



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

Type: Program Procedure

Date Established: 07/01/2016

Date Last Revised: 06/07/2019

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:

For Dislocated Worker program qualifying participants, 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

WIOA Final Rule; 20 CFR Parts 676,677, and 678; Federal Register, Vol. 81, No. 161, August 19, 2019

WIOA Final Rule; 20 CFR Parts 603, 651, 652, et al; Federal Register, Vol. 81, No. 161, August 19, 2019

Training and Employment Guidance Letter (TEGL) 3-15, 17-05

WorkSource System Policy 1019 R4, Attachment A - Eligibility Handbook

PacMtn Policy # 5015 - Training Services

PacMtn Policy # 5100 Individual Training Account (ITA)

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, 6/13/2019

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



ATTACHMENT 1
Pacific Mountain WDC (PacMtn)
Training or Support Service Request

Supportive services may be provided only when the service is allowable, reasonable, and justifiable and is **not** available through another resource.

Ensure the participant has been provided the Community Resource information on the low cost and/or free services available locally. These services should be utilized prior to program support whenever possible.

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: _____ Transportation Cost _____ Auto Repairs _____ Housing
_____ Work Clothing _____ Work/Training Materials _____ Work/Training LIC/Certs/Permits
_____ Hygiene/Health _____ Child Care/Dependent Care _____ Out of State Relocation _____ Other

Staff - Justification for Service: _____

Staff - Program Funding Source: _____

Appropriate supporting documentation required from the participant is attached:

Budget Sheet Vendor Invoice: Participant Vehicle Registration Third Party Provided
Transportation Two Estimates for any Repair Rental Lease/Mortgage Statement: Other:

Staff - Please identify any applicable other local service providers not on the Community Resource List - If none exist, please note.

Others: _____

Participant - List which local provider(s) you have contacted, the help or amount they will provide. If denied, list the reason.

I do not have any other resources available to me at this time. I confirm I have been provided information on community resources available

I swear under penalty of perjury that the above information is true and correct to the best of my knowledge.

Participant Signature

Date

Staff Signature

Date