

Rhode Island
YouthWORKS411



WELCOME
Vendor Training
Program Year 2011



**WORKFORCE SOLUTIONS
OF PROVIDENCE/CRANSTON**

WIA Eligibility

- **Income Guidelines: (Effective May 2010)**

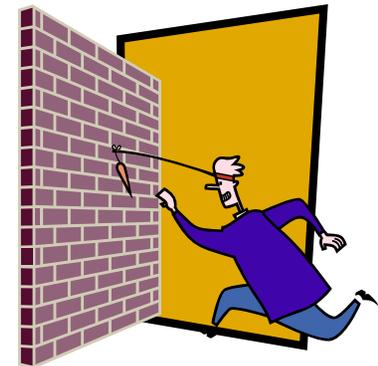
70% LLSIL (Lower Living Standard Income Level)
(Use 6-mo. figures in determining income eligibility)
Add \$2712 for each additional person



Family of	One	Two	Three	Four	Five	Six
6 Months Income	\$5,415	\$8,007	\$10,989	\$13,566	\$16,010	\$18,722

- **Barriers:**

- Basic Skills Deficient
- One or more Grade Levels below appropriate age level
- Homeless / DCYF Care
- School Dropout
- Pregnant or Parenting Teen
- Offender
- Disabled



- **Review Applications Internally before submitting them for Eligibility Approval**

Application

- Alternate Contact
- Marital Status
- Single Parent

- Limited English Proficiency

- Mark-overs or cross-outs must be initialed by the Participant



Youth Programs Application

The information provided on this application will be used to determine if you are eligible to participate in programs funded by the Workforce Investment Act of 1998. This information will also be used for reporting information required by the US Department of Labor and the RI Department of Labor.

OFFICE USE ONLY: Vendor: _____		Contract #: _____	<input type="checkbox"/> Older Youth
Counselor: _____			<input type="checkbox"/> Younger Youth
Application Date: _____			<input type="checkbox"/> Referred by WPRS

1. PERSONAL INFORMATION

Name: _____ Social Security No.: _____
 Street Address: _____ City: _____ State: RI Zip Code: _____
 Home Phone: (401) _____ Alternate Phone: () _____
 Alternative Contact: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: () _____
 Date of Birth: _____ SEX: Male Female **MARITAL STATUS:** Single Single Head of Household Married Widowed
 Single Parent Yes No If yes, number of dependents (under age 18) _____

Are you homeless? Yes No
 Have you ever abused substances? Yes No
 Have you ever been arrested or convicted of a crime? Yes No
 Is English your native language? Yes No
 Are you disabled? Yes No
 Are you or have you ever been a Foster Child? Yes No
 Are you a runaway? Yes No
 Are you Pregnant or a Parenting Youth? (male or female) Yes No
 Do you have a Driver's License? Yes No License State and No.: _____

OFFICE USE ONLY: Limited English Proficiency

2. ETHNICITY/RACE (optional - check all that apply)
 Hispanic/Latino White Black/African American Asian
 Hawaiian Native or Pacific Islander American Indian or Alaskan Native

3. CITIZENSHIP/ALIEN STATUS
 US Citizen Refugee Alien No.: A- _____ Temporary Work Permit Other

4. VETERAN INFORMATION

Are you registered with Selective Service? Yes No Not Applicable
 If yes, Selective Service Number: _____

Eligible Veteran Status: Yes (180 days or less) Yes (Eligible Veteran) Yes (Other Eligible Person) No
 Campaign Veteran: Yes No
 Disabled Veteran: Yes Yes (Special Disabled) No
 Recently Separated Veteran: Yes No
 Dishonorable Discharge: Yes No

Application

● Highest Grade completed

● List family members
 ○ Dates of Birth
 ○ Income



Youth Programs Application

The information provided on this application will be used to determine if you are eligible to participate in programs funded by the Workforce Investment Act of 1998. This information will also be used for reporting information required by the US Department of Labor and the RI Department of Labor.

5. EDUCATION INFORMATION

Are you currently attending school? Yes No

Have you received special training outside of school, or as part of a special in-school program? Yes No

If yes please specify: _____

Receiving free school meals? Yes No

OFFICE USE ONLY

Basic Literacy Skills Deficient? Yes No

Highest grade completed (using codes below): _____

- 00 No grades completed
- 01 -12 Number of grades completed
- 13 -15 Number of college, or full-time technical/vocational school years completed
- 16 Bachelor's Degree/equivalent
- 17 Education beyond Bachelor's Degree
- 87 Attained High School Diploma
- 88 Attained GED/equivalent
- 89 Attained certificate of attendance/completion
- 90 Attained other post-secondary degree or certification
- 91 Attained Associates diploma or degree

6. PUBLIC ASSISTANCE INFORMATION

Are you or any one in your household receiving any of the following: (check all that apply)

TANF - Monthly amount \$ _____ Less than 6 months? Yes No More than 6 months? Yes No

Food Stamps - Monthly amount \$ _____

SSI SSA Refugee Assistance - Monthly amount \$ _____

Cash payments under a Federal, State or Local public assistance program - Monthly amount \$ _____

7. FAMILY INCOME INFORMATION

Include yourself and each person living in your household who is related to you blood, marriage or adoption.

NAME	RELATIONSHIP	DATE OF BIRTH	SOURCE OF INCOME (Wages, Welfare, UI, Workers Comp, etc.)	INCOME Months	Last 6
	Self				
				TOTAL LAST 6 MONTHS INCOME	\$

OFFICE USE ONLY: Low Income: Yes No

Application

● Work History

● Relationship to Participant

● Dates



Youth Programs Application

The information provided on this application will be used to determine if you are eligible to participate in programs funded by the Workforce Investment Act of 1998. This information will also be used for reporting information required by the US Department of Labor and the RI Department of Labor.

9. WORK HISTORY

Employer Name: _____ Type of Business: _____
Address: _____ Phone: (____) _____
Job Title: _____ Hourly Wage: \$ _____ Hours Per-Week: _____ Shift: _____ Volunteer
Duties: _____
Equipment Used: _____
Start Date: _____ End Date: _____ Reason for Leaving: Laid-off Quit Terminated

Employer Name: _____ Type of Business: _____
Address: _____ Phone: (____) _____
Job Title: _____ Hourly Wage: \$ _____ Hours Per-Week: _____ Shift: _____ Volunteer
Duties: _____
Equipment Used: _____
Start Date: _____ End Date: _____ Reason for Leaving: Laid-off Quit Terminated

10. APPLICANT ASSURANCES/SIGNATURES

The information on this application is true to the best of my knowledge. I realize that any false statement I knowingly made may cause this application to be rejected, or if enrolled in a program, may result in my termination and possible prosecution. I also understand that I am not guaranteed employment or any other services through the Workforce Partnership Act. I agree to allow the Workforce Investment Act staff to verify any information on this application to determine my eligibility for possible participation.

APPLICANT SIGNATURE: _____ DATE: _____
If applicant is under age 18, a parent or legal guardian must sign below
PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
(If not parent, please identify relationship to applicant)

11. APPLICANT RIGHTS

I have read, been informed of, and received a copy of the Grievance Procedures outlining my rights under the Workforce Investment Act. I understand that there are written compliant procedures which I can request if I feel that I am discriminated against, or if I feel my rights have been denied for any reason.

APPLICANT SIGNATURE: _____ DATE: _____
If applicant is under age 18, a parent or legal guardian must sign below
PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
STAFF SIGNATURE: _____ DATE: _____

Contract Monitoring

- **Common Issues:**

- **Vocational Assessments**
 - **Must be Administered**
 - **Must be used to formulate ISS**
- **Working Papers (if under 16)**
- **Paid Work Experience (form revised)**
 - **Bi-Weekly Time Sheets must be signed by**
 1. **Participant**
 2. **Work Site Supervisor**
 3. **Case Manager**
 - **Time Sheets must be signed on or after LDE in that week**
- **Check Your Contract!**
- **Perform Internal Monitoring**



Contract Monitoring (Continued)

- **Important Dates:**



- Eligibility Date
- Participation Date: must be signed within 7 days of enrollment
- ISS: must be signed within 7 days of enrollment
- Younger Youth: First Goal Set on Skill Setting & Attainment Form
 - 1st Goal must be set on Date of Participation
- Monthly Roster

- **Case Notes:**

- Participation (First Service)
- Goal(s) are set and/or met
- Minimum Monthly face to face contact
- Exit
- Follow-up



employRI.org (GeoSol): Who Enters What?

- Accuracy affects employRI.org
- What WPGRI enters:
 - Application
 - Participation
 - YY Goals
 - Literacy and Numeracy Data
 - Objective Assessment Activity
 - ISS Activity
- What You Enter: Open Activities (Work Readiness, Leadership Development, Etc.)
 - Close Activities
 - YY Goal Attainment Information
 - Case Closure
 - Literacy and Numeracy gains

 - Post Test information
 - Follow-up Activity
 - After Exit Quarter data
- Need Training?
 - WPRGI: Adrianna Goode
 - WSPC: Dick Andrade

Kara:



You:



EmployRI.org / GeoSol: What We Will Monitor

- **Activities:**

- Are they all there?
- Are they attached to the contract?
- Is there an Activity to support each Goal set (YY)
- Are they closed?
- Is there a Follow-up Activity?

- **Goal Data**

- **Numeracy and Literacy data**

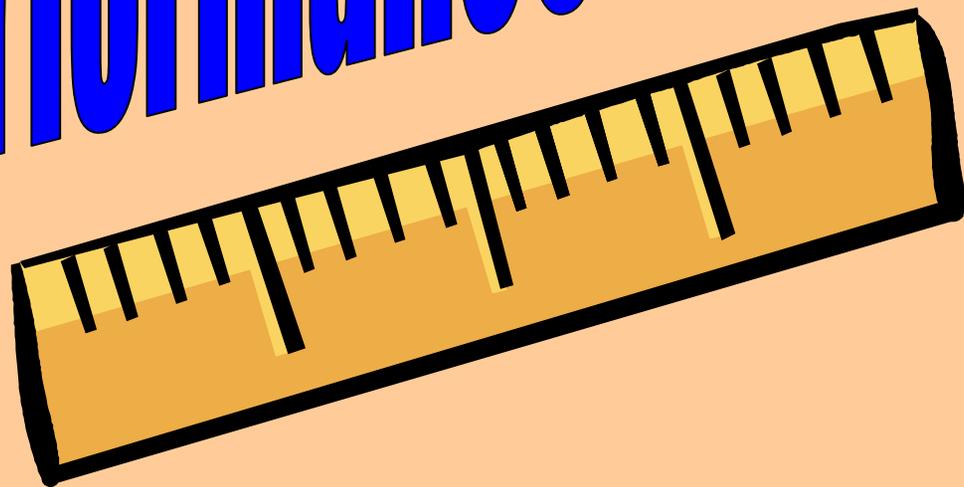
- **Exit Dates**

- **Follow-up Quarters**

- **Enter within 15 days of date of occurrence**



WIA Performance Measures



Performance...

- Understand the formula for each measure
- Understand the inclusions and exclusions for each measure
- Design programs to meet measures
- Continually review the data to determine what program changes may be needed to achieve the standards.



Performance Measures

- **Younger Youth (14-18)**

- Skill Attainment Rate
- Diploma/Equivalent
- Retention

- **Older Youth (19-21)**

- Entered Employment
- Employment Retention
- Wage Gain
- Credential



Excluded from Performance

Youth that are:

- Incarcerated/institutionalized
- Relocated to a mandated residential program at Exit
- Health/medical reasons (family care)
- Deceased
- Called up for active military duty

Time Periods When Outcomes Are Measured

Younger Youth

- Skill Attainment Rate At Exit, or 1 yr in program
- Diploma/GED Attainment Rate 1st Qtr after Exit
- Retention 3rd Qtr after Exit

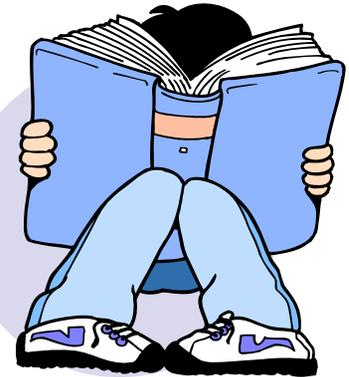
Older Youth

- Entered Employment 1st Qtr after Exit
- Employment Retention 3rd Qtr after Exit
- Wage Gain 2nd & 3rd Qtrs after Exit
- Credential Attainment 3rd Qtr after Exit

Younger Youth Skill Attainment Rate: 93.8%

Formula: $\frac{\# \text{ Goals Attained}}{\# \text{ Goals Set}}$

This measure counts the number of “Skills”, not “Participants”



- 1st Goal MUST be set on date of participation
- Additional Goals may be set at any time
- If basic skills deficient, MUST have basic skills goal
- Participants must have:
 - Minimum: 1 Basic Skills Goal (Improve math or reading)
 - Maximum 3 Goals
 - Examples:
 - Work Readiness: create a resume/cover letter
 - Occupational Skills: CPR, OSHA, Landscape Design
- Target date to meet goal:
1 year after goal set or date of Exit (whichever is first)
- Pre-assessment and post-assessment required
- If participant exits before goal attainment, this is a negative outcome

Exit Date is the date used for all performance measures

Younger Youth Skill Attainment Rate: 93.8%

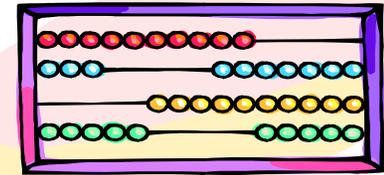
Simply Stated:

- Number of Participants: 50
- Number of Goals Set: 70

includes: 50 basic skills goals

15 work readiness goals

5 occupational skills goals = total 70 goals set



- Overall, 93.8% of the total number of goals set for participants on the contract must be attained:

70 Goals Set x 93.8% = 66 Goals must be attained

Younger Youth Diploma or Equivalent Attainment Rate: 71.7%

At Participation, if the Participant did not have a HS Diploma or GED, must obtain HS Diploma or GED by 1st quarter after Exit.

Formula:
$$\frac{\# \text{ Participants attained HS diploma or GED by end of 1}^{\text{st}} \text{ Qtr after Exit}}{\# \text{ Participants Exited}}$$

- Diploma or GED can be obtained any time during participation, but must attain diploma or GED by the end of the 1st Qtr after Exit

- Excluded from the measure:

- Participants in HS on Exit date

- Participants that had HS Diploma or GED on participation date

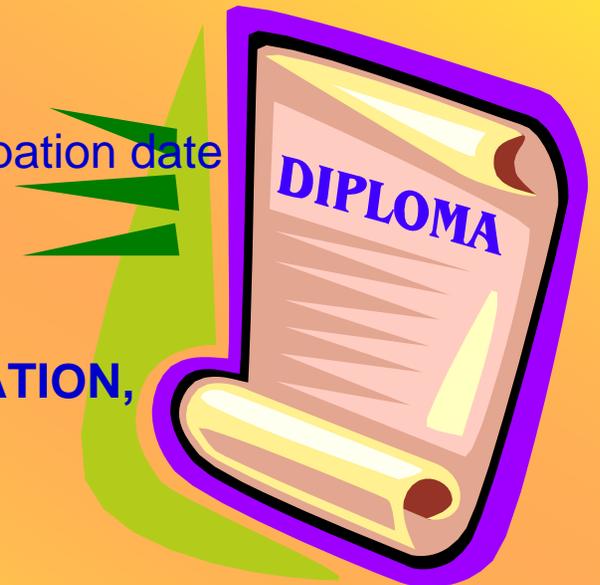
- SIMPLY STATED:**

OF THE YOUNGER YOUTH THAT

DIDN'T HAVE A HS DIPLOMA OR GED AT PARTICIPATION,

71.1% MUST GET A HS DIPLOMA OR GED

BY 1ST QTR AFTER EXIT



Exit Date is the date used for all performance measures

Younger Youth Diploma or Equivalent Attainment Rate: 71.7%

Not In High School
At Participation

Must Obtain HS Diploma
or GED by 1st Qtr After Exit

Excluded from
the Measure

Participants had a
HS Diploma or GED
at Participation

Participant that
is in HS on
Exit Date

Younger Youth Retention Rate: 66.4%

Measurement of participants in the 3rd Quarter after Exit that are in:

1. Post Secondary Education
2. Advanced Training
3. Employed
4. Military Service
5. Qualified Apprenticeship

Formula:

$$\frac{\text{\# Participants in post secondary education, advanced training, employment, military service, qualified apprenticeship}}{\text{\# Participants that Exited}}$$

- Excluded from the measure:
 - Participants in HS on Exit date and summer youth who return to HS



Exit Date is the date used for all performance measures

Younger Youth Retention Rate: 66.4%



Exit Date is the date used for all performance measures

Older Youth Entered Employment Rate: 73.6%

Participants not employed at Participation who are not enrolled in post secondary education or advanced training in the 1st Qtr after Exit.

Formula:
$$\frac{\text{\# Participants employed by end of 1st Qtr after Exit}}{\text{\# Participants Exited}}$$

•Excluded from the measure:

- Participants that are employed at participation
- Participants in advanced training or college in 1st Qtr after Exit (unless they are also employed)



Exit Date is the date used for all performance measures

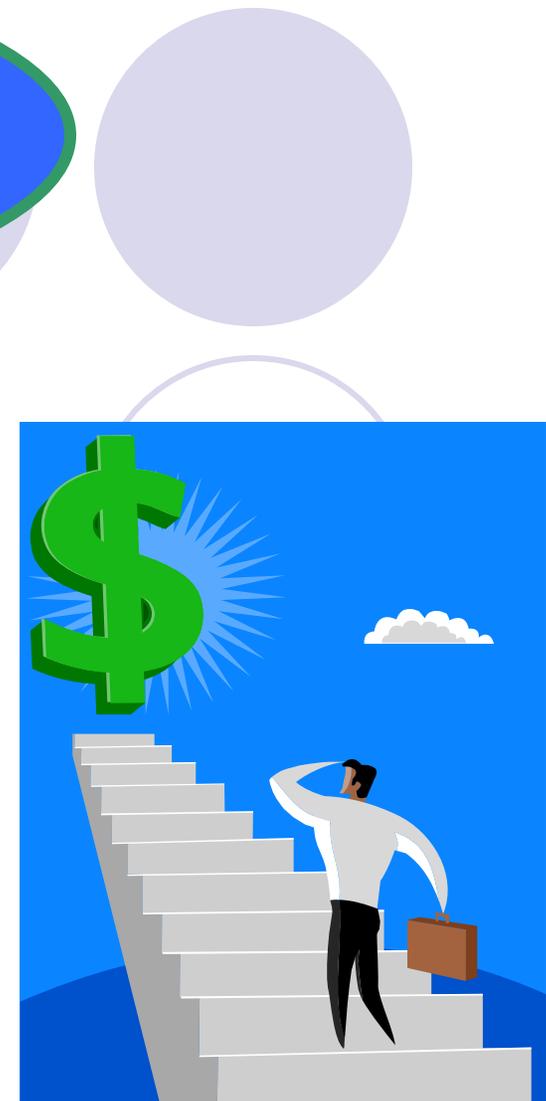
Older Youth Employment Retention Rate at Six Months: 76.8%

Participants employed in 1st Quarter after Exit not enrolled in Post secondary education or advanced training in 3rd Quarter after Exit

Formula:
$$\frac{\text{\# Participants employed 3rd Quarter after Exit}}{\text{\# Participants that Exited}}$$

- Excluded from the measure:
Participants employed 1st quarter after Exit and not employed in 3rd quarter after Exit but are in post secondary education or advanced training 3rd quarter after Exit (unless they are also employed)

Exit Date is the date used for all performance measures



**Older Youth Average Earnings
Change in Six Months: 76.8%
Wage Gain: \$2,550**



Participants employed in 1st quarter after Exit that are not enrolled in Post Secondary education or advanced training in 3rd quarter after Exit.

Formula:

$$\frac{(\text{Earnings in 2}^{\text{nd}} \ \& \ 3^{\text{rd}} \ \text{Qtr after Exit}) - (\text{Earnings 2}^{\text{nd}} \ \& \ 3^{\text{rd}} \ \text{Qtr before Participation})}{\# \ \text{Older Youth that who Exited}}$$

- **Excluded from the measure:**
 - **Participants employed 1st Quarter after Exit and not employed in 3rd Quarter after Exit but are in post secondary education or advanced training 3rd Quarter after Exit (unless they are employed)**



Exit Date is the date used for all performance measures

Older Youth: Wage Gain Calculation

Wage Gain: Must be \$2550

For all Participants employed in 1st quarter after exit not enrolled in Post secondary education or advanced training in 3rd quarter after exit.

							3 2 1		Participation Date: Sept 1, 2010				Exit Date: April 7, 2011	1	2 3					
Quarters	2nd Qtr 2008	3rd Qtr 2008	4th Qtr 2008	1st Qtr 2009	2nd Qtr 2009	3rd Qtr 2009	4th Qtr 2009	1st Qtr 2010	2nd Qtr 2010	3rd Qtr 2010	4th Qtr 2010	1st Qtr 2011	2nd Qtr 2011	3rd Qtr 2011	4th Qtr 2011	1st Qtr 2012	2nd Qtr 2012	3rd Qtr 2012	4th Qtr 2012	
Wages:							\$ 300	\$ 200	\$ 200	\$ 600	\$ 400	\$ 250	\$ 300	\$ 800	\$ 2,000	\$ 1,400				

Example 1:		
Wages 2nd & 3rd Quarter after exit:	Q4 2011	\$ 2,000
	Q1 2012	\$ 1,400
		\$ 3,400
Wages 2nd & 3rd Quarter prior to Participation	Q1 2010	\$ 200
	Q4 2009	\$ 300
		\$ 500
Wage Gain =		\$ 2,900



Older Youth Wage Gain Calculation – Let's Try it!

WAGE GAIN CALCULATION

Wage Gain: Must be \$2550

For all Participants employed in 1st quarter after exit not enrolled in
Post secondary education or advanced training in 3rd quarter after exit.

Participation Date: May 10, 2010

Exit Date: October 2, 2010

Quarters	2nd Qtr 2008	3rd Qtr 2008	4th Qtr 2008	1st Qtr 2009	2nd Qtr 2009	3rd Qtr 2009	4th Qtr 2009	1st Qtr 2010	2nd Qtr 2010	3rd Qtr 2010	4th Qtr 2010	1st Qtr 2011	2nd Qtr 2011	3rd Qtr 2011	4th Qtr 2011
Wages:	\$222	\$125	\$3,000	\$400	\$800	\$250	\$600	\$900	\$100	\$200	\$1,200	\$250	\$2,300	\$800	\$2,000



Older Youth Wage Gain Calculation – How did you do?



WAGE GAIN CALCULATION

Wage Gain: Must be \$2550

For all Participants employed in 1st quarter after exit not enrolled in Post secondary education or advanced training in 3rd quarter after exit.

									Participati on Date: May 10, 2010											
						3	2	1				1	2	3						
Exit Date: October 2, 2010																				
Quarters	2nd Qtr 2008	3rd Qtr 2008	4th Qtr 2008	1st Qtr 2009	2nd Qtr 2009	3rd Qtr 2009	4th Qtr 2009	1st Qtr 2010	2nd Qtr 2010	3rd Qtr 2010	4th Qtr 2010	1st Qtr 2011	2nd Qtr 2011	3rd Qtr 2011	4th Qtr 2011	1st Qtr 2012	2nd Qtr 2012	3rd Qtr 2012	4th Qtr 2012	
Wages:	\$222	\$125	\$3,000	\$400	\$800	\$250	\$600	\$900	\$100	\$200	\$1,200	\$250	\$2,300	\$800	\$2,000	\$1,400	\$3,000	\$200	\$6,000	

Example 1:	
Wages 2nd & 3rd Quarter after exit:	Q3 2009 \$ 2,300
	Q4 2009 \$ 800
	\$ 3,100
Wages 2nd & 3rd Quarter prior to Participation	Q1 2010 \$ 250
	Q4 2009 \$ 600
	\$ 850
Wage Gain =	\$ 2,250

Older Youth Credential Rate: 56.4%

Participants employed, in post secondary education or advanced training in 1st Quarter after Exit and received a credential by 3rd Quarter after Exit.

Formula:

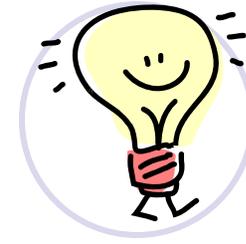
$$\frac{\text{\# Older Youth employed, in post secondary education or advanced training 1st Qtr after Exit and received a credential by 3rd Qtr after Exit}}{\text{\# Older Youth who Exited}}$$

- **Must be an Approved ITA - <http://www.dlt.ri.gov/wio/programs.htm>**
- **Industry Recognized Credentials**
 - **Examples:**
 - **Pharmacy Tech**
 - **NRF Customer Service**
 - **ServeSafe**



Exit Date is the date used for all performance measures

Other Measures



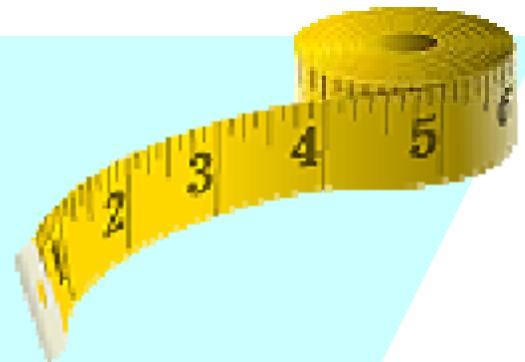
Customer Satisfaction Survey

- **Participant**
- **Employer**



Common Measures

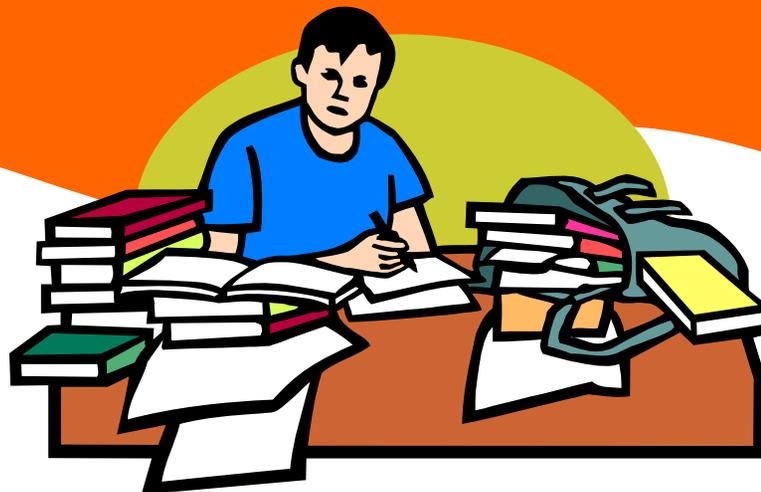
- **What are Common Measures?**
 - Common within Federally funded programs
 - Management Tool
 - Universal language for measuring performance
 - Skill attainment measures
 - How many youth:
 - Found jobs
 - Kept their jobs
 - What were their earnings?
- **Excluded from Common Measures:**
 - Institutionalized or incarcerated
 - Relocated to a mandated residential program at Exit
 - Exited for health/medical reasons or deceased
 - Called up for active duty



Common Measures

For all youth ages 14-21

- Placement in Employment or Education
- Attainment of a Degree or Certificate
- Literacy and Numeracy Gains



Common Measures: Placement in Employment or Education

- During 1st Quarter After Exit, % participants who are:
 - Employed
 - Military
 - Post-secondary education
 - Advanced/occupational training

Formula:

**# Participants employed, in military, in post-secondary education
In advanced training/occupational skills training in 1st Qtr after Exit
Participants who Exit**

Exclusions:

Youth in any of the above 4 categories at Participation

Common Measures: Attainment of a Degree or Certificate

By the end of the 3rd Quarter After Exit, % participants who are in education who attained a:

High School Diploma or GED

Exclusions:

Youth not enrolled in education at the date of participation or any time during the program

Formula:

Participants who attain a HS Diploma, GED or Certificate by the end of the 3rd Qtr after Exit
of Participants who Exited



Common Measures: Literacy and Numeracy Gains

Number of participants who
increase 1+ educational functioning level
by the end of 1 year from the date of Participation



Formula:

Participants who increase 1+ educational functioning levels
participants that completed 1 year in the program
(from date of Participation) plus the # Participants who
Exit before completing a year in the program

Exclusions:

- **Out of school youth who are not basic skills deficient**
- **In-school youth**

What is an Exit Date?

Date on which the participant receives the last service funded by the program or a partner program.



- This is not necessarily the last day of the program or contract!
- Once the participant has not received any services funded by the program or partner program for 90 consecutive calendar days and has no gap in service and is not scheduled for future service, the date of Exit is applied retroactively to the last day on which the participant received a service funded by the program or partner program. Planned services include workshops and individual activities such as training that are scheduled to begin in the future.
- Exit can occur regardless of whether the participant has completed all services and goals.
- Important! A case note indicating the service provided must be recorded on the Exit Date.
- Follow-up must begin the next day.

Exit Dates *(continued)*

Exit is determined in one of two ways:

1. The date that the participant received the last service
2. A participant may be immediately Exited if he/she is unable to continue in the program for the following specific reasons lasting 90 days or longer:

(Universal Performance Measures Exclusions)

- Deceased
- Health/Medical condition
- Institutionalized
- Family care
- Invalid SS Number
- Relocation to a mandated residential program
- Military reservists called to active duty



Exit Dates and EmployRI.org

- When you provide the last service to a participant, “CLOSE” the case in EmployRI.org.
- EmployRI.org will generate an Exit Date 105 days after Exit (90 days plus 15 days)



What is a Closure Date? *On Paper Only!*

- Closure Date does not equal Exit Date.
- Closure date is 90 days with no service.
- Example:

If a participant received their last service 90 days ago, the Exit date is 90 days ago, and the closure date is today.

- Today is April 1.
- Last service was January 1.
- Exit date: January 1.
- Closure date: April 1.



What is Follow-Up?

Important!

**Importance of Follow-Up:
All Outcomes Are Determined in Follow-up**

**All youth must receive minimum of
12 months of follow up**

Types of Activities are based on the youth

**Range of Activities that help retain a
youth or lead a youth back to a
“Positive Outcome”.**

**Example: Additional job training to
help a youth retain or obtain a job**



Follow-Up

- Begins the day after Exit date (Saturday & Sunday Too)
- After you “Close” the case in employRI.org and enter the Follow-up Activity, Don’t Touch employRI.org until 105 days after Exit...do not even enter a case note!
- 1 year of monthly face to face contact
- Must be documented in case notes
- Must open the Follow-up Activity in EmployRI.org
- After Exit forms: 1st, 2nd, 3rd, 4th Quarter After Exit
- Goal of Follow-up:
 - Younger Youth (14-18)
 - Continue life-long learning & achieve self sufficiency
 - Older Youth (19-21)
 - Ensure job retention, career progress & wage gain



Follow-Up (Continued)

● Examples:

- Job Shadowing
- Youth Day career exploration
- Pizza party, movie night, etc.
- Use of computers for job exploration (excluding EmployRI.org)
- Telephone calls or mailings to inform youth of on-going activities (job fairs, etc.)
- Exposure to post-secondary educational opportunities
- Positive social behavior training, including soft skills
- Organizational and teamwork training
- Telephone calls, home visits, job placement



Follow-Up (Continued)

- **Supportive Services**

- **Transportation**
- **Child and dependent care assistance**
- **Counseling**
- **Housing/Shelter**
- **Stipends/incentives/bonuses**
- **Medical services**
- **Uniforms and work attire**
- **Tools and other work related costs**



Younger Youth Exit

90 Day Status/Other
Reasons for Exit



Workforce Partnership of Greater Rhode Island YOUNGER YOUTH Program Exit Information

DATA MUST BE ENTERED IN EMPLOYRI.ORG WITHIN 15 DAYS OF DATE OF OCCURRENCE

<u>EXIT QUARTER</u>	<u>1ST QTR AFTER EXIT</u>	<u>2ND QTR AFTER EXIT</u>	<u>3RD QTR AFTER EXIT</u>	<u>4TH QTR AFTER EXIT</u>
January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31	April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31	July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30	Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30 July 1 to Sept 30	January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31

Participant: _____ SS No.: _____

Contractor: _____ Contract No.: _____

Case Manager's Signature: _____ Date: _____

Closure Date: _____ Actual Exit Date: _____

Reason For Exit: Entered Employment Unable to Contact Other

90 Day Status / Other Reasons for Exit: _____ Date Occurred: _____

- Institutionalized Health/Medical Deceased Family Care
 Relocated to Mandated Residential Program Invalid SS Number
 Reservist called to Active Duty for 90+ days Other specify: _____

Supportive Services Received (must be WIA funded): Yes No Specify: _____

Needs-Related Payments/Stipends: Yes No (WISARD 329)

Received Workforce Information Services: Yes No

Pell Grant Recipient: Yes No

Educational Achievement Services: Yes No

Employment Services: Yes No

Received Summer Youth Employment Opportunities Yes No
(must be directly linked to academic and occupational learning.)

Enrolled In Education at or during program participation (WISARD #343): Yes No

Leadership Development Opportunities: Yes No

School Status at Exit (WISARD #670)

- In-School, HS or less
 In-School, Alternative School
 In-School, Post-HS
 Not Attending School or HS Dropout
 Not Attending School, HS graduate

Younger Youth 1st Qtr After Exit



Workforce Partnership of Greater Rhode Island

YOUNGER YOUTH

Submitted 1st Quarter After Exit

Performance & Reporting Information

DATA MUST BE ENTERED IN EMPLOYRI.ORG WITHIN 15 DAYS OF DATE OF OCCURRENCE

<u>EXIT QUARTER</u>	<u>1ST QTR AFTER EXIT</u>	<u>2ND QTR AFTER EXIT</u>	<u>3RD QTR AFTER EXIT</u>	<u>4TH QTR AFTER EXIT</u>
January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31	April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31	July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30	Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30 July 1 to Sept 30	January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31

Participant: _____ SS No.: _____

Contractor: _____ Contract No.: _____

Case Manager's Signature: _____ Date: _____

ACTUAL EXIT DATE: _____

90 Day Status/ Other Reason for Exit

Date Occurred: _____

- Institutionalized Health/Medical Deceased Family Care
 Relocated to Mandated Residential Program Invalid SS Number Other specify: _____
 Reservist called to Active Duty for 90+ days

BACKUP DOCUMENTATION MUST BE SUBMITTED

Employed During 1st Quarter After Exit (WISARD #601)

- Yes
 No

Attained Degree or Certificate (WISARD #668)

Date Attained Degree or Certificate: _____

- Secondary (High School) Diploma *(must be achieved by end of 1st quarter after exit)*
 GED or H.S. Equivalency Diploma *(must be achieved by end of 1st quarter after exit)*
 Technical/ Occupational Skills Certificate or Other Post-Secondary Degree/Diploma
(must be achieved by end of 3rd quarter after exit)
 Did Not Attain Diploma, GED or Certificate

Placement Information (WISARD #671)

(If more than one, chose primary)

- Entered Post-Secondary Education
 Entered Advanced Training
 Entered Military Services
 Entered Qualified Apprenticeship
 Did Not Enter Any of the Above

Younger Youth 2nd Qtr After Exit



Workforce Partnership of Greater Rhode Island

YOUNGER YOUTH

Submitted 2nd Quarter After Exit

Performance & Reporting Information

DATA MUST BE ENTERED IN EMPLOYRI.ORG WITHIN 15 DAYS OF DATE OF OCCURRENCE

<u>EXIT QUARTER</u>	<u>1ST QTR AFTER EXIT</u>	<u>2ND QTR AFTER EXIT</u>	<u>3RD QTR AFTER EXIT</u>	<u>4TH QTR AFTER EXIT</u>
January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31	April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31	July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30	Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30 July 1 to Sept 30	January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31

Participant: _____ SS No.: _____

Contractor: _____ Contract No.: _____

Case Manager's Signature: _____ Date: _____

ACTUAL EXIT DATE: _____

90 Day Status/ Other Reason for Exit

Date Occurred: _____

- Institutionalized
 Health/Medical
 Deceased
 Family Care
 Relocated to Mandated Residential Program
 Invalid SS Number
 Other specify: _____
 Reservist called to Active Duty for 90+ days

BACKUP DOCUMENTATION MUST BE SUBMITTED

Employed During 2nd Quarter After Exit (WISARD #601)

- Yes
 No

Attained Degree or Certificate (WISARD #668)

Date Attained Degree or Certificate: _____

- Secondary (High School) Diploma *(must be achieved by end of 1st quarter after exit)*
 GED or H.S. Equivalency Diploma *(must be achieved by end of 1st quarter after exit)*
 Technical/ Occupational Skills Certificate or Other Post-Secondary Degree/Diploma
(must be achieved by end of 3rd quarter after exit)
 Did Not Attain Diploma, GED or Certificate

Placement Information (WISARD #671)

(If more than one, choose primary)

- Entered Post-Secondary Education
 Entered Advanced Training
 Entered Military Services
 Entered Qualified Apprenticeship
 Did Not Enter Any of the Above

Younger Youth 3rd Qtr After Exit



Workforce Partnership of Greater Rhode Island

YOUNGER YOUTH

Submitted 3rd Quarter After Exit

Retention Information

DATA MUST BE ENTERED IN EMPLOYRI.ORG WITHIN 15 DAYS OF DATE OF OCCURRENCE

<u>EXIT QUARTER</u>	<u>1ST QTR AFTER EXIT</u>	<u>2ND QTR AFTER EXIT</u>	<u>3RD QTR AFTER EXIT</u>	<u>4TH QTR AFTER EXIT</u>
January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31	April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31	July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30	Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30 July 1 to Sept 30	January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31

Participant: _____ SS No.: _____

Contractor: _____ Contract No.: _____

Case Manager's Signature: _____ Date: _____

ACTUAL EXIT DATE: _____

BACKUP DOCUMENTATION MUST BE SUBMITTED

Employed 3rd Quarter After Exit (WISARD #608)

Yes No

Retention Information (WISARD #672)

(If more than one, choose primary)

- In Post-Secondary Education
- In Advanced Training
- In Military Service
- In a Qualified Apprenticeship
- Did Not Enter Any of the Above

Attained Certificate (WISARD #668)

Technical/ Occupational Skills Certificate or Other Post-Secondary Degree/Diploma
(must be achieved by end of 3rd quarter after exit)

Date Attained Certificate: _____

Additional Support For Youth Services (outside WIA funded programs) (WISARD #347)

Yes No

Younger Youth 4th Qtr After Exit



Workforce Partnership of Greater Rhode Island

YOUNGER YOUTH

Submitted 4th Quarter After Exit

Retention Information

DATA MUST BE ENTERED IN EMPLOYRI.ORG WITHIN 15 DAYS OF DATE OF OCCURRENCE

<u>EXIT QUARTER</u>	<u>1ST QTR AFTER EXIT</u>	<u>2ND QTR AFTER EXIT</u>	<u>3RD QTR AFTER EXIT</u>	<u>4TH QTR AFTER EXIT</u>
January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31	April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31	July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30	Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30 July 1 to Sept 30	January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31

Participant: _____ SS No.: _____

Contractor: _____ Contract No.: _____

Case Manager's Signature: _____ Date: _____

ACTUAL EXIT DATE: _____

BACKUP DOCUMENTATION MUST BE SUBMITTED

Employed 4th Quarter After Exit (WISARD #606)

Yes No

Retention Information (WISARD #672)

(If more than one, choose primary)

- In Post-Secondary Education
- In Advanced Training
- In Military Service
- In a Qualified Apprenticeship
- Did Not Enter Any of the Above

Attained Certificate (WISARD #668)

- Technical/ Occupational Skills Certificate or Other Post-Secondary Degree/Diploma
(must be achieved by end of 3rd quarter after exit)

Date Attained Certificate: _____

Additional Support For Youth Services (outside WIA funded programs) (WISARD #347)

Yes No

Older Youth Exit



Workforce Partnership of Greater Rhode Island

OLDER YOUTH

Program Exit Information

DATA MUST BE ENTERED IN EMPLOYRI.ORG WITHIN 15 DAYS OF DATE OF OCCURRENCE

<u>EXIT QUARTER</u>	<u>1ST QTR AFTER EXIT</u>	<u>2ND QTR AFTER EXIT</u>	<u>3RD QTR AFTER EXIT</u>	<u>4TH QTR AFTER EXIT</u>
January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31	April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31	July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30	Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30 July 1 to Sept 30	January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31

Participant: _____ SS No.: _____

Contractor: _____ Contract No.: _____

Case Manager's Signature: _____ Date: _____

Closure Date: _____ Actual Exit Date: _____

Reason For Exit: Entered Employment Unable to Contact Other

90 Day Status/ Other Reasons for Exit: _____ Date Occurred: _____

Institutionalized Health/Medical Deceased Family Care
 Relocated to Mandated Residential Program Invalid SS Number
 Reservist called to Active Duty for 90+ days Other specify: _____

Date Entered Training: _____ Date Completed/Withdrew from Training: _____

Type of Training

On-the-Job Training Skill Upgrading & Retraining Entrepreneurial Training
 Adult ABE/ESL in combination with training Customized Training
 Other Occupational Skills Training No Training Services Provided
 Occupational Skills Training O*NET Code: _____

Supportive Services Received (must be WIA funded): Yes No Specify: _____

Needs-Related Payments/Stipends: Yes No (WISARD 329)

Educational Achievement Services: Yes No Employment Services: Yes No

Received Summer Youth Employment Opportunities Yes No
(must be directly linked to academic and occupational learning.)

Leadership Development Opportunities: Yes No

Received Workforce Information Services: Yes No

Pell Grant Recipient: Yes No

Enrolled in Education at or during Program Participation? Yes No

School Status at Exit (WISARD #670)

In-School, HS or less In-School, Alternative School In-School, Post-HS
 Not Attending School or HS Dropout Not Attending School, HS graduate

90 Day Status/Other
Reasons for Exit

Older Youth 1st Qtr After Exit



Workforce Partnership of Greater Rhode Island

OLDER YOUTH

Submitted 1st Quarter After Exit

Performance & Reporting Information

DATA MUST BE ENTERED IN EMPLOYRI.ORG WITHIN 15 DAYS OF DATE OF OCCURRENCE

<u>EXIT QUARTER</u>	<u>1ST QTR AFTER EXIT</u>	<u>2ND QTR AFTER EXIT</u>	<u>3RD QTR AFTER EXIT</u>	<u>4TH QTR AFTER EXIT</u>
January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31	April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31	July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30	Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30 July 1 to Sept 30	January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31

Participant: _____ SS No.: _____

Contractor: _____ Contract No.: _____

Case Manager's Signature: _____ Date: _____

ACTUAL EXIT DATE: _____

90 Day Status/ Other Reason for Exit

Date Occurred: _____

- Institutionalized Health/Medical Deceased Family Care
 Relocated to Mandated Residential Program Invalid SS Number
 Reservist called to Active Duty for 90+ days Other specify: _____

BACKUP DOCUMENTATION MUST BE SUBMITTED

Employed During 1st Quarter After Exit (WISARD # 601)

- Yes No

Attained Degree or Certificate (WISARD # 668)

Date Attained Degree or Certificate: _____

- Secondary (High School) Diploma (must be achieved by end of 1st quarter after exit)
 GED or H.S. Equivalency Diploma (must be achieved by end of 1st quarter after exit)
 Technical/ Occupational Skills Certificate or Other Post-Secondary Degree/Diploma (must be achieved by end of 3rd quarter after exit)
 Did Not Attain Diploma, GED or Certificate

Placement Information (WISARD # 671) (If more than one, chose primary)

- In Post-Secondary Education
 Entered Advanced Training
 Entered Military Services
 Entered Qualified Apprenticeship
 Did Not Enter Any of the Above

Older Youth 2nd Qtr After Exit



Workforce Partnership of Greater Rhode Island

OLDER YOUTH

Submitted 2nd Quarter After Exit

2nd Quarter After Exit Information

DATA MUST BE ENTERED IN EMPLOYRI.ORG WITHIN 15 DAYS OF DATE OF OCCURRENCE

<u>EXIT QUARTER</u>	<u>1ST QTR AFTER EXIT</u>	<u>2ND QTR AFTER EXIT</u>	<u>3RD QTR AFTER EXIT</u>	<u>4TH QTR AFTER EXIT</u>
January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31	April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31	July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30	Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30 July 1 to Sept 30	January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31

Participant: _____

SS No.: _____

Contractor: _____

Contract No.: _____

Case Manager's Signature: _____

Date: _____

Actual Exit Date: _____

Employed 2nd Quarter after Exit:

- Yes
 No

Source for Employment Information

- Employer
 Participant
 Other: _____

Older Youth 3rd Qtr After Exit



Workforce Partnership of Greater Rhode Island

OLDER YOUTH

Submitted 3rd Quarter After Exit

Retention Information

DATA MUST BE ENTERED IN EMPLOYRI.ORG WITHIN 15 DAYS OF DATE OF OCCURRENCE

<u>EXIT QUARTER</u>	<u>1ST QTR AFTER EXIT</u>	<u>2ND QTR AFTER EXIT</u>	<u>3RD QTR AFTER EXIT</u>	<u>4TH QTR AFTER EXIT</u>
January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31	April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31	July 1 to Sept 30 Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30	Oct 1 to Dec 31 January 1 to March 31 April 1 to June 30 July 1 to Sept 30	January 1 to March 31 April 1 to June 30 July 1 to Sept 30 Oct 1 to Dec 31

Participant: _____ SS No.: _____

Contractor: _____ Contract No.: _____

Case Manager's Signature: _____ Date: _____

ACTUAL END DATE: _____

Employed 3rd Quarter After Exit:

- Yes
 No

Source for Employment Information

- Employer
 Participant
Other _____

Type of Recognized Credential Received (WISARD #619)

- High School Diploma/GED
 AA or AS Diploma/Degree
 BA or BS Diploma/Degree
 Occupational Skills Licensure
 Occupational Skills Certificate/Credential
 Other Recognized Educational or Occupational Skills Certificate/Credential

Retention Information (WISARD # 672)

- In Post Secondary Education
 In Advanced Training
 In Military Service
 In Qualified Apprenticeship
 None of the Above

Attained Certificate (WISARD #668)

- Technical/ Occupational Skills Certificate or Other Post-Secondary Degree/Diploma
(must be achieved by end of 3rd quarter after exit)
Date Attained Certificate: _____

Additional Support For Youth Services (outside WIA funded programs) (WISARD #347)

- Yes No

Older Youth 4th Qtr After Exit



Workforce Partnership of Greater Rhode Island

OLDER YOUTH

Submitted 4th Quarter After Exit

Retention Information

DATA MUST BE ENTERED IN EMPLOYRI.ORG WITHIN 15 DAYS OF DATE OF OCCURRENCE

<u>EXIT QUARTER</u>	<u>1ST QTR AFTER EXIT</u>	<u>2ND QTR AFTER EXIT</u>	<u>3RD QTR AFTER EXIT</u>	<u>4TH QTR AFTER EXIT</u>
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Participant: _____ SS No.: _____

Contractor: _____ Contract No.: _____

Case Manager's Signature: _____ Date: _____

ACTUAL END DATE: _____

Employed 4th Quarter After Exit:

- Yes
 No

Source for Employment Information

- Employer
 Participant
Other _____

Type of Recognized Credential Received (WISARD #519)

- High School Diploma/GED
 AA or AS Diploma/Degree
 BA or BS Diploma/Degree
 Occupational Skills Licensure
 Occupational Skills Certificate/Credential
 Other Recognized Educational or Occupational Skills Certificate/Credential

Retention Information (WISARD # 672)

- In Post Secondary Education
 In Advanced Training
 In Military Service
 In Qualified Apprenticeship
 None of the Above

Attained Certificate (WISARD #668)

- Technical/ Occupational Skills Certificate or Other Post-Secondary Degree/Diploma
(must be achieved by end of 3rd quarter after exit)

Date Attained Certificate: _____

Additional Support For Youth Services (outside WIA funded programs) (WISARD #347)

- Yes No

WIA Follow-Up Report

WORKFORCE PARTNERSHIP OF GREATER RHODE ISLAND- YOUTH WORKFORCE SERVICES

FOLLOW-UP SERVICES
MONTHLY PARTICIPANT REPORT

Contractor: _____ Contract No.: _____ In-School Out-of-School
 Younger Youth Older Youth

Month/Year Ending: _____ Total In Follow-Up: _____

FOLLOW-UP SERVICES

Participant Name	Social Security #	Start Date	End Date	Monthly Hours	Total Cum Hours	Received 1 Year of Follow-Up (Y/N)
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Follow-up begins first day following exit

Rev. 5/2006

Carlo-Sol

I Love Lucy Community Action (ILLCA)												
Contract #W2010-6000-XX												
Older Youth												
Participant	SS#	Enrolled	Exited	Needed Wage Gain	Wages After Exit	EE	Retention	Credential	Reporting Quarters			
Lucy Riccardo	XXX-XX-XXXX	08/02/10	12/30/10	\$3,300.00				1	11-1	11-2	11-3	11-4
Ricky Riccardo	XXX-XX-XXXX	09/20/10	12/30/10	\$3,300.00				1	11-1	11-2	11-3	11-4
Fred Mertz	XXX-XX-XXXX	08/23/10		\$3,300.00				1				
Ethel Mertz	XXX-XX-XXXX	09/22/10		\$4,029.42				1				
Totals/Averages		4	2	\$3,482.36	\$0.00	0	0	4				
% Attained		100%	50%			0%	0%	100%				
% Goal		4	4			74%	81%	57%				

Jan/Feb/Mar = 1st Qtr
 Apr/ May/Jun = 2nd Qtr
 Jul/Aug/Sep = 3rd Qtr
 Oct/Nov/Dec = 4th Qtr

Carlo-Sol

Television Show Community Action TSCA Younger Youth In School

Contract #W2010-6000-XX

<i>PARTICIPANT</i>	<i>Enrolled</i>	<i>Exited</i>	<i>Basic Skills</i>	<i>Work Readiness</i>	<i>Occup Skills</i>	<i>Entered Employment</i>	<i>Retention</i>	<i>GED or H.S. Diploma</i>	<i>Reporting Quarters</i>			
J. R. Ewing	7/5/10	08/05/10	1	1	X				10-4	11-1	11-2	11-3
Sue Ellen Ewing	7/5/10	01/26/11	1	1	X				11-2	11-3	11-4	12-1
Pamela Ewing	7/5/10	03/09/11	1	1	X				11-2	11-3	11-4	12-2
Bobby Ewing	7/5/10	03/09/11	1	1	X				11-2	11-3	11-4	12-1
Lucy Ewing	7/5/10	03/09/11	1	1	X				11-2	11-3	11-4	12-1
Miss Ellie	7/5/10	03/09/11	1	1	X				11-2	11-3	11-4	12-1
Jock	7/5/10	03/09/11	1	1	X				11-2	11-3	11-4	12-2
Kristen Sheppard	7/5/10	03/09/11	1	1	X				11-2	11-3	11-4	12-1
Jenna Wade	7/5/10	04/09/11	1	1	X				11-2	11-3	11-4	12-1
Ray Krebs	7/5/10		P	1	X							
Cliff Barnes	7/5/10		P	1	X							
Jerry Seinfeld	7/5/10		P	1	X							
Kramer	7/5/10		P	1	X							
George	7/5/10		P	1	X							
Elaine Benice	7/5/10		P	1	X							
Totals	15	9	9	15	0	0	0	0				
% Attained	75%	45%		57%		0%	0%	0%				
% Goal	20	20		94%			67%	72%				

X – Not Set
1 – Attained
P – Pending
N – Not Attained

Jan/Feb/Mar = 1st Qtr
Apr/ May/ Jun = 2nd Qtr
Jul/ Aug/ Sep = 3rd Qtr
Oct/ Nov/ Dec = 4th Qtr

New for 2011 Program Year

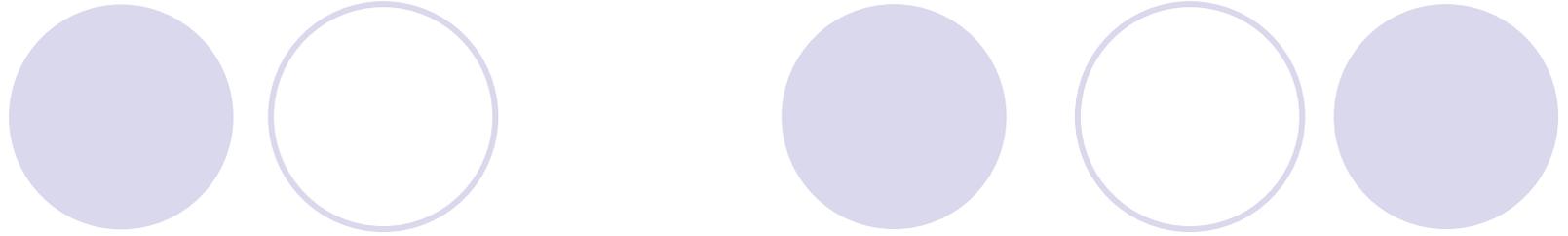
**Eligibility: Sixth Eligibility Criterion
Youth With Disabilities**



Sixth WIA Youth Eligibility Criterion

Acceptable Documentation:

- Determination of eligibility for rehabilitative services by the Office of Rehabilitative Services (ORS)
- Receipt of SSI or SSDI
- School record of disability determination
- A copy of the applicant's IEP or 504 plan identifying/verifying disability
- Letter from Child Study Team Stating Specific Disability
- Letter from Drug or Alcohol Rehabilitation Agency Documenting a history of substance abuse (not currently using)
- Medical Records identifying/verifying disability
- Physician's Statement identifying/verifying disability
- Psychiatrist's Diagnosis identifying/verifying disability
- Psychologist's Diagnosis identifying/verifying disability
- Rehabilitation Evaluation identifying/verifying disability
- Social Service Records/Referral identifying/verifying disability
- Social Security Administration Disability Records identifying/verifying disability
- Veterans Affairs Letter/Records identifying/verifying disability
- Vocational Rehabilitation Letter identifying/verifying disability
- Workers Compensation Record identifying/verifying disability



Thank You!