# LANE WORKFORCE PARTNERSHIP
## WIOA YOUTH CONTRACTOR TRAINING MANUAL

## Table of Contents

- **WIOA Youth Program Summary**  
  Page 1
- **WIOA Youth Provider Roster**  
  Page 2
- **WIOA Youth Program Budget Summary**  
  Page 3
- **WIOA Youth Eligibility**  
  Page 4
- **Acceptable Documentation for Youth Eligibility**  
  Page 5
- **Employment Eligibility Verification (USCIS Form I-9)**  
  Pages 6 - 8
- **Oregon WIOA Income Eligibility**  
  Page 9
- **45 Day Calendars**  
  Pages 10 - 12
- **Policies:**  
  Pages 13 - 41
  - Basic Skills Deficient  
    Pages 13 – 14
  - Eligibility for WIOA Youth/Young Adult Services  
    Pages 15 – 18
  - Equal Opportunity and Non-Discrimination  
    Pages 19 – 20
  - Incident Reporting  
    Pages 21 – 22
  - Grievance  
    Pages 23 – 27
  - Youth/Young Adult Additional Assistance  
    Pages 28 – 32
  - Youth/Young Adult Supportive Service Payments and Incentive Payments  
    Pages 33 – 34
- **Procedures:**  
  Pages 42 - 61
  - Intake  
    Page 42
  - Individual Service Plan (ISP)  
    Pages 43 - 45
  - CASAS Testing  
    Pages 46 - 48
  - DHS Verification Process  
    Pages 49 - 58
  - Exiting  
    Pages 59 - 60
  - Follow-Up  
    Page 61
- **I-Trac Data Entry Manual Information**  
  Page 62
- **WIOA Youth Services for I-Trac**  
  Pages 63 - 64
- **I-Trac WIOA Performance Report**  
  Pages 65 - 71
- **Measurable Skill Gains Indicator**  
  Pages 72 - 74

Lane Workforce Partnership | 1401 Willamette Street | Eugene, Oregon | 97401
E-Bridge User Requirements/Agreement/Manual  Pages 75 - 86
WIOA Youth Program Reporting and Monitoring  Pages 87 - 91
Lane Workforce Partnership - WIOA Youth Program

The Workforce Innovation & Opportunity Act (WIOA) funds a Lane County program to help youth, ages 14-24 years, re-engage and prepare to be the future workforce through academic and occupational skill development. During the 2017-18 program year a total of 290 Lane County youth received WIOA Youth Program services.

ELIGIBILITY REQUIREMENTS:

- Ages 14-24 (In School Youth 14 – 21; Out of School Youth 16 – 24)
- Academic or occupational barriers (dropout, homeless, disability, foster care, pregnant or parenting, offender)
- Seventy-five percent of the total budget must be spent on out of school youth. Out of school youth are defined as - dropouts or high school graduates who are not currently working or attending post-secondary education. The focus of the program is to re-engage these youth.

PROGRAM SERVICES:

WIOA requires 14 services be offered to youth participants. These services can be offered through collaboration with other agencies, businesses, educational providers, labor organizations and other youth systems. The 14 services are:

1. Tutoring and or study skills training that lead to completion of a secondary school diploma or its recognized equivalent.
2. Alternative secondary school services or dropout recovery services.
3. Paid and unpaid work experiences. Twenty percent of the total budget must be spent on paid work experience.
4. Occupational skill training, which includes training programs that lead to recognized post-secondary credentials that align with in-demand industry sectors or occupations.
5. Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster.
6. Leadership development opportunities.
7. Support services.
8. Adult mentoring for duration of at least 12 months.
9. Follow-up services for not less than 12 months after the completion of participation.
10. Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling, as well as referrals to counseling, as appropriate to the needs of the individual youth.
12. Entrepreneurial skills training.
13. Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area.
14. Activities that help youth prepare for and transition to post-secondary education and training.
2022/2023 WIOA Youth Program

**Lane Workforce Partnership – contract administration**
1401 Willamette Street
Eugene, OR 97401

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22 West 7th Avenue
Eugene, OR 97401

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**Lane County Youth Services Division – Martin Luther King Education Center**
2515 Martin Luther King Jr. Blvd
Eugene, OR 97401

Shellye Reynoso (program): Shellye.reynoso@co.lane.or.us
Office: 541-682-2404

Matt Sterner (admin): matthew.sterner@co.lane.or.us

Kelly Barlow (fiscal): Kelly.barlow@lanecountyor.gov

**Marcola School District – Mohawk High School**
38300 Wendling Road
Marcola, OR 97454

David Ledbetter: dledbetter@marcola.k12.or.us
Cell: 541-337-3359

Adrienne Ramey (admin/finance): aramey@marcola.k12.or.us
Cell: 541-743-5004
## WIOA Youth/Young Adult Program 2022/2023 Budget Summary

<table>
<thead>
<tr>
<th>Organization</th>
<th>In School</th>
<th>Out of School</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connected Lane County</td>
<td>$200,000.00</td>
<td>$5,000.00</td>
<td>$200,000.00</td>
</tr>
<tr>
<td>Marcola School District</td>
<td>$122,000.00</td>
<td>$4,000.00</td>
<td>$126,000.00</td>
</tr>
<tr>
<td>Youth Services – Lane County</td>
<td>$50,000.00</td>
<td>$5,000.00</td>
<td>$50,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% 20%</th>
<th>Cost Per Participant</th>
<th>Number Served</th>
<th>Total Budget 2022/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200,000.00</td>
<td>$10,000.00</td>
<td>200</td>
<td>$200,000.00</td>
</tr>
<tr>
<td>$122,000.00</td>
<td>$4,000.00</td>
<td>12</td>
<td>$126,000.00</td>
</tr>
<tr>
<td>$50,000.00</td>
<td>$5,000.00</td>
<td>10</td>
<td>$50,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization</th>
<th>Work Experience Connected Lane County – Youth Services – Lane County</th>
<th>Work Experience Marcola School District</th>
<th>Work Experience整齐 County – County Workforce Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget 2022/2023</td>
<td>$751,270.38</td>
<td>$751,270.38</td>
<td>$751,270.38</td>
</tr>
<tr>
<td>Percentage</td>
<td>20%</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Number Served</td>
<td>200</td>
<td>75</td>
<td>2</td>
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</tbody>
</table>
# WIOA Youth Eligibility

## Eligibility Elements

<table>
<thead>
<tr>
<th>Education Status = Out of school</th>
<th>Education Status = In school</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Completed HS Diploma/GED/Equivalent</td>
<td>• Alternative High School for GED</td>
</tr>
<tr>
<td>• Dropped out or expelled from High School or Less</td>
<td>• Alternative High School for Diploma</td>
</tr>
<tr>
<td>• School Age (16-18) and Not Attending School for at Least 1 Quarter</td>
<td>• High School or Less</td>
</tr>
<tr>
<td>• Alternative High School for Diploma</td>
<td>• College or Post High School Technical Training</td>
</tr>
</tbody>
</table>

### Age

- 16-24 (local policy may limit ages)
- 14-21 (local policy may limit ages)

### Selective Service

- Customers sex-assigned Male at birth and age 18 or older
- Customers sex-assigned Male at birth and age 18 or older

### Legal to Work

- Yes
- Yes

### Employment Characteristics

**Must have at least one from any category below**

#### Category A

- Foster Care
- Homeless
- Runaway

#### Category B

- Aged Out of Foster
- Disabled (including learning disabilities)
- Parenting
- Pregnant
- School Dropout (High School or Less)
- School Age (16-18) and Not Attended School For at Least 1 Quarter
- Subject to Juvenile or Adult Justice

#### Category C

- Where Education Status = Not in School – Completed HS Diploma/GED/Equivalent AND one of the following applies:
  - Deficient in Basic Literacy Skills
  - English Language Learner
  - Needs additional assistance to enter employment or education (State or Local Policy Defined)

### Income

**Must have at least one low income reason OR an exception**

**Low Income Reasons**

- 6 Month Family Income: LLSIL
- Eligible to Receive Free or Reduced Lunch
- Census Tract (High Poverty Area)
- Family is receiving one of the following Public Assistance types in last 6 months:
  - TANF
  - General Assistance
  - Refugee Assistance
  - Supplemental Security Income (SSI, Title XVI)
  - Social Security Disability Income (SSDI)
  - Food Stamps (SNAP)
- At least one Employment Characteristic Type is from **Category A**

**OR Exception**

- Applicant has least one Employment Characteristic Type is from **Category B**
- Granted Income Waiver (only 5% of enrolled)

**Must have at least one low income reason OR an exception**

**Low Income Reasons**

- 6 Month Family Income: LLSIL
- Eligible to Receive Free or Reduced Lunch
- Census Tract (High Poverty Area)
- Family is receiving one of the following Public Assistance types in last 6 months:
  - TANF
  - General Assistance
  - Refugee Assistance
  - Supplemental Security Income (SSI, Title XVI)
  - Social Security Disability Income (SSDI)
  - Food Stamps (SNAP)
- At least one Employment Characteristic Type is from **Category A**

**OR Exception**

- Granted Income Waiver (only 5% of enrolled)

---

1 **Alternative School** includes schools funded in part or in full with Department of Education funds where the school receives (ADM) money from the State of Oregon for the student enrolled. **NOTE:** Title II programs funded by Department of Labor like YouthBuild or Job Corps are not considered to be Alternative Schools.

2 **Separate Family Calculation.** Do not consider Parents/Guardians/Siblings. If parenting youth, must count dependents.

3 **Per Oregon Department of Education:** A dropout is a student who withdrew from school and did not graduate or transfer to another school that leads to graduation. **Dropouts do not include:** students who are deceased, being home schooled, are in alternative school, are in hospital education programs, are enrolled in a juvenile detention facility, are enrolled in a foreign exchange program, temporarily absent because of suspension/family emergency/health issues, have received a GED or Adult High School Diploma from a community college.
### ACCEPTABLE DOCUMENTATION FOR YOUTH ELIGIBILITY

<table>
<thead>
<tr>
<th>Item to be Verified</th>
<th>Acceptable Documentation Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizenship or Legal Ability to Work in U.S.</td>
<td>✓ U.S. Birth Certificate</td>
</tr>
<tr>
<td></td>
<td>✓ U.S. Passport</td>
</tr>
<tr>
<td></td>
<td>✓ School/agency records showing</td>
</tr>
<tr>
<td></td>
<td>date and place of birth</td>
</tr>
<tr>
<td></td>
<td>✓ Picture ID and Social Security</td>
</tr>
<tr>
<td></td>
<td>Card (Note: Picture ID must have</td>
</tr>
<tr>
<td></td>
<td>applicant’s name recorded on it</td>
</tr>
<tr>
<td></td>
<td>and, ideally, date of birth. The</td>
</tr>
<tr>
<td></td>
<td>ID can be a driver’s license,</td>
</tr>
<tr>
<td></td>
<td>school, state or agency identification,</td>
</tr>
<tr>
<td></td>
<td>military, tribal card, etc.)</td>
</tr>
<tr>
<td></td>
<td>✓ Immigration Registration Card.</td>
</tr>
<tr>
<td></td>
<td>(Note: A youth with this</td>
</tr>
<tr>
<td></td>
<td>document should also have a</td>
</tr>
<tr>
<td></td>
<td>Social Security card to accompany</td>
</tr>
<tr>
<td></td>
<td>it.)</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>✓ Social Security Card</td>
</tr>
<tr>
<td></td>
<td>✓ School or agency records</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>✓ U.S. Birth Certificate</td>
</tr>
<tr>
<td></td>
<td>✓ U.S. Passport</td>
</tr>
<tr>
<td></td>
<td>✓ Hospital record of birth</td>
</tr>
<tr>
<td></td>
<td>✓ Tribal records</td>
</tr>
<tr>
<td></td>
<td>✓ School/agency records showing</td>
</tr>
<tr>
<td></td>
<td>date of birth</td>
</tr>
<tr>
<td></td>
<td>✓ Picture ID</td>
</tr>
<tr>
<td>Family Income (For previous 6 months from date</td>
<td>✓ Paycheck stubs</td>
</tr>
<tr>
<td>of signing application)</td>
<td>✓ Employer statement of earnings</td>
</tr>
<tr>
<td></td>
<td>✓ LWP wage verification form</td>
</tr>
<tr>
<td></td>
<td>completed by employer/applicant</td>
</tr>
<tr>
<td></td>
<td>✓ Social Security Benefit</td>
</tr>
<tr>
<td></td>
<td>statement</td>
</tr>
<tr>
<td></td>
<td>✓ Compensation award letters</td>
</tr>
<tr>
<td></td>
<td>✓ Pension statement</td>
</tr>
<tr>
<td></td>
<td>✓ Alimony agreements</td>
</tr>
<tr>
<td></td>
<td>✓ Award letter from Veterans</td>
</tr>
<tr>
<td></td>
<td>Affairs</td>
</tr>
<tr>
<td></td>
<td>✓ Unemployment Insurance</td>
</tr>
<tr>
<td></td>
<td>documents</td>
</tr>
<tr>
<td></td>
<td>✓ DHS letter verifying food</td>
</tr>
<tr>
<td></td>
<td>stamps/TANF</td>
</tr>
<tr>
<td></td>
<td>✓ Signed/dated applicant</td>
</tr>
<tr>
<td></td>
<td>statement</td>
</tr>
<tr>
<td>Family Size</td>
<td>✓ Agency letter</td>
</tr>
<tr>
<td></td>
<td>✓ DHS letter</td>
</tr>
<tr>
<td></td>
<td>✓ Signed/dated applicant</td>
</tr>
<tr>
<td>Family of 1 Status</td>
<td>statement</td>
</tr>
<tr>
<td></td>
<td>✓ Agency letter</td>
</tr>
<tr>
<td></td>
<td>✓ Signed/dated LWP Disability</td>
</tr>
<tr>
<td></td>
<td>Verification Form</td>
</tr>
<tr>
<td></td>
<td>✓ Foster care verification</td>
</tr>
<tr>
<td></td>
<td>✓ Ward of court verification</td>
</tr>
<tr>
<td></td>
<td>✓ Signed/dated applicant</td>
</tr>
<tr>
<td></td>
<td>statement</td>
</tr>
<tr>
<td>Disability</td>
<td>✓ Signed/dated LWP Disability</td>
</tr>
<tr>
<td></td>
<td>Verification Form</td>
</tr>
<tr>
<td>Employment Barriers</td>
<td>✓ Agency records for teen parent,</td>
</tr>
<tr>
<td></td>
<td>offender status, homelessness,</td>
</tr>
<tr>
<td></td>
<td>high school dropout, runaway,</td>
</tr>
<tr>
<td></td>
<td>foster child</td>
</tr>
<tr>
<td></td>
<td>✓ CASAS Pre-tests indicating</td>
</tr>
<tr>
<td></td>
<td>basic skills deficiency</td>
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<tr>
<td></td>
<td>✓ DHS letter for teen parent,</td>
</tr>
<tr>
<td></td>
<td>homelessness</td>
</tr>
<tr>
<td></td>
<td>✓ Signed/dated Applicant</td>
</tr>
<tr>
<td></td>
<td>Statement for dropout, homelessness,</td>
</tr>
<tr>
<td></td>
<td>runaway status, teen parent,</td>
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<tr>
<td></td>
<td>offender status</td>
</tr>
<tr>
<td></td>
<td>✓ Signed/dated LWP Disability</td>
</tr>
<tr>
<td></td>
<td>Verification Form for disability</td>
</tr>
</tbody>
</table>
START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number): __________________________
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): __________________________

Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: __________________________
   OR
2. Form I-94 Admission Number: __________________________
   OR
3. Foreign Passport Number: __________________________
   Country of Issuance: __________________________

Signature of Employee __________________________ Today's Date (mm/dd/yyyy) __________________________

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator __________________________ Today's Date (mm/dd/yyyy) __________________________

Last Name (Family Name) __________________________ First Name (Given Name) __________________________

Address (Street Number and Name) __________________________ City or Town __________________________ State __________________________ ZIP Code __________________________
**Section 2. Employer or Authorized Representative Review and Verification**

(Empl0yees or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents.”)

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
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<td>Issuing Authority</td>
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<tr>
<td>Document Number</td>
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<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**The employee’s first day of employment (mm/dd/yyyy):**

(See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

**Section 3. Reverification and Rehires**

(To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)  B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

C. If the employee’s previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td>1.</td>
<td>Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
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<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2.</td>
<td>ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
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<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3.</td>
<td>School ID card with a photograph</td>
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<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4.</td>
<td>Voter's registration card</td>
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<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5.</td>
<td>U.S. Military card or draft record</td>
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<tr>
<td>a.</td>
<td>Foreign passport; and</td>
<td>6.</td>
<td>Military dependent's ID card</td>
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<tr>
<td>b.</td>
<td>Form I-94 or Form I-94A that has the following:</td>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
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<td>(1)</td>
<td>The same name as the passport; and</td>
<td>8.</td>
<td>Native American tribal document</td>
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<td>(2)</td>
<td>An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
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<td>6.</td>
<td>Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>9.</td>
<td>Driver's license issued by a Canadian government authority</td>
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<td></td>
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<td>For persons under age 18 who are unable to present a document listed above:</td>
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<td>10.</td>
<td>School record or report card</td>
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<td>11.</td>
<td>Clinic, doctor, or hospital record</td>
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<td>12.</td>
<td>Day-care or nursery school record</td>
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<td>1.</td>
<td>A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
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<td></td>
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<td>(1)</td>
<td>NOT VALID FOR EMPLOYMENT</td>
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<td>(2)</td>
<td>VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
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<td></td>
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<td>(3)</td>
<td>VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
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<td>2.</td>
<td>Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
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<td>3.</td>
<td>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
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<td>4.</td>
<td>Native American tribal document</td>
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<td>5.</td>
<td>U.S. Citizen ID Card (Form I-197)</td>
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<td>6.</td>
<td>Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
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<td>7.</td>
<td>Employment authorization document issued by the Department of Homeland Security</td>
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</tbody>
</table>

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
2021 – Oregon Workforce Innovation and Opportunity Act
Income Eligibility Table

(Combined 70% LLSIL and HHS Poverty Income Guidelines)

**Metropolitan Areas:** Includes Multnomah, Washington, Clackamas, Marion, Polk, Yamhill, Lane, Jackson, and Josephine counties.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Income</td>
<td>$11,806</td>
<td>$19,348</td>
<td>$26,565</td>
<td>$32,793</td>
<td>$38,696</td>
<td>$35,580</td>
</tr>
<tr>
<td>Six Month Income</td>
<td>$5,903</td>
<td>$9,674</td>
<td>$13,282</td>
<td>$16,396</td>
<td>$19,348</td>
<td>$17,790</td>
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</tbody>
</table>

For families larger than 6 people: Add $6,564 (annual) or $3,282 (six month) to the family of six income for each additional person in the family.


<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Annual Income</td>
<td>$11,616</td>
<td>$19,038</td>
<td>$26,139</td>
<td>$32,263</td>
<td>$38,077</td>
<td>$35,580</td>
</tr>
<tr>
<td>Six Month Income</td>
<td>$5,808</td>
<td>$9,519</td>
<td>$13,069</td>
<td>$16,131</td>
<td>$19,038</td>
<td>$17,790</td>
</tr>
</tbody>
</table>

For families larger than 6 people: Add $6,456 (annual) or $3,228 (six month) to the family of six income for each additional person in the family.

Applicable Federal Register notices, LLSIL tables, and HHS poverty levels are available at: [https://www.dol.gov/agencies/eta/llsil](https://www.dol.gov/agencies/eta/llsil)
### 45-DAY CALENDAR FOR NON LEAP YEAR

January - June (45 day date is in bold)

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
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## 45-DAY CALENDAR FOR LEAP YEAR

January - June (45 day date is in bold)

<table>
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<th>January</th>
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Note: Bold dates indicate the 45-day cycle within a leap year.
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45-DAY CALENDAR FOR LEAP YEAR OR NON LEAP YEAR
July - December (45 day date is in bold)
PURPOSE/BACKGROUND:

The Workforce Innovation and Opportunity Act (WIOA) allows for local workforce boards to establish participant definitions and eligibility documentation requirements when the state board elects not to establish a policy. The State of Oregon has deferred the creation of Basic Skills Deficient (BSD) eligibility standards for WIOA participants to the local workforce boards. This policy outlines the BSD requirements for both the WIOA Youth and Adult programs.

REFERENCES:

WIOA Section (3)(5)
WIOA Regulation Section 680.600 and 681.290
TEGL 19-16 and TEGL 21-1

YOUTH PROGRAM POLICY:

Youth seeking services through the WIOA program will be assessed to determine their basic academic skill level at the point of eligibility determination and enrollment. BSD is defined as an eligibility barrier if the individual has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test.

Basic Skills Deficiency Assessment - The WIOA youth provider must use formalized assessment instruments that are valid, reliable and appropriate for the target population when assessing BSD. They must also provide reasonable accommodation in the assessment process for individuals with disabilities.
ADULT PROGRAM POLICY:

Adults seeking services through WIOA Adult services will be assessed to determine their basic skill level at the point of program eligibility determination and enrollment. Participants who are determined to be BSD will receive WIOA priority of service considerations. BSD is defined as: Unable to compute or solve problems; or read, write or speak English at a level necessary to function on the job, in the individual’s family, or in society.

This may be determined by staff during the enrollment process while working with the applicant when at least one of the following elements are observed (and therefore assessed):

- Is enrolled in a Title II Adult Education and Family Literacy Act program, this also includes enrollment in English as a Second Language (ESL) class.
- Determined to be Limited English Skills proficient through staff-engagement and observation.
- Staff make observations of deficient functioning in completing forms, assisting in the development of a service strategy, or behaviors in group discussion settings.
- Information (in writing or through discussion with the participant) that an educational institution the participant engages or engaged with determined them to have a GPA at D or below within the previous six months.
- Qualifies for Special Education services or has an Individual Education Program (IEP) plan.
- A generally accepted standardized assessment results in English reading, writing, or computing skills are at or below the 8th grade level.

PROCEDURES:

Follow the appropriate program standards for documenting and reporting a Basic Skills Deficient characteristic for a WIOA Youth and Adult participant.
POLICY TYPE: Eligibility for WIOA Youth Services

EFFECTIVE: August 19, 2015

REVISED: August 26, 2020

REFERENCES:

- Workforce Innovation & Opportunity Act (WIOA) – Public Law 113 – 128, Section 128 Within State Allocations
- Workforce Innovation & Opportunity Act (WIOA) – Public Law 113 – 128, Section 129 Use of Funds for Youth Workforce Investment Activities
- 20 CFR Part 681, Youth Activities Under Title 1 of WIOA
- Training and Employment Guidance Letter (TEGL) 21-16, WIOA Title 1 Youth Formula Program Guidance
- Oregon Administrative Rule 581-023-0006(4)(b) Student Accounting Records and State Reporting
- Oregon Administrative Rule 581-023-0006(11)(c) Student Accounting Records and State Reporting

PURPOSE:
To establish a comprehensive policy for the registration of youth participants under the Workforce Innovation & Opportunity Act to ensure that only eligible individuals are served with WIOA Youth funds.

POLICY:
To be eligible to participate in activities carried out under WIOA, during any program year an individual shall, at the time the eligibility determination is made, be an out-of-school youth (OSY) or an in-school youth (ISY) and meet all of the designated youth criteria. WIOA youth must also comply with Selective Service registration requirements and U.S. citizenship/eligibility to work requirements.

OUT-OF-SCHOOL YOUTH ELIGIBILITY.
An OSY is an individual who is:

1. Not attending any school. OSY are eligible for WIOA services if attending Adult Education provided under YouthBuild, or Job Corps.
2. Not younger than age 16 or older than age 24 at time of enrollment. Because age eligibility is based on age at enrollment, participants may continue to receive services beyond the age of 24 once they are enrolled in the program.
3. One or more of the following:
   - a school dropout;
   - a youth who is within the age of compulsory school attendance, but has not attended school for 10 consecutive days;
• a recipient of a secondary school diploma or its recognized equivalent who is a low-income individual and is either basic skills deficient or an English language learner;
• an offender;
• a homeless individual or a runaway;
• an individual in foster care or who has aged out of the foster care system or who has attained 16 years of age and left foster care for kinship guardianship or adoption, a child eligible for assistance under section 477 of the Social Security Act, or in an out-of-home placement;
• an individual who is pregnant or parenting;
• an individual with a documented disability;
• a low-income individual who requires additional assistance to enter or complete an educational program to secure or hold employment. **Additional Assistance (defined below) can only be used in conjunction with another eligibility barrier.** Lane Workforce Partnership defines this barrier as having any of these characteristics:
  • academic or behavioral problems as evidenced by their Individualized Educational Plan (IEP);
  • lacking technical or vocational skills to secure employment or youth has never held a job or has not held a job for longer than three (3) consecutive months, or is currently unemployed and was terminated from a job within six (6) months of program application (OSY);
  • Limited-English Proficient (LEP). Limited English Proficiency pertains to those Youth/young adults who are not proficient in the English language, regardless of where they were born, their level of education, or their native culture;
  • an emancipated youth;
  • has been referred to or is being treated for a medical or substance abuse related problem;
  • has experienced recent traumatic events, is a victim of abuse, or resides in an abusive environment as documented by a school official or professional;
  • has a parent that is incarcerated;
  • has a family history of chronic unemployment including long-term public assistance.

**NONINTERFERENCE AND NONREPLACEMENT OF REGULAR ACADEMIC REQUIREMENTS**
No funds shall be used to provide an activity for eligible youth who are not school dropouts if participation in the activity would interfere with or replace the regular academic requirements of the youth.

**IN-SCHOOL YOUTH ELIGIBILITY.**
An ISY is an individual who is:

1. Attending school, including secondary and post-secondary school;
2. Not younger than age 14 or (unless an individual with a disability who is attending school under State law) older than age 21 at the time of enrollment. Because age eligibility is based on age at enrollment, participants may continue to receive services beyond the age of 21 once they are enrolled in the program;
3. A low-income individual. A youth is low income if he or she receives or is eligible to receive free lunch - WIOA sec 3(36), receives, or is a member of a family that receives cash payments under a federal or state public assistance program, or received an income or is a member of a family whose 6-month income is 70% of the Lower Living Standard Income Level (LLSIL);

And one or more of the following:

- basic skills deficient – have English, reading, or math computing skills at or below the 8th grade level on an accepted standardized test;
- an English language learner;
- an offender;
- a homeless individual or runaway;
- an individual in foster care or who has aged out of the foster care system or who has attained 16 years of age and left foster care for kinship guardianship or adoption, a child eligible for assistance under section 477 of the Social Security Act, or in an out-of-home placement;
- an individual who is pregnant or parenting;
- an individual with a documented disability;
- an individual who requires additional assistance to enter or complete an educational program or to secure or hold employment. Needs Additional Assistance (defined below) should only be used in conjunction with another eligibility barrier. Lane Workforce Partnership defines this barrier as having any of these characteristics:
  - academic or behavioral problems as evidenced by their Individualized Educational Plan (IEP);
  - Limited-English Proficient (LEP). Limited English Proficiency pertains to those Youth/young adults who are not proficient in the English language, regardless of where they were born, their level of education, or their native culture;
  - an emancipated youth;
  - has been referred to or is being treated for a medical or substance abuse related problem;
  - has experienced recent traumatic events, is a victim of abuse, or resides in an abusive environment as documented by a school official or professional;
  - has a parent that is incarcerated;
  - has a family history of chronic unemployment including long-term public assistance.

CONSISTENCY WITH COMPULSORY SCHOOL ATTENDANCE LAWS.
In providing assistance under this section to an individual who is required to attend school under applicable State compulsory school attendance laws, the priority in providing such assistance shall be for the individual to attend school regularly.

EXCEPTION FOR PERSONS WHO ARE NOT LOW-INCOME INDIVIDUALS.
WIOA allows a low-income exception where not more than five (5) percent of WIOA participants meet all other eligibility criteria except the low-income criteria. Because not all OSY are required to be low-income, the five (5) percent low-income exception under WIOA is calculated based on the five (5) percent of youth enrolled in a given program year who would ordinarily be required to meet the
low-income criteria. Registration of over-income youth requires approval from Lane Workforce Partnership staff prior to being determined eligible.
POLICIES AND PROCEDURES

POLICY TYPE: Equal Opportunity and Non-Discrimination
EFFECTIVE: 07/01/2017
REVISED: 07/08/2020

PURPOSE
To ensure compliance with equal opportunity and non-discrimination regulations by staff and service providers.

BACKGROUND
Workforce Innovation and Opportunity Act (WIOA) services are subject to Equal Opportunity (EO) rules and regulations. Services must be available to eligible participants without regard to status in a protected class – gender, race/ethnicity, nationality, or religious belief.

POLICY
All applicants must be informed that WIOA service providers are not allowed to discriminate on the basis of any of the protected classes.

Providers are required to post EO posters in a prominent location where applicants and participants gather. Posters shall be available in Spanish and English at each service location. An EO statement must be present on printed materials given publicly and/or to participants.

The EO tagline to be used:
Lane Workforce Partnership/WorkSource Lane is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Lane Workforce Partnership will designate an EO Officer and will keep providers updated on current contact information for the Officer and the assigned EO Officer will be the contact person in the information section on the posters. Providers are responsible for requesting additional posters if needed.

Programs are required to inform each participant of EO rights and grievance procedures, in accordance with this policy, at the time of program enrollment. Program service providers will be required to provide any and all requested information from program and fiscal records, as well as participant files upon request of the EO Officer.

Providers are expected to ensure, and be able to demonstrate, that all practices are compliant with EO regulations including the enrollment of participants, training scholarships, OJT’s or supportive services, access to service elements, and any other program components. With this in mind, programs are
expected to have processes in place for fair and equitable provision of services and activities to participants.

Equal Opportunity data is collected in the electronic MIS system during the application process. Completed applications will be used as the storage and tracking mechanism for Equal Opportunity data.

ISSUED:

Date: July 21, 2020                      LWP Director of Workforce Investments
PURPOSE
This policy establishes expectations and procedures for reporting alleged, suspected or known fraud, program abuse, or criminal misconduct which impacts Workforce Innovation and Opportunity Act (WIOA) funding. As required under 20 CFR 683.620, which provides expectations and requirements for immediately reporting of information and complaints involving criminal fraud, waste, abuse or other criminal activity.

POLICY
It is the policy of Lane Workforce Partnership that they and their subrecipients of WIOA funds will immediately report known or suspected fraud, waste, abuse, gross mismanagement or misuse of program funds or criminal activity, in accordance with the procedures set forth below.

PROCEDURES
If an incident of fraudulent activity is detected, it must be immediately reported to the Department of Labor Office of the Inspector General (OIG) utilizing the online Submission Form at the Department’s Incident Reporting system, found at the website: www.oig.dol.gov/hotlinecontact.htm.

A copy of the Incident Report must also be simultaneously provided to the Department of Labor’s Employment and Training Administration. Prior to finalizing and submitting the Submission Form, print a copy and mail or fax to the address below. Note that when the form is submitted a Confirmation Number will be provided; it may help to note the number in the file for future reference.

Department of Labor, Employment and Training Administration
200 Constitution Avenue
Washington DC 20210
Fax: 202-693-7020

Reporting procedures do not supersede the responsibility to safeguard WIOA funds by taking prompt and appropriate corrective action. Whenever the entity reporting the allegation of an incident believes that immediate action to prevent further financial loss or other damage is necessary, or recovery of funds or property may be impeded if immediate action is not taken, the reporting entity has the responsibility to take any action it deems appropriate, including contacting the local law enforcement agency.
Situation involving imminent health or safety concerns, or the imminent loss of funds exceeding $50,000 are considered emergencies and must be immediately reported to the Department of Labor OIG via the hotline telephone number and followed up immediately (within one working day) in the form of an Incident Report. The hotline telephone number is: 800-347-3756 or 202-693-6999.

No action, including retaliation, will be taken against any individual who discloses information concerning criminal or improper activities, or makes a good faith complaint to proper authorities.

REQUIRED ACTION
Lane Workforce Partnership requires their subrecipients, program providers, and staff to immediately report alleged, suspected, or known fraud, program abuse, or criminal misconduct which impacts WIOA funding.

ISSUED:

Date: July 10, 2020 LWP Director of Workforce Investments
POLICY TYPE: WIOA Grievance Policy
EFFECTIVE: 07/01/17
REVISED: 08/26/21

PURPOSE
This policy provides guidance and procedures under which Lane Workforce Partnership and its sub recipients/contractors accept and process grievances and complaints that allege a violation of the Workforce Innovation and Opportunity Act (WIOA), regulations, grants or other agreements administered under the Act, terms and conditions of employment, or discrimination.

POLICY
Lane Workforce Partnership values customer service and customer satisfaction and prefers that dissatisfaction and complaints be resolved amicably as close to the point of service delivery as possible. Whenever possible all parties are encouraged to use the Alternative Dispute Resolution (ADR) process.

When this is not possible, written complaints including those related to discrimination or involving criminal conduct are to be processed following the guidelines established within this policy.

This policy:
- Provides guidelines for the resolution of grievances or complaints related to:
  - Non-criminal violations of WIOA, and allegations of criminal violations or allegations of fraud and/or abuse related to the provision of WIOA services; and,
  - Nondiscrimination and equal rights provisions of WIOA.
- Designates Lane Workforce Partnership’s Equal Opportunity Officer as the local area Equal Employment Opportunity (EO) Officer.
- Establishes requirements for Lane Workforce Partnership to ensure:
  - Designation of an EO Officer, in compliance with the State of Oregon Methods of Administration (MOA);
  - Lane Workforce Partnership EO Officer provides notification to Lane Workforce Partnership’s Executive Director immediately upon the receipt of any complaint related to the provision of WIOA services or services provided through a sub-recipient/contractor that is a recipient or beneficiary of WIOA funding; and,
  - Each sub-recipient/contractor that is a recipient or beneficiary of WIOA funding has established a written process ensuring that grievances related to WIOA or non-WIOA programs or services are referred to the appropriate program for resolution.
General Provisions
Under this policy, written complaint procedures shall be made available to every applicant of WIOA services. Reasonable efforts will be made to ensure that complaint procedures are understood by participants, individuals and recipients of federal assistance under WIOA. The written complaint procedure will include notice that the complainant and respondent have the right to be represented by an attorney or other individual of their own choice. With the exception of discrimination complaints, all complaints must be filed within one year (365 days) from the date of the alleged occurrence. Discrimination complaints must be filed within one half year (180 days) from the date of the alleged act of discrimination unless the time is extended by the Assistant Secretary of the U.S. Department of Labor for good cause.

All references to days shall be defined as calendar days, with timelines beginning on the day a complaint is received by the EO Officer initially receiving the complaint. Timelines may be extended if good cause is shown, and if both the complainant and respondent parties agree in writing to waive the timelines. A complaint may be withdrawn by the complainant at any time. Such a withdrawal must be in writing.

Noncriminal Complaints Excluding Discrimination
The procedures described below apply to all non-criminal WIOA complaints filed against Lane Workforce Partnership or its sub-recipients and contractors. Lane Workforce Partnership’s EO Officer will coordinate and assist in the resolution of all WIOA non-criminal complaints filed against Lane Workforce Partnership or its sub-recipients/contractors.

1. Filing Requirements
The complainant must file the complaint with Lane Workforce Partnership’s EO Officer. The complaint shall be in writing and shall include:

- Name, address, phone and social security number of complainant;
- Name and address of person or organization complaint is against;
- Statement of allegation(s) and date of occurrence(s);
- Provision of the Act, regulations, grant, or other agreement believed to have been violated, if applicable;
- Synopsis of the informal resolution efforts; and
- Satisfaction being sought.

Lane Workforce Partnership’s EO Officer will determine if the complaint relates to discrimination, a violation or alleged violation of the WIOA regulations, grant or other agreements under the Act, or to terms and conditions of employment, or is more appropriately referred to another program or organization offering services through the WorkSource Oregon system.
Lane Workforce Partnership’s EO Officer will notify the complainant in writing of the determination within five (5) days of the receipt of a complaint and will include a written copy of Lane Workforce Partnership’s complaint process describing the process for resolution based on the determination of the nature of the complaint. As appropriate, notification will include the referral of the complaint to the appropriate non-WIOA program or organization offering the services.

2. Processing of Complaints—Complaints Not Involving a Violation or Alleged Violation of the WIOA
Within ten (10) days of the filing of a complaint Lane Workforce Partnership EO Officer will attempt to resolve the matter informally with the complainant and respondent. If the complaint is related to employment, the complainant will be given the opportunity to be heard by a party other than the respondent’s direct supervisor.

Within ten (10) days after this meeting to clarify issues and early efforts at informal resolution, a written summary of the meeting and its outcomes will be provided to the complainant. The summary shall include the:

- Filing date of the complaint;
- Date of informal meeting to clarify or resolve the complaint;
- Determination of the nature of the complaint;
- Summary of the process used to investigate the complaint;
- Findings regarding the complaint, including the names and contact information for the parties involved;
- Proposed resolution of the complaint;
- Signed receipt or statement that a copy of the complaint process was transmitted to the complainant; and,
- Date and method of transmittal of the summary to the complainant.

If the complainant is dissatisfied with the proposed resolution, an appeal may be submitted to the Higher Education Coordinating Commission’s Office of Workforce Investments (HECC/OWI). The appeal must be submitted in writing, within 10 days of Lane Workforce Partnership’s decision.

The mailing address is:
HECC/OWI
3225 25th Street SE
Salem OR 97302

If it is determined that a non-criminal violation of the WIOA, regulations, grant or other agreement under the Act has occurred, Lane Workforce Partnership’s EO Officer will notify the complainant.

Complaints Alleging Non-Criminal Violation of the WIOA or Regulations
If it is decided that the complaint does relate to a non-criminal violation or alleged violation of the Act, regulations, grant, or other agreement under the Act, the parties to the complaint are afforded the opportunity to informally resolve the matter. Both parties may agree, in writing, to waive the thirty (30) day timeline for formal hearing and sixty (60) day timeline for a decision in order to
attempt to resolve this matter informally.

Lane Workforce Partnership’s EO Officer will set a date for an informal resolution and issue(s) clarification meeting within ten (10) days of the receipt of the complaint.

**Requesting and Scheduling a Formal Hearing**

If dissatisfied with the results of the informal resolution meeting, the complainant may request a formal hearing. Such requests must be made in writing and, if no informal resolution was attempted, within twenty-five (25) days of the date of filing of the complaint. The request for hearing should be directed to the Lane Workforce Partnership’s EO Officer. The complaint may be amended, in writing, at any time within ten (10) days before the formal hearing.

Lane Workforce Partnership’s EO Officer will schedule the formal hearing within thirty (30) days from the receipt of the complaint, notify the complainant in writing of the hearing date, time and place, unless the parties have agreed, in writing, to waive this timeline.

**Hearing Officer**

Upon receipt of a request for a formal hearing, the Lane Workforce Partnership’s EO Officer shall designate a Hearing Officer. The complainant or respondent may request a different Hearing Officer be appointed. The request for a change in Hearing Officer must be filed within five (5) days after parties received notification of the hearing schedule and the designation of the Hearing Officer. No party shall be permitted to make more than one (1) claim of partiality in any one complaint, and only one request for designation of an alternate Hearing Officer may be made by either party for each complaint. In such a case all timelines shall automatically be extended ten (10) days.

**Conducting the Formal Hearing**

The Hearing Officer coordinates the formal hearing. Both parties shall be provided an opportunity to present evidence, cross-examine witnesses, and be represented by legal counsel. The hearing shall be taped, and a record, including all exhibits, shall be maintained. The complainant may withdraw the complaint in writing at any time. The Hearing Officer shall provide to all parties a written recommendation, defining issues, facts, and suggested resolution. If the complainant or representative does not appear for the hearing, the complaint may be dismissed or the Hearing Officer may rule on the evidence presented.

**Decision by Lane Workforce Partnership’s Executive Director**

Lane Workforce Partnership’s Executive Director shall consider the complaint, informal resolution efforts, and the Hearing Officer’s recommendation. Lane Workforce Partnership’s Executive Director shall then issue a written decision defining issues, facts and resolution and forward a copy of the decision to each party. The decision shall include notice that the complainant has the right to request that HECC-OWI review of the decision. The decision shall be made no later than sixty (60) days after the filing of a complaint, unless extended upon a showing of good cause and agreement by both parties, in writing, to waive the timelines.
Recourse Available to the Complainant Under the Formal Resolution Process

If the complainant receives an unsatisfactory decision or if Lane Workforce Partnership fails to issue a decision within the prescribed timelines, unless the timelines have been waived, the complainant or respondent may request a review by the HECC-OWI.

State Review
The request for HECC-OWI review of the decision must be submitted to the:

State Grievance Coordinator
Higher Education Coordinating Commission / Office of Workforce Investments
HECC/OWI
3225 25th Street SE
Salem OR 97302

The request of the complainant or respondent shall be made within ten (10) days of the decision of Lane Workforce Partnership’s Executive Director, or in the absence of a decision, within fifteen (15) days from the date of the complainant should have received a decision. HECC-OWI may request all necessary information, including, but not limited to the following:

- Copy of the written complaint/grievance
- Synopsis of the informal resolution efforts
- Tapes of and exhibits from the hearing
- Hearing Officer's recommendation
- Lane Workforce Partnership’s decision

HECC-OWI will review the complaint within ten (10) days of receipt of the Request for Review to ensure that the hearing process was followed and that any regulations were correctly interpreted. For purposes of the review, Lane Workforce Partnership’s factual determination will be accepted. If the record contains enough information to render a decision, OWI will issue a final decision within thirty (30) days of receipt of the request for review as to whether the process was followed and whether a material regulation or legal requirement was incorrectly or inadequately interpreted.

If the hearing was in accordance with the hearing procedure, and the material regulations were correctly interpreted, OWI shall issue a final written decision to all parties affirming Lane Workforce Partnership’s hearing decision. If within ten (10) days of receipt of the Request for Review OWI finds any evidence of an irregularity in the hearing process, or determines that a material regulation was incorrectly or inadequately interpreted and additional information is needed to render a final decision, Lane Workforce Partnership will be given fifteen (15) days to gather and provide OWI the additional information. Such requirement for additional information will include any necessary instructions. OWI will review the additional information and issue a final decision to all parties within thirty (30) days of receipt of the Request to Review, either affirming or denying Lane Workforce Partnership’s hearing decision.
Recourse Available to the Claimant after State Review Process

If the State does not complete a review within thirty (30) days of receipt of request, the complainant or respondent may request a review with the Secretary of Labor within sixty (60) days from the original review completion date.

If either party has received an adverse decision from the State, they may appeal to the Secretary of Labor within one hundred twenty (120) days from the date of filing of the complaint with the State, or the filing of the appeal of a local complaint with the State.

All appeals must be submitted by certified mail, return receipt requested, and addressed to:

Secretary of Labor
U. S. Department of Labor Washington, D.C. 20210
Attention: ASET

A copy of the appeal must be simultaneously provided to the opposing party and to the Employment and Training Administration Regional Administrator addressed as follows:

Regional Administrator
Employment and Training Administration
U. S. Department of Labor
71 Stevenson Street, 8th Floor San Francisco, CA
94119

PROCEDURE FOR DISCRIMINATION COMPLAINTS

Complaints alleging violation of the equal employment opportunity and nondiscrimination provision of the Workforce Innovation and Opportunity Act and implementing regulations will follow the state of Oregon Methods of Administration (MOA), and will be processed in such a manner as to assure accurate and timely communication among OWI, and Lane Workforce Partnership.

The complaint may be filed either with Lane Workforce Partnership’s EO Officer, OWI EO Officer, and State of Oregon EO Officer or directly with the Director of the U.S. Department of Labor Civil Rights Center (CRC). In order to provide for prompt and informal resolution, any complainant alleging violation of the equal employment opportunity or nondiscrimination provisions of the WIOA relating to a sub-recipient/contractor of Lane Workforce Partnership or an affiliate is encouraged to file the complaint directly with that agency or with Lane Workforce Partnership’s EO Officer.

To the extent possible, complaints will be resolved amicably as close to the point of service as possible. The complainant has the option of resolving the complaint through the Alternative Dispute Resolution (ADR) process.
**Notification and Responsibilities in the Receipt of a Complaint**

All complaints received by the OWI EO Officer will be referred to the Lane Workforce Partnership’s EO officer.

When a complaint is filed against a partner in a WorkSource Oregon setting, the EO Officer accepting the complaint must notify the co-located partners, and ensure that Lane Workforce Partnership’s EO Officer is notified. The EO Officer accepting the complaint must notify Lane Workforce Partnership’s EO Officer that a complaint has been received and the basis for the complaint without revealing confidential information. Lane Workforce Partnership’s EO Officer is responsible for notifying Lane Workforce Partnership’s Executive Director.

**Complaint Processing Procedures**

The complaint process is defined in considerable detail in the body of the State of Oregon Methods of Administration (MOA). Lane Workforce Partnership will comply with the procedures defined in the state of Oregon MOA in the event a complaint is filed against a WIOA-financially assisted program or activity on the basis of prohibited grounds of discrimination or lack of equal opportunity. All other complaints filed with sub-recipients/contractors on the basis of grounds not described herein, such as food stamp eligibility, are not subject to this complaint procedure and are resolved by the state partner agencies using their own established complaint processes.

**Basis for a Complaint**

Complaints may be filed under the MOA on the basis of:

- Alleged discrimination on the basis of race, color, national origin, religion, sex, age, disability, political affiliation or belief, and for beneficiaries only, citizenship and WIOA participation; and,
- If an individual believes they have been intimidated, retaliated against, threatened or coerced because they have:
  - Filed a complaint under WIOA;
  - Opposed a practice prohibited by the non-discrimination and equal opportunity provisions of WIOA;
  - Furnished information to, or assisted or participated in any manner, an investigation, review, hearing, or any other activity related to the provisions under 29 CFR 37; or
  - Exercised any rights and privileges under WIOA.

**Elements of the Complaint Process**

The complaint process includes five general elements:

- Jurisdiction;
- Methods of resolution or disposition;
- Notice of final disposition;
- Processing timeframes; and,
- Recordkeeping.
Lane Workforce Partnership’s EO Officer oversees the complaint process, which may progress to the OWI EO Officer (in the case of WIOA funds) or to the sub-recipient/contractor’s state agency EO Officer (in the case of non-WIOA funds) and on to DOL’s CRC through the statewide EO Officer.

Who May File Complaints and When
Complaints may be filed by:
- Applicant/registrant for aid, benefits, services or training, eligible applicants/registrants, participants; or
- Employees; applicants for employment; or
- Eligible service providers, and service providers; that may be attributed a characteristic protected under the WIOA.

Generally, there are three types of complaints:
- Individuals filing on their own behalf;
- Individuals or a group filing on a class basis; or
- A third party complaint authorized by the complainant in writing.

All complaints must be submitted in writing within 180 days of the alleged incident, and must contain standard information as described in 29 CFR 37.73 as printed in the Department of Labor’s Civil Rights Center’s (CRC) Complaint Information Form. However, for good cause shown, the Directorate of the CRC may extend the filing time. The time period for filing is for the administrative convenience of CRC, and does not create a defense for the respondent.

The Complaint Process
Receipt of a Complaint
On receipt of a complaint, Lane Workforce Partnership’s EO Officer reviews the complaint for:
- Jurisdiction - Any complaint alleging discrimination must meet the following criteria to be considered under this policy
  - That the individual making the complaint believes that he/she, or any class of individuals, has been subjected to discrimination on a basis prohibited by WIOA and/or 29 CFR 37.
  - That the individual or entity against which the complaint is filed receives financial assistance under the WIOA (refer to 29 CFR Part 37.4 for definitions of recipient, etc.);
- Timeliness - The written complaint is filed within 180 days of the alleged discriminatory act. If received later than 180 days from when the discriminatory action took place, the office may close the complaint as being untimely (The Director, Civil Rights Center, may extend the filing time if good cause is shown); and
- Basis of the complaint - The complaint is filed in writing, is signed by the complainant or their authorized representative, contains the complainant’s name and address (or gives other specific means of contact), identifies the respondent, and describes the
complainant's allegations in sufficient detail to allow the recipient of the complaint to determine if the complaint has merit.

**Complaint Format**
The written complaint must contain the following information:

- The complainant’s name and address (or other means of contact);
- The identity of the respondent (the individual or entity that the complainant alleges is responsible for the discrimination);
- A description of the complainant’s allegations. This description must include enough detail to allow the recipient of the complaint to decide whether:
  - USDOL CRC or the recipient of the complaint has jurisdiction over the complaint;
  - The complaint was filed in time; and
  - The complainant has apparent merit; in other words, whether the complainant’s allegations, if true, would violate any of the nondiscrimination and equal opportunity provisions of WIOA or this part; and
- The complainant’s signature or the signature of the complainant’s authorized representative.

**Written Notification**
Immediately upon receipt of a written complaint Lane Workforce Partnership’s EO Officer must send written notice to the complainant. This written notice must contain:

- A complaint process timeline, including that written Notice of Final Action is due 90 days after the complaint is filed;
- References to ADR options;
- Option of direct filing with USDOL CRC; and
- Lane Workforce Partnership’s acknowledgment that the recipient has received the complaint.

The complaint must be entered in the local Complaint Log and a copy of the written complaint shall be forwarded to the Statewide EO Officer and agency EO Officer within five (5) days of the filing of the written complaint. Lane Workforce Partnership’s EO Officer also notifies other state recipient partners at the WorkSource Oregon site (if applicable) and other required parties that a complaint has been filed against a specific recipient, the alleged basis for the complaint, and determines the recipient agency EO Officer that will assist in preparing the Initial Response.

Lane Workforce Partnership’s EO Officer works with the recipient agency EO Officer that is assigned jurisdiction (the state recipient partner agency’s EO Officer, for example) to investigate and prepare the Initial Response within 20 days. The Initial Response must contain a statement of the issue(s), including a list of the issues raised in the complaint, and for each such issue, a statement of whether the recipient will accept the issue for investigation or reject the issue, and the reasons for each rejection.
**Notice of Lack of Jurisdiction** Lane Workforce Partnership’s EO Officer will notify the complainant in writing immediately, if it is determined that:

- There is no jurisdiction, or multi-jurisdiction. In such cases, the complainant must be notified immediately in writing of the reason(s), noting the right to file a complaint with the CRC within 30 days of the date on which the complainant receives the notice. Lack of jurisdiction may be based upon untimely filing of a complaint that is filed more than 180 days from the alleged incident. Should the complainant appeal a decision based on late filing with the CRC, the complainant has the burden of proving to the Directorate of the CRC that the time limit should be extended as described at 29 CFR 37.81.
- The complaint falls outside the scope of the State of Oregon MOA. In such cases the complainant will be referred to the appropriate jurisdiction and the complaint will be processed through the appropriate complaint process.

The written Notice of Lack of Jurisdiction must include:

- A statement of the reasons for that determination;
- Notice that the complainant has a right to file a complaint with USDOL CRC within 30 days of the date on which the complainant receives the Notice. If the complaint does not involve a recipient as defined under 29 CFR Part 37.4, Lane Workforce Partnership’s EO officer will assist the complainant in forwarding the complaint to the most appropriate agency for resolution; and
- Referral, as appropriate, to the recipient agency with jurisdiction over the complaint.

**Alternative Dispute Resolution (ADR)**

Lane Workforce Partnership’s EO Officer will attempt to initiate the Alternative Dispute Resolution (ADR) process with the complainant and contact the state/recipient agency EO Officer if necessary. The complainant must be offered ADR immediately upon receipt of the complaint. The choice of whether to use ADR rests with the complainant; the preferred form of ADR is mediation.

Mediation is a voluntary process during which a neutral third party assists both parties (complainant and respondent) to communicate their concerns and come to an agreement about how to resolve a dispute. The mediator does not make decisions, rule as to who is right or wrong, take sides or advocate for one side or the other. The role of the mediator is to help with communication so the parties can reach an understanding about how to best resolve their differences. As the law allows, mediation proceedings and the information shared are confidential and no information divulged during this mediation may be used in court or any legal or administrative proceedings.

If ADR fails, the complaint will be processed through the recipient's standard complaint resolution process. A party to any agreement reached under ADR may file a complaint with the Director, USDOL CRC in the event the agreement is breached. In such circumstances, the following rules will apply:

- The non-breaching party may file a complaint with the Director, USDOL CRC within 30 days of the date on which the non-breaching party learns of the alleged breach;
• The Director, USDOL CRC must evaluate the circumstances to determine whether the agreement has been breached. If he or she determines that the agreement has been breached, the complainant may file a complaint with USDOL CRC based upon his/her original allegation(s), and the Director will waive the time deadline for filing such a complaint.

If the parties do not reach an agreement under ADR, the complainant may file a complaint with the Director, USDOL Civil Rights Center.

Fact Finding/Investigation
Lane Workforce Partnership’s EO Officer has 30 days in which to resolve the complaint. During this time the EO Officer should gather all available information relating to the alleged discriminatory actions. At a minimum this fact finding should include:

• Discussion with the complainant to identify the elements of the complaint;
• Interviews with witnesses or others who have knowledge of the issue involved;
• Review of written and electronic files and records which pertain to the complainant and the alleged discrimination; and
• Interviews with the person(s) accused of the act (the respondent).

The investigator should take extensive notes during this process to assure nothing is missed and to help with the resolution of the complaint.

Initial Response
Lane Workforce Partnership’s EO Officer has up to 20 days from receipt of the complaint to investigate and prepare and issue the Initial Response, which includes acknowledgment that:

• The recipient has received the complaint;
• The complainant has the right to be represented in the complaint process;
• A statement of issues accepted or denied and reasons for denial; and
• Other required elements specified at 29 CFR 37.70 et seq.

Following the Initial Response, the state recipient agency’s EO Officer continues to investigate and attempts to resolve the complaint for up to 20 additional days.

Notice of Final Action
Within 90 days of the receipt of a complaint, a written Notice of Final Action must be provided to the complainant. The Notice must contain the following information, for each issue raised in the complaint, a statement of either:

• The recipient’s decision on the issue and an explanation of the reasons underlying the decision, or
• A description of the way the parties resolved the issue; and
• Notice that the complainant has a right to file a complaint with USDOL CRC within 30 days of the date on which the Notice of Final Action is issued if he or she is dissatisfied with the recipient's final action on the complaint.

The state recipient agency’s EO Officer prepares a draft Notice of Final Action for review by the statewide EO Officer residing at the Oregon Employment Department. The statewide EO Officer takes up to 30 days to provide technical support to those preparing the Final Notice to assure that it contains the required elements per CFR, before Lane Workforce Partnership’s EO Officer returns the Final Notice to the complainant. The written Final Notice explains for each issue raised:
  • The recipient’s decision and basis for it; or
  • A description of the way the parties resolved the issue; and
  • Appeal rights.

The statewide EO Officer logs the complaint, informs the Governor and USDOL CRC of its resolution, and recommends to the Governor or Governor’s representative corrective action and/or sanctions that may be needed to cure the complainant. If corrective actions are required, the statewide EO Officer monitors them and reports to the Governor and USDOL CRC on their satisfactory completion, within the 20 days remaining in the 90 day complaint process.

The Final Notice is due 90 days from the date of initial filing of the complaint. If the complainant is dissatisfied with the Final Notice, or there is no Final Notice issued, the complainant must wait an additional 30 days from the issue of the Final Notice, or the date the Final Notice was due, before filing a complaint with USDOL CRC.

Resolution
Resolution means that legitimate complaints (those complaints with merit) are resolved to the satisfaction of the complainant. If the complaint is determined not to have merit the complainant must be notified immediately as explained under Notice of Lack of Jurisdiction.

If Lane Workforce Partnership’s EO Officer is unable to reach resolution within 30 days, the complaint and all information gathered during the local-level investigation must be passed to the State EO Officer responsible for resolution.

An extension may be requested by Lane Workforce Partnership’s EO Officer, with the permission of the state/recipient agency EO Officer and in consultation with the State EO Officer, to facilitate resolution.

Resolution may include such actions as:
  • Disciplinary action against the party found responsible for discriminatory action(s);
  • Corrective actions required by the recipient; and
  • Sanctions against the recipient of WIOA funding, including the withdrawal of WIOA funding.
1. **Due Process**

During the process of attempting to come to resolution of the complaint, the State EO Officer shall ensure that all parties involved are given due process. These due process elements include:

- Notice to all parties of the specific charges;
- Notice to all parties of the responses to the allegations;
- The right of both parties to representation;
- The right of each party to present evidence, and to question others who present evidence; and
- A decision made strictly on the evidence on the record.

2. **Determinations**

At the conclusion of the investigation of the complaint, the investigating authority must take the following actions:

- Determine whether there is reasonable cause to believe that the respondent has violated the nondiscrimination and equal opportunity provisions of WIOA or 29 CFR Part 37; and
- Notify the complainant and respondent, in writing, of that determination.

**Violation Found**

If the investigating authority finds reasonable cause to believe that the respondent has violated the nondiscrimination and equal opportunity provisions of WIOA or 29 CFR Part 37, an Initial Determination must be issued. The Initial Determination must include:

- The specific findings of the investigation;
- The corrective or remedial action that the Governor’s Office and State EO Officer’s proposes to the respondent, under Element Nine of the MOA and 29 CFR Part 37.94;
- The time by which the respondent must complete the corrective or remedial action;
- Whether it will be necessary for the respondent to enter into a written agreement under Element Nine of this MOA and 29 CFR Part 37.95 and 37.96; and
- The opportunity to engage in voluntary compliance negotiations.

**Violation Not Found**

If the investigating authority determines that there is no reasonable cause to believe that a violation has taken place, a Final Determination must be issued. The Final Determination represents the Governor’s Office and State EO Officer’s final action on the complaint. The Final Determination must:

- Be issued within the 90 day complaint resolution period;
- Give the investigating authority’s decision on the issue and an explanation of the reasons underlying the decision; and
- Notice that the complainant has the right to file the complaint with the Director, Civil Rights Center.

**Corrective Actions**
If, during the course of investigating the complaint, discriminatory actions are discovered, corrective action will be taken immediately, regardless of whether the complaint is resolved at the state level or is filed with USDOL CRC. This process of corrective actions and sanctions is described in Element Nine of the State of Oregon MOA.

**Record Maintenance**
Lane Workforce Partnership shall maintain records regarding complaints and actions taken for at least three years. Such records shall be maintained in a secure area and made available only to those with authorization. The complaint and any information gathered during the investigation may not be discussed or revealed to anyone not legitimately entitled to access (29 CFR 37.41). Investigators from the USDOL CRC will have access to any information collected by each recipient as outlined in 29 CFR 37.40.

**ACTIONS**
Lane Workforce Partnership and its sub-recipients/contractors will take the necessary action to support and ensure adherence to this policy. This policy will remain in effect from the date of issue until such time that a revision is required.

**ISSUED:**

Date: 8/26/21  
LWP Director of Workforce Investments
POLICY TYPE:  WIOA Youth Additional Assistance
EFFECTIVE:  August 26, 2020

REFERENCES:
- 20 CFR 681.300, Requires Additional Assistance OSY
- 20 CFR 681.310, Requires Additional Assistance ISY
- Training and Employment Guidance Letter (TEGL) 21-16, WIOA Title 1 Youth Formula Program Guidance

PURPOSE:
To establish a policy to support the need for additional assistance in serving WIOA Out-of-School Youth (OSY) and In-School Youth (ISY) in Lane County.

BACKGROUND:
The Workforce Innovation and Opportunity Act (WIOA) allows for local areas to establish definitions and eligibility documentation requirements for these criteria, where the state board elects not to establish a policy. Policies established at the state or local level should be reasonable, quantifiable, and based on evidence that the specific characteristic of the youth identified in the policy objectively requires additional assistance.

POLICY
Lane Workforce Partnership defines “an individual who requires additional assistance to enter or complete an educational program or to secure or hold employment” as one of the documented following:

- Must be low-income (applies to both OSY and ISY);
- academic or behavioral problems as evidenced by their Individualized Educational Plan (IEP);
- lacking technical or vocational skills to secure employment or youth has never held a job or has not held a job for longer than three (3) consecutive months, or is currently unemployed and was terminated from a job within six (6) months of program application (OSY);
- Limited-English Proficient (LEP). Limited English Proficiency pertains to those youth who are not proficient in the English language, regardless of where they were born, their level of education, or their native culture;
- an emancipated youth;
• has been referred to or is being treated for a medical or substance abuse related problem;

• has experienced recent traumatic events, is a victim of abuse, or resides in an abusive environment as documented by a school official or professional;

• has a parent that is incarcerated;

• has a family history of chronic unemployment including long-term public assistance.

During the eligibility determination process, identification and verification of the criterion of the term “requires additional assistance to complete an educational program, or to secure and hold employment” will be accomplished through initial assessment of the individual.

Supportive documentation is required. Examples may include: telephone verification, written statement from an agency that is aware of the individual’s barrier(s), Applicant’s Statement, etc.

There is a 5% cap of total newly enrolled In-School Youth (ISY) in each program year using the “requires additional assistance”. Any service provider using the 5% “requires additional assistance” for ISY must first have Lane Workforce Partnership WIOA Youth Program Manager’s approval to ensure that the 5% cap has not been exceeded.
DEFINITIONS AND DOCUMENTATION FOR WORKFORCE & INNOVATION ACT (WIOA) YOUTH WHO REQUIRE ADDITIONAL ASSISTANCE TO COMPLETE EDUCATIONAL PROGRAMS OR TO SECURE AND HOLD EMPLOYMENT

NAME OF PARTICIPANT __________________________      PROGRAM __________________

☐ Must be low-income (applies to both OSY and ISY);

☐ academic or behavioral problems as evidenced by their Individualized Educational Plan (IEP);

☐ lacking technical or vocational skills to secure employment or youth has never held a job or has not held a job for longer than three (3) consecutive months, or is currently unemployed and was terminated from a job within six (6) months of program application (OSY);

☐ Limited-English Proficient (LEP). Limited English Proficiency pertains to those youth who are not proficient in the English language, regardless of where they were born, their level of education, or their native culture;

☐ an emancipated youth;

☐ has been referred to or is being treated for a medical or substance abuse related problem;

☐ has experienced recent traumatic events, is a victim of abuse, or resides in an abusive environment as documented by a school official or professional;

☐ has a parent that is incarcerated;

☐ has a family history of chronic unemployment including long-term public assistance.

I certify the above identified information constitutes a significant barrier towards successful completion of this participant’s educational program or to secure and hold employment. Additional Assistance can only be used in conjunction with another eligibility barrier.

PROVIDER SIGNATURE _______________________________    DATE _______________________
### POLICIES AND PROCEDURES

<table>
<thead>
<tr>
<th>POLICY TYPE:</th>
<th>WIOA Youth Supportive Service Payments &amp; Incentive Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVE:</td>
<td>September 27, 2016</td>
</tr>
<tr>
<td>REVISED:</td>
<td>April 13, 2022</td>
</tr>
</tbody>
</table>

#### REFERENCES:
- Workforce Innovation & Opportunity Act (WIOA) – Public Law 113-128

#### PURPOSE:
To establish a comprehensive policy for providing supportive service and incentive payments to youth participants enrolled in the Workforce Innovation & Opportunity Act (WIOA).

#### SUPPORTIVE SERVICE PAYMENT POLICY:
Supportive service payment is the act of using federal funds to assist with needs based financial support that is necessary to enable an individual to participate in activities authorized under this Act. Supportive services may only be provided to individuals who are enrolled in WIOA. Supportive services are to be used when the WIOA participant is unable to obtain services through their own means or through other resources and or local programs. WIOA Youth Program Staff are to record, manage and monitor support service payments. There must be written acknowledgment of receipt by the Youth/Young Adult for goods received (books, supplies, clothing, etc.)

#### SUPPORTIVE SERVICE PAYMENTS FOR WIOA ENROLLED YOUTH
Allowable supportive services include, but are not limited, to the following:

1. Assistance with transportation.
2. Assistance with child care and dependent care.
3. Assistance with housing.
4. Assistance with educational testing.
5. Assistance with books, school supplies, and other necessary items for students enrolled in education.
6. Reasonable accommodations for youth with disabilities.
7. Assistance with work related clothing, uniforms or other appropriate work attire and related items.
8. Payments for employment and training related applications, tests, and certifications.
9. Assistance with driver’s license/learner’s permit.
10. Telecommunication services.

Groceries and on-site meals for program participants are beyond the scope of WIOA Supportive Service Payments and not allowable.

#### SUPPORTIVE SERVICE PAYMENTS FOR WIOA YOUTH IN FOLLOW-UP
Supportive service payments are authorized for WIOA youth participants enrolled in follow-up after exiting from the program. Supportive service payments must be in writing as part of the follow-up
services plan designed to assist the individual in remaining employed, in a postsecondary training or higher education program. These services include, but are not limited to, the following:

- Clothing
- Work uniforms
- Work tools/occupational equipment
- Training and educational items necessary to retain employment or to continue education

**INCENTIVE PAYMENT POLICY:**

Incentive payments are provided to WIOA enrolled participants for recognition and achievement of a specific educational or training performance. Incentive payments must be tied to the goals of participant’s individual program. An Incentive Agreement is to be outlined in I-Trac before commencement of the activity. The Incentive Agreement will specify the performance goal, timelines, description of the incentive to be provided and both the participant and subcontractor’s signature. Incentives must be awarded consistently for all WIOA recipients. WIOA Youth Program Staff are to record, manage and monitor incentive payments.

Incentives may not include entertainment, such as movie or sporting events tickets or gift cards to movie theaters or other venues whose sole purpose is entertainment.
<table>
<thead>
<tr>
<th>Task</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>When you receive a referral, talk with the referring partner and/or youth about the program and assess eligibility.</td>
</tr>
<tr>
<td>Meet with youth to talk more details and how the program could benefit them. Decide if they are appropriate for the program.</td>
<td>Can give the youth the application and ask that they contact you when it's done to show initiative, or can skip that step. Can set multiple into meetings as needed.</td>
</tr>
<tr>
<td>Complete CASAS 130 and collect signatures on the main youth’s screen.</td>
<td>Set CASAS meeting. Can set multiple into meetings to date or physical application not date entering into CASAS.</td>
</tr>
</tbody>
</table>
| Collect DHS form and Disability Verification. | Complete online application form in I-Train then confirm information in the registration tab.
| Send Registration packet and all supporting documents. | Collect I-9 employment docs or ask them to be brought in for second meeting. Items that require outside verification: |
| | - DHS form
| | - Disability Verification |
| | Complete online application form in I-Train then confirm information in the registration tab. |
| Send Registration packet and all supporting documents. | Make sure that you are updating the provider to WIOA Youth on the main youth’s screen. |
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| | Complete online application form in I-Train then confirm information in the registration tab. |
**Individual Service Plan (ISP)**

The Individual Service Plan (ISP) must be completed once the client is enrolled into the WIOA Youth Program. The ISP should cover each of the 14 services, noting which services are and are not a priority at the time. The services that have been marked as a priority, should also be accompanied with a plan. It should also designate the long term goal of the client.

I-Trac does not prompt the provider to complete this document so the provider will need to incorporate this as part of the intake process. Once the ISP is complete, the document can be accessed under the Customer Documents tab on the right. There is a signature page as part of the ISP. That page needs to be signed and dated by both the client and the provider indicating agreement to the terms outlined in the ISP.

Once completed, a signed copy of the ISP must be provided to the client. The ISP can be provided to the client electronically or physically.

The ISP must be updated annually (and every time a change is made), reviewing the 14 services and long-term goal again, with a new date and signatures collected. The signed ISP must be uploaded to E-Bridge.

**ISP Process**

1. ISPs are completed in the first meeting and go over the 14 mandated services, long term goal, youth priorities, and other important information.
   - Type and complete the process while the youth is in the office!
   - Can be done after the meeting if done virtual
   - Write shorthand notes on the INITIAL ASSESSMENT FOR WIOA YOUTH MANDATED SERVICES
2. Under “Services” open relevant services that you will begin working on with the youth.
3. Under “Goals” enter the youth’s educational goal and long-term career goal. You will need to click “Find” to choose from the careers given and find the closest match. Enter in projected income earnings for this career.
   - Opening a Post-Secondary goal is optional but suggested.
4. Also, under “Goals” open short-term goals.
   - Open “Basic Skill” if a youth needs to complete their GED/Diploma
   - Open “Occupational Skills” if a youth needs to build skills in a specific career field
   - Open “Workplace Skills” if a youth needs to build skills in entry level workplace skills
   - Most youth will have both Occupational and Workplace Goals open.
5. Type case note identifying plans for each service, and which services are not a priority. Attach the Goals and Services just opened, to the case note.
   - If you want to type two separate case notes (one for just services and one for a more holistic view of the conversation), you may do that. You must attach the Goals and Services still to the ISP case note in order for it to populate correctly. You can attach Services only to the holistic case note.
6. Once Goals, Services, and Case Note is completed, click on “Customer Documents Menu” > “Individual Service Plan” > then print this page.
7. You and the youth will sign the ISP.
8. Scan and upload signed ISP and INITIAL ASSESSMENT FOR WIOA YOUTH MANDATED SERVICES into eBridge.
9. Shred both papers. They are not physically needed in the file once they are in eBridge.

**ISP EXAMPLES:**

CLIENT came in for her yearly ISP and to review the 14 services. Client is currently attending U of O full time and majoring in Art, she is not interested in post-secondary preparation. She is not interested in tutoring at this time, and because she already has her diploma she is not interested in Alternative Secondary School Services as well. Client is interested in another WEX and job shadowing in the field of art. She is also interested in labor market and employment information, occupational skills training, and concurrent education related to art. She is interested in entrepreneurial training and financial literacy education. Client has not identified an adult mentor at this time, she is interested in being assigned a mentor in the future. Client is not currently attending counseling sessions, but is interested in pursuing counseling with Looking Glass. Client is not involved in community service at this time and she is not interested in Leadership and Development. Client is interested in support services and she has been informed of our follow up services.

CLIENT assessed for the 14 services. She is not interested in tutoring and does not need alternative secondary school services because she already has her diploma. She would like help with post-secondary prep and plans to attend LLC for computer science starting fall 2019. Client is very interested in a WEX and job shadowing in computer programming and system administration. She is not interested in the labor market and employment info as she already has a set career goal. Client is interested in occupational skills training and concurrent education if training helps her network and learn about programming. She is not interested in financial literacy or entrepreneurial training. Kim from YAT is Client's adult mentor. She is involved in mental health counseling with LG. Her therapist is Sophie. Client is interested in leadership and development and would like to take leadership classes if they are available. She would benefit from support services for a license and certifications. Client has been informed of follow-up services.

CLIENT was assessed with the 14 services. He is not in school so he will not be needing tutoring or secondary school services at the moment. Client is getting ready to start Lane in Computer Program Game Development in the Fall time and is interested in post-secondary prep and training. He is also interested in exploring career exploration within computer gaming through job shadows and labor market employment information. If there was an opportunity to gain experience through occupational skills training, he would be interested in that as well. Once client attends Lane, he will be needing concurrent education within computer gaming. Client will be wanting to be a part of the financial literacy education service, but not interested in entrepreneurial training. Client will benefit from an adult mentor and they have been identified. Client does not need guidance and counseling. He is not interested in community service and he is still interested in receiving support services.
Customer Details
Legal Name
Preferred Name
Customer ID
Service Provider
Application Date
Registration Date
Participation Date
Education Status at Registration
Highest Grade Completed at Registration

Long Term Goals
Secondary Education Goal
Education Goal
Career Goal
Target Position (ONET)
Target Income $0.00
Post-Secondary Training Goal
Target Start Date
Course of Study
Training Provider
Plan Notes

Plan Agreement
I participated in the development of this plan and will work to successfully achieve my goals. This plan may be changed if my case worker and I agree. I also understand that this is not a legally binding contract and that funds for support services and training are subject to availability.

__________________________   _________________   _______________
Participant Name           Participant Signature           Date

__________________________   _________________   _______________
Case Worker Name           Case Worker Signature           Date
CASAS TESTING
(Comprehensive Adult Student Assessment Systems)

WIOA requires core programs to report on common performance indicators, measure and report student progress, and evaluate program and service effectiveness. Core program services use standardized assessments to collect and report student learning gains data. This process ensures accurate and consistent monitoring of program results among programs and agencies and provides baseline data needed to document improvements in literacy skills. As part of the WIOA Youth/Young Adult enrollment process, you will be using the CASAS platform for Reading and Math assessments.

You will need to create an account and complete the online training modules. The training modules will depend on whether you will be administering an eTest or a paper test.

To create an account, go to [www.casas.org](http://www.casas.org)

To access the CASAS training modules, go to [http://training.casas.org](http://training.casas.org)

Once you have set up your account and completed the required trainings, please send Anne Nestell, [anne@laneworkforce.org](mailto:anne@laneworkforce.org) an email letting her know this has been completed.

**ITEMS TO NOTE:**

- A participant cannot be registered in the WIOA Youth/Young Adult program without verified CASAS pretest scores.

- CASAS tests must be proctored in person.

- Enter CASAS test scores into I-Trac.
For WIOA Title I Funded Agencies and Youth Providers

CASAS recommends agencies use grade level information *only* for administrative purposes when state or federal regulations call for a grade level.

### CASAS ABE Reading Scores by EFLs and Grade Level Equivalents (GLEs) for WIOA Title I

<table>
<thead>
<tr>
<th>NRS Levels</th>
<th>Reading ABE/ASE EFLs</th>
<th>Reading GOALS Score Ranges</th>
<th>Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Beginning ABE Literacy</td>
<td>193 and below</td>
<td>K</td>
</tr>
<tr>
<td></td>
<td></td>
<td>194 - 203</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Beginning Basic Education</td>
<td>204 – 210</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>211 - 216</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Low Intermediate</td>
<td>Basic Skills Deficient</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>217 – 222</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>223 – 227</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>High Intermediate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>228 – 230</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>231 – 234</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>235 – 238</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>Low Adult Secondary Education</td>
<td>Not Basic Skills Deficient</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>239 – 243</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>244 – 248</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>High Adult Secondary Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>249 – 253</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>254 and above</td>
<td>12</td>
</tr>
</tbody>
</table>

### CASAS ABE Math Scores by EFLs and Grade Level Equivalents (GLEs) for WIOA Title I

<table>
<thead>
<tr>
<th>NRS Levels</th>
<th>Mathematics ABE/ASE EFLs</th>
<th>Math GOALS Score Ranges</th>
<th>Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Beginning ABE Literacy</td>
<td>184 and below</td>
<td>K</td>
</tr>
<tr>
<td></td>
<td></td>
<td>185 – 193</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Beginning Basic Education</td>
<td>194 – 198</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>199 – 203</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Low Intermediate</td>
<td>Basic Skills Deficient</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>204 – 209</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>210 – 214</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Middle Intermediate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>215 – 221</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>222 – 225</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>High Intermediate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>226 – 228</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>229 – 235</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>Adult Secondary Education</td>
<td>Not Basic Skills Deficient</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>236 – 240</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>241 – 244</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>245 – 248</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>249 and above</td>
<td>12</td>
</tr>
</tbody>
</table>
### CASAS ESL Reading Scores by EFLs and Grade Level Equivalents (GLEs) for WIOA Title I

<table>
<thead>
<tr>
<th>NRS Levels</th>
<th>Reading ESL EFLs</th>
<th>Reading Life and Work Score Ranges</th>
<th>Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Beginning ESL Literacy</td>
<td>180 and below</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Low Beginning ESL</td>
<td>181 - 190</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>High Beginning ESL</td>
<td>191 – 200</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>Low Intermediate ESL</td>
<td>201 – 205 206 – 210</td>
<td>2 3</td>
</tr>
<tr>
<td>11</td>
<td>High Intermediate ESL</td>
<td>211 – 215 216 – 220</td>
<td>4 5</td>
</tr>
<tr>
<td>12</td>
<td>Advanced ESL</td>
<td>221 – 225 226 – 230 231 – 235</td>
<td>6 7 8</td>
</tr>
<tr>
<td></td>
<td>Exit Advanced ESL</td>
<td>236 and above</td>
<td>9+</td>
</tr>
</tbody>
</table>

**Basic Skills Deficient**

### CASAS ESL Listening Scores by EFLs and Grade Level Equivalents (GLEs) for WIOA Title I

<table>
<thead>
<tr>
<th>NRS Levels</th>
<th>Listening ESL EFLs</th>
<th>Listening Life and Work Score Ranges</th>
<th>Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Beginning ESL Literacy</td>
<td>180 and below</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Low Beginning ESL</td>
<td>181 - 189</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>High Beginning ESL</td>
<td>190 – 199</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>Low Intermediate ESL</td>
<td>200 – 204 205 – 209</td>
<td>2 3</td>
</tr>
<tr>
<td>12</td>
<td>Advanced ESL</td>
<td>219 – 221 222 – 224 225 – 227</td>
<td>6 7 8</td>
</tr>
<tr>
<td></td>
<td>Exit Advanced ESL</td>
<td>228 and above</td>
<td>9+</td>
</tr>
</tbody>
</table>

**Not Basic Skills Deficient**

*Adapted from the amended DOL-only Participant Individual Record Layout (PIRL) ETA #9172 and the Training and Employment Guidance Letter (TEGL) 10-16 Change 1 published August 23, 2017 developed jointly by the U.S. Departments of Labor (DOL) and Education (ED) (the Departments).

From the ETA 9172 DOL PIRL (Data element #804)
Mark as Basic Skills Deficient/Low Levels of Literacy at Program Entry if the participant is, at program entry:

A) a youth, who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or

B) a youth or adult, who is unable to compute and solve problems, or read, write, or speak English at a level necessary to function on the job, in the participant’s family, or in society.
DHS/WIOA Youth Verification Process

1. One WIOA youth staff person, per contract, will be designated as the point person for DHS/WIOA verification. Current WIOA youth staff contacts are listed below.

2. Youth Contractor will email DHS Form 3010, Authorization for Disclosure, Sharing and Use of Individual Information to Misty Brazell - misty.d.brazell@dhsoha.state.or.us. June Sedarbaum is back-up – june.a.sedarbaum@dhsoha.state.or.us.

3. Form 3010 can be emailed to DHS only if the contractor has an approved encrypted email system in place through Proofpoint. To initiate a secure email to DHS, go to the secure email website (https://secureemail.dhsoha.state.or.us/encrypt) and create an account.

4. Contractor staff need to make sure DHS Form 3010 has been completed correctly. It is important to include the youth social security number. If the youth is under 18, a parent/guardian needs to sign and date. Please assure any handwritten information is legible.

5. DHS will look up the requested information, complete the Eligibility Information Form and return to the designated contractor staff person. DHS currently has an encrypted email system allowing DHS to email the form to contractor staff. Allow for a one week turn-around of this document.

WIOA Youth Contractor Point Person:

- **Connected Lane County** – Annie Vermilyea-Dropek
  Phone: 541-780-5057
  annie@connectedlane.org

- **Lane County Youth Services** – Shellye Reynoso
  Phone: 541-682-2404
  shellye.reynoso@co.lane.or.us

- **Marcola School District** - David Ledbetter
  Phone: 541-337-3359
  dledbetter@marcola.k12.or.us
Authorization for Disclosure, Sharing and Use of Individual Information

This form allows the referral, coordination and oversight of provider services.

<table>
<thead>
<tr>
<th>Legal last name:</th>
<th>First name:</th>
<th>MI:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other names:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
<td>ZIP:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Email address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification type: Pick one</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When I sign this form, I authorize those names to give specific personal information about me. If I answer "yes" to "mutual exchange," I allow agencies I name to share information back and forth. This is so they can provide better services to me.

Release TO:

Purpose of the disclosure, sharing and use:
Program eligibility

Entity name: DHS — Self-Sufficiency Program (SSP)

Specific information to be disclosed: Other (please list specific information below)

Current Benefits

Date of records: Most recent

Contact person:       Address:       
City, state and ZIP:  

Phone number:       Email address:  
Fax number:         Mutual exchange: ☐ Yes ☐ No

Expiration date or event*: exit from program

Do you request special health information to be released? ☐ Yes ☐ No

Is there any specific information not to release? ☐ Yes ☐ No

Release FROM:

Purpose of the disclosure, sharing and use:
WIOA program eligibility

Entity name: Pick one

Date of records: Most recent

Contact person:       Address:       
City, state and ZIP:  

Phone number:       Email address:  
Fax number:         Mutual exchange: ☐ Yes ☐ No

Expiration date or event*: exit from program

Is there any specific information not to release? ☐ Yes ☐ No

Your acknowledgment

- I was given the chance to ask questions about this form and what it does.
- I understand what this form means and I approve of the disclosures or releases listed.
I understand that state and federal law protect information about services I receive from any listed:

» Agency            » Business            » Organization            » Person

This authorization is valid for one year from the date I sign it unless otherwise noted.*

I understand my representative or I can cancel this authorization. However, information shared before I cancel cannot be undone. I can orally cancel an authorization for drug and alcohol information. All other cancellation requests must be written. I must provide any request to cancel to the agency, business, organization or person that is providing the information.

I understand that federal or state law prohibits re-disclosure of the following, without authorization by me or my representative:

» Drug and alcohol diagnosis            » HIV and AIDS information            » Mental health
» Referral information            » Treatment records            » Vocational rehabilitation records

I understand that information that does not have re-disclosure restrictions may be re-disclosed. Re-disclosed information may no longer be protected under federal or state law.

I understand someone may need to contact me about this form to confirm my identity. They may also need to get more information.

I understand that deciding not to sign this form may:

» Prevent agencies from deciding if I am eligible for certain programs.
» Prevent me from getting referrals. It may also make coordination of provider services more difficult.
» Affect my ability to get health services if it is necessary to share information.
» Keep the Oregon Health Plan (OHP) or Medicaid from paying for a service because they do not have authorization.

I am signing this authorization of my own free will.

<table>
<thead>
<tr>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed name:</td>
</tr>
</tbody>
</table>

Security statement
This form may contain your personal information. If you return the form by email there is some risk it could go to someone you don’t want to have the information. If you are not sure how to send a secure email, consider using regular mail or fax.

For questions or help to complete this form, please contact the agency you work with.

- Oregon Health Authority: 503-947-2340
- Oregon Department of Human Services: 503-945-5600
- Oregon Commission for the Blind: 971-673-1588
- Oregon Department of Employment: 800-237-3710
- Oregon Department of Education: 503-947-5600
- Oregon Housing and Community Services: 503-986-2000
- Oregon Department of Justice: 503-378-4400
- Oregon Department of Corrections: 503-945-9090
- Oregon Youth Authority: 503-373-7205
- Oregon State Police: 503-378-3720

* This authorization is valid for one year from the date I sign it, unless otherwise noted.
## Instructions by section

When you submit the form, you do not need to include the instruction pages.

### Creating preset templates

To save time, you can preset the number and type of sections. You can also prefill your organization's information, then save template versions of this form for quick printing. Use the non-printing "Template" field in the top right corner of the form and name the template for your future reference.

### Release TO and FROM sections

| Purpose of disclosure, sharing and use | • Give specific reasons why the information disclosure, sharing and use are needed.  
• If the person does not want to provide a reason in this field the requesting entity may include the statement "at the request of the person" as the purpose the person initiates the authorization. |
| Entity name (drop-down list) | • Choose an entity from the drop-down list.  
• If the entity is not listed, choose “Other (please type in here):” Then, type in the entity's name. An entity's name must be specific. For example, listing "medical" or "service provider" is not adequate. Please list the name of the medical or service provider. For a person or other type of organization, such as a school or employer, list the name of the person or other type of organization. |
| Specific information to be disclosed (pops up after an entity is selected) | • Choose a document type from the drop-down list.  
• If an information type is not listed, choose “Other (please type in here):” and type in a description. Some examples of specific information are:  
  » Assessments  
  » Case plans  
  » Financial information  
  » Medicaid billing summaries  
  » Psychological reports  
  » Results of urinalysis  
  » Treatment plans  
• Do not indicate “entire record” unless it is necessary to accomplish the purpose (see “Purpose of the disclosure, sharing and use”, above).  
• Use the buttons to add or delete additional requested information types, if you need to. |
| Date of records | • Indicate the specific date range for the requested records. |
| Expiration date or event | • This authorization is valid for one year from the date I sign, unless otherwise noted. For example, if “hospital discharge” or “end of litigation,” is noted. |
| Mutual exchange | • A “Yes” allows the specific information listed on the form to go back and forth between the record holder and the people or programs listed on this authorization. Mutual exchange opens all requested records for discussion between the record requestor and specified record holders. |
| Did you request special health information to be released? | • Choosing “Yes” will display a section where special health information types can be stated.  
• A check mark in the space next to the type of health information is not enough. The person must initial the space next to the information if they agree to release this information.  
• If you need this section visible in a printed copy, please make sure to choose “Yes” prior to printing. |
| Is there any specific information not to release? | • A “Yes” choice will display a text box where you can list specific information.  
• If any specific information should not be included when the records are released, please list them here.  
• If you need this section visible in a printed copy, make sure to choose “Yes” before to printing. |
| Re-disclosure | • Re-disclosure is the disclosure of information by the person on this form.  
• There may be restrictions on the re-disclosure of information released under this form.  
• Federal and state regulations prohibit re-disclosure of alcohol and drug, and HIV or AIDS information without specific authorization. |
| Adding requesting and releasing entities | • If there is a need for multiple requesting or releasing entities, use the ADD or REMOVE buttons to add or remove any additional "Releasing agency, business, organization or person" sections before you print the form. |

### Client acknowledgment section

| Signature of the person on this form or a person legally authorized to act for them. | • A person legally authorized to act for the person on this form should never be asked to sign a blank or incomplete authorization form. |

### Releasing entity: Document when records were shared.

• Entity must:
  » Maintain a copy of the completed authorization form, either electronically or in paper file, and  
  » Following agency retention schedules.

• If completed authorization forms are stored electronically, a process shall be in place for cancellation. If a signed authorization is later (cancelled), that revocation must be noted electronically.

• Do not use labels on the authorization form.

• When completed correctly, the form is the only thing needed to process a disclosure.
Autorización para divulgar, compartir y usar información personal

El propósito de este formulario es referir, coordinar y supervisar sus servicios con los proveedores, según se detalla a continuación.

<table>
<thead>
<tr>
<th>Apellido legal de la persona:</th>
<th>Primer nombre:</th>
<th>Inicial del 2.º nombre:</th>
<th>Fecha de nacimiento:</th>
</tr>
</thead>
</table>

Otros nombres que la persona usa:

<table>
<thead>
<tr>
<th>Dirección:</th>
<th>Ciudad:</th>
<th>Estado:</th>
<th>Código postal:</th>
</tr>
</thead>
</table>

Teléfono: Dirección de correo electrónico:

Tipo de identificación: Elegir una opción

<table>
<thead>
<tr>
<th>Apellido legal del representante (de haberlo):</th>
<th>Primer nombre:</th>
<th>Inicial del 2.º nombre:</th>
</tr>
</thead>
</table>

Relación con la persona:

<table>
<thead>
<tr>
<th>Dirección:</th>
<th>Ciudad:</th>
<th>Estado:</th>
<th>Código postal:</th>
</tr>
</thead>
</table>

Teléfono: Dirección de correo electrónico:

Al firmar este formulario, autorizo al portador de registros mencionado a que divulgue la siguiente información confidencial específica sobre mí. Donde se marque “intercambio mutuo”, las agencias mencionadas podrán intercambiar información para brindarme mejores servicios.

AGENCIAS, EMPRESAS, ORGANIZACIONES O PERSONAS QUE DIVULGAN

Propósito de la divulgación, el intercambio y el uso solicitados:

<table>
<thead>
<tr>
<th>Nombre de la entidad: Elegir una opción</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fecha de los registros: Elegir una opción</td>
</tr>
</tbody>
</table>

Persona de contacto: Dirección:

Ciudad, estado y código postal:

Número de teléfono: Dirección de correo electrónico:

Fecha o evento de vencimiento: Intercambio mutuo: ☐ Sí ☐ No

¿Está solicitando que se divulgue información médica especial? ☐ Sí ☐ No

¿Existe información específica que no debe divulgarse? ☐ Sí ☐ No

AGENCIA, EMPRESA, ORGANIZACIÓN O PERSONA QUE SOLICITA

Propósito de la divulgación, el intercambio y el uso solicitados:

<table>
<thead>
<tr>
<th>Nombre de la entidad: Elegir una opción</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fecha de los registros: Elegir una opción</td>
</tr>
</tbody>
</table>

Persona de contacto: Dirección:

Ciudad, estado y código postal:

Número de teléfono: Dirección de correo electrónico:

Fecha o evento de vencimiento: Intercambio mutuo: ☐ Sí ☐ No

¿Existe información específica que no debe divulgarse? ☐ Sí ☐ No

No es válido sin página de firma.
RECONOCIMIENTO DEL CLIENTE

- Se me dio la oportunidad de hacer preguntas sobre este formulario y lo que hace.
- Comprendo lo que significa este formulario y apruebo que se divulgue la información que aquí se menciona.
- Comprendo que las leyes federales y estatales protegen la información sobre los servicios que recibo de las agencias, empresas, organizaciones y personas indicadas.
- Esta autorización tiene un año de validez a partir de la fecha de la firma, a menos que se indique lo contrario.†
- Comprendo que puedo anular (cancelar) esta autorización en cualquier momento y que dicha anulación (cancelación) no incluirá ninguna información que ya se haya divulgado. Yo u otra persona autorizada legalmente a actuar en mi nombre debemos enviar la solicitud de cancelación por escrito, a menos que se trate de información sobre el uso de alcohol o drogas. Se aceptará una notificación oral o escrita de la cancelación de autorización para información sobre el uso de alcohol y drogas. Todas las solicitudes de cancelación deben realizarse ante la agencia, la empresa, la organización u la persona que solicita.
- Comprendo que las leyes federales o estatales prohíben que se vuelva a divulgar información sobre VIH y SIDA, salud mental, diagnósticos de uso de alcohol y drogas, registros de tratamiento, información de referencias o registros de rehabilitación vocacional sin mi autorización o la de otra persona autorizada legalmente a actuar en mi nombre.
- Comprendo que la información que no esté sujeta a restricciones sobre una nueva divulgación, según se especifique arriba, puede estar sujeta a una nueva divulgación, y la información que esté sujeta a una nueva divulgación puede dejar de estar protegida por las leyes federales o estatales.
- Comprendo que es posible que alguien tenga que comunicarse conmigo con respecto a este formulario para confirmar mi identidad o para recopilar información adicional.
- Estoy firmando esta autorización por mi propia voluntad.

Firma de la persona o de otra persona autorizada legalmente a actuar en nombre de la persona:

Nombre con letra imprenta:  
Fecha:  

Si otra persona autorizada legalmente a actuar en nombre de la persona firma el formulario de autorización, se debe presentar evidencia o documentación de la autoridad para actuar en nombre de la persona.

PARA USO EXCLUSIVO DE LA AGENCIA, EMPRESA, ORGANIZACIÓN O PERSONA QUE DIVULGA

Nombre y ubicación de la persona, agencia, empresa u organización que divulga:

Nombre del miembro del personal (en letra de imprenta):  
Firma del miembro del personal:  
Fecha:  

Información requerida para la persona — Por favor, lea

La decisión de no firmar este formulario podría:

- Impedir que las agencias decidan si usted es elegible para determinados programas.
- Impedir que usted obtenga remisiones y dificultar más la coordinación de los servicios con los proveedores.
- Afectar su capacidad para recibir servicios si el propósito de este formulario es compartir la información necesaria para sus servicios médicos.
- Impedir que el Plan de Salud de Oregon o Medicaid paguen un servicio porque no tienen autorización.

Declaración de seguridad

Este formulario podría contener su información personal. Si usted envía este formulario por correo electrónico, existe el riesgo de que pudiera ser interceptado por alguien a quien no estaba dirigido. Si no está seguro sobre cómo enviar un mensaje de correo electrónico seguro, considere usar el correo postal o fax.

† Esta autorización tiene un año de validez a partir de la fecha de la firma, a menos que se indique lo contrario.

‡ Si tiene preguntas o desea obtener ayuda para completar este formulario, comuníquese con las agencias con las que está trabajando:

- Autoridad de Salud de Oregon: 503-947-2340
- Departamento de Servicios Humanos de Oregon: 503-945-5600
- Departamento de Empleo de Oregon: 800-237-3710

No es válido sin página de firma.
• Departamento de Educación de Oregon: 503-947-5600
• Vivienda y Servicios Comunitarios de Oregon: 503-986-2000

• Departamento de Justicia de Oregon: 503-378-4400
• Departamento de Correccionales de Oregon: 503-945-9090
• Correccional Juvenil de Oregon: 503-373-7205
• Policía Estatal de Oregon: 503-378-3720

AGENCIA, EMPRESA, ORGANIZACIÓN O PERSONA QUE SOLICITA
**Instrucciones por sección**
Cuando se envíe el formulario, no es necesario incluir estas páginas de instrucción.

<table>
<thead>
<tr>
<th><strong>Crear plantillas preestablecidas</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Para ahorrar tiempo, puede preestablecer la cantidad y el tipo de secciones y llenar automáticamente la información de su organización, y, luego, guardar las versiones de la plantilla de este formulario para una rápida impresión. Use el campo “Plantilla” no imprimible en la esquina superior derecha del formulario para nombrar la plantilla para futuras consultas.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Secciones AGENCIA, NEGOCIO, ORGANIZACIÓN O PERSONA QUE SOLICITA y QUE DIVULGA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Propósito de la divulgación, el intercambio y el uso solicitados</strong></td>
</tr>
<tr>
<td>• Proporcione los motivos específicos por los que es necesario divulgar, compartir y usar información.</td>
</tr>
<tr>
<td>• La entidad que solicita puede incluir como propósito la frase “según solicitud de la persona” cuando la persona inicia la autorización y decide no proporcionar un motivo en este campo.</td>
</tr>
<tr>
<td><strong>Nombre de la entidad (lista desplegable)</strong></td>
</tr>
<tr>
<td>• Elija una entidad en la lista desplegable.</td>
</tr>
<tr>
<td>• Si la entidad no se menciona, elija &quot;Otra (escriba aquí):&quot; y escriba el nombre de la entidad. El nombre de la entidad debe ser específico. Por ejemplo, escribir “médico” o “proveedor de servicios” no está correcto. Por favor, escriba el nombre del proveedor médico o de servicios. Cuando se trate de una persona u otro tipo de organización, como una escuela o empleador, escriba el nombre de la persona o del otro tipo de organización.</td>
</tr>
<tr>
<td><strong>Información específica que se divulgará (aparece después de seleccionar una entidad)</strong></td>
</tr>
<tr>
<td>• Elija un tipo de documento en la lista desplegable.</td>
</tr>
<tr>
<td>• Si el tipo de información no se menciona, elija &quot;Otra (escriba aquí):&quot; y escriba el tipo de información. Algunos ejemplos de información específica son evaluaciones, planes de tratamiento, resultados de análisis de orina, reportes psicológicos, información financiera, planes de caso y resúmenes de facturaciones de Medicaid.</td>
</tr>
<tr>
<td>• No indique “Registro completo”, a menos que sea necesario para lograr el propósito (vea “Propósito de la divulgación, el intercambio y el uso solicitados” arriba).</td>
</tr>
<tr>
<td>• Use los botones para agregar o eliminar los tipos adicionales de información solicitada, de ser necesario.</td>
</tr>
<tr>
<td><strong>Fecha de los registros</strong></td>
</tr>
<tr>
<td>Indique el intervalo de fechas específico para los registros solicitados.</td>
</tr>
<tr>
<td><strong>Fecha o evento de vencimiento</strong></td>
</tr>
<tr>
<td>• Esta autorización tiene un año de validez a partir de la fecha de la firma, a menos que se especifique una fecha o un evento de vencimiento, como “alta hospitalaria” o “fin del litigio”.</td>
</tr>
<tr>
<td><strong>Intercambio mutuo</strong></td>
</tr>
<tr>
<td>• Un “Sí” permite que se intercambie la información específica mencionada en el formulario entre el portador de los registros y las personas o los programas mencionados en esta autorización. El intercambio mutuo abre todos los registros solicitados para ser analizados entre quien solicita los registros y los portadores de registros especificados.</td>
</tr>
<tr>
<td><strong>¿Está solicitando que se divulgue información médica especial?</strong></td>
</tr>
<tr>
<td>• Elegir “Sí” mostrará una sección donde se pueden especificar tipos especiales de información médica.</td>
</tr>
<tr>
<td>• Marcar el espacio que aparece junto al tipo de información médica no es suficiente; si la persona está de acuerdo con que la información sea divulgada, debe escribir las iniciales en el espacio que aparece junto a la información.</td>
</tr>
<tr>
<td>• Si necesita que esta sesión esté visible en una copia impresa, asegúrese de elegir “Sí” antes de imprimir.</td>
</tr>
<tr>
<td>¿Existe información específica que no debe divulgarse?</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
</tr>
</tbody>
</table>
| - Elegir "Sí" mostrará un cuadro de texto donde se puede mencionar información específica.  
- Si no debe incluirse información específica cuando se divulguen los registros, menciónelo aquí.  
- Si necesita que esta sesión esté visible en una copia impresa, asegúrese de elegir "Sí" antes de imprimir.  |

<table>
<thead>
<tr>
<th>Segunda divulgación</th>
</tr>
</thead>
</table>
| - La segunda divulgación ocurre cuando la persona o entidad que recibe la información vuelve a divulgarla.  
- Pueden existir restricciones sobre la segunda divulgación de información liberada a través de este formulario.  
- Las leyes federales y estatales prohíben que se vuelva a divulgar información sobre el uso de alcohol y drogas y el VIH/SIDA sin autorización específica.  |

<table>
<thead>
<tr>
<th>Agregar otras entidades que solicitan y que divulgan</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Si se necesitan varias entidades que solicitan o que divulgan, use los botones AGREGAR o ELIMINAR para agregar o eliminar más secciones &quot;Agencias, empresas, organizaciones o personas que divulgan&quot; antes de imprimir el formulario.</td>
</tr>
</tbody>
</table>

**Sección RECONOCIMIENTO DEL CLIENTE**

<table>
<thead>
<tr>
<th>Firma de la persona o de otra persona autorizada legalmente a actuar en nombre de la persona</th>
</tr>
</thead>
<tbody>
<tr>
<td>- La persona u otra persona autorizada legalmente a actuar en nombre de la persona nunca debe firmar un formulario de autorización en blanco o incompleto.</td>
</tr>
</tbody>
</table>

**Sección PARA USO EXCLUSIVO DE LA AGENCIA, EMPRESA, ORGANIZACIÓN O PERSONA QUE DIVULGA**

- La entidad conservará una copia del formulario de autorización completo, en formato electrónico o impreso, según los cronogramas de conservación de la agencia.  
- Si los formularios de autorización completos se guardan en formato electrónico, se implementará un proceso para la anulación (cancelación). Si una autorización firmada se anula (cancela) posteriormente, dicha anulación debe especificarse electrónicamente.  
- No use etiquetas en el formulario de autorización.  
- Si se completa de forma adecuada, el formulario puede servir por sí mismo para procesar una divulgación solicitada.
<table>
<thead>
<tr>
<th>Task</th>
<th>Who</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify youth who would be a good exit candidate. Talk with team or CLC if needed</td>
<td>Case manager</td>
<td>- Youth may be exited for non-communication. Can achieve the retention goals. On some rare occasions, good exit candidates would be those who are stable and</td>
</tr>
<tr>
<td>Close out Goals tab</td>
<td>Case manager</td>
<td>- Short Term Goals</td>
</tr>
<tr>
<td>Cross check with eBridge</td>
<td>Case manager</td>
<td>- Make sure Assessments tab is up to date with all info needed, information, and the date of exit if it differs from case note date. Enter case note for exit, include reasoning. Any</td>
</tr>
<tr>
<td>Make sure Payments tab is up to date</td>
<td>Case manager</td>
<td></td>
</tr>
<tr>
<td>Close out Service tab</td>
<td>Case manager</td>
<td>Close date of all services is the Last date of qualified service</td>
</tr>
<tr>
<td>Update Outcomes tab</td>
<td>Case manager</td>
<td>Enter all known education and</td>
</tr>
<tr>
<td>Close out Services tab</td>
<td>Case manager</td>
<td></td>
</tr>
</tbody>
</table>

**Exiting WIOA Youth/Young Adults**
Retention is not required and youth will not show in the exit category.

If a youth is a manual exit by staff for: Called to Active Duty, Deceased, Family Care, Health/Medical, Institutionalized, **Follow up with youth for retention**

<table>
<thead>
<tr>
<th>Additional Info:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Create tracking system</strong></td>
<td><strong>Case manager</strong></td>
</tr>
<tr>
<td>Follow up with youth for retention</td>
<td><strong>Add “Program Status”</strong></td>
</tr>
<tr>
<td>Every quarter is preferred, every 2nd and 4th quarter are required</td>
<td></td>
</tr>
</tbody>
</table>
## Follow-up Services

<table>
<thead>
<tr>
<th>Exit youth who agree to follow-up services</th>
<th>Exit youth that cannot be located or contacted for follow-up services</th>
<th>Exit youth who decline follow-up services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Minimum of 12 months with quarterly contact. More contact will be provided if requested by the participant.</td>
<td>• Six months of trying to connect. Closure, after 6 months, if no contact after all means are exhausted.</td>
<td>• Follow-up services will be offered.</td>
</tr>
<tr>
<td>• Youth will also receive relevant resource information.</td>
<td>• Attempts are made once/month for 3 months. After 3 months, one attempt is made in the quarter until the six month period has been met.</td>
<td>• If the participant declines follow-up services, no further attempts will be offered.</td>
</tr>
<tr>
<td>• All attempts should be case noted.</td>
<td>• All attempts should be case noted and if ended, why additional follow-up services will not be offered.</td>
<td>• All attempts should be case noted of why additional follow-up services will not be offered.</td>
</tr>
</tbody>
</table>
I-Trac is a comprehensive management system that tracks and reports program participant information for workforce development programs.

You will be provided with log-in information to access the site. After access, you will receive initial I-Trac operating instructions. In addition, you will be able to access the WIOA Youth Data Entry Manual (under the green resources) for ongoing utilization.
WIOA Youth Services for I-Trac

Services Tab

Adult Mentoring - Adult mentoring is a formal relationship between a youth participant and an adult mentor that includes structured activities where the mentor offers guidance, support and encouragement to develop the competence and charter of the youth participant. Group and electronic mentoring are allowable, but at the minimum, the youth must be matched with an individual mentor with whom the youth interacts on a face to face basis. The expected outcome of the mentoring relationship will connect to the goals set forth in the ISS. Adult mentoring services must last for at least twelve (12) months duration and may occur both during and after program participation (follow-up). Adult mentoring may be offered by the program provider.

Career Counseling – Services offered by program provider to assist with labor market and employment information.

Employability Skills Training – Organized program of study that provides specific vocational skills that lead to proficiency in performing actual tasks and technical functions required by certain occupational fields. (Example – food handlers’ card, barista training, etc.)

Financial Literacy - Financial literacy education are activities that support and teach participants about personal financial management, such as budgeting, bank accounts, loans, credit/credit reports, how to shop for financial products, and identity theft. (Example – DevNW referral)

Job Search/Workplace Prep Activities - Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, and career exploration services. (Example: school career fairs, employer tours, etc.)

Leadership Development - Opportunities, including community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors.

Post-Secondary Prep - Activities that help youth explore, prepare, and transition to post-secondary education and training. (Example - FAFSA assistance, college tours)

Referral to Professional Counseling - Individualized counseling offered to participants to support their Individual Service Strategy. This includes drug and alcohol abuse, mental health counseling, and referral to partner programs, as appropriate. The local youth program provider must coordinate with the organization it refers to in order to ensure continuity of service.

Secondary Education & Skills Control

Alternative Secondary School – Instruction that occurs in an accredited/registered school or educational program that serves youth who have not been successful in mainstream “traditional” academic programs and provides instruction leading to a high school diploma or GED.

ESL – Instruction designed to coach, teach, and guide youth to increase English as a Second Language skills.
**GED Instruction** - Instruction offered outside alternative secondary school to teach and guide youth to increase academic success for GED attainment. This service can be provided as a group activity, one-on-one, via computer-based programs, or through partnering agencies.

**High School Instruction** - Instruction designed to coach, teach, and guide youth to increase academic success for attainment of high school diploma.

**Tutoring Skills** - Instruction designed to coach, teach, and guide youth to increase academic success. This service can be provided as a group activity, one-on-one, via computer-based programs, or through partnering agencies, or WorkSource Centers.

**Training, Post-Secondary Education & Employability Skills Control**

**Concurrent Education and Occupation** - Listed in the Services tab under Training and Education. Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster. This program element reflects an integrated education and training model and describes how workforce preparation, activities, basic academic skills, and hands-on occupational skills training are to be taught within the same time frame and connected to training in a specific occupation, occupational cluster, or pathway. (Example: apprenticeship).

**Entrepreneurial Skills Training** – Entrepreneurial skills training provide the basic of starting and operating a small business. Does not require a credential (Example – DevNW referral)

**Post-Secondary Training** (Example – LCC)

**Work Based Training Control**

**Work Based Learning** – Work experiences that provide youth with opportunities for career exploration and skill development. These planned, structured learning experiences take place in a workplace for a limited time. Work based learning may be paid or unpaid and may take place in the private for profit sector, the non-profit sector, or the public sector. Labor standards apply in any and all experiences. Funds may not be used to directly or indirectly aid in the filling of a job that is vacant because a former occupant is on strike or locked out in a labor dispute. (Example: work experience, pre apprenticeship, internship, on the job training)

**Payments tab**

**Supportive Services** – Supportive services are payment for services that enable a participant to actively engage in WIOA program activities. See Lane Workforce Partnership Support Service Policy.

**Follow-Up tab**

**Follow-up Services** – Provided following a youth’s exit from the WIOA program. These services help ensure the youth is successful in employment and/or post-secondary education and training. Follow-up services may include regular contact with a youth’s participant employer, including assistance in addressing work related problems. Follow-up services must be provided to all participants for a minimum of 12 months unless the participant declines to receive follow-up services or the participant cannot be located or contacted.
WIOA Performance is defined in DOL TEGL 10-16 while some data elements are defined in DOL PIRL. This document is intended to help specify the fields where performance is calculated in I-Trac. Use this document when having questions about a report and whether a participant should or should not be in a performance measure. This is essentially a checklist of elements to validate. If you do find an error, please report them to support@i-trac.org

Measurable Skills Gain

Of the participants who, during a program year, engage in at least one education or training service that leads to a recognized credential, the number who have at least one measurable skill gain by the end of that same program year.

Reporting Period: Program Year End Date (June 30)

Denominator

- Participation Date is not blank (must have enrolled into fund)
- Has at least one training or education service leading to credential or employment (service is flagged in database as a service leading to a measurable skill gain), where
  - The service status = started, completed, not completed, or not completed – auto exit (this indicates engagement in the service)
  - AND the service either:
    - Carried into the program year (meaning it started in a previous program year and is still open with this program year starts)
    - OR Started during the program year

Numerator = Yes, if:

- Customer is in the denominator of the measure
- AND Has a Measurable Skill Gain where Attainment Date is both
  - Between the Start and End Date of the associated training or education service leading to a measurable skills gain
  - AND is during the program reporting year

Additional Notes

Services specifically not included in Measurable Skills Gains are:

- Workforce Preparation (short-term vocational trainings)
- Title I Youth work experience services

This is a unique measure because the individual’s performance is primarily tracked within the Measurable Skills Gain Control. This means the control also maintains several rules to maintain data integrity:

1. Denominator is determined by program year
2. Each gain saved must be associated with a specific training or education service
3. Each gain saved must have a date that is less than or equal to the end date of the associated training service
Credential Attainment Rate

Of all participants enrolled in education or training services leading to a DOL recognized credential (denominator), the number who obtain a credential*

*If the only DOL recognized credential for the participant is a secondary education credential (HS Diploma, GED or other recognized secondary diploma), then the participant must also be employed or in training or post-secondary education leading to a DOL credential anytime between exit and 1 year after exit.

Reporting Period: 1 year after exit

Denominator:
- Participation Date is not blank (must have enrolled into fund)
- AND Exit Date is not blank (the participant must be exited to determine 1 year after exit)
- AND Exit Reason is not one of the following Global Exclusion (a reason that removes participants from the denominator)
  - Institutionalized
  - Health/Medical
  - Deceased
  - Reserve Forces called to Active Duty
  - Ineligible
  - Criminal Offender
  - Foster Care (youth programs only)
- AND one of the following is true to qualify as “In Education or Training”
  - Education Status at Registration is one of the following:
    - In School – High School or Less
    - In School - Alternative School for Diploma
    - In School - Alternative School for GED
    - In School - College or Post High School Technical Training
  - OR has at least one training, secondary or post-secondary education service (services are flagged in the database by these categories only if they are leading to a credential), where services status = completed, not completed or not completed – auto exit
  - OR, if Title I Youth, Education Status at Exit is one of the following:
    - In School – High School or Less
    - In School - Alternative School for Diploma
    - In School - Alternative School for GED
    - In School - College or Post High School Technical Training

Numerator = Yes, if:
- Customer is in the denominator of the measure
- AND Earned a Credential within 1 year of Exit Date, where either:
  1. At least one Credential Type is a Post-Secondary or Training DOL recognized credential (listed here)
     - Associates Degree
     - Bachelor’s Degree
     - Occupational Skills Licensure
- Occupational Skills Certificate
- Other Recognized Diploma, Degree or Certificate
- Occupational Certification

2. OR the following conditions apply:
   - The ONLY Credential Type earned is a Secondary DOL recognized credential (listed here):
     - HS Diploma
     - GED or HS Equivalency Diploma
   - AND participant has one of the following Employment OR Education & Training Placement Confirmations *(to confirm they were engaged in Employment or Post-Secondary Education/Training beyond the Secondary Education credential)*
     - ANY QE– Q4 Employment Confirmation with a status of working
     - ANY QE – Q4 Education & Training Placement Confirmations, where
       - status is engaged
       - AND Confirmation Details Placement Type is not Secondary Education
       - AND Confirmation Details Placement Date is within 1 year of exit date

**Additional Notes:**
Post-Graduate Degrees are not recognized credentials for this measure.

Training Services excluded specifically from this Credential measure are:
- OJT
- Employer Customized Training
- Title I Youth Entrepreneurial Training

**Employment Rate Q2 After Exit**

Of enrolled participants (denominator), the number of participants who are employed during the second quarter after their exit quarter (numerator).

**Reporting Cohort:** Q4 After Exit

**Denominator:**
- Participation Date is not blank *(must have enrolled into fund)*
- AND Exit Date is not blank *(the participant must be exited to determine Q2 after exit)*
- AND Exit Reason is not one of the following Global Exclusion *(a reason that removes participants from the denominator)*
  - Institutionalized
  - Health/Medical
  - Deceased
  - Reserve Forces called to Active Duty
  - Ineligible
  - Criminal Offender
Numerator = Yes, if:
- Customer is in the denominator of the measure
- AND has one of the following Employment Confirmations with a status of working
  1. Q2 After Exit Employment Confirmation (manually entered by staff)
  2. Q2 After Exit UI Employment Confirmation (UI = Unemployment Insurance state systems validated. Only validated where customer provides an SSN and is automated by I-Trac when known)

Additional Notes:
I-Trac can only report success to funders where Employment Information is confirmed manually or by Unemployment Insurance (UI) systems crossmatch. UI crossmatches are only available where the SSN is known and can take up to two quarters for the information to be reported by an employer to the state UI systems. This is why the Q4 After Exit Employment related performance measure is in the performance cohort during Q6 after the exit quarter.

Employment includes unsubsidized, military or apprenticeship employment. Employment should not be confirmed for subsidized/program funded work experience.

I-Trac report values will never match State or DOL report values exactly. This is because they have access to more participant employment/wage crossmatching data than I-Trac.

Title I Youth Employment & Education Rate Q2 After Exit
Of enrolled participants (denominator), the number of participants who are employed or in education/training during the second quarter after their exit quarter (numerator).

Reporting Cohort: Q4 After Exit

Denominator:
- Participation Date is not blank (must have enrolled into fund)
- AND Exit Date is not blank (the participant must be exited to determine Q2 after exit)
- AND Exit Reason is not one of the following Global Exclusion (a reason that removes participants from the denominator)
  - Institutionalized
  - Health/Medical
  - Deceased
  - Reserve Forces called to Active Duty
  - Ineligible
  - Criminal Offender
  - Foster Care

Numerator = Yes, if:
- Customer is in the denominator of the measure
- AND has at least one of the following:
  1. Employment Confirmations with a status of working
     - Q2 After Exit Employment Confirmation (manually entered by staff)
- Q2 After Exit UI Employment Confirmation \((UI = \text{Unemployment Insurance state systems validated. Only validated where customer provides an SSN and is automated by I-Trac when known})\)

2. **OR** Education & Training Placement Confirmations with a status of engaged
   - Q2 After Exit Education and Training Confirmation

**Additional Notes:**

*Education includes secondary education or post-secondary education (not funded by program)*

*Training includes trainings leading to a credential (not funded by program)*

*I-Trac can only report success to funders where Employment Information is confirmed manually or by Unemployment Insurance (UI) systems crossmatch. UI crossmatches are only available where the SSN is known and can take up to two quarters for the information to be reported by an employer to the state UI systems. This is why the Q4 After Exit Employment related performance measure is in the performance cohort during Q6 after the exit quarter.*

*I-Trac report values will never match State or DOL report values exactly. This is because they have access to more participant employment/wage crossmatching data than I-Trac.*

**Employment Rate Q4 After Exit**

Of enrolled participants (denominator), the number of participants who are employed during the fourth quarter after their exit quarter (numerator).

**Reporting Cohort:** Q6 After Exit

**Denominator:**

- Participation Date is not blank *(must have enrolled into fund)*
- **AND** Exit Date is not blank *(the participant must be exited to determine Q4 after exit)*
- **AND** Exit Reason is not one of the following Global Exclusion *(a reason that removes participants from the denominator)*
  - Institutionalized
  - Health/Medical
  - Deceased
  - Reserve Forces called to Active Duty
  - Ineligible
  - Criminal Offender

**Numerator = Yes, if:**

- Customer is in the denominator of the measure
- **AND** has one of the following Employment Confirmations with a status of working
  1. Q4 After Exit Employment Confirmation *(manually entered by staff)*
  2. Q4 After Exit UI Employment Confirmation \((UI = \text{Unemployment Insurance state systems validated. Only validated where customer provides an SSN and is automated by I-Trac when known})\)

**Additional Notes:**
I-Trac can only report success to funders where Employment Information is confirmed manually or by Unemployment Insurance (UI) systems crossmatch. UI crossmatches are only available where the SSN is known and can take up to two quarters for the information to be reported by an employer to the state UI or other wage systems. This is why the Q4 After Exit Employment related performance measure is in the performance cohort during Q6 after the exit quarter.

Employment includes unsubsidized, military or apprenticeship employment. Employment should not be confirmed for subsidized/program funded work experience.

I-Trac report values will never match State or DOL report values exactly. This is because they have access to more participant employment/wage crossmatching data than I-Trac.

**Title I Youth Employment & Education Rate Q4 After Exit**

Of enrolled participants (denominator), the number of participants who are employed or in education/training during the second quarter after their exit quarter (numerator).

**Reporting Cohort:** Q6 After Exit

**Denominator:**
- Participation Date is not blank (*must have enrolled into fund*)
- AND Exit Date is not blank (*the participant must be exited to determine Q4 after exit*)
- AND Exit Reason is not one of the following Global Exclusion (*a reason that removes participants from the denominator*)
  - Institutionalized
  - Health/Medical
  - Deceased
  - Reserve Forces called to Active Duty
  - Ineligible
  - Criminal Offender
  - Foster Care

**Numerator = Yes, if:**
- Customer is in the denominator of the measure
- AND has at least one of the following:
  1. Employment Confirmations with a status of working
     - Q4 After Exit Employment Confirmation (*manually entered by staff*)
     - Q4 After Exit UI Employment Confirmation (*UI = Unemployment Insurance state systems validated. Only validated where customer provides an SSN and is automated by I-Trac when known*)
  2. OR Education & Training Placement Confirmations with a status of engaged
     - Q4 After Exit Placement Confirmation (*manually entered by staff*)

**Additional Notes:**
Education includes secondary education or post-secondary education (not funded by program)
Training includes trainings leading to a credential (not funded by program)
I-Trac can only report success to funders where Employment Information is confirmed manually or by Unemployment Insurance (UI) systems crossmatch. UI crossmatches are only available where the SSN is known and can take up to two quarters for the information to be reported by an employer to the state UI systems. Therefore, the Q4 After Exit Employment related performance measure is in the performance cohort during Q6 after the exit quarter.

I-Trac report values will never match State or DOL report values exactly. This is because they have access to more participant employment/wage crossmatching data than I-Trac.

**Median Earnings**

Of those participants employed during the second quarter after their exit quarter, calculate median earnings using wage crossmatching.

*This measure is not available in I-Trac and is solely dependent on wage match data that is beyond the data that I-Trac gets from the State. Please view State reports for this information.*
Measurable Skill Gains Indicator (MSG)

*Information from the Employment and Training Administration, US Dept. of Labor*

Percentage of program participants who, during a program year, are in an education or training program that leads to a recognized postsecondary credential or employment and who are achieving measurable skills gains, defined as documented academic, technical, occupations, or other forms of progress, towards such a credential or employment.

- Only count in numerator and denominator 1 time in a reporting period (program year) regardless of how many skill gains are attained unless the individual has more than 1 period of participation in the program year;
- The measurable skill gains indicator measures progress in a program year – it is not exit-based.

Participants (who are in education or training) are included in the indicator regardless of how long they have participated in the program year:

- Even if an individual is enrolled in June, s/he is still included in the indicator, if the individual meets the parameters for inclusion in the indicator;
- Programs should not delay enrollment or services to participants until a new program year even if programs believe there is insufficient time for the participant to make any type of measurable skill gain by the end of that program year.

**Who is included in Measurable Skill Gains for WIOA Youth:**

- ALL ISY are included;
- Not all OSY are included; only those in the following are included:
  - Occupational skills training program elements;
  - Secondary education (at or above 9th grade level);
  - Postsecondary education during participation in the title I Youth Program;
  - Adult Education (at or above 9th grade level);
  - YouthBuild;
  - Job Corps.

**Five Types of Measurable Skill Gains:**

1. Documented achievement of at least one educational functioning level, if receiving instruction below postsecondary education level;
2. Documented attainment of secondary school diploma or equivalent;
3. Secondary or postsecondary transcript or report card for a sufficient number of credit hours that shows a participant is meeting the State’s unit’s academic standards;
4. Satisfactory progress report towards established milestones, such as completion of OJT or completion of one year of an apprenticeship program or similar milestones, from an employer or training provider who is providing training; or
5. Successful passage of an exam that is required for a particular occupation or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks, such as knowledge-based exams.
Example:

- A participant is enrolled in a 4-year registered apprenticeship program: the measurable skill gains indicator tracks the skills the participant gains throughout the reporting period, not just at the end of the 4-year training program.

Documenting Progress for Types of Measurable Skill Gains

1. **Documented achievement of at least one educational functioning level of a participant who is receiving instruction below the postsecondary level.** Programs may measure educational functioning level gain in one of three ways:
   a. States may compare the participant’s initial educational functioning level, as measured by a pre-test, with the participant’s educational functioning level, as measured by a post-test;
   b. States that offer adult high school programs that lead to a secondary school diploma or its recognized equivalent may measure and report educational gain through the awarding of credits; or
   c. States may report an educational functioning level gain for participants who exit a program below the postsecondary level and enroll in postsecondary education and training during the program year. A program below the postsecondary level applies to participants enrolled in a basic education program.

2. **Documented attaining of a secondary school diploma or its recognized equivalent.**
   - Programs may document attainment of a secondary school diploma or its recognized equivalent if the participant obtains certification of attaining passing scores on all parts of a State-recognized high school equivalency test, or the participant obtains a diploma or State-recognized equivalent documenting satisfactory completion or secondary studies or an alternate diploma, including a high school or adult secondary school diploma.

3. **Secondary or postsecondary transcript or report card for a sufficient number of credit hours that shows a participant is meeting the State’s unit’s academic standards.**
   - For secondary education, this gain may be documented through receipt of a secondary transcript or report card for one semester showing that the participant is achieving the State unit’s policies for academic standards. For postsecondary education, this gain must demonstrate a sufficient number of credit hours. For full-time students, at least 12 credit hours per semester or term. Part-time students must attain a total of at least 12 credit hours over the course of two completed semesters or terms during a 12-month period.

4. **Satisfactory progress report towards established milestones, such as completion of OJT or completion of one year of an apprenticeship program or similar milestones, from an employer or training provider who is providing training.**
   - Progress reports must document substantive skill development that the participant has achieved. The gain may be documented by a satisfactory or better progress report from an employer or training provider. Progress reports may include training reports on milestones completed as the individual masters
the required job skills, or steps to complete an OJT or apprenticeship program. Increases in pay resulting from newly acquired skills or increased performance also can be used to document progress.

5. **Successful passage of an exam that is required for a particular occupation or progress in attaining technical or occupational skills as evidenced by trade-related benchmarks, such as knowledge-based exams.**
   - Documentation for this gain may include passage of a component exam in a Registered Apprenticeship program, employer-required knowledge-based exam, satisfactory attainment of an element on an industry or occupational competency-based assessment, or other completion test necessary to obtain a credential.

**Note:**
- Participant must pass all GED tests in order for it to count as an MSG.
- Food Handlers Card, OLCC cards, and CPR/First Aid do NOT count towards MSG.
- Internships/work experience/mentoring are not considered education or training and DO NOT count towards an MSG.
E-BRIDGE USER REQUIREMENTS AND AGREEMENT

The E-bridge Document Imaging and Storage system (EBRIDGE) is provided by Lane Workforce Partnership (LWP) for record retention and on-line data access to LWP sub-recipients of Workforce Innovation and Opportunity Act (WIOA) funds. LWP intends for sub-recipients to utilize EBRIDGE for storage of auditable documentation regarding eligibility and service provision for WIOA enrolled customers. Authorized users of EBRIDGE will be granted permissions and access levels as defined by LWP. All data stored in EBRIDGE is the property of LWP and any misuse or violation of this Agreement will result in account termination.

EBRIDGE users accept and agree to the following requirements when they login to EBRIDGE:

- LWP Staff must agree to the User permissions and access levels.
- Users must be an employee of an LWP sub-recipient to use EBRIDGE.
- Users must have an e-mail account issued by the LWP sub-recipient.
- Each user’s e-mail address must be specific to the user.

All EBRIDGE users also accept and agree to the following Confidentiality Standards:

- All information stored in the EBRIDGE system is confidential and shall not be disclosed to any person or organization except those authorized to receive information.
- Users will only scan, import, retrieve and view data relevant to the customers they are serving and only for work-related purposes.
- Users will keep sensitive information confidential, including any information that, if disclosed alone or in combination with other information, could result in harm to the individual whose name or identity is linked to that information. A list of sensitive information includes, but is not limited to:
  - Social security number
  - Contact information, including phone, address, email, etc.
  - Age
  - Birthdate
  - Other demographics or characteristics
- LWP staff is responsible for informing LWP Finance to deactivate User accounts as needed.
- Users will not share username/passwords.

All support questions including password re-sets should be directed to fiscal@laneworkforce.org.

By my signature, as an authorized EBRIDGE User employed by an LWP sub-recipient, I agree to the above requirements and standards.

__________________________________________  Date______________________
Signature       Printed Name

__________________________________________  Date______________________
E-mail Address       Date

__________________________________________  Date______________________
LWP Authorization
Youth Contractor

e-Bridge User Manual
Go to the e-Bridge web site www.ebridge.com
Click on Customer Login

Enter your User Name, Password, File Cabinet LANEYOUTH, and click Log In.
Click Import

Click on Browse for a file.
Find the location of your scanned document. Example Double Click on the file you want.

You will now see the file name in the box.
Enter the participants ITrac ID#

Enter the participants Last Name in capital letters
Use the drop down box to select IN-SCHOOL or OUT-OF-SCHOOL.

The Location will automatically fill in based on your user set up.
Select the type of document you are uploading for the participant.

Optional, enter a descriptions for contractor’s use.
Message will indicate the document has been successfully uploaded.

Retrieve the document to verify it was indexed correctly. Click on Retrieve, enter the ITrac ID# of the participant, and the description of the document you are verifying. Click search.
A list of documents will appear, double click on the most current dated.

View the document to make sure it is correct.

Repeat these steps for each document you want to upload.
Editing Indexes

To edit the index of a document:
Retrieve the document you want to edit the index.
Click on Retrieve.
If you are looking for a document that was uploaded the same you
want to make edits, click on search. The current days uploads will then
appear in list form. You can also search using any index.

Highlight the document you want to edit and click Edit.
Now you can make changes to the indexes. Click update

Click Yes.
Remember editing document indexes is a permanent action as index values **cannot** be restored to previous values.

To delete documents, please email fiscal@laneworkforce.org
WIOA YOUTH PROGRAM REPORTING AND MONITORING

• **Monthly Cost Reports:**
  o Due by the 20th of the following month (July Cost Report due by August 20th, August Cost Report due by September 20th, etc.)
  o Final program year cost report/invoice due by August 14th

• **Quarterly Work-Based Learning Activities Report:** Due by the 20th of the month following end of quarter
  o 1st Quarter WEX due October 20th (covers July/August/September)
  o 2nd Quarter WEX due by January 20th (covers October/November/December)
  o 3rd Quarter WEX due by April 20th (covers January/February/March)
  o 4th Quarter WEX due by July 20th (covers April/May/June)

• **Program Monitoring**
  o Monitoring #1: will take place last week in October. Items covered: Numbers Served; Expenditures; Work-Based Learning Activities
  o Monitoring #2: will take place last week in January. Items covered: Numbers Served; Expenditures; Work-Based Learning Activities; Performance Measurements; I-Trac/eBridge Review
  o Monitoring #3 - ANNUAL REVIEW: Monitoring will take place last week in April. Items covered: Full Program Review

• **Fiscal Monitoring**
  o This monitoring is handled by our Fiscal Department and will happen in March. LWP’s Fiscal Department will reach out at that time.

• **Mid-Year/Year-End Workforce System Performance Report**
  o Mid-Year: Data due by January 31 (Covers July 1 – December 31). Data required: Number of youth served; Number of youth in Work-based learning activities; Number of youth who complete internship and achieve a positive evaluation; youth/young adult testimonials
  o Year-End: Data due by July 31 (Covers July 1 – June 30). Data required: Number of youth served; Number of youth in Work-based learning activities; Number of youth who complete internship and achieve a positive evaluation; youth/young adult testimonials
# LANE WORKFORCE PARTNERSHIP
## COST REPORT/INVOICE

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<th>Contractor Name</th>
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Please type or print clearly. Use ink only.

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| Percent of Budget    | 0.00%           | 0.00%                   | 100.00%             | 100.00%             |

TOTAL NON-WIOA RESOURCES EXPENDED: $ RESOURCES USED FOR:

I certify to the best of my knowledge and belief that amounts on this report constitute actual costs incurred in accordance with our contract and I have the authority to sign on behalf of my organization.

Contractor Signature __________________________ Date ___________ Typed Name __________________________

LANE WORKFORCE PARTNERSHIP USE ONLY

LWP Staff __________________________ Date ___________ Amount Approved for Payment $ ___________

Please send original to: Lane Workforce Partnership, ATTENTION: Finance
1401 Willamette Street, Eugene, OR 97401
e-mail: fiscal@laneworkforce.org

LWP will accept as an electronic signature your email which includes the statement
"Please accept this email and attached invoice document for (requested amount) as my electronic signature"
## LANE WORKFORCE PARTNERSHIP
### QUARTERLY WORK BASED LEARNING REPORT 2022 - 2023
### INFORMATION ONLY - WORK BASED LEARNING RELATED

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<th>QUARTER 3 JANUARY TO MARCH 2023</th>
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I certify to the best of my knowledge and belief that amounts on this report constitute actual costs incurred in accordance with our contract and I have the authority to sign on behalf of my organization.

Contractor Signature: ___________________________ Date: ____________
Printed Name and Title: ___________________________

LANE WORKFORCE PARTNERSHIP REVIEW AND APPROVAL USE ONLY

LWP Staff: ___________________________ Date: ____________

Please send original to:
Lane Workforce Partnership, ATTENTION: Finance
1401 Willamette Street, Eugene, OR 97401
e-mail: fiscal@laneworkforce.org

LWP will accept as an electronic signature your email which includes the statement "Please accept this email and attached document for as my electronic signature"
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<tr>
<th></th>
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<td>Supporting Work Experience documentation in e-Bridge:</td>
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# WIOA Youth Program

| # of WIOA Youth served | # |

## Testimonials

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# Paid Work Experience Opportunities for WIOA Youth

| # of WIOA Youth who participate in a work experience | # |
| # of WIOA Youth who complete an internship and achieve positive evaluations | # |

## Testimonials

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