



**To:** Workforce Development Board Directors  
WorkOne Operators  
Youth Coordinators

**From:** Regina Ashley   
Associate Chief of Operations for Policy

**Date:** December 2, 2015

**Subject:** MEMORANDUM  
Interim Guidance on Eligibility and Data Validation, Except Youth and Adult Education -  
Version 3

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## Purpose

This interim guidance addresses eligibility and data validation requirements for WIOA Title I adult and dislocated workers, Wagner-Peyser, Veterans Employment and Training Services (VETS), and Trade Act Assistance (TAA).

## Rescissions

- DWD Policy 2012-07 change 1, Eligibility and Data Validation Policy for Indiana's Workforce Investment System
- TAB 2008-13,- Clarification of Selective Service/Military Status Eligibility Criteria for WIA Title 1B Programs
- TAB 2007-09, Selective Service Registration
- TAB 2006-08, Military Service Members/Spouses as WIA Dislocated Workers
- TAB 2003-004, Temporary Employee Eligibility for WIA Services
- Training and Employment Guidance Letter, No. 06-14

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## References

- Workforce Innovation and Opportunity Act, Section 3(2), (15), (16), (18), (24), (27), (36), (63)
- The Trade Act of 1974, as amended , Section 211
- WIOA Proposed Regulations, Sections 361.150, 651.10, 678.430, 680.110-130, 680.210.
- Training and Employment Guidance Letter, No. 26-13

## Content

The WorkOne system is the foundational system through which workforce services are provided to eligible individuals in Indiana. The attachments to this interim guidance contain the specific eligibility that shall be followed when delivering services through the WorkOne system, with the exception of youth services and Adult Education, which are addressed in separately.

US citizenship and/or eligibility-to-work in the US are not program eligibility requirements for WIOA Title I. While citizenship does not need to be validated, Indiana has determined that an individual's eligibility-to-work in the United States (regardless of citizenship) must be validated for all WIOA Title I adults and dislocated workers and TAA clients prior to the receipt of supportive services and/or training services. See Attachment A for guidelines on validating eligibility to work in the United States.

The Department of Workforce Development (DWD) has identified acceptable forms of source documentation for the statutory eligibility requirements of Wagner-Peyser Title 1 Adult and Dislocated Worker, TAA and VETS. See Attachment B for eligibility and source documentation descriptions.

DWD has outlined includable and excludable income for determining eligibility, which may be found in Attachment C.

DWD will follow US DOL guidance on which customer data elements are validated and the source documentation required to validate those data elements. Federal guidance on data validation was provided through TEGL 6-14 issued September 10, 2014. The data element, the funding source(s) for which the data element is applicable, and the definition for the data element are provided in Attachment D.

Definitions for participant barriers are included in Attachment E. Tracking individuals with barriers will help local areas prepare for PY 16 when regression methodology is used for determining performance.

## Effective Date

July 1, 2015

## Ending Date

Upon rescission

## Contact for Questions

[policy@dwd.in.gov](mailto:policy@dwd.in.gov)

## Action

Workforce Development Boards and WorkOne Operators are to provide guidance to their service providers to ensure the validity of participant eligibility and avoid disallowed costs.

## Attachments

- **Attachment A** – Guidelines for Validating Eligibility to Work in the United States
- **Attachment B** – Eligibility Requirements and Source Documentation for Wagner-Peyser Title 1 Adult and Dislocated Worker, TAA and VETS
- **Attachment C** - Includable and Excludable Income for Determining Eligibility
- **Attachment D** - Data Validation Requirements
- **Attachment E** – Participant Barrier Definitions

## Attachment A

### Eligibility to Work in the United States

US citizenship and/or eligibility-to-work in the US are not program eligibility requirements for WIOA Title I. While citizenship does not need to be validated, ***Indiana has determined that an individual's eligibility-to-work in the United States (regardless of citizenship) must be validated*** for all WIOA Title I adults and dislocated workers and TAA clients prior to the receipt of supportive services and/or training services.

#### Guidance on Validating Eligibility-to-Work:

- The customer “self-declares” when he/she enters data into the labor exchange system or when staff enters data into State’s participant reporting system. **Self-attestation** is an acceptable source of documentation, and no further validation is required for WIOA Title I adults and dislocated workers and Trade Act customers who do **NOT** receive training or supportive services.
- Eligibility to work in the United States must be validated for any WIOA Title I adult or dislocated worker or Trade Act client who receives any type of supportive service and/or training service (i.e., occupational skills training).

See Federal Form I-9 for a list of acceptable documents for employment eligibility. A copy must be maintained or scanned into State’s participant reporting system. <http://www.uscis.gov/i-9>

## Attachment B

### Eligibility Requirements for Wagner-Peyser Title 1 Adult and Dislocated Worker, TAA and VETS

#### Wagner-Peyser Act

Eligibility Item	Eligibility Definition	Source Documentation
Employment Services	All customers are eligible.	No source documentation is needed when only Basic Career Services are accessed or provided.

#### WIOA Title I Adult

Eligibility Item	Eligibility Definition	Source Documentation
Age	Age 18 or older	<p>No source documentation is needed for Basic Career Services</p> <p>If Individualized Career Services are provided, follow applicable Data Element Validation source documentation requirements in Attachment D.</p> <p>A hard copy or scanned-in copy of the documentation is required.</p>
Military Selective Service	<p>All males born after December 31, 1959 must be registered with the US Military Selective Service.</p> <p>Section 189(h) of WIOA requires customers to be in compliance with Section 3 of the Military Selective Service Act (50 USC Appr.452) in order to participate in WIOA Title I adult and dislocated worker funded programs.</p> <p>Staff <u>must</u> follow operational guidance issued by DWD on verifying that a male customer born after December 31, 1959 is registered with the US Military Selective Service. This includes local management coordinating and publishing a policy for non-registered males, age 26+ and born after December 31, 1959.</p>	<p>The following source documents verify the registration:</p> <ul style="list-style-type: none"> <li>• Acknowledgement letter from the Selective Service</li> <li>• Form DD-214</li> <li>• Screen printout of the Selective Service Verification site: <a href="http://www.sss.gov/RegVer/wfVerification.aspx">www.sss.gov/RegVer/wfVerification.aspx</a>. (Staff enters last name, SSN and date of birth at the website. Printout includes Selective Service number and date of birth as confirmation for data validation)</li> <li>• Selective Service Registration Card</li> <li>• Selective Service Verification Form</li> </ul>

Eligibility Item	Eligibility Definition	Source Documentation
		(form 3A) <ul style="list-style-type: none"> <li>• Stamped Post Office Receipt of Registration</li> </ul> A hard copy or scanned-in copy of the documentation is required.

WIOA Title I Dislocated Worker

Eligibility Item	Eligibility Definition	Source Documentation
Category 1 Laid Off; Unlikely to Return to Previous Occupation	<p>The customer has been terminated or laid off, or has received a notice of termination or layoff, from employment or has been honorably discharged (whether voluntary or involuntary); <b>AND</b></p> <ul style="list-style-type: none"> <li>a. Is eligible for or has exhausted entitlement to unemployment compensation; <b>OR</b></li> <li>b. Has been employed for a duration sufficient to demonstrate attachment to the workforce but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that was not covered under a state unemployment compensation law;</li> </ul> <p><b>AND</b> must be “unlikely to return to a previous industry or occupation” as defined through local policy and the determination by the local workforce board.</p>	<p>Follow applicable Data Element Validation source documentation requirements in Attachment D.</p> <p>A WPRS letter issued by DWD will serve as sufficient documentation for this eligibility category.</p> <p>A hard copy or scanned-in copy of the documentation is required.</p>
Category 2 Plant, Facility or Enterprise Closure	<ul style="list-style-type: none"> <li>1. Terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; <b>OR</b></li> <li>2. Employed at a facility where the employer has made a general announcement that such facility will</li> </ul>	<p>Follow applicable Data Element Validation source documentation requirements in Attachment D.</p> <p>A hard copy or scanned-in copy of the documentation of notice of termination of general announcement by employer is required.</p>

Eligibility Item	Eligibility Definition	Source Documentation
	<p>close within 180 days; <b>OR</b></p> <p>3. For purposes of eligibility to receive services other than training services described in WIOA Section 134(c)(3), career services described in section 134(c)(2) (A)(xii), or job seeker supports, is employed at a facility at which the employer has made a general announcement that such facility will close.</p>	
Category 3 Self-Employed	Self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community in which the customer resides or because of natural disasters.	Follow applicable Data Element Validation source documentation requirements in Attachment D.
Category 4 Displaced Homemaker	<p>The customer has been providing unpaid services to family members in the home</p> <p>AND</p> <p>1) has been dependent on the income of another family member but is no longer supported by that income;</p> <p>OR</p> <p>Is the dependent spouse of the Armed Forces on active duty and whose family income is significantly reduced because of deployment or call to active military duty, a permanent change of station, or the service-connected death or disability of a member</p> <p>AND</p> <p>2) Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment</p>	<p>Follow applicable Data Element Validation source documentation requirements in Attachment D.</p> <p>A hard copy or scanned-in copy of the documentation is required.</p>
Category 5 Military Spouse	Is the spouse of a member of the Armed Forces on active duty and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member	Follow applicable Data Element Validation source documentation requirements in Attachment D.

Eligibility Item	Eligibility Definition	Source Documentation
	<p>OR</p> <p>Is the spouse of a member of the Armed Forces on active duty and who meets the criteria for displaced homemaker.</p>	

Trade Adjustment Assistance (TAA)

Eligibility Item	Eligibility Definition	Source Documentation - Eligibility
<p>Trade Adjustment Assistance (TAA)</p>	<p>Certification provided by US DOL to a group of workers who lost their jobs due to foreign competition.</p> <p>Adversely affected worker could be eligible as WIOA Dislocated Worker and/or WIOA Adult.</p>	<p>Follow applicable Data Element Validation source documentation requirements in Attachment D.</p> <p>A hard copy or scanned-in copy of the documentation is required.</p>

Veterans' Employment and Training Services (VETS)

Eligibility Criteria	Eligibility Definition	Source Documentation - Eligibility
<p>Veterans' Employment and Training Service (VETS)</p>	<p>Eligibility for the VETS program:</p> <ul style="list-style-type: none"> <li>• Veteran; or</li> <li>• Other Eligible Individual; or</li> <li>• Transitioning Service Member</li> </ul> <p>Veteran:</p> <p>Is a person who:</p> <ul style="list-style-type: none"> <li>• Served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge; or</li> <li>• Discharged or released from active duty because of a service-connected disability, injury or illness (does not have to meet the 180 day rule); or</li> <li>• Served as a member of a reserve component under an order to active duty, served on active duty for any length of time during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with</li> </ul>	<p>No source documentation is needed when only Basic Career Services (as described for WIOA Title I adult/DW), are accessed or provided.</p>

	<p>an other than dishonorable discharge.</p> <p><b>Other Eligible Individual</b></p> <p>The spouse of:</p> <ul style="list-style-type: none"><li>• Any person who died of a service-connected disability;</li><li>• Any member of the Armed Forces serving on active duty who, at the time of application, is listed by the Secretary concerned in one or more of the categories and has been so listed for a total of more than 90 days:<ul style="list-style-type: none"><li>• Missing in action;</li><li>• Captured in line of duty by a hostile force; or</li><li>• Forcibly detained or interned in line of duty by a foreign government or power; or</li><li>• Any person who has a total disability permanent in nature resulting from a service-connected disability or who died while a disability so evaluated was in existence.</li></ul></li></ul> <p><b>Transitioning Service Member</b></p> <p>A customer who is a service member in active duty status (including separation leave) who participates in employment services and is within 24 months of retirement or 12 months of separation.</p>	
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## Attachment C

### Includable and Excludable Income for Determining Eligibility

#### Includable Forms of Income:

- Gross wages and salaries before deductions. Total money earnings received from work performed as an employee. If a family's only source of income was from wages and salary payments, family income<sup>1</sup> would be equal to gross wages and salary received
- Net receipts from non-farm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership after deductions for business expenses). If the business or enterprise has suffered a loss, this loss will be allowed to off-set wage earnings.
- Net receipts from farm self-employment (receipts from a farm that one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses). If the farm has suffered a loss, this loss will be allowed to off-set wage earnings.
- Regular payments from railroad retirement benefits, strike benefits from union funds, worker's compensation, and training stipends;
- Alimony;
- Military family allotments or other regular support from an absent family member or someone not living in the household, except child support payments and military payments indicated below which are excluded from family income calculations;
- Pensions whether private or government employee (including military retirement pay);

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<sup>1</sup> For purposes of determining family income for eligibility, "family" is defined as:

Two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

1. spouses and their dependent children;
2. a parent or guardian and dependent children;
3. spouses.

Per TEGL 26-13, issued June 18, 2014:

The Department of Labor's policy is to recognize lawful same-sex marriages as broadly as possible to the extent that federal law permits, and to recognize all marriages valid in the jurisdiction where the marriage was celebrated—i.e., the 'state of celebration.' ... ETA interprets gender specific terms of marriage such as "widow," "widower," "husband," and "wife," to include married same-sex spouses.... ETA will recognize the marriage even if the marriage is not recognized in the state where the married individual resides.

- Regular insurance or annuity payments received by the individual or family member.
- College or university grants or scholarships based on merit, fellowships, and assistantships;
- Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings;
- On-the-Job Training wages;
- Social Security Disability (SSDI) Insurance payments (Title II of the Social Security Act, Federal Old-Age, Survivors and Disability Insurance). SSDI pays benefits to individuals that have worked in the past, paid Social Security taxes, and are currently unable to work for a year or more because of a disability. SSDI is considered income replacement.

Excludable Forms of Income:

- State and federal unemployment insurance compensation;
- Regular payments from Old-Age, Survivors, and Disability Insurance (OASI) benefits received under Section 202 of the Social Security Act;
- Supplemental Security Income Insurance (SSI), Title XVI of the Social Security Act, for the Aged, Blind, and Disabled. SSI is an income supplement program funded by general tax revenues and pays benefits based on financial need (not Social Security taxes). SSI is designed to help aged, blind, and disabled people who have little or no income and provides cash to meet basic needs for food, clothing, and shelter;
- **Needs-based** scholarship assistance;
- Financial assistance under Title IV of the Higher Education Act, i.e., Pell Grants, Federal Supplemental Educational Opportunity Grants and Federal Work Study, PLUS (Stafford and Perkins loans, like any other kind of loans, are debt and not income);
- Child support payments;
- Cash welfare payments under a federal, state, or local income-based public assistance program (e.g., Temporary Assistance for Needy Families (TANF), Emergency assistance money payments);
- Refugee Cash Assistance (Refugee Assistance Act of 1980 - PL 97-212);
- General Assistance;
- Foster child care payments;
- Non-cash benefits such as employer-paid or union-paid portion or health insurance or other employee fringe benefits, Medicare, Medicaid, food stamps, school meals, and housing assistance;
- Cash value of food or housing received in lieu of wages;
- Cash payments received under Title V of the Older American's Act;

- Allowance, earnings, and payments made to individuals participating in WIA programs or any other workforce development program for which eligibility is based upon a needs and/or income test;
- U. S. Housing and Urban Development (HUD) rental assistance subsidies;
- Subsidies for child care made on behalf of a family participating in the child care voucher program administered by the county Step Ahead Council;
- Certain one-time cash payments including: tax refunds; one-time gifts; loans, which are debt and not income; assets from the sale of a home, property, or car; one-time insurance settlements; lump sum inheritances; one-time compensation for injury; etc.
- Capital gains and losses;
- Income earned while a veteran was on active military duty and certain other veterans' benefits, i.e., compensation for service-connected disability, family compensation for service-connected death, vocational rehabilitation, and education assistance;
- IRA withdrawals;
- Stipends received in the following programs: VISTA, Peace Corps, Foster Grandparent Program, YouthWorks/AmeriCorps Programs, and Retired Senior Volunteer Program;
- Job Corps payments;
- Assets drawn down as withdrawals from a bank;
- Payments received under the Trade Readjustment Act of 1974.

Note: the documents used to calculate an individual's or family's income level are generally valid for a one-month period of time, unless specified otherwise – Once low income eligibility has been established for an adult income-based program, the customer must receive a service under the funding source within 30 calendar days.

## Attachment D

### Data Validation Requirements

The purpose of this document is to provide the definition and the allowable source documentation for each data element under WIOA Title I Adult and Dislocated Worker and Trade Adjustment Assistance funding sources.

***DWD will follow US DOL guidance on which customer data elements are validated and the source documentation required to validate those data elements.*** Federal guidance on data validation was provided through TEGL 6-14 issued September 10, 2014.

The data element, the funding source(s) for which the data element is applicable and the definition for the data element are provided in this document. WorkOne staff needs to recognize these data elements and become familiar with their data element definitions when entering customer data into Indiana's customer case management system. These are the data elements, which after a positive (passing) validation review, ensures accurate eligibility determination, service provision and outcomes.

A positive (passing) validation of a data element can be achieved in two ways (depending on the requirements for the specific data element):

**MATCH** – the data on the validation worksheet must be the same as the data on the source documentation, i.e., verifying that a data demographic is accurate. For example, if the validation worksheet indicates the date of birth is July 15, 1975, the source documentation must also indicate July 15, 1975.

**SUPPORT** – the source documentation must provide evidence that the data on the validation worksheet is correct; i.e., substantiating or supporting that a key condition or characteristic is valid. For example, source documentation is used to support “youth who needs additional assistance” because validators must interpret policy and determine if the documentation supports that policy.

This document also provides charts that indicate if a data element must be matched or supported. Only one of the items listed under “Reporting Documentation Requirements” (in accordance with the service received) is needed for data validation purposes.

### Data Element Validation (DEV) Requirements WIOA Adults, Dislocated Workers, and TAA

Population	Reporting Documentation Requirements
<p><b>Reportable Individuals and Registrants</b></p> <p>Adult/Dislocated Workers/NEG who have:</p> <ul style="list-style-type: none"> <li>• ONLY received Basic Career Services OR</li> <li>• Who are eligible for Individualized Career Services, Job Seeker Supports, or Training Services <b>but have not yet received a WIOA-funded</b> Individualized Career Services, Job Seeker Supports or Training Service.)</li> </ul>	<p>Self-declaration</p>
<p><b>Participants:</b></p> <p>Adult/Dislocated Worker who received a WIOA-funded Individualized Career Services, Job Seeker Supports or Training Services</p>	<p>Follow the documentation requirements for each data element in the chart below.</p>

<b>WIOA Adults, Dislocated Workers</b>	
<b>Data Element Definition of Description</b>	<b>Reporting Documentation Requirements</b>
<p><b>DATE OF BIRTH</b></p> <p>The individual's date of birth</p>	<p><b>MATCH</b></p> <p>The birth date must match on one of the following documents:</p> <ul style="list-style-type: none"> <li>• Copy of ID</li> <li>• Baptismal Record</li> <li>• Birth Certificate</li> <li>• DD-214, Report of Transfer or Discharge Paper</li> <li>• Driver's License</li> <li>• Federal, State or Local government Identification Card</li> <li>• Hospital Record of Birth</li> <li>• Passport</li> <li>• Public Assistance/Social Service Records</li> <li>• Tribal Records</li> <li>• Cross match with Department of Vital Statistics</li> </ul> <p><i>Must have paper or scanned documentation</i></p>
<p><b>VETERAN STATUS</b></p> <ul style="list-style-type: none"> <li>• "Veteran - Less Than or Equal to 180 days" - the individual is a person who served in the active US military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.</li> <li>• "Eligible Veteran" - the individual served on active duty for a period of more than 180 days and:             <ul style="list-style-type: none"> <li>○ was discharged or released with other than a dishonorable discharge; or</li> <li>○ was discharged or released because of a service connected disability; or</li> <li>○ as a member of a reserve component under an order to active duty pursuant to Section 167(a), (d) or (g), 673(a) of Title 10 USC, served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a</li> </ul> </li> </ul>	<p><b>SUPPORT</b></p> <p>Must have documentation from the following list that on its own or in combination, documents the accuracy of veteran's status.</p> <ol style="list-style-type: none"> <li>1. DD-214</li> <li>2. Letter from Veteran's Administration or documentation of a cross match with veteran's data with dates and branch of service specified.</li> </ol> <p><i>For all above: Must have paper or scanned documentation or detailed case notes</i></p>

<p>dishonorable discharge.</p> <ul style="list-style-type: none"> <li>• “Veteran - Other Eligible Person” - the individual is:             <ul style="list-style-type: none"> <li>○ The spouse of any person who died on active duty or of a service-connected disability;</li> <li>○ The spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 USC 101 and the regulations issued there under, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days:                 <ul style="list-style-type: none"> <li>▪ missing in action;</li> <li>▪ captured in the line of duty by a hostile force; or</li> <li>▪ forcibly detained or interned in the line of duty by a foreign government or power; or</li> </ul> </li> <li>○ The spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.</li> </ul> </li> </ul> <p>Do not record anything if the individual does not meet any one of the conditions listed above</p>	
<p><b>EMPLOYMENT STATUS AT PARTICIPATION</b></p> <ul style="list-style-type: none"> <li>▪ “Employed” - the customer is a person who either:             <ul style="list-style-type: none"> <li>○ Did any work at all as a paid employee;</li> <li>○ Did any work at all in his or her own business, profession, or farm; or</li> <li>○ Worked 15 hours or more as an un-paid worker in an enterprise operated by a member of the family; or</li> <li>○ Is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.</li> </ul> </li> <li>▪ “Employed but Received Notice of Termination of Employment or Military Separation” - the customer is a person who, although employed,</li> </ul>	<p><b>SUPPORT</b></p> <p>Must have paper or scanned documentation signed and dated showing information is accurate at the time of participation:</p> <ol style="list-style-type: none"> <li>1. Pay stub</li> <li>2. Case Notes containing the participant’s employment status, the date the information was obtained <b>showing information collected from registrant is correct as of the first date of participation</b> for the period of participation being reviewed</li> </ol>

<p>either:</p> <ul style="list-style-type: none"> <li>○ Has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close; or</li> <li>○ Is a transitioning service member.</li> </ul> <ul style="list-style-type: none"> <li>● “Not Employed” – the customer is a person who does not meet any of the conditions above.</li> </ul>	
<p><b>LOW INCOME STATUS</b></p> <p>The individual is a person who:</p> <ul style="list-style-type: none"> <li>▪ Receives, or in the past six months has received, or is a member of a family which receives, or in the past six months has received, assistance through SNAP, TANF, SSI under Title XVI of the Social Security Act, or another federal, state or local income-based public assistance program;             <ul style="list-style-type: none"> <li>○ Other income-based public assistance program includes:                 <ul style="list-style-type: none"> <li>▪ Refugee Cash Assistance (RCA)</li> <li>▪ General Assistance (GA) (state/local government) In the United States, General Assistance encompasses a widely varying set of assistance programs that share two defining characteristics: 1) They are funded and administered by the state, county and/or locality in which the particular program operates; and 2) They provide benefits to low-income persons who are not eligible for federal assistance. Across states, assistance is usually done as cash benefits and also includes state-funded medical assistance.</li> </ul> </li> </ul> </li> <li>▪ Is a member of a family that received a total family income, for the six-month period prior to program participation (exclusive of unemployment compensation, child support payments, payments described in the above bullet and old-age and survivors insurance benefits received under section 202 of the Social Security Act (42 USC 402)) that, in relation to family size does not exceed the higher of:             <ul style="list-style-type: none"> <li>○ The poverty line, for an equivalent period; or</li> <li>○ 70 percent of the lower living standard income level, for an</li> </ul> </li> </ul>	<p><b>SUPPORT</b> –you must have paper or scanned documentation signed and dated (demonstrating information that is <b>current as of the date of participation</b> for the period of participation being reviewed).</p> <p><u>Must have documentation from the following list that on its own or in combination, documents the accuracy of the low income status reported:</u></p> <ol style="list-style-type: none"> <li>1. Alimony Agreement</li> <li>2. Applicant’s Statement (detailed and signed and dated by applicant)</li> <li>3. Award Letter from Veteran’s Administration</li> <li>4. Bank Statements</li> <li>5. Compensation Award Letter</li> <li>6. Court Award Letter</li> <li>7. Pension Statement</li> <li>8. Employer Statement/Contact</li> <li>9. Family or Business Financial Records</li> <li>10. Housing Authority Verification</li> <li>11. Pay stubs</li> <li>12. Public Assistance Records – check for TANF, Food Stamps, etc.</li> <li>13. Quarterly Estimated Tax for Self-employed Persons</li> <li>14. Social Security Benefits</li> <li>15. UI Documents and/or Printout</li> <li>16. Medical card showing cash grant status</li> </ol>

<p>equivalent period; or</p> <ul style="list-style-type: none"> <li>▪ Is a homeless individual, as defined in section 41403(6) of the Violence Against Women Act of 1994, or a homeless child or youth as defined under section 725(2) of the McKinney-Vento Homeless Assistance Act ; or</li> <li>▪ Receives or is eligible to receive a free or reduced price lunch; OR</li> <li>▪ Is a foster child on behalf of whom state or local government payments are made; or</li> <li>▪ Is a person with a disability whose own income meets the income criteria established in WIOA 3(36)(A)(ii), but is a member of a family whose income does not meet this requirement.</li> </ul> <p>Do not include foster child payments.</p>	
<p><b>TANF - NEEDY FAMILY STATUS</b></p> <p>The customer is a person who is listed on the welfare grant or has received cash assistance or other support services from the TANF agency in the last six months prior to participation in the program.</p> <p><i>Record as "not receiving" if the individual is not receiving TANF assistance.</i></p>	<p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. Copy of authorization to receive cash public assistance</li> <li>2. Copy of public assistance check</li> <li>3. Medical card showing cash grant status</li> <li>4. Public assistance, refugee assistance records</li> <li>5. Documentation from state public assistance records showing dates of participation and services rendered. NOTE: Validators do not have access to public assistance data base.</li> </ol> <p><i>For all above: Must have paper or scanned documentation or detailed case notes.</i></p>
<p><b>OTHER PUBLIC ASSISTANCE RECIPIENT</b></p> <p>The individual is a person who is receiving or has received cash assistance or other support services from one of the following sources in the last six months prior to participation in the program:</p> <ul style="list-style-type: none"> <li>• General Assistance (GA) (state/local government)</li> <li>• Refugee Cash Assistance 9RCA)</li> <li>• Food Stamp Assistance; and</li> <li>• Supplemental Security Income 9SSI-SSA Title XVI).</li> </ul> <p>Do not include foster child payments.</p> <p>In the United States, General Assistance encompasses a widely varying set of</p>	<p><b>SUPPORT</b> (accurate as of date of participation for the period of participation being reviewed) from one of the following documents:</p> <ol style="list-style-type: none"> <li>1. Copy of authorization to receive cash public assistance</li> <li>2. Copy of public assistance check</li> <li>3. Medical card showing cash grant status</li> <li>4. Public assistance refugee assistance records</li> <li>5. Documentation from state public assistance records showing dates of participation and services rendered. NOTE: Validators do not have access to public assistance data base.</li> </ol> <p><i>For all above: Must have paper or scanned documentation or detailed case notes</i></p>

<p>assistance programs that share two defining characteristics: 1) They are funded and administered by the state, county and/or locality in which the particular program operates; and 2) They provide benefits to low-income persons who are not eligible for federal assistance. Across states, assistance is usually done as cash benefits and also includes state-funded medical assistance.</p>	
<p><b>DATE OF ACTUAL QUALIFYING DISLOCATION</b></p> <p>Date of separation or dislocation from employment. This date is the last day of employment at the dislocation job.</p> <p><i>Do not record anything if there is no dislocation job (e.g., displaced homemaker).</i></p>	<p><b>MATCH</b></p> <ol style="list-style-type: none"> <li>1. Verification from employer and/or lay-off list</li> <li>2. Rapid response list</li> <li>3. Notice of Lay-off</li> <li>4. Public announcement with UI screen printout with separation date</li> <li>5. Signed and dated application statement (includes signed and dated application from state case management system.)</li> </ol> <p><i>For all above: Must have paper or scanned documentation or detailed case notes.</i></p>
<p><b>DISPLACED HOMEMAKER</b></p> <p>The individual:</p> <ul style="list-style-type: none"> <li>○ Is a person who has been providing unpaid services to family members in the home, and has been dependent on the income of another family member but is no longer supported by that income; <b>AND</b></li> <li>○ Is unemployed or underemployed; <b>AND</b></li> <li>○ Is experiencing difficulty in obtaining or upgrading employment.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>○ Is the dependent spouse of the Armed Forces on active duty and whose family income is significantly reduced because of deployment or call to active military duty, a permanent change of station, or the service-connected death or disability of a member.</li> </ul> <p><b>AND</b></p> <p>Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment</p> <p><i>Do not record anything if the individual does not meet the condition described above.</i></p>	<p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. Public Assistance Records</li> <li>2. Divorce paper</li> <li>3. Court records</li> <li>4. Bank records</li> <li>5. Spouse's layoff notice</li> <li>6. Spouse's death record</li> <li>7. Applicant statement (signed and dated showing information is accurate at the date of participation -- includes signed and dated application from state case management system)</li> <li>8. Military record of spouse</li> </ol> <p><i>For all above: Must have paper or scanned documentation or detailed case notes.</i></p>

<p><b>MILITARY SPOUSE</b></p> <p>Is a spouse of a member of the Armed Forces on Active Duty and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member.</p> <p><b>OR</b></p> <p>Is the spouse of a member of the Armed Forces on active duty and how meets the criteria for displaced homemaker.</p>	<p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. Military record of spouse and detailed case notes.</li> </ol>
<p><b>HOMELESS INDIVIDUAL</b></p> <p>The individual is a person who lacks a fixed, regular, adequate night time residence. This definition includes:</p> <ul style="list-style-type: none"> <li>○ Any individual who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation;</li> <li>○ An institution providing temporary residence for individuals intended to be institutionalized; or</li> <li>○ A public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.</li> <li>○ An individual, as defined in section 41403(6) of the Violence Against Women Act of 1994, or a homeless child or youth as defined under section 725(2) of the McKinney-Vento Homeless Assistance Act.</li> </ul> <p>This definition does not include an individual imprisoned or detained under an Act of Congress or state law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.</p> <p><i>This question requires a yes or no response.</i></p>	<p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. Written statement from shelter provider</li> <li>2. Written statement from individual providing temporary residence</li> <li>3. Written statement from social service agency</li> <li>4. Applicant statement (including signed and dated completed application) indicating individual is homeless and/or a runaway (signed and dated showing information is accurate as of the date of participation for the period of participation being reviewed)</li> </ol> <p><i>For all above: Must have paper or scanned documentation or detailed case notes</i></p>

<p><b>OFFENDER</b></p> <p>The individual is a person who either:</p> <ul style="list-style-type: none"> <li>○ Is or has been subject to any stage of the criminal justice process for committing a status offense or delinquent act; or</li> <li>○ Requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.</li> </ul> <p><i>This question requires a yes or no response.</i></p>	<p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. Documentation from justice system</li> <li>2. Documented phone call with court representatives (This can be described in case notes - include details of who talked to whom and when in the case notes)</li> <li>3. Applicant statement (including signed and dated completed application showing information is accurate at the date of participation) indicating individual is an offender (signed and dated).</li> </ol> <p><i>For all above: Must have paper or scanned documentation or detailed case notes</i></p>
<p><b>BASIC SKILLS DEFICIENT</b></p> <p>The customer is a person who is 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 is defined as:</p> <ul style="list-style-type: none"> <li>○ Lacks a high school diploma or equivalency and is not in secondary school; <b>or</b></li> <li>○ Scores 8.9 or below on the TABE; <b>or</b></li> <li>○ Is enrolled in Title II adult education (including enrolled for ESL); <b>or</b></li> <li>○ Has poor English language skills (and would be appropriate for ESL even if the individual isn't enrolled at the time of WIOA entry into participation); <b>or</b></li> <li>○ Is WorkINdiana eligible (Title II participants are eligible for WorkINdiana up to a year after receiving HSE); <b>or</b></li> <li>○ The case manager makes detailed observations of deficient functioning and records those detailed observations as justification in a case note.</li> </ul> <p><i>This question requires a yes or no response.</i></p>	<p><b>SUPPORT</b></p> <p><i>All selections must be documented in detailed case notes.</i></p>

<p><b>NATIONAL EMERGENCY GRANT (NEG) PROJECT NUMBER</b></p> <p>The project identification number where the individual received services financially assisted under the NEG.</p>	<p><b>MATCH</b></p> <ul style="list-style-type: none"> <li>• NEG award letter to the state that identifies the project number assigned by the USDOL NEG Grant Officer</li> </ul> <p><i>Must detailed case notes</i></p>
<p><b>DATE OF PARTICIPATION</b></p> <p>The date on which the individual who has been determined eligible for adult or dislocated worker services has received his or her first DOL-program funded Basic Career Service.</p> <p>Note: This excludes determinations of eligibility to participate in the program.</p>	<p><b>MATCH</b></p> <p>Information that is stored in the state case management system or the case file that provides evidence that the data element being verified is correct (specific and detailed information including service provided, provider and date of service, and accurate for the client’s period of participation)</p> <p><i>Detailed case notes must be entered into the case management system</i></p>
<p><b>DATE OF EXIT</b></p> <p>The date on which the last service funded by the program or a partner program is received by the customer. Once a customer has not received any services funded by the program or a partner program for 90 consecutive calendar days and has no gap in service and is not scheduled for future services, the date of exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program. Follow-up services and Basic Career Services do not extend the period of participation.</p>	<p><b>MATCH</b></p> <p>Specific, detailed information that is stored in the state case management system or the case file that provides evidence that the data element being verified is correct (for the period of participation being reviewed). Detailed case notes are necessary.</p>
<p><b>OTHER REASONS FOR EXIT</b></p> <ul style="list-style-type: none"> <li>○ “Institutionalized” - the customer is residing in an institution or facility providing 24-hour support such as a prison or hospital and is expected to remain in that institution for at least 90 days.</li> <li>○ “Health/Medical” - the customer is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.</li> <li>○ “Deceased” - the customer was found to be deceased or no longer living.</li> </ul>	<p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. <b>Detailed Case Notes with complete documentation including dates</b> describing the condition for the reason for exit</li> <li>2. Information from partner services MIS systems</li> <li>3. Information from institution or facility</li> </ol> <p><i>Must have paper or scanned documentation or detailed case notes</i></p>

<ul style="list-style-type: none"> <li>○ “Family Care” - the customer is providing care for a family member with a health/medical condition that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.</li> <li>○ “Reserve Forces Called to Active Duty” - the customer is a member of the National Guard or other reserve military unit and is called to active duty for at least 90 days.</li> <li>○ “Retirement” - the adult retired from employment. (Note: adults who exit the program based on this reason will not be excluded from the calculation of performance measures; they will be included.)</li> <li>○ “Not a Valid SSN” - the customer either disclosed an invalid Social Security Number (SSN) or chose not to disclose a SSN.</li> </ul>	
<p><b>DATE ENTERED TRAINING</b></p> <p>The date on which the individual’s training actually began. If multiple training services were received, record the earliest date on which the individual entered training.</p> <p><i>Do not record anything if the individual did not receive training services.</i></p>	<p><b>MATCH</b></p> <ol style="list-style-type: none"> <li>1. Information that is stored in the state case management system or the case file that provides evidence that the data element being verified is correct and is accurate for the client’s period of participation (specific and detailed information including service provided, vendor and date training service was received)</li> <li>2. Cross-match between dates of service and vendor training information</li> <li>3. Vendor training information</li> </ol> <p><i>For all above: Must have paper or scanned documentation or detailed case notes</i></p>
<p><b>DATE COMPLETED OR WITHDREW FROM TRAINING</b></p> <p>The date on which the customer completed training or withdrew from training. If multiple training services were received, record the most recent date on which the individual completed training.</p> <p><i>Do not record anything if the individual did not receive training services.</i></p>	<p><b>MATCH</b></p> <ol style="list-style-type: none"> <li>1. Information that is stored in the state case management system or the case file that provides evidence that the data element being verified is correct and is accurate for the client’s period of participation (specific and detailed information including service provided, service provider and last date training was received)</li> <li>2. Cross-match between dates of service and vendor training information</li> <li>3. Vendor training documentation</li> </ol>

	<p><i>Paper or scanned documentation is not required if detailed case notes are entered into the case management system</i></p>
<p><b>TYPE OF TRAINING SERVICES</b></p> <p>Enter the appropriate type of training being provided to the individual:</p> <ul style="list-style-type: none"> <li>○ On-the-job training (OJT)</li> <li>○ Incumbent worker training</li> <li>○ Programs that combine workplace training with related instruction, which may include cooperative education programs</li> <li>○ Training provided by the private sector</li> <li>○ Skill Upgrading &amp; Retraining;</li> <li>○ Entrepreneurial Training;</li> <li>○ Transitional Job</li> <li>○ Job readiness training provided in combination with any of the above services</li> <li>○ Prerequisite training</li> <li>○ Apprenticeship training</li> <li>○ Remedial Training (ABE/ESL-TAA only)</li> <li>○ ABE or ESL in Combination with Training; Customized Training; Other Occupational Skills Training.</li> <li>○ Customized training conducted with a commitment by an employer or group of employers to employ an individual upon successful completion of training</li> </ul> <p><i>Do not record anything if the individual did not receive training services.</i></p>	<p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. Vendor training documentation</li> <li>2. Certificates indicating completion of the type of training service</li> <li>3. Information that is stored in the state case management system or the case file (including case notes) that provides evidence that the data element being verified is correct and is accurate for the client's period of participation (specific and detailed information including service provided, service provider and last date training was received)</li> </ol> <p><i>For all above: Must have paper or scanned documentation or detailed case notes</i></p>
<p><b>TYPE OF EMPLOYMENT MATCH 1ST, 2ND, &amp; 3RD QUARTERS AFTER EXIT QUARTER</b></p> <p>Customer's employment is validated.</p> <p><i>If wages are reported from supplemental data, staff must record in the state case management system that the customer achieved an employment outcome.</i></p>	<p>NOTE: Documentation requirements apply only if wages are reported from supplemental data.</p> <p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. Follow-up services recorded through appropriate state case management system processes with complete documentation.</li> <li>2. The state case management system screens with detailed case notes, documenting supplemental data sources including case management notes, automated data base systems, WorkOne operating systems' administrative records, surveys of participants, and contacts with employers.</li> </ol>

	<ol style="list-style-type: none"> <li>3. Participant surveys with complete documentation</li> <li>4. Record sharing and/or automated record matching with other employment and administrative databases</li> <li>5. Other out-of-state wage record systems</li> <li>6. Detailed Case Notes – paper or on-line statements by the case manager that identifies a customer’s status, the date on which the information was obtained and the case manager who wrote the case note and is accurate for the client’s period of participation. Supplemental data only</li> <li>7. Letter from employer</li> <li>8. Pay stub showing wages at the time of employment for the period of participation being reviewed.</li> </ol> <p><i>Applicant statement alone is not sufficient unless the applicant was included in a survey</i>  <i>For all above: Must have paper or scanned documentation or detailed case notes.</i></p>
<p><b>TYPE OF RECOGNIZED CREDENTIAL</b></p> <p>Record the type of recognized educational or occupational certificate, credential, diploma or degree attained by the individual who received training services: High School Diploma/GED; AA or AS Diploma/Degree; BA or BS Diploma/Degree; Occupational Skills Licensure; Occupational Skills Certificate or Credential; Other Recognized Educational or Occupational Skills Certificate/Credential.</p> <p><i>Do not record anything if the individual received training services but did not attain a recognized credential.</i>          Credentials must be attained either during participation or by the end of the fourth quarter after the quarter of exit from services (other than follow-up services).</p>	<p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. Detailed Case Notes – paper or on-line statements by the case manager that identifies a customer’s status, the date on which the information was obtained and the name of the case manager obtaining the information and is accurate for the client’s period of participation.</li> <li>2. Participant surveys with complete documentation</li> <li>3. Transcripts, certificates or diploma</li> </ol> <p><i>For all above: Must have paper or scanned documentation or detailed case notes</i></p>

TAA	
Data Element Definition of Description	Reporting Documentation Requirements
<p><b>TAA VETERAN STATUS</b></p> <ul style="list-style-type: none"> <li>• “Veteran - Less Than or Equal to 180 days” - the individual is a person who served in the active US military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.</li> <li>• “Eligible Veteran” - the individual served on active duty for a period of more than 180 days and:               <ul style="list-style-type: none"> <li>○ was discharged or released with other than a dishonorable discharge; or</li> <li>○ was discharged or released because of a service connected disability; or</li> <li>○ as a member of a reserve component under an order to active duty pursuant to Section 167(a), (d) or (g), 673(a) of Title 10 USC, served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.</li> </ul> </li> <li>• “Veteran - Other Eligible Person” - the individual is:               <ul style="list-style-type: none"> <li>○ The spouse of any person who died on active duty or of a service-connected disability;</li> <li>○ The spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 USC 101 and the regulations issued there under, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days:                   <ul style="list-style-type: none"> <li>▪ missing in action;</li> <li>▪ captured in the line of duty by a hostile force; or</li> <li>▪ forcibly detained or interned in the line of duty by a foreign government or power; or</li> </ul> </li> <li>○ The spouse of any person who has a total disability permanent in</li> </ul> </li> </ul>	<p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. Scanned or paper copy of DD-214</li> <li>2. Cross-match with Veterans Data</li> </ol> <p><i>For all above: Must have paper or scanned documentation or detailed case notes</i></p>

<p>nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.</p>	
<p><b>TAA MOST RECENT QUALIFYING SEPARATION</b></p> <p>Most recent date of qualifying separation from trade-certified employment that qualifies the individual to receive benefits and/or services under the Trade Act.</p>	<p><b>MATCH</b></p> <ol style="list-style-type: none"> <li>1. Layoff or Rapid Response Lists</li> <li>2. Notice of Termination</li> <li>3. Letter from Employer</li> <li>4. 855 Series paperwork (paperwork that ties the worker to a petition)</li> </ol> <p><i>Must have paper or scanned documentation - all documentation must be detailed and current for the specific period of participation.</i></p>
<p><b>TAA DATE OF APPLICATION</b></p> <p>Date on which the individual first applied for Trade Act services/benefits under the applicable certification.</p>	<p><b>MATCH</b></p> <ol style="list-style-type: none"> <li>1. Scanned or paper signed and dated Application for state case management system</li> <li>2. Detailed information must be present in the case management system sufficient to validate the data item (a checkmark does not work) and to show the information was current as of date the information was required to be collected for the specific period of participation.</li> <li>3. .</li> </ol>
<p><b>TAA DATE OF EXIT</b></p> <p>The date on which the last service funded by the program or a partner program is received by the customer. Once a customer has not received any services funded by the program Or a partner program for 90 consecutive calendar days and has No gap in services and is not scheduled for future services, the Date of Exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program. Basic Career Services and follow-up services do not extend the period of participation.</p>	<p><b>MATCH</b></p> <ol style="list-style-type: none"> <li>1. Documentation of services in case file or detailed case notes.</li> </ol>
<p><b>TAA PETITION NUMBER</b></p> <p>The petition number of the certification that applies to the individual's group. If there is more than one petition number (for example, certifications under</p>	<p><b>MATCH</b></p> <ol style="list-style-type: none"> <li>1. Scanned or paper signed and dated application for state case management system. Detailed information showing the information</li> </ol>

<p>both TAA and NAFTA-TAA programs), record the petition number of the program from which the training is paid, unless a waiver is issued. Do NOT include any alphanumeric suffix; record the petition number ONLY.</p>	<p>was current as of the date the information was required to be collected for the specific period of participation. .</p> <ol style="list-style-type: none"> <li>2. Worker group certification in case file</li> </ol>
<p><b>TAA DATE ENTERED TRAINING</b></p> <p>Date when the customer's Trade approved training began.</p>	<p><b>MATCH</b></p> <ol style="list-style-type: none"> <li>1. Detailed Case Notes</li> <li>2. TAA Training Application &amp; Determination Form</li> <li>3. Detailed information must be present in the case management system sufficient to validate the data item (a checkmark does not work) and to show the information was current as of date the information was required to be collected for the specific period of participation.</li> <li>4. Attendance Lists</li> </ol>
<p><b>TAA DATE COMPLETED OR WITHDREW FROM TRAINING</b></p> <p>The date on which the customer completed training or withdrew from training. If multiple training services were received, record the most recent date on which the individual completed or ended training.</p>	<p><b>MATCH</b></p> <ol style="list-style-type: none"> <li>1. TAA Exit Request Form</li> <li>2. Vendor training documentation in case file</li> <li>3. Training plan</li> <li>4. Detailed Case Notes</li> </ol> <p><i>Must have paper or scanned documentation - all documentation must be detailed and current for the specific period of participation.</i></p>
<p><b>TAA TRAINING COMPLETED</b></p> <p>Record if the customer completed approved training or did not complete training (withdrew).</p> <p><i>Do not record anything if the individual did not receive training services or if the customer has not yet completed training.</i></p>	<p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. Detailed information must be present in the case management system sufficient to validate the data item (a checkmark does not work) and to show the information was current as of date the information was required to be collected for the specific period of participation.</li> <li>2. Case Notes about communications with program</li> <li>3. TAA Exit Request Form</li> <li>4. Vendor training documentation in case file</li> <li>5. Applicant statement</li> <li>6. UI records</li> </ol>

<p><b>TAA DATE RECEIVED FIRST BASIC TRA PAYMENT ALLOWANCE (TRA-B)</b></p> <p>Date upon which the customer received their first Basic Trade Readjustment Allowances (TRA-B) payment.</p>	<p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. State UI Records of TRA checks issued</li> <li>2. Detailed information must be present in the case management system sufficient to validate the data item (a checkmark does not work) and to show the information was current as of date the information was required to be collected for the specific period of participation.</li> </ol> <p><i>All documentation must be detailed and current for the specific period of participation.</i></p>
<p><b>TAA WAIVER FROM TRAINING REQUIREMENT</b></p> <p>Record the reason for issuance if a waiver from the Training Requirement is issued.</p> <p><u>Do not record anything if the individual did not receive a training waiver or is not a Trade-eligible client.</u></p>	<p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. Case file documentation that includes initial approval and renewals at 30-day intervals</li> <li>2. Waiver of the training requirement form</li> <li>3. State UI records of TRA checks</li> </ol> <p><i>All documentation must be detailed and current for the specific period of participation.</i></p>
<p><b>TAA EMPLOYED 1ST 2, &amp; 3RD QUARTERS AFTER EXIT</b></p> <p>Customer was employed/not employed in the 1st and 3rd quarters after exit.</p> <p>No staff action required unless supplemental data is used.</p> <p>If wages are reported from supplemental data, staff must record in the state case management system that the customer achieved an employment outcome.</p>	<p>NOTE: Documentation requirements apply only if wages are reported from supplemental data:</p> <p><b>SUPPORT</b></p> <ol style="list-style-type: none"> <li>1. The state case management system screens with detailed case notes, documenting supplemental data sources including case management notes, automated data base systems, WorkOne operating systems' administrative records, surveys of participants, and contacts with employers as defined in TEGl 17-05 that is accurate for the client's period of participation..</li> <li>2. Letter from employer</li> <li>3. Pay stub showing wages at the time of employment for the period of participation being reviewed.</li> </ol>

## Attachment E

### Participant Barrier Definitions

Section 116 (b)(3)(A)(v)(II)(bb) lists participant characteristics that will be factored into adjusted levels of performance (in addition to general economic conditions). Although USDOL has not yet defined these barriers, DWD is providing definitions to allow the state to begin base-lining services to individuals that the Act identifies as “most in need” prior to negotiating performance targets for PY 16. The definitions were designed to require minimal changes to the current case management system.

- **Indicators of poor work history.** “Limited Work History/Experience” is currently collected as a “yes/no” response on the application. DOL had defined the term under the Job Training Partnerships Act (JTPA) as “having worked no more than 3 consecutive months in the past 12 calendar months. For this purpose, we are further defining ‘worked no more than 3 consecutive months’ as having worked full-time in unsubsidized employment for 13 consecutive weeks for the same employer.” Full time means working 32 hours per week or more. DWD will adopt this definition for PY 15.
- **Lack of work experience.** The Act lists this barrier separately from “poor work history,” while DWD’s application combines the two. Since separating the two is not critical, the adjustment will be made to the state case management system after July 1. Lack of work experience will be defined as having not worked more than 6 months in unsubsidized employment within the past ten years.
- **Lack of educational or occupational skill attainment.** The application collects data for *limited education* as a yes/no response, but without defining it. DWD proposes to define lack of educational attainment as having the same meaning as *basic skills deficient*, which is being added to the current case management system for priority of service considerations. DWD is defining “Basic skills deficient” for adults as:
  - Lacks a high school diploma or equivalency and is not in secondary school; **or**
  - Scores 8.9 or below on the TABE; **or**
  - Is enrolled in Title II adult education (including enrolled for ESL); **or**
  - Has poor English language skills (and would be appropriate for ESL even if the individual isn’t enrolled at the time of WIOA entry into participation); **or**
  - Is WorkINdiana eligible (Title II participants are eligible for WorkINdiana up to a year after completion of HSE); **or**

- The case manager makes detailed observations of deficient functioning and records those detailed observations as justification in a case note.

*Lack of occupational skill attainment* has no near equivalent in data that is currently collected.

For simplicity and to minimize changes to the current case management system, *lack of occupational skill attainment* will be defined as not having any of the above. Case managers will not need to do anything differently; DWD will extract the number of participants lacking occupational skill attainment from the responses to “highest grade completed.”

- **Dislocation from High Wage and High Benefit Employment** is neither included on the current application nor defined. DWD proposes to define it as dislocation from a job that paid above the median wage for the region. At a future point, a link to Hoosiers by the Numbers may be established to make the determination, but the change, if any, would not be made until after July 1 because it is not needed for eligibility.
- **Low levels of literacy or English Proficiency.** DWD proposes to capture this barrier through data on individuals meeting the definition of basic skills deficient.
- **Disability status** is already collected on the application as yes/no and will remain so.
- **Homelessness** is currently collected as yes/no and will remain so. It is defined in the Act.
- **Ex-offender status** is currently collected as yes/no and will remain so. “Offender” is defined in the Act.
- **Welfare dependency** is currently collected as yes/no.