

Section 1 - WIOA Eligibility

Rev 12/21

For complete guidance, see State Policy WIOAPL07, Attach. A at:
<http://jfs.ohio.gov/owd/WorkforceProf/Docs/SourceDocumentationChart.pdf>

If Bold, it is required documentation as applicable.

Adult DW Youth

	Adult	DW	Youth
OMJ Center Registration Form & Additional Info for WIOA Eligibility			
CCMEP Application, Form 03002			
OWCMS Printout showing enrollment(s) into WIOA & Special Projects			
WIOA Complaint Rights (OVERPL 4-15) Copy to Customer & Signed/Dated copy in file			
Statement of Relationship/Related Party Form, Signed/Dated copy in file			
Release of Information			
Copy of Diploma, if High School graduate upon enrollment			
Proof of Age = at least one of the following: 1. Birth certificate, 2. Baptismal record if date of birth is shown, 3. DD-214, 4. Hospital record of birth, 5. Driver's license, 6. State, federal, or local gov't ID, 7. Passport, 8. Work permit, 9. Cross match w/ public assistance records via state MIS System, 10. Other public assistance records (CRIS-E printout), 11. School records or ID cards, 12. Tribal Records			
Proof of Citizenship = at least one of the following: 1. US passport, 2. Birth certificate, 3. US Social Security card, 4. Public assistance record, 5. CRIS-E printout, 6. Self-attestation on Form JFS 13187			
Proof of Selective Service Registration (Born on or after January 1, 1960) at least one: 1. printout from https://www4.sss.gov/regver/verification1.asp 2. card 3. exemption statement 4. documentation failure was not willful and knowing(see policy)			
Proof of Veteran Status: DD-214, veteran data/letter			
Proof of Social Security Number = at least one: 1.SS Card, 2. Photo ID w/ SSN, 3. W-2 4. DD-214, 5. pay stubs, 6. letter from SSA, 7. Public Assistance Record, 8. SSBD, 9 UC Records)			
Proof of Low Income Individual =at least one: 1. Cash Public Assistance, 2. Family Income, 3. Food Stamps, 4. Free/Reduced Price Lunch 5. Living in a high-poverty area			
Proof of Barrier(s) = at least one: 1. Basic skills deficient, 2. English language learner, 3. School Dropout, 4. Homeless/Runaway, 5. Foster Child/Emancipated Foster, 6. Pregnant or parenting youth, 7. Offender, 8. Disabled, 9. Require additional assistance to complete educational program or secure & hold employment.			
Proof of WDB approval of 5% Youth Exception – over income &/or barrier(s)			
Youth or Adult under 25 - Dependency Status Documentation – Per Area Policy Letter OVERWIOAPL 15-06 - on application -is it complete?			
Self Sufficiency - Per Area Policy Letter OVERPL6-15			
Family Sufficiency - Per Area Policy Letter OVERPL6-15			
Proof of Family & Individual Income such as: JFS13186 self attest, pay stubs, UI Wage Records, Business Income Statement, Employer Statement, Public Assistance Records, Prior Year Tax Returns			
DW Eligibility Category and Supporting Documentation			
DW Unlikely to Return Supporting Documentation			
Other:			

Section 2 - Services/Activities

Identification of who they are today, where they want to go tomorrow and the services/activities that will help them reach their goal.

Items	# / ck
Required General Documentation	
Past Work Experience & Knowledge (current resume & past certificates &/or degrees)	
Diploma or self attest, if entering as high school graduate in Youth	
Assessments (knowledge, skills, and abilities assessments (WorkKeys &/or TABE), Career Interest Assessments, Past Employer Evaluations, High School or Higher Education current Grade Report Card(s)) (required for youth)	
Career Research	
YOUTH Documentation	
Individual Opportunity Plan Form 03004	
CCMEP Comprehensive Assessment, Form 03003	
Pre-Test of Basic Literacy Skill Deficient Barriers (i.e. Tabe, Best, Casas, Gain, Mapt)	
Post – Test of Basic Skills – Literacy & Numeracy Performance <u>YOU MUST USE SAME TEST AS PRE TEST</u>	
Documentation of Youth Elements (OWCMS Print Screen)	
Paid Summer Employment Opportunity or Work Experience (If WIOA agency employee: I-9 Form, W-4, minor wage agreement , parent or guardian consent form http://www.com.ohio.gov/documents/laws_ParentOrGuardianConsentForm-LAWS.pdf , & Not covered by Social Security= Form SSA-1945 http://www.socialsecurity.gov/form1945/SSA-1945.pdf & other agency forms)	
Worksite Agreement	
Employee Performance Evaluations	
ADULT & DISLOCATED WORKER Documentation	
Individual Employment Plan	
OWCMS Complete Case Report	
Paid Work Experience (If WIOA agency employee: I-9 Form, W-4 & Not covered by Social Security=Form SSA-1945 http://www.socialsecurity.gov/form1945/SSA-1945.pdf & other agency forms)	
Worksite Agreement	
Employee Performance Evaluations	

Section 3 - Supportive Service

Items	# / ck
Required General Documentation	
Need Documentation per OVERPL6-15	
Proof of Rate (Mapquest or other internet based mileage)	
Attendance & Mileage Form (if applicable)	
Proof of Allowable Other Support. Service Paid(daycare, relocation, other)	
YOUTH Documentation	
Youth Incentive Checklist	
Other:	

Section 4 - Training

Items	# / ck
Required General Documentation	
On-going once enrolled	
Diplomas/Certificates/Work Experience Certificates/Evaluations	
Grades	
For Training paid for by WIOA	
Proof of Pell application	
Proof WEIT-School & Class on WEIT List (print/put in file)	
Proof of OMJ In-demand training field (print/put in file)	
Pre-program screening/background check, required for some fields	
Acceptance Letter from Training Provider (if applicable)(i.e.NRP/RRTA enrollment requirement, medical field)	
ITA Policy	
ITA Agreement	
Schedules/Curriculum	
Adult & Youth ITA, did you find family is not sufficient on Section One?	??
Other Training Activities	
Work site agreement(s)-See Section Two	
On-Job-Training (OJT) Agreement	
OJT Evaluations	

Section 6 - Case Notes/Misc

Medical information must not be in the general file. Keep in separate file in locked storage.

Items

/ ck

Required General Documentation

Case Notes & Correspondence	
Updated Resume after services/activities	
Job Search efforts after services/activities completed	
Miscellaneous Correspondence	

Section 7 - Follow-up/Performance

Items

/ ck

Required General Documentation

Proof of Exit Date & Status per Program @ Exit (OWCMS Print Screen)	
Documentation of Global Exclusions - If any of these occur to participant up to the third quarter after exit, the participant can be excluded from all performance measures	
* Institutionalization or incarceration	
* Health/medical or family care	
* Reservist called to active duty	
* Death	
Contact documented in OWCMS and Case Notes	
1Q	
Follow-up Letter for 2nd Q after Exit	
3Q	
Follow-up Letter for 4th Q after Exit	

Table of Performance Measures

Performance Measure	Who is included in each measure? <i>X = Included; N/A = Not Applicable</i>				Located on Page #
	Workforce Area			Lead Agency	
	Adults	Dislocated Workers	WIOA Youth	CCMEP Youth	
Employment (2nd Qtr. After Exit)	X	X	N/A	N/A	5
Employment (4th Qtr. After Exit)	X	X	N/A	N/A	5
Employment, Education, or Training (At Exit)	N/A	N/A	N/A	X	6
Employment, Education, or Training (2nd Qtr. After Exit)	N/A	N/A	X	X	7-8
Employment, Education, or Training (4th Qtr. After Exit)	N/A	N/A	X	X	7-8
Median Earnings (2nd Qtr. After Exit)	X	X	X	X	9-10
Credential Attainment Rate	X	X	X	X	11-15
Measurable Skill Gains	X	X	X	X	16-23
Effectiveness in Serving Employers	X	X	X	X	24-25

For Performance Guidance, please consult the desk guide