

# WIA ADULT / DW / YOUTH ENROLLMENT CHECKLIST MANDATORY FORMS

Name: \_\_\_\_\_ Client APPID Number: \_\_\_\_\_

Program: \_\_\_\_\_ Adult \_\_\_\_\_ Dislocated Worker \_\_\_\_\_ Out of School Youth \_\_\_\_\_ In-School Youth

<b>Required for All Participants</b>	<p><b>Social Security Number:</b> ___ Social Security Card ___ DD-214 ___ Employment Records ___ W-2 Form ___ IRS Form Letter 1722                  ___ Public Assistance Records ___ Pay Stubs ___ Social Service Records ___ Driver's License</p>
	<p><b>Citizenship/Alien Status:</b> ___ DD-214 ___ Alien Registration/Work Permit ___ Birth Certificate ___ Baptismal Record (if birthplace is shown)                  ___ Food Stamp Records ___ US Passport ___ Foreign Passport (only if eligible to work) ___ Hospital Record of Birth ___ I-9 Information                  ___ Naturalization Certification ___ Public Assistance Records</p>
	<p><b>Age:</b> ___ Driver's License ___ DD-214 ___ Social Service Records ___ Public Assistance Record ___ Alien Registration/Work Permit                  ___ Baptismal Record ___ Birth Certificate ___ US Passport ___ Hospital Record of Birth ___ Federal, State, or Local ID Card                  ___ School Records/ID Card</p>
	<p><b>Selective Service Registration:</b> ___ DD-214 ___ Selective Service Reg. Record ___ N/A Not applicable</p>

<b>Required for Adults and Youth</b>	<p><b>Individual/Family Income:</b> ___ FSD Printout ___ SSA Letter ___ Vet. Admin. Award Letter ___ Pay Stubs (Attached to completed Income Determination Worksheet) ___ U.I. Documentation ___ Compensation Award Letter ___ Housing Auth. ___ Employer Statement                  ___ Court Documentation (Divorce Decree/Award Amount) ___ Bank Statement ___ Applicant Statement</p>
	<p>** Includable Income—<u>That Must Be Counted</u> Wages – Applicant, Mother, Father, Spouse, Siblings or other Family income; Regular Retirement; Disability and/or Death Benefits; Other Personal or Family Income                  ** Excludable Income—<u>Do Not Count</u> Veterans Payments (education, disability, one time death); Military Pay; Unemployment Compensation; Child Support/Foster Payments; Public Cash Assistance (CAP, SSI, RCA, &amp; GA); Loans, Pell Grants; Need Based grants/scholarships ___ Social Security (OASI)___</p>
	<p><b>Individual/Family Size:</b> ___ Applicant Statement ___ FSD Printout ___ Birth Certificate(s) ___ Marriage Records ___ Court Documentation (Divorce Decree/Custody) ___ Most Recent Tax Form (Supported by Form Letter 1722) ___ Lease or Landlord Statement ___ Medical Records ___ Statement of Public Care Fac (Mental hosp./Prison)</p>
	<p><b>Food Stamps:</b> ___ FSD Printout</p>
	<p><b>Homeless:</b> ___ FSD Printout ___ Statement from Shelter (including Individuals providing temporary shelter) ___ Applicant Statement</p>
	<p><b>Foster Child:</b> ___ FSD Printout ___ Verification of Payments Made on Behalf of Child ___ Court Document</p>
<p><b>Individual with Disabilities:</b> ___ Applicant Statement (w/Observable Conditions) ___ School Record ___ Report from Child Study Team (w/Observable Conditions) ___ Vocational Rehabilitation Letter ___ Drug/Alcohol Rehabilitation Letter ___ Medical Card                  ___ Workmen's Comp Records ___ Sheltered Workshop Certificate ___ Medical Records (must state specific disability)                  ___ Social Service Agency (must state specific disability) ___ Social Security Disability Records</p>	

**All forms must be complete and supporting documentation must be included in file.  
 Please check that each item is located in hard copy file, if applicable:**

- Application for WIA Title I Services/Program Orientation
- Declaration Statement/Receipt of Complaint & Grievance
- Release of Information
- Toolbox Registration Details-WIA Attestation (Signed)
- Toolbox Employment Plan (Signed)
- Applicant Statement (If applicable)
- Dislocated Worker Orientation Letter (If applicable)
- Dislocated Worker Eligibility Guide (If applicable)
- Supportive Service/Training Expenses Form (If applicable)
- OJT/Work Experience/Monthly Progress (If applicable)
- Out-of-School Youth TABE/Other - Test Scores (If applicable)
- E-Verify (If applicable)

Staff: \_\_\_\_\_ Date: \_\_\_\_\_ County: \_\_\_\_\_

## Application for WIA Title 1 Services

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street, P.O. Box, Apartment Number) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

### Program Orientation

There are several other programs and agencies that might benefit a WIA participant. The following is a list of those programs and agencies. After you have explained each of them to the participant and given them contact information for programs they may be interested in, please check them off and sign in the appropriate spaces.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Division of Workforce Development | <input type="checkbox"/> Vocational Rehabilitation       | <input type="checkbox"/> Job Corps                  | <input type="checkbox"/> Family Support Division |
| <input type="checkbox"/> Veterans Representative           | <input type="checkbox"/> Trade Adjustment Assistance Act | <input type="checkbox"/> Adult Education & Literacy |  |

### WHAT SERVICES WOULD YOU LIKE?

*(Check all that apply.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Job Readiness Skills                  | <input type="checkbox"/> Getting a G.E.D.                   |
| <input type="checkbox"/> Labor Market Information              | <input type="checkbox"/> Finding training providers.        |
| <input type="checkbox"/> Job Search Assistance                 | <input type="checkbox"/> Selecting job training.            |
| <input type="checkbox"/> Work Experience                       | <input type="checkbox"/> Financial assistance for training. |
| <input type="checkbox"/> Childcare assistance during training. |   |

Please fill in this form and return it to your service representative. This form needs to be approved and signed by the program coordinator/manager before client participation.

I attest that I have received information about the Missouri Career Center services listed above including job training and supportive services.

\_\_\_\_\_  
 Applicant Signature Date

- Approved  Declined

\_\_\_\_\_  
 Program Coordinator/Manager Signature Date

### Declaration Statement

Do you have any relatives or household members working for \_\_\_\_\_  
or any department of this agency? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give name and relationship.

\_\_\_\_\_  
Name Relationship

Do you have any relatives working for the Workforce Investment Board of Southeast Missouri? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give name and relationship.

\_\_\_\_\_  
Name Relationship

### PARTICIPANT AGREEMENT

The WORKFORCE INVESTMENT ACT has several requirements that participants must be made aware of at the time of their enrollment. These requirements will make it possible for consultants to conduct follow-up services with participants and insure good customer service. The WORKFORCE INVESTMENT ACT requires that follow-up information be reported for **one year** after participants are “**exited**” from the system. Because of these requirements, you are being asked to agree to the following if you are enrolled in our system.

#### MAINTAIN MONTHLY CONTACT WITH YOUR CONSULTANT

This will be your responsibility. You can do it by phone or by visiting the office. It will be important to report things like **change of address, telephone number or if you became employed or changed jobs**. We want to help you succeed. This requires excellent communication and contact. So please, help us help you.

#### CUSTOMER SERVICE SURVEY

At some point after you exit our system, you will be contacted by a representative of the Workforce Investment Board and/or the Division of Workforce Development. A brief survey regarding the service you received will be conducted. **Your responses will be totally confidential!** The information will be used to improve customer service to our participants.

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I declare that the information above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Staff Signature and Date

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### Acknowledgement of Receipt Of Complaint & Grievance Pamphlet

I have received a copy of the WIA Complaint/Grievance Procedure pamphlet, have been given an opportunity to ask questions, and by my signature below, I declare that I fully understand the procedure.

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Signature of WIA Staff Issuing Pamphlet

**WIB RELEASE OF INFORMATION**  
Workforce Investment Board of Southeast Missouri

**To be completed in applicant’s own handwriting. All names must be written as they appear on Social Security Card. All adults must sign their own name.**

I, \_\_\_\_\_, D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

SSN \_\_\_\_\_, Age \_\_\_\_\_

do hereby authorize any agencies, offices, groups, organizations, landlords, or business firms to release to the Workforce Investment Board of Southeast Missouri any information which is deemed necessary to complete my application for participation, maintain my continued eligibility, and/or increase my opportunity for success in the programs of the Workforce Investment Board of Southeast Missouri. These organizations include, but are not limited to: Financial Institutions, Child Support Payers, Division of Workforce Development, Past or Present Employers, Past or Present Landlords, Social Security Administration, Family Support Division, Veteran’s Administration, Utility Companies, Worker’s Compensation payers, Hospitals, Public or Private Retirement systems, Law Enforcement Agencies, Attorneys, Departments of Probation and Parole, Departments of Health, School Districts, Institutions of Higher Learning, and Vocational/Technical Schools.

I agree to hold harmless the Workforce Investment Board of Southeast Missouri and/or any agency, office group, organization, or individual releasing information. I further agree that a copy of this authorization may be used as an original.

This authorization shall continue for one (1) year from the date of signature or until such time the Workforce Investment Board of Southeast Missouri is notified in writing by participant that the authorization is cancelled.

\_\_\_\_\_  
(Applicant Signature) (Date)

\_\_\_\_\_  
(Parent or Guardian) – Needed if Applicant is under 18 years old (Date)

\_\_\_\_\_  
(Staff Signature) (Date)

### APPLICANT STATEMENT

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALITES AS SPECIFIED BY LAW.

\_\_\_\_\_  
APPLICANT'S SIGNATURE and DATE

\_\_\_\_\_  
CORROBORATING WITNESS TO APPLICANT

\_\_\_\_\_  
APPLICANT'S ADDRESS

\_\_\_\_\_  
WITNESS' RELATIONSHIP TO APPLICANT

\_\_\_\_\_

The above applicant statement is being utilized for documentation for the following eligibility criteria:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE and DATE OF CERTIFYING OFFICIAL



**DISLOCATED  
WORKER  
ORIENTATION  
LETTER**

WELCOME to the Dislocated Worker Program. You may not realize it now, but this could be the beginning of great things for you. We are eager to help you choose a direction and assist you in getting started on your way. Funds for your training come through the Department of Economic Development through the Division of Workforce Development and the Workforce Investment Board.

You will be given assessment activities to complete. The assessment activities and labor market information given to you by the Consultant will help develop your Individual Employment Plan (IEP). Your IEP will set the direction for where you go from here. It is very important that you keep scheduled appointments with your Consultant to record accomplishments or changes to your IEP.

If you train on-the-job you will receive a training plan that shows your worksite, supervisor, days and hours you will work, and the hourly wage. Unfortunately sick days, overtime, and holidays are not paid by the Dislocated Worker Program. Of course you will be expected to follow the rules, regulations, and safety procedures established at the worksite. Report any injury to your supervisor immediately. Excessive absence and/or unsatisfactory work may effect your ability to access services from the Dislocated Worker Program. We want to help make this a positive experience for you so please contact your Consultant if you are having difficulties.

Additional classroom training may also be available to you. If so, you are expected to retain the grade and attendance required by the school. Excessive absence or underachievement may effect your ability to access services from the Dislocated Worker Program. Customers are required to also apply for Federal Pell Grants if available. Once again, we want to help you through this process so please let us know if you have any questions.

Your Consultant will give you a Dislocated Worker Program description and purpose, the conditions and standards for participation, and the types and extent of available services and training.

We wish the best for you and we want to help you succeed.

**I HAVE READ THE ABOVE CONDITIONS FOR PARTICIPATION IN THE WORKFORCE INVESTMENT ACT SYSTEM. I AGREE TO FOLLOW THESE CONDITIONS.**

By signing this letter, I acknowledge I have been given the Dislocated Worker Package.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CONSULTANT SIGNATURE

\_\_\_\_\_  
DATE

\*Mandatory for All Dislocated Workers

## WIA Title I-B Dislocated Worker Eligibility Guidelines

(Part 1 of 3)

There are four separate categories of dislocated workers. Each category has unique supporting documentation that must be attached to this form. Check the category that applies and each form of supporting documentation used for verification.

**This form must be completed at time of registration.**

### Definitions

\_\_\_\_\_ Category A: Termination or Layoff – This category is for workers that are dislocated due to small lay-off events. A person that has lost their job through no fault of their own that can, (1) Show that the termination or layoff is permanent, (2) Show they are eligible or receiving Unemployment Insurance Compensation, and (3) Show that they are unlikely to return to their previous occupation.

\_\_\_\_\_ Category B: Plant Closure or Substantial Layoff – This category is for workers that are dislocated due to large lay-off events. A person that has lost their job through no fault of their own that can, (1) Show that they are permanently laid-off, and (2) Show that 33 percent of employees (and at least 50 during a thirty day period), or 500 or more employees were laid-off due to closure or substantial lay-off.

\_\_\_\_\_ Category C: Self-Employed – This category is for workers that are self-employed. A person that has lost their job through no fault of their own that can, (1) Show evidence of self-employment, and (2) Show evidence of business failure.

\_\_\_\_\_ Category D: Displaced Homemaker – This category is for a person that has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income, and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

### **CATEGORY A: Termination or Lay-Off**

#### Item 1: Permanently Laid-Off (1 Required)

- a. \_\_\_\_\_ A copy of a letter or notice from the employer which verifies a plant closure, reduction in workforce, or plant layoff, showing company name, applicant name and date of layoff; or
- b. \_\_\_\_\_ If the Contracting Agency is unsuccessful in their attempts to secure documentation of layoff using the above procedures, the Contracting Agency will document eligibility by a phone call to the applicant's former employer verifying termination of employment as a "result" of permanent layoff or closure.

Phone verifications must include:

- Name of employer,
- Contact person, name and title of contact person (must be in a position of authority with knowledge of personnel matters relating to layoff/closing),
- Phone number, and
- Date of permanent layoff.

In those cases where an employer states that he may recall laid-off employees, the layoff may still be considered indefinite if the following conditions exist:

- No definite recall date has been given; OR
- A recall date was given but that date has passed without recall; AND
- Division of Workforce Development is requiring the individual to conduct a work search in order to remain eligible to UI.

(Part 2 of 3)

Item 2: Unemployment Insurance Compensation (1 Required)

- a. \_\_\_\_\_ A printout from the MissouriCareerSource.com system that shows the applicant was employed in unemployment insurance “covered employment”

NOTE: In cases where the above documentation is not available the following documents may be used:

- \_\_\_\_\_ A copy of the participant’s unemployment benefits check stub; **or**  
 \_\_\_\_\_ A copy of the participant’s UI determination letter. (The information received by the UI/MIS interface is confidential and must not be shared with other agencies/use for eligibility purposes only).

Item 3: Unlikely to Return to previous Industry/occupation (1 Required)

- a. \_\_\_\_\_ Documentation of a decrease in the number of job openings for a particular occupation or industry during a recent period of time prior to the client’s enrollment; or  
 b. \_\_\_\_\_ Documentation that the client was laid off and has exhausted Unemployment Insurance and is still unemployed; or  
 c. \_\_\_\_\_ Documentation provided by the Division of Workforce Development, Missouri Occupational Information Coordinating Committee, or local Chambers of Commerce which would demonstrate that a particular occupation or industry is declining; or  
 d. \_\_\_\_\_ Documentation of a plant closing or permanent layoff of ten or more workers) within a 12 month period, (including the current layoff). Permanently laid off workers from the same industry or occupation that have experienced the closure or permanent layoff would be considered “unlikely to return”; or  
 e. \_\_\_\_\_ Based upon the local Title I Dislocated Worker program coordinators knowledge of the local labor market, they can reasonably certify with a statement in the client’s file that the occupation or industry is declining or the client’s

prospects for finding a job in that industry or occupation is not likely; or

- f. \_\_\_\_\_ Documentation from the Division of Workforce Development that there is no current job order or that there appears to be an excess of applicants for a job order for the DOT/OES code from which the applicant is laid off from within the geographic area where the client is willing to accept employment.  
 g. \_\_\_\_\_ “Choices” (or other assessment) information which indicates a declining demand for the occupation from which the applicant is laid off from within the geographic area where the client is willing to accept employment.  
 h. \_\_\_\_\_ Any other documentation approved by the Division of Workforce Development.

**Worker-Profiled Dislocated Worker**

- a. \_\_\_\_\_ Master Record from the profiling system. (This is the only document required.)

**CATEGORY B: Plant Closure or Substantial Lay-off:**

Item 1: Permanently Laid-Off Individual (due to closure or substantial lay-off)( 1 required)

Note: Item 1 or 2 may be covered within the same document.

- a. \_\_\_\_\_ A copy of a letter or notice from the employer which verifies a plant closure, reduction in workforce, or plant layoff, showing company and applicant name and date of layoff; or  
 b. \_\_\_\_\_ If the Contracting Agency is unsuccessful in their attempts to secure documentation of layoff using the above procedures, the Contracting Agency will document eligibility by a phone call to the participant’s former employer verifying

(Part 3 of 3)

termination of employment as a "result" of permanent layoff or closure.

Phone verifications must include:

- Name of employer,
- Contact person, name and title of contact person.  
(Must be in a position of authority with knowledge of personnel matters relating to layoff/closing.),
- Phone number, and
- Date of permanent layoff.

In those cases where an employer states that he may recall laid-off employees, the layoff may still be considered indefinite if the following conditions exist:

- a. No definite recall date has been given; OR
- b. A recall date was given but that date has passed without recall; AND
- c. Division of Workforce Development is requiring the individual to conduct a work search in order to remain eligible to UI.

#### Item 2: Documentation of Permanent Closure or Substantial Layoff

1. \_\_\_ Closure: company name, date of closure, verification that it was a closure (Letter or notice of closure from company).
2. \_\_\_ Substantial layoff: Letter or notice showing company name, date of closure, number laid off, number of employees at normal production who work twenty hours or more per week, which verify an employment loss at a single site of employment during any thirty day period for:
  1. At least thirty-three percent of the employees (excluding employees regularly working less than twenty hours per week); AND
  2. At least fifty employees (excluding employees regularly working less than twenty hours per week); OR
  3. At least five hundred employees (excluding employees regularly working less than twenty hours per week).

#### **CATEGORY C: Self-Employed**

#### Item 1: Evidence of self-employment (1 required)

- a. \_\_\_ Business tax return;
- b. \_\_\_ Business license;
- c. \_\_\_ Any other legal document which shows self-employment and which could be verified by phone.

#### Item 2: Evidence of Business Failure (1 required)

- a. \_\_\_ Due to natural disasters (insurance records, disaster declaration, etc).
- b. \_\_\_ Due to bankruptcy or foreclosure.
- c. \_\_\_ Due to inability to secure capital necessary to continue a farm operation or other business.
- d. \_\_\_ Due to general economic conditions. In some instances, a self-employed person has not filed bankruptcy or other official evidence of business failure, but is willing to attest that he is no longer in business. In those instances, additional documentation may be necessary.
  1. \_\_\_ Failure of one or more businesses to which the self-employed individual supplied a substantial proportion of products or services;
  2. \_\_\_ Failure of one or more businesses from which the self-employed individual obtained a substantial proportion of products or services;
  3. \_\_\_ Substantial layoff(s) from or permanent closure(s) of one or more plants or facilities that support a significant portion of the State or local economy; and/or
  4. \_\_\_ Depressed price(s) or market(s) for the article(s) produced by the self-employed individual.

#### **CATEGORY D: Displaced Homemaker**

Definition: Displaced Homemaker means an individual who has been providing unpaid services to family members in the home and who

- ◆ Has been dependent on the income of another family member but is no longer supported by that income, and  
Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.





**Work Experience Plan**  
**Workforce Investment Board of Southeast Missouri**  
**(Part 1 of 2)**

<b>Employee Name:</b>		<b>APPID:</b>	
<b>Employer Name:</b>		<b>Job Title:</b>	
<b>Employer Address:</b>		<b>Begin Date:</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Ending Date:</b>
<b>Name and Title of Trainer:</b>		<b>ONET Code:</b>	
		<b>SVP Level:</b>	
<b>Hours per week</b> (Number of hours the trainee will work while in training.)		<b>Initial wage rate</b> (and scheduled raises, if any.)	
<b>Job Description</b> (Attach ONET analysis or company job description, or describe the nature of the work and give examples of specific duties.)			
<b>Job Skills to be Attained</b> (List the job skills the employee will attain through this training.)			
<b>Job Specific Skills</b> (List of specific skills or tasks the employer agrees to provide to the participant.)			
<b>Employee Signature:</b>	<b>Print Name:</b>	<b>Phone Number:</b>	<b>Date:</b>
<b>Employer Signature:</b>	<b>Print Name:</b>	<b>Phone Number:</b>	<b>Date:</b>

**Work Experience Plan**  
**Workforce Investment Board of Southeast Missouri**  
**(Part 2 of 2)**

Describe any other services or training to be provided by employer:

**Plan Status:** (Initial the appropriate line.) \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied**

**Staff Signature:**

**Print Name:**

**Phone Number:**

**Date:**

**Reason for denial:**

