Yes      No		Yes      No	
<b>Individual with Disability?</b>		<b>In the last 12 months was more than half your income from working on a farm or as a food processor, and from working for more than one employer?</b>		<b>If you answered <u>yes</u> to the previous question, were you able to return to your permanent residence in the same day you performed your work?</b>	
Yes      No		Yes      No		Yes      No	
<b>Degree/Certificate/Training Level</b>				<b>Drivers License</b>	
<ul style="list-style-type: none"> <li>• Less than High School</li> <li>• GED</li> <li>• High School</li> <li>• College Freshman</li> <li>• College Sophomore AA/AS</li> <li>• College Junior</li> <li>• Bachelors</li> <li>• Masters</li> <li>• Specialist</li> <li>• Doctorate</li> <li>• Certificate</li> </ul>				Operators License	
				Commercial License	
<b>Driver License Restrictions (FOR Commercial License ONLY)</b>			<b>Driver License Restrictions (FOR Commercial License ONLY)</b>		<b>Typing Words per minute?</b>
<ul style="list-style-type: none"> <li>• Hazmat</li> <li>• Tank</li> <li>• Passenger</li> <li>• Doubles/Triples</li> <li>• Hazardous/Tank</li> </ul>			<ul style="list-style-type: none"> <li>• Air Brakes</li> <li>• School Bus</li> <li>• Class A Except Bus</li> <li>• Class A Except Tractor/Trailer</li> </ul>		
					Yes      No
<b>Languages other than English?</b>		<b>Qualifying Veteran?</b>		<b>Labor Force Status</b>	
		Yes      No		<ul style="list-style-type: none"> <li>• Employed</li> <li>• Employed, but received notice of termination of employment or military separation</li> <li>• Not Unemployed</li> </ul>	

## WIA Off-Site Data Collection Form Northeast Region

<b>UI Comp Status</b>		<b>MSFW</b>		<b>Homeless/Runaway</b>		<b>Foster Child</b>			
<ul style="list-style-type: none"> <li>• Exhaustee</li> <li>• Neither Claimant nor Exhaustee</li> <li>• Claimant <u>Not</u> Referred By WPRS</li> <li>• Claimant Referred by WPRS</li> </ul>		<ul style="list-style-type: none"> <li>• Not Applicable</li> <li>• Seasonal Farm Worker</li> <li>• Migrant Farm Worker</li> <li>• Migrant Food Processor</li> </ul>		Yes      No		Yes      No			
<b>Temporary Assistance to Needy Families</b>		<b>Other Public Assistance (General Assistance (state/local) Refugee Cash Assistance (RSA), Supplemental Security Income (SSI/SSA Title XVI), Food Stamps (Specify))</b>				Low Income			
Yes      No		Yes      No				Yes      No			
<b>Family Income past 180 days</b>		<b>Number in Family</b>		<b>Highest School Grade completed? (Must have completed)</b>					
\$				<ul style="list-style-type: none"> <li>• Associate Degree</li> <li>• Education Beyond Bachelors Degree</li> <li>• Attained other Post Sec Degree/Cert</li> <li>• Bachelors Degree</li> <li>• Attained Certificate</li> <li>• Attendance/Completion</li> <li>• Attained GED</li> </ul>					
				<ul style="list-style-type: none"> <li>• No School grade completed</li> <li>• Attained H S Diploma</li> <li>• Year 15 through Year 1 Specify Year: _____</li> </ul>					
<b>Education Status</b>			<b>Pell Grant Recipient</b>		<b>Dislocated Worker</b>				
<ul style="list-style-type: none"> <li>• In-School H. S. or Less</li> <li>• In-School, Alternative School</li> <li>• In-School, Post H. S.</li> <li>• Not attending school or H.S. Dropout</li> <li>• Not Attending school, H.S. Graduate</li> </ul>			Yes      No		<ul style="list-style-type: none"> <li>• Not Applicable</li> <li>• Terminated/laid off</li> <li>• Plant Closure/Substantial lay-off</li> <li>• Displaced Homemaker</li> <li>• Previously Self-employed</li> </ul>				
<b>Dislocation Date (MM DD YYYY)</b>		<b>Limited English language proficiency?</b>		<b>Single Parent?</b>		<b>Offender?</b>		<b>Pell Grant Recipient?</b>	
		Yes      No		Yes      No		Yes      No		Yes      No	
<b>Mass Layoff event (Dislocated Worker only)</b>		<b>Mass Layoff Code (Dislocated Worker only)</b>		<b>Employer</b>					
<b>Employer City</b>		<b>Employer State</b>		<b>Job Title</b>					
<b>ONET Code</b>		<b>Begin Date (MM/DD/YYYY)</b>		<b>End Date (MM/DD/YYYY)</b>					
<b>Hourly Wage</b>		<b>House Week</b>		<b>Reason for Leaving</b>					

I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that the falsified or fraudulent information may result in the rejection of this application subsequent termination from the WIA program, or prosecution under the law. I further consent to the release of any education record maintained by a state or local education agency, including but not limited to transcripts, grades, certificates, and diplomas earned by me. We are asking you to provide voluntarily your Social Security account number so that this agency can provide employment assistance to you in the most timely an efficient way. This information will be used to identify your record in filing systems, for follow-up services provided you, for verification of eligibility for services including monetary, and statistical reporting purposes.

Applicants Signature

Date