INTAKING A CLIENT

In order to enroll a client into OEWD-funded services and input information into WorkforceCentral, you must first complete the proper intake procedures.

1. Meet with client (in-person or virtually) to assess their needs and discuss services.
2. Collect signed documentation from the client.
3. Gather signed documentation and input the information in WorkforceCentral.
4. Maintain all documents (hard or electronic) in individual client case files.

Required Documents:

1. OEWD **Master Application** — all clients
2. Signed **Release of Information** form—all clients
3. Signed **Participant Rights and Responsibilities** form—all clients
4. WIOA Title 1 Eligibility Verification form – all clients
5. Signed Individual Employment Plan – all WIOA Adult/Dislocated clients
6. Signed Individual Service Strategy – all WIOA Youth/Young Adult clients
7. WIOA Youth Eligibility Checklist – all WIOA Youth/Young Adult clients

Best Practice(s)/Tip(s):

★ You may download templates for all required documents from: OEWD Workforce Development Downloadable Forms.

★ **All intake steps** must be followed for data entry into WorkforceCentral, but you may allow for time between steps to either to allow a client to retrieve information or for you to be certain then client is ready to be enrolled in services.

USER ACCOUNTS

Creating a New WorkforceCentral User Account

To create a WorkforceCentral user account, complete the **New User Form** and submit to your OWED program manager.

Resetting Your Password

If you forget your password, you can reset your password from the WorkforceCentral login screen.

1. Select the **Forgot Password?**

2. Enter your registration email address and select **Submit**. You will be sent a link to reset your password.

3. Follow the email link and enter and confirm your new password.

Account Lockout

If a user has not accessed the system in **90** days, then the user will be locked out of WorkforceCentral. To unlock your account, select the **Forgot Password?** link on WorkforceCentral login screen and follow the same instructions used to reset your password.

Removing a User Account

User accounts can be removed by completing the **Remove User Form** and submitting to your OWED program manager. Please complete and return this form promptly if a staff member leaves your agency.

Logging Into WorkforceCentral

1. Navigate to WorkforceCentral
2. Enter User Name
3. Enter Password
4. Click Log In
5. **Accept user terms and conditions**

REGISTERING A CLIENT

Searching for a Client

A client should only be registered in WorkforceCentral once. Before registering a new client in WorkforceCentral, first search for a client using the **Search Client** feature on the home page..

To search for a client:
1. From the **Home** page, under the **Search Client** tab, enter the client's:
- Firstame
- Last Name
- Date of Birth

Best Practice(s)/Tip(s):
★ You can search using any one of the search fields. For example, you can search just using last name or date of birth.

★ A client might have multiple profiles. WorkforceCentral cannot distinguish "ALL UPPER CASE", "all lower case" even they are the same client. Search several times using only "First Name", "Last Name", "Date of Birth" or even first few letters of the first or last name to avoid duplication of client profile.

2. Select the **Search** button.
   If the client **is registered** in WorkforceCentral, they will be listed to the right of the search fields. You **do not need to re-register** the client.

If the client **is not registered,** no results will be shown. You **need to register** client.

Best Practice(s)/Tip(s):

★ **Client Registered More than Once:** If a client is registered in Workforce Central more than once, choose the registration with the most recent intake date.

Selecting a Client
You must select a client before you create a client application and add client activities.

To select a client:
1. Select the **Select** button in the **Search Client** menu. The client information will then be listed in the **Client Details** section.

Registering a New Client

Before registering a new client in WorkforceCentral, make sure that they are not already registered by first **searching for them using the client search feature**.

Before a client application can be entered into WorkforceCentral and enrolled in client services, a client must be registered.

To register a new client:
1. Click **Add New Client** at the top of the menu items.

2. On the **Process Pending Clients** screen, enter client information into the 5 fields:
- First Name
- Last Name
- Date of Birth
- Zip Code (Optional)
- Last Four of Social Security Number (If last four digits of Social Security Number is not available, use checkbox)

First Name	
Last Name	
Date of Birth (MM/DD/YYYY)	
ZIP Code (Optional)	
Last four Digits of Social Security Not Available	☐
Last Four Digits of Social Security Number	

Save

3. Click **Save** Button.

Best Practice(s)/Tip(s):

★ **Client Already Registered in System:** If you attempt to register a client that is already registered in WorkforceCentral, you will get a message that indicates that the client may already be registered based on the client information that you provided. Please review the client information and use the existing client registration if it is the same client.

CLIENT ENROLLMENT

Creating a WIOA Client Application

Entering a client application is the first step of the **two-step enrollment process**. The second step of the enrollment process is adding a client activity. A client is enrolled when both the client application is entered into WorkforceCentral and at least one activity is added.

Best Practice(s)/Tip(s):

★ To create an application, a client must first be registered and selected.

★ Before you enter a client application into WorkforceCentral, you may want to wait until the client has passed your organization's probationary period and you are ready to add a client activity.

★ Ensure the paper application is completely and accurately filled out. WorkforceCentral client data entry must match the paper application.

1. From the **Enrolled Programs** menu, select **All Processes.**

2. From the **All Processes** page, select **Create WIOA Application** at the bottom of the screen.

(Maximum characters: 2000) You have 2000 characters left.

Create Application | **Create WIOA Application** | **Create P2E Application** | **Other Application**

3. Enter the client data from the paper application into the data fields. Please note, there are a total of **4 Application Details pages to enter client data into.**

Application Details (p.1)

Modification Type	⦿ New Application
	◯ Updated Application
* Application Date	01/03/2023
Application Number	
* Application Type	⦿ Adult Application
	◯ Youth Application
	◯ Dislocated Worker Application
Date of Eligibility for ADULT APPLICATION (MUST MATCH APPLICATION DATE)	01/03/2023
Date of Eligibility for YOUTH APPLICATION (MUST MATCH APPLICATION DATE IF YOUTH APPLICATION)	
Date of Eligibility for DISLOCATED WORKER APPLICATION (MUST MATCH APPLICATION DATE)	
Incumbent Eligibility Date	

Provider has **25 days** to submit WFC application from the application date.

Provider has 30 days after submitted application to add activity.

Select appropriate Application Type based on eligibility determination:
- Adult Application = WIOA Adult (201)
- **Youth Application = WIOA Youth (301)**
- Dislocated Worker Application = WIOA Adult Dislocated Worker (501)

Auto-generated as the same date of the application date

Application Details (p.1) continued…

Agency Code	176
Agency	Goodwill Industries, Inc.

Auto-generated with the provider's information

* Application Funding Source	⦿ WIOA Only
Staff ID	achan
* First Name	Barney
Middle	

Auto-generated with the information from client registration

* Last Name	MacNulty_test
* Social Security Number	*****6789
	Social Security Number Not Available

Double check this matches the SS Card. Reach out to your OEWD Program Specialist for edits are need.

WFC may be rejected if it **does not** match.

Application Details (p.1) continued…

* Residential Street Address 1	12345 Main St
* City	SAN FRANCISCO
* State	California
* Zip	94117
* County/Parish	--Please Select--
* Country	United States
Resident of Public Housing	○Yes ○No
Resident of Section 8 Housing	○Yes ○No
* Phone Number	
Extension	
* Phone Type	○Cell/Mobile Phone ○Relatives Phone ○Work Phone ○Not identified ○Home ○Other
Primary Phone Mode	○Voice ○TTY ○Voice/TTY ○Videophone
Email	

Use client data from paper application to complete. Must match.

Application Details (p.1) continued…

* Mail Address Line 1	12345 Main St
* Mail City	SAN FRANCISCO
* Mail State	California ⌄
* Mail Zip	94117
* Mailing County	--Please Select-- ⌄
* Mailing Country	United States ⌄
* Date Of Birth	10/04/1988 Use client data from paper application to complete. Must match.
* Age	34
* Sex at Birth	○ Male ○ Female ○ Did Not Self-identify
* Gender	○ Male ○ Female ○ Did Not Self-identify (Unspecified) ○ Genderqueer/Gender Non-binary ○ Trans Female ○ Trans Male ○ Not Listed. Please Specify in Box Below
If not listed, please specify:	

Application Details (p.1) continued...

Sexual Orientation or Sexual Identity	○ Straight/Heterosexual ○ Gay/Lesbian/Same-Gender-Loving ○ Bisexual ○ Questioning/Unsure ○ Not Listed: Please specify ○ Decline to Answer
* Selective Service	○ Yes ○ No ○ Documented exemption from registration ○ Not applicable
* Citizenship	○ Citizen of U.S. or U.S. Territory ○ Alien/Refugee Lawfully Admitted to U.S. ○ U.S. Permanent Resident ○ None of the above
Alien Registration Number	
Alien Expiration Date	
* Hispanic	○ Yes ○ No ○ Information Not Provided
Hawaiian Native	○ Yes ○ No ○ Information Not Provided

Use client data from paper application to complete. Must match.

Must upload supporting document(s) checked on Youth Eligiblity Checklist

Required if the client is not a US citizen. WFC application may be rejected if you do not provide.

Application Details (p.1) continued…

* Race 1(If additional races were selected, list them below. If not, leave Race 2-5 blank.)	○White ○African American/Black ○American Indian/Alaskan Native ○Asian ○Hawaiian/Other Pacific Islander ◉I do not wish to answer.
Race 2	○White ○African American/Black ○American Indian/Alaskan Native ○Asian ○Hawaiian/Other Pacific Islander ○I do not wish to answer.
Race 3	○White ○African American/Black ○American Indian/Alaskan Native ○Asian ○Hawaiian/Other Pacific Islander ○I do not wish to answer.
Race 4	○White ○African American/Black ○American Indian/Alaskan Native ○Asian ○Hawaiian/Other Pacific Islander ○I do not wish to answer.
Race 5	○White ○African American/Black ○American Indian/Alaskan Native ○Asian ○Hawaiian/Other Pacific Islander ○I do not wish to answer.

Use client data from paper application to complete. Must match.

Application Details (p.1) continued…

Ethnicity (Required if Asian is selected in Race 1-5)	☐ Indian
	☐ Pakistani
	☐ Bangladesh
	☐ Sri Lankan
	☐ Nepalese
	☐ Sikkimese
	☐ Bhutanese
	☐ Japanese
	☐ Chinese
	☐ Korean
	☐ Malaysian
	☐ Thai
	☐ Laotian
	☐ Cambodian
	☐ Vietnamese
	☐ Other Asian
	☐ Filipino
	☐ Hawaiian/part Hawaiian
	☐ Samoan
	☐ Micronesian
	☐ Palauan
	☐ Marshallese
	☐ Guamanian
	☐ Other Pacific Islander
Do you primarily speak a language other than English?	○ Yes
	○ No

Use client data from paper application to complete. Must match.

Application Details (p.1) continued…

What is that Language?	
	○ American Sign
	○ Amharic
	○ Apache
	○ Arabic
	○ Bengali
	○ Chinese
	○ French
	○ German
	○ Greek
	○ Haitian Creole
	○ Hindi
	○ Hopi
	○ Italian
	○ Japanese
	○ Korean
	○ Latin
	○ Malay
	○ Navajo
	○ Persian
	○ Polish
	○ Portuguese
	○ Pueblo
	○ Russian
	○ Spanish
	○ Tagalog
	○ Tewa
	○ Thai
	○ Tiwa
	○ Towa
	○ Turkish
	○ Urdu
	○ Vietnamese
	○ Yiddish
	○ Zuni
	○ Other Language

Use client data from paper application to complete. Must match.

Application Details (p.1) continued…

Other Language, Please Specify	
* Do you consider yourself to have a disability?	○ Yes ◉ No
Category Of Disability List	☐ Physical/Chronic Health Condition ☐ Physical/Mobility Impairment ☐ Mental or Psychiatric Disability ☐ Vision-related Disability ☐ Hearing related Disability ☐ Learning Disability ☐ Cognitive/Intellectual Disability ☐ Participant did not disclose type of disability
Received SSDA	○ SDDA ○ No ○ Unknown
Received LSMHA	○ LSMHA ○ No ○ Unknown
Received HCBS	○ HCBS Waiver ○ No ○ Unknown
DisabilityWorkSetting	○ Competitive Integrated Employment ○ Individual Supported Employment ○ Group Supported Employment ○ Sheltered Workshop ○ Combination of two or more settings ○ Not Employed ○ Unknown

Use client data from paper application to complete. Must match.

Application Details (p.1) continued…

CustomizedEmploymentServices	○ Discovery assessment services ○ Development of a customized employment search plan ○ Employer negotiation services ○ Secured employment as a result of receiving customized employment services and received extended support services ○ No CFS Services ○ Unknown
DisabilityFinancialCapability	○ Benefit Planning Services ○ Financial capability/asset Services ○ Benefit planning services and financial capability/asset development Services ○ No ○ Unknown
Section504Plan	○ Yes ○ No ○ Unknown
ReceivedVRServices	○ Yes ○ No ○ Unknown
FarmworkerStatus	○ Farmworker ○ Migrant ○ Migrant Farmworker ○ No ○ Information not disclosed (inactive)
Eligible migrant and seasonal farmworker as defined in WIOA Sec 167(i)	○ Yes ○ No
FarmworkerType	○ Agricultural Production and Services ○ Food Processing Establishments ○ Information not disclosed (inactive)
* MigrantSeasonalFarmworkerStatus	○ 1 - Seasonal Farmworker ○ 2 - Migrant and Seasonal Farmworker ○ 3 - A dependent of a seasonal or migrant and seasonal farmworker ○ 0 - No

Use client data from paper application to complete. Must match.

Be sure to click Insert Button to save.

Insert Cancel
Click Insert only once. Multiple

Application Details (p.2)

Staff ID	achan
"Veteran Information"	
* Veteran Status	○ Yes <= 180 days ○ Yes, Eligible Veteran ● No ○ Yes, Other Eligible Person
* Are you the spouse of a member of the armed forces who is on active duty?	○ No ○ Yes
Modification Type	● New Application ○ Updated Application
* Individual is a Transitioning Service Member	○ Yes ● No
* Type of Transitioning Service Member	● Not Applicable ○ Within 24 months of retirement ○ Within 12 months of discharge
Estimated Discharge Date	_____
Served more than 1 tour of duty	○ Yes ○ No
ServiceBeginDate1	_____
ServiceEndDate1	_____
ServiceBeginDate2	_____
ServiceEndDate2	_____
ServiceBeginDate3	_____
ServiceEndDate3	_____

Use client data from paper application to complete. Must match.

Application Details (p.2) continued…

* Campaign Veteran	○ Yes ◉ No
* Disabled Veteran	○ Yes, Disabled ○ Yes, Special Disabled (greater than 30%) ◉ No
Post 9/11 Veteran	○ No ○ Yes
Recently Separated Veteran	○ Yes ○ No
Veteran Separation Date	[_____] 📅
* HomelessVeteran	○ Yes ○ No
* VetVocRehab	○ Yes ○ No ○ Unknown
Attended a Transition Assistance Program (TAP) workshop	○ Yes ○ No

Use client data from paper application to complete. Must match.

Application Details (p.2) continued…

"Employment"	
Employment Status	○ Employed ○ Not Employed ○ Employed, but received notice of termination of employment or military separation
Number of Weeks Unemployed	
Current Hourly Wage	
If employed are you under employed?	○ Yes ○ No ○ Not Applicable
Have you been unemployed for 27 weeks or more	○ Yes ○ No
* Unemployment Compensation	○ Yes, Claimant, referred by WPRS ○ Yes, Claimant, not referred by WPRS ○ Yes, Exhaustee of benefits ○ No, Neither Claimant nor Exhaustee ◉ Not Applicable

Use client data from paper application to complete. Must match.

Reason For Layoff	○ Category 1 – Terminated or Laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements to UC and is unlikely to return to previous industry or occupation.
	○ Category 2 - Terminated or laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment, but is not eligible for UC due to insufficient earnings, or the employer is not covered under the state UC law, and is unlikely to return to previous industry or occupation.
	○ Category 3 – Terminated or Laid off, or has received notice of termination or layoff, from employment as result of permanent closure of, or substantial layoff at a plant, facility or enterprise.
	○ Category 4 – Individual is employed at a facility at which the employer has made a general announcement that the facility will close. Enter the date the facility will close (if known) in the Projected Layoff Date below.
	○ Category 5 – Previously Self-employed (including farmers, ranchers and fisherman) but is unemployed due to general economic conditions in the community of residence or because of natural disaster.
	○ Category 6 - Displaced Homemaker: An individual 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; or is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment , or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
	○ Category 7 - The spouse of a member of the Armed Forces on active duty, and who has experienced a loss of employment as a result of relocation to accommodate a permanent change in duty station of such member.
	○ Category 8 - The spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
	○ None of the above. Termination/layoff does not qualify individual for Dislocated Worker program.
Dislocated Worker Emplyment Status	○ 1 - Employed
	○ 2 - Employed, but received notice of termination of employment or military separation
	○ 3 - Not Employed

Use client data from paper application to complete. Must match.

Application Details (p.2) continued…

* UIReferredByStatus	○ WPRS ○ REA ○ RESEA ○ Not Applicable
* ClaimantExemptFromWorkSearch	○ Yes ○ No
ClaimantExemptFromWorkSearchDate	[ ] 📅
If working, does your job lack opportunity to advance or have a wage gain?	○ Yes ○ No
Received a termination or layoff notice	○ Yes ○ No
Projected Layoff Date	[ ] 📅
Actual date of Layoff	[ ] 📅
* Did you attend a group Rapid Response Orientation	○ Yes ◉ No

Use client data from paper application to complete. Must match.

Application Details (p.2) continued…

Most Recent Date Attended Rapid Response Service	
Rapid Response #	
Dislocation Employer	
Dislocation Hourly Wage	
Dislocation Employer Address 1	
Dislocation Employer Address 2	
Employer City	
Employer State	--Please Select--
Employer zip Code	
LayOff Industry - NAICS Code	
LayOff Occupation Title - ONET	
LayOff Occupation Code - ONET	
Is your past work in a Declining Occupation or Industry?	○Yes ○No

Use client data from paper application to complete. Must match.

Application Details (p.2) continued...

* Highest Grade Completed
Attained High School Diploma ▾

* School Status
- ○ In-school, High School or less
- ○ In-school, Alternative School
- ○ In-school, Postsecondary School
- ○ Not attending school, or H.S. Dropout
- ◉ Not attending school, H.S. Graduate or has a recognized equivalent.
- ○ Not attending school; within age of compulsory school attendance.
- ○ Not identified (inactive)

* Highest School Grade Completed
- ○ 00 - No School Grade Completed
- ○ 1st Grade Completed
- ○ 2nd Grade Completed
- ○ 3rd Grade Completed
- ○ 4th Grade Completed
- ○ 5th Grade Completed
- ○ 6th Grade Completed
- ○ 7th Grade Completed
- ○ 8th Grade Completed
- ○ 9th Grade Completed
- ○ 10th Grade Completed
- ○ 11th Grade Completed
- ◉ 12th Grade Completed

* Highest EduLevel Completed
- ○ 1 - Attained secondary school diploma
- ○ 2 - Attained a secondary school equivalency
- ◉ 3 - Participant with a disability received a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP)
- ○ 4 - Completed one or more years of postsecondary education
- ○ 5 - Attained a postsecondary technical or vocational certificate (non-degree)
- ○ 6 - Attained an Associate's degree
- ○ 7 - Attained a Bachelor's degree
- ○ 8 - Attained a degree beyond a Bachelor's degree
- ○ 0 - No educational level completed

Use client data from paper application to complete. Must match.

All four entries should match with each other. For Example,

Highest Grade Completed:
Bachelor's degree or equivalent

School status:
SHOULD NOT BE
1. In-school, High School or less
2. In-school, Alternative School
4. Not attending school, or H.S. Dropout

Highest School Grade Completed:
12th Grade Completed

Highest Edu Level Completed:
Attained a Bachelor's Degree

Application Details (p.2) continued…

* WasHSDorEquivReceived	● Yes ○ No ○ Not Identified
* AttendingAnySchool	○ Yes ● No
Has Secondary School Diploma	○ Yes ○ No ○ Did Not Identify
* Enrolled in Education	○ Yes ● No
Attending any school	○ In-school, H.S. or less = 1 - In-School ○ In-school, Alternative School = 1 - In-School ○ In-school, Post H.S. and NOT Basic Skills Deficient = 1 - In-School ○ In-school, Post H.S. AND Basic Skills Deficient = 0 - Out-of-School ○ Not attending school, H.S. Dropout = 0 - Out-of-School ● Not attending school, H.S. Graduate = 0 - Out-of-School
Most Recent Date Attended Secondary School	
Within Compulsory school age	○ Yes ○ No

Use client data from paper application to complete. Must match.

Application Details (p.2) continued…

"Additional Information"	
* DisplacedHomemaker	○ Yes ◉ No
English Language Learner	○ Yes ○ No
* SingleParent	○ Yes ◉ No
* Homeless	○ Yes ◉ No
* Runaway	○ Yes ◉ No
* Offender	○ Yes ◉ No
Youth Incarcerated	○ Yes ○ No
Youth Released	[ ]
* Parenting Youth	○ Yes ◉ No
* Foster Child	○ Yes ◉ No

Use client data from paper application to complete. Must match.

Application Details (p.2) continued…

Eligible under Section 477 of Social Security Act	○ Yes ○ No
Out of Home Placement	○ Yes ○ No
Poor work history (unemployed a total of 13 weeks in the last year)	○ Yes ○ No
Lack transportation	○ Yes ○ No
Suspended License	○ Yes ○ No
Lacks childcare	○ Yes ○ No
Lacks healthcare	○ Yes ○ No
Spousal abuse victim	○ Yes ○ No
Youth currrently living in a high-poverty area	○ Yes ○ No
Youth currently receives, or is eligible to receive, free or reduced lunch	○ Yes ○ No

Use client data from paper application to complete. Must match.

Application Details (p.2) continued…

* Basic Skills Deficient	○ Yes ◉ No
* Substance Abuse	○ Yes ○ No
* GangStatus	◉ N/A ○ Gang Member ○ Gang Involved ○ At Risk Gang Involvement
* Youth Incarcerated Parent	○ Yes ◉ No
Parolee Number (If General Fund Application please put: NA	[ ]
* CulturalBarriers	○ Yes ○ No ○ Not Provided
* GovernorSpecial	○ Yes ○ No ○ Not Provided-Do not use
Meets the Additional Priorities established by the Governor and/or Local Board	○ Yes ○ No ○ Not Provided
H1B Only	H1B Only
Unemployed more than 27 weeks	○ No ○ Yes

Use client data from paper application to complete. Must match.

Application Details (p.2) continued…

"Employment History"	
Company Name	
Location	
Job Title (Occupation)	
Start Date	
End Date	
Company Name	
Location	
Job Title (Occupation)	
Start Date	
End Date	
Company Name	
Job Title (Occupation)	
Start Date	
End Date	

Use client data from paper application to complete. Must match.

Be sure to click Insert Button to save.

Insert   Cancel

Click Insert only once. Multiple click will issue duplicate record(s).

Application Details (p.3)

* ReceivingAdultEduServices	○ 1 – Yes ○ 0 – No ○ 2 – Did not self-identify
* ReceivingYouthBuildServices	○ 1 – Yes ○ 0 – No ○ 2 – Did not self-identify
Youth Build Grant Number	[_____]
* ReceivingJobCorpsServices	○ 1 – Yes ○ 0 – No ○ 2 – Did not self-identify
* ReceivingVocEduServices	○ 1 – Yes ○ 0 – No ○ 2 – Did not self-identify
* IndEduProgramParticipant	○ 1 – Current IEP ○ 2 – Previous IEP ○ 0 –Not applicable
* TANF	○ Yes ○ No
* TANFRECIPIENT	○ 1 – Applicant ○ 2 – Family Member ○ 9 – Not applicable
* TanfWithin2	○ Yes ◉ No ○ Not Provided

Use client data from paper application to complete. Must match.

Application Details (p.3) continued…

* Receiving Supplemental Security Income (SSI)	○Yes ○No
* SSIRECIPIENT	○1 – Applicant ○2 – Family Member ○9 – Not applicable
* SSDI	○Yes ○No
* Refugee	○Yes ○No
* RefugeeCashRecipient	○1 – Applicant ○2 – Family Member ○9 – Not applicable
* Receiving General Assistance	○Yes ○No
* GeneralAssistanceRecipient	○1 – Applicant ○2 – Family Member ○9 – Not applicable
* FoodStampsSNAP	○Yes ○No
SNAPServices	○Yes ○No ○Unknown
TicketToWork	○Yes ○No ○Unknown

Use client data from paper application to complete. Must match.

Application Details (p.3) continued…

* Receiving or been notified of Pell Award	○ Yes ○ No
* Youth Requires Additional Assistance	○ Yes ○ No
* Family Size	[ ]
* AnnualFamilyIncome	[ ]
* LowIncome	○ Yes ○ No
Youth who is High School or Less, and is below school grade for age (for 5% exception only)	○ Yes ○ No
* Youth Facing Serious Barriers to Employment (for 5% exception only)	○ Yes ○ No

WIOA Income Guideline is for 6 months, be sure to double that to get the ANNUAL family income for this field.

Be sure to click Insert Button to save.

Insert Cancel

Click Insert only once. Multiple click will issue duplicate record(s).

Application Details (p.4)

* Employment Status at time of Participation	○ Employed ○ Not Employed ○ Employed, but received notice of termination of employment or military separation
* UC/UI Eligibility Status at Participation	○ Not Applicable ○ Eligible claimant referred by WPRS ○ Eligible claimant not referred by WPRS ○ Exhaustee ○ Neither claimant or exhaustee
School Status at Participation	○ In-school, H.S. or less ○ In-school, Alternative School ○ In-school, Post-H.S. ○ Not attending school, H.S. Dropout ○ Not attending school, H.S. Graduate

Use client data from paper application to complete. Must match.

Be sure to click Insert Button to save and then

<< Back to All Processes Main Page

Insert **Cancel**

Click Insert only once. Multiple click will issue duplicate record(s).

4. Select File Upload button

Card ID: 200077977

OEWD Applications | **Client Info** | **Contact** | **File Upload**

5. Attach the application forms and all required supporting eligibility documents (ie: income verification, Title 1, etc)

    Best Practice(s)/Tip(s):
    - ★ You can only attach one file at a time.

    - ★ Best practice is to scan all documents into one file to upload and attach.

    - ★ Be sure to upload all required documents and supporting eligibility documents (from WIOA Tile I or WIOA Youth Eligibility Checklist).

<table>
<tr><td>* File Type</td><td>☐ Photo Release
☐ Right to Work Document
☐ Rights and Responsibilities
☐ Title I Eligibility
☐ Selective Service
☐ Income Verification
☐ Dislocated Worker verification
☐ Proof Of Age
☐ Additional Barriers
☐ Proof Of Residency
☐ Pre-Test Document
☐ Verification for Entry into Post-Secondary Education or Training
☐ Verification of Degree Attainment/Diploma/Cerificate
☐ Employment Verification
☐ Code of Conduct (Rules)
☐ Cover Letter
☐ Master Application
☐ One Stop Self-Assessment
☐ Other
☐ Release of Information
☐ Resume
☐ Step 2 Success</td></tr>
<tr><td>* Description</td><td></td></tr>
</table>

Be sure to click Insert Button to save.

Choose File

Insert Cancel
Click Insert only once. Multiple click will issue duplicate record(s).

6. On the Home page, click the **Select** button and then scroll down to the bottom of the application to submit the application for review.

Hide Client Details

Client Name: MacNulty, Barney

Card ID:

OEWD Applications | Client Info | Contact | File Upload

Client Applications

		Status	Application Date	Application Number	Agency Code	Agency
Select	Application Details	Voided	05/02/2022	4060747	123	San Francisco Conservation Corps

7. Check the Actions section at the bottom of application for notes from OEWD staff.

   Best Practice(s)/Tip(s):
   - ★ Please allow 3 business days for our data team to review and approve the application. Once application is approved, the status will be updated as **Active** and "application number" issued.

   - ★ Consistently check the status of the application for approval or notes from OEWD staff. Immediately add an activity as soon as the application is active.

Actions

Date	Submitted By	Status	State
10/5/2022 9:30:00 AM	Andrew, Chung	Exit Approved	Exited
10/4/2022 11:03:00 AM	Andrea, Rose	Exit Submitted	Exit Submitted
10/4/2022 11:03:00 AM	Andrea, Rose	Exit Form Created	ReadyForExit
10/4/2022 11:01:00 AM	Andrea, Rose	Activity Created	Active
10/4/2022 11:01:00 AM	Andrea, Rose	Enrollments Completed	ReadyForExit
10/4/2022 11:00:00 AM	Andrea, Rose	Activity Created	Active
10/4/2022 11:00:00 AM	Andrea, Rose	Application Form Status change From Active to Enrolled	Enrolled
10/4/2022 10:10:00 AM	Andrew, Chung	Certifier Approved Application	Active
10/3/2022 3:43:00 PM	Andrea, Rose	WIA Application Submitted for Certifier Review	Submitted
10/3/2022 3:38:00 PM	Andrea, Rose	WIA Created	Created

ADDING A CLIENT ACTIVITY

Client activities are used to document client service delivery. Adding a client activity is the **second step of the client enrollment process**. A client is not considered enrolled into a program until at least one activity is added.

- Client activities are defined by your agency's scope of work
- A client may be enrolled in multiple activities
- All client activities must be completed before a client is exited from enrollment

To add a client activity:

1. Once an application number is issued, from the **Enrolled Programs** menu, select **Search Applications**

2. Type application number into the field and click **Search WFC Applications** button

3. From the **Client Applications**, select the **Application** to which the activity will added.

		Status	Application Date	Application Number	Agency Code	Agency	Application Funding Source
Select	Application Details	Enrolled	11/20/2022	4065826	244	Toolworks, Inc.	WIOA Only (1)
Select	Application Details	Exited	12/14/2020	4052480	244	Toolworks, Inc.	General Fund Only (3)
Select	Application Details	Voided	02/01/2018		244	Toolworks	General Fund Only (3)

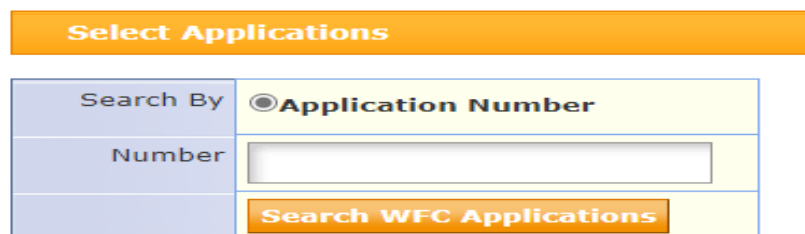**Client Applications**

4. Scroll down to the bottom and select **Add Activity Form** at the bottom of the screen.

(Maximum characters: 2000) You have 2000 characters left.

Upload File | Add Activity Form | Add Credential Page | Add Measureable Skills Gain | Add Test Score | Add Goals | Add Pre Exit Form | Complete Enrollment Process | Send Notification | Complete Application

5. Enter **Begin Date** and Select **Grant Code**

* Begin Date	
Create Date	
Edit Date	
Application Funding Source	WIOA Only
WIA Grant Type	
* Grant Code	
* Customer Group	----
SDA Desc	
LWIA	SFO OEWD
Local SDA	
Program Desc	
* Office Location of Responsibility	123456
Agreement Number	
Case Number	
Agency Code	366

Enter begin date of activity

Select appropriate Grant Code based on client eligibility:
301 = WIOA Youth

6. Select the program from **OEWD Program** drop down menu.

Agency	Urban Services YMCA
* OEWD Program	Young Adult Subsidized Employment ⌄
* Program Activities	--Please Select--
* Projected End Date	
Is Voucher OverLap	○Yes

If provider has multiple program areas, be sure to select the proper program you want to add activity to.

7. Select the program activity from the **Program Activities** drop down menu.

* OEWD Program	Young Adult Subsidized Employment ⌄
* Program Activities	--Please Select--
	--Please Select--
	Career Counseling/Planning (Youth) (435)
* Projected End Date	Development of Individual Service Strategy (ISS) (413)
	Objective Assessment (412)
Is Voucher OverLap	Support Services - Transportation Assistance (Youth) (481)
	Work Experience - Paid (Youth) (425)
	○No
Is Converted Record	○Yes
	○No

Please note:

- All activities **other than** 425 (subsidized employment – for YASE only) are one-day activities.
    - Projected end date should be the same date as the begin date.
    - Activities need to be added and closed with the same date.
- Providers may have different activities listed because client activities are defined by your agency's scope of work. **Activities 435, 412, and 413 are required.**

8. Enter **Projected End Date** and **Last Day In Activity**

   Please note:
   a. All activities **other than** 425 (subsidized employment – for YASE only) are one day activities.
   b. Projected end date should be the same date as the begin date.
   c. Activities need to be added and closed with the same date.

* Projected End Date	11/21/2022
Is Voucher OverLap	○ Yes ● No
Is Converted Record	○ Yes ● No
Migrated Activity Code	
Program ID	
Is WIA Partner Program	○ Yes ● No
WIA Partner Program	--Please Select--
* Last Day In Activity	11/21/2022

Be sure to click Insert Button to save.

Insert Cancel
Click Insert only once. Multiple click will issue duplicate record(s).

9. Once an activity is successfully added into an application, the status of the application will be update at **Enrolled**. This is an enrollment that will count towards the contract goal.

Best Practice(s)/Tip(s):
★ Provider is required to add an activity **within 90 days** of the most recent activity date. If an activity does not add to an application within 90 days, the application status will be soft exited.

★ There must be an open activity to keep the application active.
   o One day activities must be closed out the same day. Be sure to add another activity within 90 days if you are still actively working with the client.

		Status	Application Date	Application Number	Agency Code	Agency
Select	Application Details	Enrolled	12/05/2022	4065699	158	Self-Help for the Elderly

Example of an application that is **Soft Exited**:

Client Applications

		Status	Application Date	Application Number	Agency Code	Agency		First Name	Last Name	Application Funding So
Select	Application Details	Soft Exited	08/25/2022	4063323				CuiYe	Guan	WIOA Only (1)

Activty Records

	Status	Upload Date	Activity ID Number	Application Number	Begin Date	Grant Code	Customer Group	Agency Code	Agency	OEWD Program	OEWD Program Name	Program Activities	Program Activity Name	Projected End Date	Last Day In Activity	Completion Status
Activity Details	Active		1139210	4063323	09/13/2022	201	Adult (JTA Grant Code 201) (17)			172	Neighborhood Job Centers	125	Job Search/Placement Assistance, including Career Counseling (125)	9/13/2022	9/13/2022	Successful Completion (1)

SUBMITTING OUTCOME FOR A PARTICIPANT
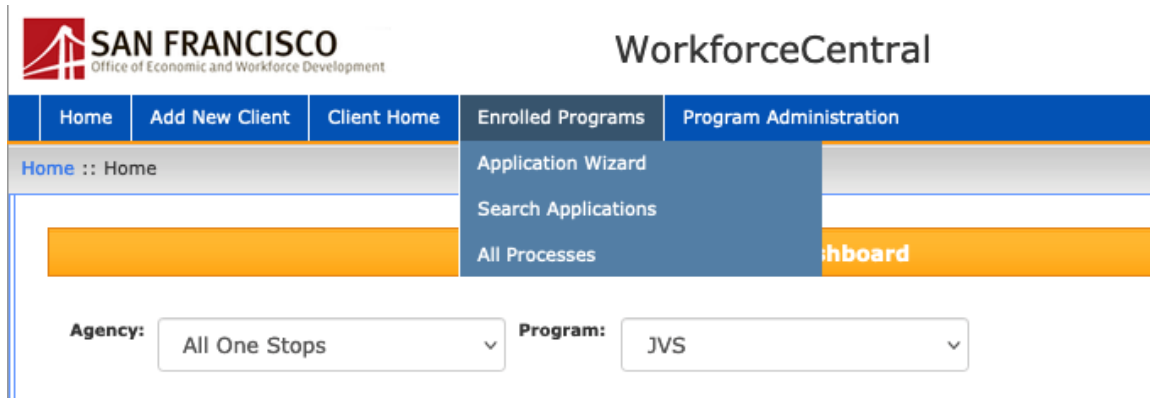
When a participant provides verification on employment or education, provider can consider exiting participant from the program.

To add an Exit Outcome:

A client is exited from WorkforceCentral after they have completed all workforce program services and their enrollment in the program is complete.

- All clients must be exited after services have been provided and enrollment is complete
- All activities must be completed before exiting a client
- A client cannot be exited without at least one activity
- You must collect and upload **proof of placement outcome**.

1. From the Enrolled Programs menu, select All Processes.

2. Ensure **all activities** are closed prior to submitting an exit.

	Status	Upload Date	Activity ID Number	Application Number	Begin Date	Grant Code	Customer Group	Agency Code	Agency	OEWD Program	OEWD Program Name	Program Activities	Program Activity Name	Projected End Date	Last Day In Activity	Completion Status
Activity Details	Active		1134099	4063588	08/22/2022	201	Adult (JTA Grant Code 201) (17)	159	Swords to Plowshares Veterans Rights Organization	174	Specialized Job Centers	102	Initial Assessment (102)	8/22/2022	8/22/2022	Successful Completion (1)
Activity Details	Active		1134100	4063588	08/22/2022	201	Adult (JTA Grant Code 201) (17)	159	Swords to Plowshares Veterans Rights Organization	174	Specialized Job Centers	205	Development of IEP/ISS/EDP (205)	8/22/2022	8/22/2022	Successful Completion (1)
Activity Details	Active		1134101	4063588	08/22/2022	201	Adult (JTA Grant Code 201) (17)	159	Swords to Plowshares Veterans Rights Organization	174	Specialized Job Centers	125	Job Search/Placement Assistance, including Career Counseling (125)	8/22/2022	8/22/2022	Successful Completion (1)
Activity Details	Active		1134102	4063588	08/22/2022	201	Adult (JTA Grant Code 201) (17)	159	Swords to Plowshares Veterans Rights Organization	174	Specialized Job Centers	185	Supportive Service - Other (185)	8/22/2022	8/22/2022	Successful Completion (1)
Activity Details	Active		1134193	4063588	09/01/2022	201	Adult (JTA Grant Code 201) (17)	159	Swords to Plowshares Veterans Rights Organization	174	Specialized Job Centers	125	Job Search/Placement Assistance, including Career Counseling (125)	9/1/2022	9/1/2022	Successful Completion (1)
Activity Details	Active		1135430	4063588	09/23/2022	201	Adult (JTA Grant Code 201) (17)	159	Swords to Plowshares Veterans Rights Organization	174	Specialized Job Centers	125	Job Search/Placement Assistance, including Career Counseling (125)	9/23/2022	9/23/2022	Successful Completion (1)

3. Scroll down to the bottom to **Complete Enrollment Process**.

(Maximum characters: 2000) You have 2000 characters left.

Upload File | **Add Activity Form** | **Add Credential Page** | **Add Measureable Skills Gain** | **Add Test Score** | **Add Goals** | **Add Pre Exit Form** | **Complete Enrollment Process** | **Send Notification**

4. Once processed, you can click **Add Exit Form**.

(Maximum characters: 2000) You have 2000 characters left.

Add Activity Form | **Add Pre Exit Form** | **Add Exit Form** | **Send Notification** | **Complete Application**

5. Enter in **Exit Placement** details.

XXXXXXX

* Application Number	████████
LWIA	SFO OEWD ⌄
* Office Location of Responsibility	123456
Agency Code	158
ONLY answer Yes below if you are EXITING the client for any of the Exit Reason. If you are doing a Closure then say NO and go on.	**ONLY answer Yes below if you are EXITING the client for any of the Exit Reason.** If you are doing a Closure then say NO and go on.
* Are you Exiting this Client?	○ **Yes** ⦿ **No**
Exit Date	
Exit Reason	○ **Institutionalized** ○ **Health/Medical** ○ **Deceased** ○ **Reservist called to Active Duty** ○ **In Foster Care and moved from area by foster care system** ○ **Family Care** ○ **Relocated to a Mandated Program** ○ **Retirement**

Answer "NO" for all "non universal exit" and leave "exit date" blank

6. Enter in **Exit Placement** details (continued…).

* Closure Date	11/29/2022

Must match with "last day in activity"

School Status	○ **In-school, High School or less**
	○ **In-school, Alternative School**
	○ **In-school, Postsecondary School**
	○ **Not attending school, or H.S. Dropout**
	◉ **Not attending school, H.S. Graduate or has a recognized equivalent.**
	○ **Not attending school; within age of compulsory school attendance.**
	○ **Not identified (inactive)**

Be sure to indicate if there is change since enrollment.

* Educational Placement at Exit	○ **Entered post-secondary education**
	○ **Entered Advanced training**
	○ **Entered Military Service**
	○ **Entered a qualified apprenticeship**
	◉ **None of the above**

Educational Placement Date	

Required for educational placement

* Accountability Closure Status	○ **1 - Invalid SSN or failed to disclose SSN**
	○ **2 - Retirement**
	◉ **3 - Neither condition applies**

* Entered Employment	○ **Not Employed**
	◉ **Employed**
	○ **Yes, Recall Employer**

If placed for educational placement, select "Not employed"

7. Enter in **Exit Placement** details (Continued...)

Continued employment with existing employer (HI-B only)	○ Yes ○ No
Employer Type	● Public ○ Private ○ Non-Profit ○ Self-Employed
Advanced into a new position with existing employer (Hi-B only)	○ Yes ○ No
Employer Name	IHSS - Zhen Hui Zhen
Employer Address	77 Otis Street
Employer City	San Francisco
Employer State	California
Employer Zip	94103
Employer City/State	
Employer Country	United States

8. Enter in **Exit Placement** details (Continued...)

Industry Code	621610
Employer Contact Name	HR
Employer Contact Phone	███████████
Primary Employer Contact Extension	
Primary Employer Contact Email	N/A
Job Title	Caregiver
Occupation Code	39902100
Green Job	◉No ◯Yes
Hours Per Week	19
Hourly Wage	18.75
Job Start Date	10/01/2022
Job Duties	Assist elderly to support th

Go to - www.naics.com/search - to find the **Employment Industry** code - 6 characters

Go to - www.onetonline.org – to find the **Employment Occupation and Group** - 8 characters

9. Enter in **Exit Placement** details (continued...).

Receiving Health or Fringe Benefits	○ No ◉ Yes
Job Covered by Unemployment Compensation	○ No ◉ Yes
Is this considered Non-Non Traditional Employment	◉ No ○ Yes
Considered Training Related Employment	◉ No ○ Yes

10. Click **Insert** to Save. Then go back to the top and click on **Back to All Processes Main Page** link.

Be sure to click Insert
Button to save.

Insert | Cancel
Click Insert only once. Multiple ....

11. Select File Upload button and upload the placement verification for the exit

Card ID: 200077977

OEWD Applications | **Client Info** | **Contact** | **File Upload**

12. Scroll down to the bottom to "submit Exit"

Exit/Closure Outcomes

	Status	Application Number	Are you Exiting this Client?	Exit Date	Exit Reason	Closure Date	Educational Placement at Exit	Educational Placement Date	Entered Employment	Employer Name
Exit Form Details	Exited	4064406	No (0)			11/29/2022	None of the above (6)		Employed (1)	IHSS - Zhen Hui Zhen

13. Check the Actions section at the bottom of application for notes from OEWD staff.

Best Practice(s)/Tip(s):
★ Please allow 3 business days for our data team to review and approve the exit. Once exit is approved, the status will be updated as **"Exit Approved"**.

★ Consistently check the status of the application for approval or notes from OEWD staff.

Actions

Date	Submitted By	Status	State
10/5/2022 9:30:00 AM	Andrew, Chung	Exit Approved	Exited
10/4/2022 11:03:00 AM	Andrea, Rose	Exit Submitted	Exit Submitted
10/4/2022 11:03:00 AM	Andrea, Rose	Exit Form Created	ReadyForExit
10/4/2022 11:01:00 AM	Andrea, Rose	Activity Created	Active
10/4/2022 11:01:00 AM	Andrea, Rose	Enrollments Completed	ReadyForExit
10/4/2022 11:00:00 AM	Andrea, Rose	Activity Created	Active
10/4/2022 11:00:00 AM	Andrea, Rose	Application Form Status change From Active to Enrolled	Enrolled
10/4/2022 10:10:00 AM	Andrew, Chung	Certifier Approved Application	Active
10/3/2022 3:43:00 PM	Andrea, Rose	WIA Application Submitted for Certifier Review	Submitted
10/3/2022 3:38:00 PM	Andrea, Rose	WIA Created	Created

To add a Global Exclusion Exit:

A Global Exclusion Exit excludes the participant from performance and future follow-up due to the following reasons:

- Institutionalized
- Health/Medical
- Deceased
- Reserve forces called to active duty
- Foster care
- Relocated to a Mandated Program
- Retirement

* Application Number	4064108
LWIA	SFO OEWD
* Office Location of Responsibility	123456
Agency Code	176
ONLY answer Yes below if you are EXITING the client for any of the Exit Reason. If you are doing a Closure then say NO and go on.	**ONLY answer Yes below if you are EXITING the client for any of the Exit Reason.** If you are doing a Closure then say NO and go on.
* Are you Exiting this Client?	○ Yes ← Select, **Yes** ◉ No
Exit Date	[　　　　] 📅 ← **Exit Date** - should be the same date as "Last Day in Activity" from most recent activity form
Exit Reason	○ **Institutionalized** ○ **Health/Medical** ○ **Deceased** ○ **Reservist called to Active Duty** ○ **In Foster Care and moved from area by foster care system** ○ **Family Care** ○ **Relocated to a Mandated Program** ○ **Retirement** ← Select appropriate reason. See policy for definitions.
* Closure Date	9/30/2022 📅 ← **Closure Date** – should be the same date as "Last Day in Activity" from most recent activity form

ADDING A MEASURABLE SKILLS GAIN AND CREDENTIAL ATTAINMENT

WIOA Sector Training, Individual Training Account (ITA), and In-school Youth providers are required to enter a Measurable Skills Gain and Credential Attainment outcome.

- Measureable skills gain outcomes must be obtained during the program year and prior to exit.
- Credential attainment outcomes must be obtained within one year of program exit.

To add a client activity:

1. Once an application number is issued, from the **Enrolled Programs** menu, select **Search Applications**

2. Type application number into the field and click **Search WFC Applications** button

3. From the **Client Applications**, select the **Application** to which the activity will added.

4. Scroll down to the bottom and select **Add Measureable Skills Gain** at the bottom of the screen.

5. Enter in Measureable Skills Gain details.

Please refer to Credential Attainment and Measurable Skills Gain for **Skill Type** definitions.

6. Enter in Credential Attainment

* LWDB	SFO ∨
Office	Conversion Interface Office
SourceType	○ 0 – External (same as entering under Programs Tab/Credentials) ○ 3 – Enrollment ◉ 4 – Closure ○ 6 – Followup
SourceID	4059304 ∨
ExternalSourceID	4059304
* Program	◉ 2 = WIOA- ○ 3 = WP ○ 10 = TAA
Credential Type	○ High School diploma or GED (INACTIVE) ○ High School Diploma ○ GED or High School Equivalency Diploma ○ AA/AS Degree ○ BA/BS Degree ○ Occupational Skills License ◉ Occupational Skills Certificate or Credential ○ Other (specify) ○ Post Graduate Degree ○ Occupational Certification
Credential Other	
* Credential Received Date	08/03/2022
Responsible Activity Code	This is a missing option answer: ∨
External Item ID	1130717
Agency Code	158

Select "Closure" for any related credential received

Please refer to Credential Attainment and Measurable Skills Gain for **Credential Type** definitions.

7. Upload credential attainment and measurable skills gain verification.

				CNA Credential
FileUpload Details	Exited	Other (Other)		
FileUpload Details	Exited	Other (Other)		Measureable Skills Gain

8. OEWD staff will review and approve/deny the submission. Be sure to check status for approval or notes from OEWD staff.

Credential Page

	Status	LWDB	Credential Type	Credential Other
Credential Page	Approved	SFO (34)	Occupational Skills Certificate or Credential (7)	

Measurable Skill Gain

	Status	LWDB	Skill Type	Date Achieved	SourceID (Application Number)	Source Item ID (loca
Measureable Skills Gain	Denied	SFO (34)	Training Milestone (3)	03/24/2022	4059304	1122814
Measureable Skills Gain	Approved	SFO (34)	Training Milestone (3)	03/24/2022	4059304	1130883

RETENTION

Provider is required to **complete a follow-up service for WIOA Youth participants for a year after the participant is exited at the 1st, 2nd, 3rd, and 4th quarters captured in case notes**. Retention can be captured the 2nd and 4th quarter after the exit. Review the following table to identify the period and time for retention.

If Participant Exits During This Period…	This Period is the 2nd Quarter to Follow Up on	And You Must Complete Verification Within These Dates	This Period is the 4th Quarter to Follow Up on	And You Must Complete Verification Within These Dates
January – March	July – September	October 1 – October 31	January – March	April 1 – April 30
April – June	October – December	January 1 – January 31	April – June	July 1 – July 31
July – September	January – March	April 1 – April 30	July – September	October 1 – October 31
October - December	April – June	July 1 – July 31	October – December	January 1 – January 31

To add a Follow-Up Form:

1. Select **Enrolled Programs** menu, select **Search Applications**

2. Type application number into the field and click **Search WFC Applications** button

3. From the **Client Applications**, select the **Application** to which the activity will added.

		Status	Application Date	Application Number	Agency Code	Agency	Application Funding Source
Select	Application Details	Enrolled	11/20/2022	4065826	244	Toolworks, Inc.	WIOA Only (1)
Select	Application Details	Exited	12/14/2020	4052480	244	Toolworks, Inc.	General Fund Only (3)
Select	Application Details	Voided	02/01/2018		244	Toolworks	General Fund Only (3)

4. Scroll down to the bottom and select **Add Follow Up** at the bottom of the screen.

(Maximum characters: 2000) You have 2000 characters left.

Upload File | Add Credential Page | Add Measureable Skills Gain | Add Follow Up | Send Notification | Complete Application

5. Enter **Follow-up** details.

Upload Date	
* Application Number	4059304
LWIA	SFO OEWD ⌄
Agency Code	158
* Follow-up Type	◉ 1st Quarter After Exit ○ 2nd Quarter After Exit ○ 3rd Quarter After Exit ○ 4th Quarter After Exit
* Date Follow up Completed	10/03/2022
Follow-up Contact Date	
Follow-up Contact Time of Day	◉ Morning ○ Afternoon ○ Evening
* Follow-up Contact Type	◉ Telephone – Individual ○ Telephone – Employer/School ○ Letter or Survey Sent to Individual ○ Letter or Survey Sent to Employer/School ○ Worksite visit ○ Home Visit ○ Other (Specify)
Contact Type Other	

6. Enter **Follow-up** details (continued…).

* Worked in the Quarter	○ No ◉ Yes
Continued employment with existing employer (HI-B only)	○ Yes ○ No
Advanced into a new position with existing employer (Hi-B only)	○ Yes ○ No
Primary Employer	○ No ◉ Yes
Entered Employment	○ Not Employed ◉ Employed ○ Yes, Recall Employer
Employer Type	○ Public ◉ Private ○ Non-Profit ○ Self-Employed

7. Enter **Follow-up** details (continued…).

Employer Name	Lawton Skilled Nursing & F
NAICS Code	623110
Employer Contact Name	HR
Employer Address	1575 7th Ave
Employer City	San Francisco
Employer State	California
Employer Zip	94122
Employer Country	United States
Employer Contact Phone	4155661200
Job Start Date	04/12/2022
Job End Date	
Reason for Leaving	○ Fired ○ Quit ○ Layoff ○ Other

If the participant is still employed with the same employer, copy the information from exit form.

If the participant has obtained new employment, be sure to enter employment details.

8. Enter **Follow-up** details (continued…).

Job Duties	Provide or assist with basi
Job Covered by Unemployment Compensation	○ No ● Yes
Job Title	Certified Nursing Assistant
Staff ID	selinay
Occupation Code	31113100
Actual Hours Worked	520
Hourly Rate	21.00
Hours Per Week	40
Green Job	● No ○ Yes
Is this considered Non-Non Traditional Employment	● No ○ Yes
Considered Training Related Employment	○ No ● Yes

Actual hours worked are the hours worked in the quarter = hours worker per week*13 (52 weeks/4 quarters)

9. Enter **Follow-up** details (continued...).

Youth Current Placement WIOA	○No Placement ○Unsubsidized Employment ○Registered Apprenticeship ○Military ○Occupational Skills Training (including advanced training) ○Post- Secondary Education ○Secondary Education
Educational Placement	○Entered post-secondary education ○Entered Advanced training ○Entered Military Service ○Entered a qualified apprenticeship ◉None of the above
Educational Placement Date	
Accountability Closure Status	○1 - Invalid SSN or failed to disclose SSN ○2 - Retirement ○3 - Neither condition applies
Transportation Assistance	○Yes
Follow-up Child or Dependent Care	○Yes
Referral to Community Resources	○Yes
Referral To Medical Services	○Yes
Worked related Peer Group Support	○Yes

10. Enter **Follow-up** details (continued…).

Assistance securing better paying job, career development and further education	○Yes
Assistance with Work Related Problems	○Yes
Adult Mentoring	○Yes
Tutoring	○Yes
Leadership Development	○Yes
Other Services	[ ]
Other Follow-up Status	○Institutionalized
	○Health/Medical
	○Deceased
	○Reservist called to Active Duty
	○Family Care
	○Lacks Transportation
	◉Cannot Locate
	○Exit (Transferred) to other LWIA
	○Refused to Continue
	○Other (specify)
	○Transferred to other funding
	○Relocated to Mandated Residential Program (youth)
	○Retirement

11. Click **Insert** to Save. Be sure to maintain proper case notes about follow-up and employment/educational detail (if obtained).

Insert ancel

Be sure to click Insert Button to save.

Click Insert only once. Multiple click will issue duplicate record(s).