



TITLE: WIOA Adult & Dislocated Worker Program - Training Services Procedures # 5015P

Type: Program Procedure

Date Established: 07/01/2016

Date Last Revised:

Date Posted to Website: 07/07/2016

Status: Final

Supersedes: WIA Procedures in Policies # 550R2
& 590R6

Procedures

If career services are not provided before training, program staff must document the circumstances justifying their course of action. Training services, when determined appropriate, must be provided either through an Individual Training Account (ITA) or through a training contract.

Program staff must determine that the training the individual receives would result in employment leading to economic self-sufficiency or wages comparable to or higher than wages from previous employment. Program staff must also determine that the individual has the skills and qualifications to successfully participate in and complete the training. Upon a determination that career services are unlikely to obtain these employment outcomes, the individual may be enrolled in training services.

Individuals for whom training has been deemed appropriate, must select a training program linked to employment opportunities in the local area or in an area to which the individual is willing to commute or relocate. The selection of this training program should be fully informed by the performance of relevant training providers, and individuals must be provided with the performance reports for all training providers who provide a relevant program.

WIT System Data Entry Requirements (*WorkSource Integrated Technology System*)

For all applicable and required WIOA and or Wagner-Peyser applicant or participant Career, Training or Follow-Up Service data entry requirements, to include but not be limited to the following:

- Applicant or Participant Registrations,
- Program Enrollments,
- Eligibility Determinations (as detailed in policy #5000),
- IEPs,
- ITA's and Training Program Enrollments/Service Delivery,
- Training paid by others,
- Training/Program Completions
- Support Services,
- Exits,
- Follow-Up Services, and
- Case Note Entries

Staff must follow all data requirements as necessary per Policy 1020 - Data Integrity and Performance Reporting Requirements and Handbook, as applicable for entry within the WIT System

Please follow all current and future Workforce Integrated Technology (WIT), System guidance, training, instructional materials and direct departmental or program supervisor instruction and policies developed.

If applicant or participant information is already entered in the WIT System, staff must verify that the information is current and/or make updates. If required by program, print out the applicable or necessary document, obtain signatures and place in the hard copy file. Please note all system data updates or changes in case note.

To deliver Career or Training Services, the program staff person is required to enter participant and program specific data which will create an Individual Employment Plan/Service Plan.

Data Validation Note:

The date of dislocation entered must be documented in the file with:

- Verification from employer
- Rapid Response list
- Notice of Layoff
- Public announcement with UI cross-match
- Self-attestation for transitioning military by the Army Career Alumni Program (ACAP)
- Self-certification from military applicant

Applicants who identify them self as a veteran must have a copy of their DD214 in their participant file. The dislocation date must have the month, day and year.

Any discrepancies arising between PacMtn policy and or procedures with federal and state provisions due to current or future revisions will default to the current minimum federal and state regulations and guidance available. PacMtn policy and or procedures may set forth stricter requirements than provided by federal and state guidance, but in no case will PacMtn policy and or procedures not meet minimum federal and state policy.

References

Workforce Innovation and Opportunity Act of 2014
PacMtn Policy # 5015 - Training Services
PacMtn Policy # 5100 Individual Training Account (ITA)
20 CFR 680.210
20 CFR 680.120 (c)
Training and Employment Guidance Letter (TEGL) 3-15 TEGL 17-05
WorkSource System Policy 1019 R3, Attachment A - Eligibility Handbook

NOTE: The Eligibility Policy Handbook is based on the best information available at this time per WIOA law, proposed rules, and DOL/ETA guidance. The handbook will be revised and reissued after the WIOA final rules are issued and as relevant DOL/ETA guidance is received.

Compliance with the state's eligibility policy will be based on the version of the handbook in effect at the time of the action or activity that may be at issue.

DATE APPROVED: June 4, 2016

Direct Inquiries to:
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Email: Info@pacmtn.org

PacMtn is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Washington Relay 711.

ATTACHMENT 1
PACIFIC MOUNTAIN WORKFORCE CONSORTIUM
WAIVER REQUEST

CHECK WAIVER TYPE:

- A. ____ In-house (over \$1,500 or change in vehicle - needs only the program operator signature)
- B. ____ To provide rent or utilities more than once in a program year (see #3) send to PacMtn.

PROGRAM OPERATOR: _____ **DATE:** _____

CONTACT: _____ **PHONE:** _____

PARTICIPANT: _____

JUSTIFICATION OF WAIVER: _____

_____	_____	_____	_____
Program Counselor	APPROVED	DENIED	DATE

_____	_____	_____	_____
Program Operator*	APPROVED	DENIED	DATE
*Required for A and B			

_____	_____	_____	_____
Administrative Entity*	APPROVED	DENIED	DATE
*Required for B only			

STAFF COMMENTS:

ATTACHMENT 2

**PACIFIC MOUNTAIN WORKFORCE DEVELOPMENT AREA
REQUEST FOR TRAINING OR SUPPORT SERVICE**

Supportive services may be provided only when the service is allowable, reasonable, and justifiable and is **not** available through another resource. The participant may fill in "Client" sections and provide required documentation.

This form is not required for a bus pass, fuel & tools (see tool policy). If this is an emergency request, staff must document this in the justification.

Participant Name: _____

Assistance Requested: _____

Check documentation required from the participant: Family Budget Car Registration

Estimates for _____ Other: _____

S T A F F	<i>Staff - List potential providers — if none exist, leave blank.</i>	C L I E N T	<i>Client - List date you contacted the organizations listed by Staff & amount they will fund. If denied, list the reason.</i>			
	State Agency:		Date Contacted	Amount Provided	Reason Funding Denied	
	Non-Profit:					
	Private Vendor:					
	Other:					

C L I E N T	I swear under penalty of perjury that the above information is true and correct to the best of my knowledge. I do not have any other resources available to me at this time.	
	Participant Signature _____	Date _____

S T A F F	Justification for Service: _____	

	Funding: <input type="checkbox"/> Adult <input type="checkbox"/> DW <input type="checkbox"/> RRAA <input type="checkbox"/> NEG <input type="checkbox"/> List Other _____	
	Staff Signature _____	Date _____