

POLICY AND PROCEDURE

Policy Name:	Registration and Client Processing	Policy Number: 03-105
Effective Date:	December 19, 2002	
Revised Effective:	April 4, 2003	
New Revision:	June 8, 2004	

Purpose

The purpose of this Policy and Procedure is to provide guidance on the collection of Equal Opportunity data for WIA Registrants (Sec. 663.105 through 663.120) and the parameters for moving customers from core services to intensive and/or training services.

Reference

P.L.105-220 Workforce Investment Act (WIA) Chapters 3, 4 & 5, USDOL/E&T Administration, 20 CFR Part 652 and 663-105, et al. Workforce Investment Act, Final Rules 8/11/00, USDOL/E&T, Training and Employment Guidance Letter No. 7-99, dated March 3, 2000, and Requirements for Local Workforce Investment Boards in relation to the Virginia Employment Commission (VEC) Policy #006, Universal Access, Adult Eligibility and Priority of Service, dated May 3, 2000.

Procedure

1. All customers visiting Workforce Centers and Sites will have access to self-service, informational core services that are available without completing formal registration for Equal Opportunity data retention. Workforce Centers and Sites can require that all customers visiting their facility sign-in or complete survey information if the information is needed to provide reports to their Administrative entity, Workforce Investment Board, or local governments. (Virginia Workforce Center Information & Referral Form attached)
2. All partner agencies can refer customers to other partner agencies by utilizing the Partner Agency Referral Form (attached). The customer should receive a copy of the form so that there are clear directions as to what agency and service/assistance is being requested on their behalf. The original Partner Agency Referral Form will be sent to the receiving partner.
3. All customers needing assistance beyond core services will be referred to the appropriate WIA partner staff representative by utilizing the Documentation of Core Services Form (attached). In order for the customer to be referred for services beyond core he/she must adhere to the following procedure:

A customer must complete the first step plus at least one of the other items outlined under step 2 before moving from core services.

Step 1 - Registration for employment with VEC **(Required)**

Step 2 (a) Self-directed job search (self-attestation) **or**

(b) Staff assisted job search **or**

(c) Eligibility determination for targeted programs

Documentation of core services can be completed by any partner agency that has provided core services and determined that the customer is in need of WIA intensive and/or training services. This form must then be processed to the appropriate One-Stop Operator Representative for authorization and distribution. All referring partners are required to have documentation of the core services that were provided to the customer.

4. All workforce centers and sites will collect information from any customer requesting assistance through the Workforce Investment Act beyond informational or self-service (see table attached of Services that Require Registration). This applies to staff that are providing WIA services that require registration. The customer must be registered only when the staff person providing services beyond informational or self-service have their time being allocated to WIA funds. If the services are provided by other partner agencies that do not require registration and eligibility determination and their staff time is not allocated to WIA the customer does not have to be registered.
5. Program registration begins with the completion of the WIA Preliminary Application form (attached). This form is processed to the appropriate program operator for review and eligibility determination. Equal Opportunity data is collected as required by the Department of Labor and all records are retained for review for a period of three years.

PARTNER AGENCY REFERRAL FORM

TO: _____
AGENCY NAME

AGENCY ADDRESS CITY STATE ZIP

CONTACT PERSON APPOINTMENT DATE TIME AGENCY PHONE #

This will introduce _____
CUSTOMER NAME SOCIAL SECURITY NUMBER (optional)

CUSTOMER ADDRESS CITY STATE ZIP

CUSTOMER PHONE # _____, who is being referred for:

<p style="text-align: center;">ASSISTANCE NEEDED AND ACTION REQUESTED:</p> <p style="text-align: center;">(CIRCLE ALL THAT APPLY)</p> REGISTRATION FOR EMPLOYMENT RESOURCE ROOM DOCUMENTATION OF CORE SERVICES PROVIDED TO THE CUSTOMER STAFF ASSISTED JOB SEARCH ASSESSMENT (Educational, Vocational, Aptitude, _____) CAREER COUNSELING LITERACY/ABE/GED INSTRUCTION KEYBOARDING OR INTRODUCTORY COMPUTER SKILLS TRAINING ELIGIBILITY DETERMINATION (UI, WIA, WTW, FINANCIAL AID) TRAINING _____ SUPPORT SERVICES (child care, transportation, _____) YOUTH SERVICES OTHER _____
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COMMENTS _____

REFERRED BY: _____
PARTNER AGENCY SIGNATURE DATE

ACTION

AGENCY NAME SERVICE/ACTIVITY DATE

AGENCY REPRESENTATIVE SIGNATURE DATE

COMMENTS: _____

DOCUMENTATION OF CORE SERVICES

Name:	SS#:
Address:	DOB:
	Phone:

A customer must complete the first item plus at least one of the asterisked items before moving from core services.

___ **Registration for employment with VEC**

___ *Self-directed job search (self-attestation)

___ *Job search and placement assistance

___ * Eligibility determination for targeted programs

This customer has received the services indicated above and has been determined to need additional services beyond core services to obtain or retain employment.

Agency Representative Signature

Date

One-Stop Operator Representative

Date

Table: Services that Require Registration

Core Services – Self-Service - Informational (no registration required)	WIA Core Services – (registration required)	WIA Intensive Services – (registration required)	WIA Training Services – (registration required)
Determination of eligibility to receive assistance under Title 1B	Staff assisted job search & placement assistance, including career counseling	Comprehensive & specialized assessment, such as diagnostic testing & interviewing	Occupational skills training
Outreach, intake (which may include WPRS referrals) & orientation to the One-Stop center	Follow-up services, including counseling regarding the workplace ¹	Full development of individual employment plan	On the job training
Initial assessment of skill levels, aptitudes, abilities & need for supportive services	Staff assisted job referrals (such as testing & background checks)	Group counseling	Workplace training & cooperative education programs
Employment statistics information including job vacancy listings, job skill requirements for job listing, & info. on demand occupations	Staff assisted job development (working with employer & jobseeker)	Individual counseling & career planning	Private sector training programs
Performance info. on eligible training providers	Staff assisted workshops and job clubs	Case management	Skill upgrading & retraining
Performance info. on the local One-Stop delivery system		Short-term pre-vocational services	Entrepreneurial training

¹The individual would already be registered to be receiving follow-up services.

Core Services – Self-Service - Informational (no registration required)	WIA Core Services – (registration required)	WIA Intensive Services – (registration required)	WIA Training Services – (registration required)
Information on supportive services and referral to supportive services		Follow-up services, including counseling for registrants (those previously receiving intensive/training services) after entering employment	Job readiness training
Information regarding filing for Unemployment compensation			Adult education and literacy activities in combination with training
Assistance in establishing eligibility for welfare-to-work activities and for other training and education programs			Customized training
Resource room usage			
Internet browsing (job, information and training searches)			
Internet accounts (Career Kit, Personnel Kit)			
Initial development of employment plan			
Talent referrals (informational, e.g. talent scouts, labor exchange referrals of resumes without further screening)			
Workshops and job clubs			

WIA PRELIMINARY APPLICATION

NAME: _____ SOC. SEC. #: _____
LAST FIRST MI

CURRENT ADDRESS: _____
House number Street Town/City State Zip

PHONE #: (540) _____ ALTERNATE CONTACT #: _____

DATE OF BIRTH: ____ / ____ / ____ ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO

DO YOU HAVE A HS DIPLOMA/GED? YES NO ANY TRAINING BEYOND HIGH SCHOOL? YES NO

HIGHEST GRADE COMPLETED: _____ ARE YOU A VETERAN? YES NO

HAVE YOU TALKED WITH OR BEEN EVALUATED BY ANOTHER AGENCY? YES NO
 IF YES, LIST NAME OF AGENCY: _____

WORK HISTORY - LIST MOST RECENT JOB FIRST

1. EMPLOYER: _____ JOB TITLE: _____
 EMPLOYMENT DATES: _____ TO _____ WAGE PER HOUR: _____
 REASON FOR LEAVING: _____
2. EMPLOYER: _____ JOB TITLE: _____
 EMPLOYMENT DATES: _____ TO _____ WAGE PER HOUR: _____
 REASON FOR LEAVING: _____
3. EMPLOYER: _____ JOB TITLE: _____
 EMPLOYMENT DATES: _____ TO _____ WAGE PER HOUR: _____
 REASON FOR LEAVING: _____
4. EMPLOYER: _____ JOB TITLE: _____
 EMPLOYMENT DATES: _____ TO _____ WAGE PER HOUR: _____
 REASON FOR LEAVING: _____
5. EMPLOYER: _____ JOB TITLE: _____
 EMPLOYMENT DATES: _____ TO _____ WAGE PER HOUR: _____
 REASON FOR LEAVING: _____

LIST ALL FAMILY MEMBERS IN THE HOUSEHOLD AND INCOME RECEIVED BY EACH FAMILY MEMBER DURING THE LAST SIX MONTHS:

FAMILY RELATIONSHIP	FULL NAME	AGE	SOURCE/AMOUNT OF INCOME
SELF	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE RELEASE OF THIS INFORMATION FOR VERIFICATION PURPOSES AND UNDERSTAND THAT IT WILL BE USED TO DOCUMENT MY ELIGIBILITY.

 APPLICANT SIGNATURE DATE