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| To be eligible for enrollment in the State EcSA program, an individual must meet eligibility criteria for one of the core WIOA Programs. Please identify the program for which the participant meets eligibility requirements:  Adult  DW YOUTH:  ISY Youth  OSY Youth  **AND** which income criteria they fall under:  Below 200% FPL OR  Below their self-sufficiency goal and require services to achieve self-sufficiency |

Please click the corresponding arrow below to expand/compress and complete the program eligibility requirement on the participant.

# **WIOA Adult**

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| **ELEMENT** | **EVIDENCE & INDICATORS** | **determination & cOMMENTS** | **action required/ recommendations** |
| **COVID-19 Enrollment Exception**  *WIN 0109, Chg. 10: Verbal Self-Attestation and Remote Eligibility Documentation*  *\* Effective Date: March 23, 2020*  *\*Expiration Date: June 30, 2024*  **Minimum Requirements for Documenting Eligibility for WIOA Title I-B Programs**  Verbal self-attestation is allowed to document eligibility for criteria for which self-attestation is not otherwise allowed per DOL guidance but should not be used as a first resort. LWDBs and their service providers should attempt to collect eligibility source documentation when possible. However, full verbal self-attestation is allowed if it is clearly documented in case files that the applicant is unable to access eligibility source documentation because of a COVID-19 reason (e.g., the applicant is quarantined or in isolation due to COVID-19 exposure and has no virtual or remote means of transmitting eligibility source documents to a case manager; the applicant does not have COVID-19, but the eligibility source documentation is in a  location that is inaccessible due to COVID-19 restrictions).  **a.** The case manager and applicant conduct the eligibility determination and registration verbally by phone with the case manager case-noting the following in the ETO management information system:  **i.** That verbal self-attestation was necessary due to the inability to meet in person and/or provide eligibility source documentation for COVID-19 reasons, including the specific  circumstances preventing in-person engagement and/or eligibility source documentation transaction  **ii.** Each eligibility and priority of service criterion to which the applicant is self-attesting with a statement that reads, “I attest that [applicant name] verbally self-attested to the eligibility and priority of service criteria cited above.”  **iii.** That the case manager has provided to the applicant the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification information (see Attachment A) verbally or in hard copy and that the applicant verbally acknowledged understanding the information by a statement that reads, “I attest that I provided the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification statements to [applicant name] on [date] and [applicant name] attested to understanding the information.”  **b.** If determined eligible per the process described in paragraph 1, the case manager verbally obtains from the applicant all information required forfederal reporting and records the information in the appropriate sections and fields in the ETO management information system.  **c.** Effective with the issuance of Change 5 of this WIN, case managers must obtain appropriate eligibility source documentation within 30 calendar days after the circumstances that prevented applicants from providing source documents cease to exist. | N/A, verbal self-attestation was not used to determine eligibility and priority of service  **Verbal self-attestation was used to determine eligibility:**  YES, one or more of the following eligibility criteria were verbally self-attested:  Age / Date of Birth  Legally Entitled to Work  Selective Service Registration (if applicable)  **Verbal self-attestation was clearly documented by case-noting all the following in ETO:**  YES, all the following were in case notes:  (*December 3, 2021, and beyond*) That verbal self-attestation was necessary due to the inability to meet in person and/or provide eligibility source documentation for COVID-19 reasons, including the specific circumstances preventing in-person engagement and/or eligibility source documentation transaction.  **AND**  Each eligibility and priority of service criterion to which the applicant is self-attesting with a statement that reads, “I attest that [applicant name] verbally self-attested to the eligibility and priority of service criteria cited above.”  **AND**  That the case manager has provided to the applicant the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification information (see Attachment A) verbally or in hard copy and that the applicant verbally acknowledged understanding the information by a statement that reads, “I attest that I provided the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification statements to [applicant name] on [date] and [applicant name] attested to understanding the information.”  NO, One or More Issues Identified  **REPORTING:**  **All demographics and required federal reporting information was collected and entered in ETO**  YES, No Issue Identified  NO, One or More Issue Identified  **Case managers obtained appropriate eligibility source documentation within 30 calendar days after the circumstances that prevented applicants from providing source documents cease to exist.** (Enrollments *December 3, 2021, and beyond*)  N/A, circumstances still exist  N/A, 30 days has not passed at time of monitoring  YES, No Issue Identified  NO, One or More Issue Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| 1. **WIOA ADULT ELIGIBILITY**  N/A, verbal self-attestation used | | | |
| **Age/ Date of Birth**  **Age 18 or older** | **Participant was age 18 or older at program enrollment:***[WIOA Section 129(a)]*  YES, Validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Driver’s License or ID  Federal, State, Local ID Card  Birth certificate  Passport  Baptismal record  DD-214  Work permit  Hospital record of birth  Public assistance  Social service records  School records / ID’s  Family bible  Crossmatch  Justice system records  Medical records  Selective Service Registration  Signed letter from parents or guardian  Report of Transfer or Discharge Paper  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, Unable to Validate  **Reporting:**  **Date of Birth is accurately recorded in MIS:** *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Legally Entitled to Work in the U.S.**   * Citizens; * Nationals; * Lawfully admitted permanent resident aliens; * Refugees; * Asylees; * Parolees; and * Other immigrants authorized by the Attorney General to work in the United States.   For a list of accepted I-9 Documentation, visit: <https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents> | **Participant was eligible to work in the U.S.:**  *(WIOA Section 3(2); WSS Policy 1019, Rev. 10)*  YES, validated by one of the following:  Accepted I-9 Documentation  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, Unable to Validate  **Reporting:**  **Eligibility to work in the U.S. is recorded in MIS:**  *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

# **WIOA Dislocated Worker**

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| **ELEMENT** | **EVIDENCE & INDICATORS** | **determination & cOMMENTS** | **action required/ recommendations** |
| **COVID-19 Enrollment Exception**  *WIN 0109, Chg. 10: Verbal Self-Attestation and Remote Eligibility Documentation*  *\* Effective Date: March 23, 2020*  *\*Expiration Date: June 30, 2024*  **Minimum Requirements for Documenting Eligibility for WIOA Title I-B Programs**  Verbal self-attestation is allowed to document eligibility for criteria for which self-attestation is not otherwise allowed per DOL guidance but should not be used as a first resort. LWDBs and their service providers should attempt to collect eligibility source documentation when possible. However, full verbal self-attestation is allowed if it is clearly documented in case files that the applicant is unable to access eligibility source documentation because of a COVID-19 reason (e.g., the applicant is quarantined or in isolation due to COVID-19 exposure and has no virtual or remote means of transmitting eligibility source documents to a case manager; the applicant does not have COVID-19, but the eligibility source documentation is in a  location that is inaccessible due to COVID-19 restrictions).  **a.** The case manager and applicant conduct the eligibility determination and registration verbally by phone with the case manager case-noting the following in the ETO management information system:  **i.** That verbal self-attestation was necessary due to the inability to meet in person and/or provide eligibility source documentation for COVID-19 reasons, including the specific  circumstances preventing in-person engagement and/or eligibility source documentation transaction  **ii.** Each eligibility and priority of service criterion to which the applicant is self-attesting with a statement that reads, “I attest that [applicant name] verbally self-attested to the eligibility and priority of service criteria cited above.”  **iii.** That the case manager has provided to the applicant the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification information (see Attachment A) verbally or in hard copy and that the applicant verbally acknowledged understanding the information by a statement that reads, “I attest that I provided the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification statements to [applicant name] on [date] and [applicant name] attested to understanding the information.”  **b.** If determined eligible per the process described in paragraph 1, the case manager verbally obtains from the applicant all information required forfederal reporting and records the information in the appropriate sections and fields in the ETO management information system.  **c.** Effective with the issuance of Change 5 of this WIN, case managers must obtain appropriate eligibility source documentation within 30 calendar days after the circumstances that prevented applicants from providing source documents cease to exist. | N/A, verbal self-attestation was not used to determine eligibility  **Verbal self-attestation was used to determine eligibility:**  YES, one or more of the following eligibility criteria were verbally self-attested (if documentation was provided for any of the eligibility criteria, refer to those respective parts in section 1 below):  Legally Entitled to Work  Selective Service Registration (if applicable)  Category of Dislocation Criterion: (Case notes must include *how* they meet each criterion)  Category 1: General Dislocation  Termination, layoff, or notice of layoff  *AND* Local area unlikely to return to previous occupation criteria (other than demand /decline)  *AND* Eligible or exhausted UI compensation  *OR* Not eligible for UI, but has a sufficient duration of attachment to workforce  Category 2: Plant Closure / Substantial Layoff  Termination, layoff, or notice of layoff due to permanent closure or substantial layoff  *OR* Employed at a facility which the employer made a general announcement that the facility will close within 180 days  Category 3: Self-employed  Unemployed as a result of general economic conditions in the community in which they reside *or* because of natural disasters  Category 4: Displaced Homemaker  Was dependent on the income of a family member and is no longer supported by that income  *OR* Dependent spouse of an active duty military member whose family income is significantly reduced due to deployment, a call/order to active duty, or service-connected death or disability of the military member  *AND* Unemployed or underemployed *and* experiencing difficulty obtaining or upgrading employment  Category 5: Dislocated / Separated Military  Non-retiree military service member discharged or released from service under other than dishonorable discharge or who has received a notice of military separation  Category 6: Military Spouse  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  *OR* 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  Date of Dislocation for categories 1, 2, 3, 5 and 6  **Verbal self-attestation was clearly documented by case-noting all the following in ETO:**  YES, all the following were in case notes:  (*December 3, 2021, and beyond*) That verbal self-attestation was necessary due to the inability to meet in person and/or provide eligibility source documentation for COVID-19 reasons, including the specific circumstances preventing in-person engagement and/or eligibility source documentation transaction.  **AND**  Each eligibility and priority of service criterion to which the applicant is self-attesting with a statement that reads, “I attest that [applicant name] verbally self-attested to the eligibility and priority of service criteria cited above.”  **AND**  That the case manager has provided to the applicant the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification information (see Attachment A) verbally or in hard copy and that the applicant verbally acknowledged understanding the information by a statement that reads, “I attest that I provided the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification statements to [applicant name] on [date] and [applicant name] attested to understanding the information.”  NO, One or More Issues Identified  **REPORTING:**  **All demographics and required federal reporting information was collected and entered in ETO**  YES, No Issue Identified  NO, One or More Issue Identified  **Case managers obtained appropriate eligibility source documentation within 30 calendar days after the circumstances that prevented applicants from providing source documents cease to exist.** (Enrollments *December 3, 2021, and beyond*)  N/A, circumstances still exist  N/A, 30 days has not passed at time of monitoring  YES, No Issue Identified  NO, One or More Issue Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

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| 1. **WIOA DW ELIGIBILITY** | | | |
| **Age/ Date of Birth**  **\*Age is not a requirement for DW**  **WSS Policy 1003, Rev. 6:**   * + While age is not a requirement for DW Eligibility, DOL does require verification of age for Data Validation Purposes | **Verification of age was in the file:**  YES, Validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Driver’s License or ID  Federal, State, Local ID Card  Birth certificate  Passport  Baptismal record  DD-214  Work permit  Hospital record of birth  Public assistance  Social service records  School records / ID’s  Family bible  Crossmatch  Justice system records  Medical records  Selective Service Registration  Signed letter from parents or guardian  Report of Transfer or Discharge Paper  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, Unable to Validate  **Reporting:**  **Date of Birth is accurately recorded in MIS:** *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Legally Entitled to Work in the U.S.**   * Citizens; * Nationals; * Lawfully admitted permanent resident aliens; * Refugees; * Asylees; * Parolees; and * Other immigrants authorized by the Attorney General to work in the United States.   For a list of accepted I-9 Documentation, visit: <https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents> | **Participant was eligible to work in the U.S.:**  *(WIOA Section 3(2); WSS Policy 1019, Rev. 10)*  YES, validated by one of the following:  Accepted I-9 Documentation  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, Unable to Validate  **Reporting:**  **Eligibility to work in the U.S. is recorded in MIS:**  *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **General Dislocation**  **Definition**  **WSS Policy 1019, Rev. 10:**   * + An individual who was terminated, laid off, or received a notice of termination or layoff, ***AND***   + Is determined unlikely to return to previous industry or occupation (as defined by LWDB policy), ***AND***   + Is eligible for or has exhausted entitlement to unemployment compensation; ***OR***   + Is not eligible for unemployment compensation but can show attachment to the workforce of sufficient duration.   **UI Good Cause Voluntary Quits**  Individuals can qualify under Category 1 (General Dislocation)***if they file and are approved*** *for Unemployment Insurance (UI) benefits after having been determined by the Employment Security Department (ESD) as having voluntarily left employment due to no fault of their own for one of the following good cause reasons* (RCW 50.20.050; WAC 192-150, et al):  • Illness or disability of the claimant or death, illness, or disability of an immediate family member.  • Relocate to follow spouse’s or registered domestic partner’s employment.  • Need to protect the claimant or immediate family member from domestic violence or stalking.  • Usual hours, compensation, or benefits are reduced by 25 percent or more.  • Involuntary change in work site or location (no minimum distance or mile threshold).  • Work site safety has deteriorated.  • Illegal activities at work site  • Usual work changed to work that violates religious or moral beliefs.  • Left part-time work to accept full-time job that was eliminated without prior knowledge.  Under these circumstances, claimants have satisfied criteria 1.1. because ESD recognizes them as terminated even though they, rather than their employers, are the moving party. Such individuals must also be determined unlikely to be return to the industry or occupation they left for a UI good cause voluntarily quit reason (criteria 1.2). Finally, they must satisfy criteria 1.3.1 (1.3.2 is not an option) by documenting their status as having been determined eligible for or exhausted UI benefits as good cause voluntary quits are inseparably tied to UI and documented through separation determination letters provided by the Employment Security Department or, if that is not available, other documentation in the form of UI correspondence from the Employment Security Department. | N/A, not enrolled under this category  **Participant met the following *“General Dislocation”* eligibility criteria:** *(20 CFR 677.235)*  1.1An individual who was terminated, laid off, or received a notice of termination or layoff, ***AND***  YES, evidence located  NO, Unable to Validate  *Participant voluntarily left employment due to no fault of their own and was approved for Unemployment Insurance (UI) benefits for a good cause reason which now recognizes them as having been terminated (making them eligible under criteria 1.1):*  N/A, not a UI Good Cause Voluntary Quit  YES, validated by one of the following:  Separation determination letters provided by Employment Security Department  UI Correspondence from Employment Security Department supporting determination  NO, Unable to Validate  1.2 Is determined unlikely to return to previous industry or occupation (as defined by LWDB policy), ***AND***  YES, evidence located  NO, Unable to Validate  1.3.1 Is eligible for or has exhausted entitlement to unemployment compensation, ***OR***  N/A, not eligible  YES, evidence located  NO, Unable to Validate  1.3.2 Is *not eligible for unemployment* compensation but can show attachment to the workforce of sufficient duration.  N/A  YES, evidence located  NO, Unable to Validate  YES, validated by one of the following:*(WSS Policy 1019, Rev. 10)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Verification from employer  Rapid Response list  Notice of layoff  Public announcement with crossmatch to UI wage records  NO, Unable to Validate  **Reporting:**  **General Dislocation is recorded in MIS:***(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Plant Closure/ Substantial Layoff**  **Definition**  **WSS Policy 1019, Rev. 10:**   * + An individual who was terminated, laid off, or received a notice of layoff from employment at a plant, facility, or enterprise as a result of a permanent closure or substantial layoff; ***OR***   + An individual employed at a facility at which the employer has made a general announcement that the facility will close within 180 days. | N/A, not enrolled under this category  **Participant met the *“Plant Closure/Substantial Layoff”* eligibility criteria:** *(20 CFR 677.235)*  YES, validated by one of the following:*(WSS Policy 1019, Rev. 10)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Verification from employer  Rapid Response list  Notice of layoff  Public announcement with crossmatch to UI wage records  NO, Unable to Validate  **Reporting:**  **Plant Closure or Substantial Layoff is recorded in MIS:**  *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Self-Employed**  **Definition**  **WSS Policy 1019, Rev. 10:**   * + Was self-employed (including employment as a farmer, rancher or fisherman), but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters. | N/A, not enrolled under this category  **Participant met the *“Self-employment”* eligibility criteria:** *(20 CFR 677.235)*  YES, validated by one of the following:*(WSS Policy 1019, Rev. 10)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  UI wage records  Other:  NO, Unable to Validate  **Reporting:**  **Self-Employed is recorded in MIS**: *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Displaced Homemaker**  **Definition**  **WSS Policy 1019, Rev. 10:**   * + An individual who was dependent on the income of another family member and is no longer supported by the income of that family member; ***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, a call or order to active duty, or a service-connected death or disability of the member. ***AND***   + Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.   **\***Date of Dislocation *does not apply* to Displaced Homemaker | N/A, not enrolled under this category  **Participant met the *“Displaced Homemaker”* eligibility criteria*:*** *(20 CFR 677.235)*  YES, validated by one of the following:*(WSS Policy 1019, Rev. 10)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Public assistance records  Court papers  Divorce papers  Bank records  Needs assessment  Spouse’s permanent change of station  Signed Individual Employment Plan  Spouse’s layoff notice  Spouse’s death record  NO, Unable to Validate  **Reporting:**  **Displaced Homemaker is recorded in MIS:** *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Dislocated/Separating Military Service Member**  **Definition**  **WSS Policy 1019, Rev. 10:**   * + A non-retiree military service member who was discharged or released from service under other than dishonorable or has received a notice of military separation (defined by LWDB).   + Retirement orders do not qualify as “terminated” or “laid off”.   \*Note: A DD-214 can only be used if it indicates other than dishonorable involuntary separation due to force reduction or restructuring. | N/A, not enrolled under this category  **Participant met the *“Dislocated or Separating Military Service Member”* eligibility criteria:** *(20 CFR 677.235)*  YES, validated by one of the following:*(WSS Policy 1019, Rev. 10)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  DD-2648 – (Pre separation counseling checklist)  Counseling statements indicating separation proceedings  Veterans Administration Release of Information Hospital Inquiry (VA ROI HINQ) – Dislocated Veteran  \*DD-214  NO, Unable to Validate  **Reporting:**  **Dislocated or Separating Military Service Member is recorded in MIS:** *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Military Spouse**  **Definition**  **WSS Policy 1019, Rev. 10:**   * + 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; ***OR***   + 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. | N/A, not enrolled under this category  **Participant met the “Military Spouse” eligibility criteria:** *(20 CFR 677.235)*  YES, validated by one of the following:*(WSS Policy 1019, Rev. 10)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Public assistance records  Court papers  Divorce papers  Bank records  Needs assessment  Spouse’s permanent change of station  Signed Individual Employment Plan  Spouse’s layoff notice  Spouse’s death record  NO, Unable to Validate  **Reporting:**  **Dislocated or Separating Military Service Member is recorded in MIS:** *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Date of Actual Dislocation**  Date of Dislocation *does not apply* to Displaced Homemaker | N/A, enrolled as a Displaced Homemaker  **Date of Dislocation was documented in the file:** *(20 CFR 677.235)*  YES, validated by one of the following:*(WSS Policy 1019, Rev. 10)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Verification from employer  Rapid Response list  Notice of layoff  Public announcement with crossmatch to UI wage records  NO, Could Not Locate  **Reporting:**  N/A, Displaced Homemaker  **Date of Dislocation is recorded in MIS**: *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Under-Employed Workers and**  **Stop-Gap Employment**  **Under-employed Workers**  **WSS Policy 1019, Rev. 10:**   * + **Dislocated from full-time employment *and* meets one of the following eligibility criteria**:     - Employed less than full-time but actively seeking full-time employment, *or*     - Employed in a position that is inadequate with respect to documented skills and training, *or*     - Employed but meet the definition of “low-income” in WIOA Section 3(36), *or*     - Employed but current earnings are insufficient compared to earnings from previous employment.   **Stop-Gap Employment**  **WSS Policy 1019, Rev. 10:**   * + Temporary employment that will not lead to self-sufficiency,   + Accepted only because they have been laid off from the customary work for which their training, experience or work history qualifies them.   + Intend to end stop-gap employment upon completion of training, obtaining self-sufficient employment or as specified in the individual employment plan (IEP).   + Typically, pays less than the individual’s wage of self-sufficiency (as defined by the LWDB), but with exception per local policy. | N/A, not employed at enrollment  **UNDER-EMPLOYED WORKER**  N/A  **Participant met the *“Under-Employed Worker”* eligibility criteria:** *(WSS Policy 1019, Rev. 10)*  YES, No Issues Identified:  Employed less than full-time but actively  seeking full- time employment,  Employed in a position that is inadequate with  respect to documented skills and training, *or*  Employed but meet the definition of low-  income” in WIOA Section 3(36)  Employed but current earnings are insufficient  compared to earnings from previous  employment  NO, Unable to Validate  **STOP-GAP EMPLOYMENT**  N/A  **Participant met “Stop-Gap” employment criteria:**  (WSS Policy 1019, Rev. 10):  YES, no Issues identified  Employment was temporary and not self-  sufficient (unless exempt per local policy)  Unable to find employment customary to their  training, experience or work history  Intend to end employment upon completion  of training or as specified on IEP  NO, Unable to Validate | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

# **WIOA In-School Youth**

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| **ELEMENT** | **EVIDENCE & INDICATORS** | **determination & cOMMENTS** | **action required/ recommendations** |
| **COVID-19 Enrollment Exception**  *WIN 0109, Change 10: Verbal Self-Attestation and Remote Eligibility Documentation*  *\* Effective Date: March 23, 2020*  *\*Expiration Date: June 30, 2024*  **Minimum Requirements for Documenting Eligibility for WIOA Title I-B Programs**  Verbal self-attestation is allowed to document eligibility for criteria for which self-attestation is not otherwise allowed per Department of Labor (DOL) guidance but should not be used as a first resort. LWDBs and their service providers should attempt to collect eligibility source documentation when possible. However, while one-stop offices remain closed due to COVID-19 impacts**,** full verbal self-attestation is allowed if clearly documented in case files as follows:  **(a.)** The case manager and applicant conduct the eligibility determination and registration verbally by phone with the case manager case-noting the following in the ETO management information system:  **i.** That verbal self-attestation was necessary due to the inability to meet in person and/or  provide eligibility source documentation for COVID-19 reasons, including the specific  circumstances preventing in-person engagement and/or eligibility source documentation transaction.  **ii.** Each eligibility and priority of service criterion to which the applicant is self-attesting with a statement that reads, “I attest that [*applicant name*] verbally self-attested to the eligibility and priority of service criteria cited above.”  **iii.** That the case manager has provided to the applicant the *Equal Employment Opportunity and Complaint and Grievance Procedures* and *WIOA Title I-B Program Data Collection Certification* information verbally or in hard copy and that the applicant verbally acknowledged understanding the information by a statement that reads, “I attest that I provided the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification statements to [*applicant name*] on [*date]* and [*applicant name*] attested to understanding the information.”  **(b.)** If determined eligible per the process described in paragraph 1, the case manager verbally obtains from the applicant all information required for federal reporting and records the information in the appropriate sections and fields in the ETO management information system.  **(c.)** Effective with the issuance of Change 5 of this WIN, case managers must obtain appropriate  eligibility source documentation within 30 calendar days after the circumstances that prevented  applicants from providing source documents cease to exist. | N/A, verbal self-attestation was not used to determine eligibility and priority of service  **Verbal self-attestation was used to determine eligibility:** YES, the following eligibility criteria were verbally self-attested:  Age / Date of Birth  Legally Entitled to Work  Selective Service Registration (if applicable)  Low Income  ISY Status at Program Entry  **Verbal self-attestation was used to meet a minimum of one of the following criteria for eligibility:**  YES, the following priority of service category and its criterion were verbally self-attested: (Case notes must include *how* they meet each criterion)  Basic Skills Deficient  English Language Learner  Offender, Ex-Offender  Homeless or Runaway  Foster Care Youth  Pregnant or Parenting Youth  Individual with a Disability  Youth who Needs Additional Assistance  Exception to Low Income Eligibility Requirement  **Verbal self-attestation was clearly documented by case-noting the following in ETO:**  YES, the following were in case notes:  (*December 3, 2021 and beyond*) That verbal self-attestation was necessary due to the inability to meet in person and/or provide eligibility source documentation for COVID-19 reasons, including the specific circumstances preventing in-person engagement and/or eligibility source documentation transaction.  **AND**  Each eligibility and priority of service criterion to which the applicant is self-attesting with a statement that reads, “I attest that [applicant name] verbally self-attested to the eligibility and priority of service criteria cited above.”  **AND**  That the case manager has provided to the applicant the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification information (see Attachment A) verbally or in hard copy and that the applicant verbally acknowledged understanding the information by a statement that reads, “I attest that I provided the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification statements to [applicant name] on [date] and [applicant name] attested to understanding the information.”  NO, one or more issues identified  **REPORTING:**   * **All demographics and required federal reporting information was collected and entered in ETO**   YES, no issues identified  NO, one or more issues identified   * **Case managers obtained appropriate eligibility source documentation within 30 calendar days after the circumstances that prevented applicants from providing source documents cease to exist.** (Enrollments *December 3, 2021 and beyond*)   N/A, circumstances still exist  N/A, 30 days has not passed at time of monitoring  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **1.WIOA ISY ELIGIBILITY CRITERIA**  N/A, verbal self-attestation used during COVID-19 | | | |
| **Age/Date of Birth**  **In-School-Youth Ages (ISY) -** Between the ages 14-21  **TEGL 09-22**  Self-attestation is an acceptable source of documenting almost all program elements related to WIOA Youth eligibility. As stated in TEGL 23-19, Change 1, the following youth eligibility data elements allow self-attestation as an acceptable source of documentation: school status at program entry, date of birth, individual with a disability, pregnant or parenting, youth who needs additional assistance, foster youth, homeless youth, offender, low income, and English Language Learner. The only data element related to WIOA Youth eligibility that does not permit the use of self-attestation for documentation is “basic skills deficient.”  As stated in TEGL 23-19, Change 1, ETA encourages grant recipients to consider the impacts on equity and accessibility when developing their source documentation policies and procedures. For example, grantees considering restrictions on the use of self-attestation should consider that while other documentation sources are preferred when practical, self-attestation is an important option for populations with barriers to obtaining eligibility and reporting documents (such as disconnected youth, American Indian and Alaska Native populations, individuals experiencing homelessness, justice involved individuals, refugees, disaster impacted individuals, and others) and help ensure such populations are able to equitably access services. As a best practice, once enrolled, programs should assist the participant in obtaining the required documents through the use of supportive service funds as these documents are likely needed for employment and training related activities. | **Participant was between the ages of 14-21 on the date of program enrollment:** *[WIOA Section 129(a)]*  YES, Validated by one of the following:  Driver’s License or ID  Federal, State, Local ID Card  Birth certificate  Passport  Baptismal record  DD-214  Work permit  Hospital record of birth  Public assistance  Social service records  School records / ID’s  Family bible  Crossmatch  Justice system records  Medical records  Selective Service Registration  Signed letter from parents or guardian  Report of Transfer or Discharge Paper  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, Unable to Validate  **REPORTING:**  **Date of Birth is accurately recorded in MIS:** *(20 CFR 677.235)*  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Legally Entitled to Work in U.S.**   * Citizens; * Nationals; * Lawfully admitted permanent resident aliens; * Refugees; * Asylees; * Parolees; and * Other immigrants authorized by the Attorney General to work in the United States.   For a list of accepted I-9 Documentation, visit: <https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents> | **Participant was eligible to work in the U.S.**  *(WIOA Section 3(2); WSS Policy 1019, Rev. 10)*  YES, validated by one of the following:  Accepted I-9 documentation  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, unable to validate  **Reporting:**  **Eligibility to work in the U.S. is recorded in MIS**: *(20 CFR 677.235****)***  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Low Income**  **Applies To**  **All in School Youth**  **Types of Source Documentation**  **WSS Policy 1003, Rev. 6**  **Crossmatch:**  A crossmatch requires validators to find detailed supporting evidence for the data element in a database. An indicator or presence of a Social Security Number (SSN) in an administrative non-WIOA database, i.e., a database not maintained by a WIOA core program such as data from the State’s Department of Motor Vehicles, is not sufficient evidence for a crossmatch. State validators must also confirm supporting information such as dates of participation and services rendered. States must have *data sharing agreements in place* as appropriate.  ***Note:*** *In order to use a crossmatch, a data sharing agreement would need to be in place with the agency that owns the database in which you would be accessing for validation.*  **Note:** Data element validation requires collection of source documentation for element 802 (Low Income Status at Program Entry) to document eligibility criteria, per WSS Policy 1003, Rev. 6 Attachment B | N/A, no evidence of this status  **Youth met the low-income requirement:** *[*WIOA Sec. 129(c)]  YES, low income validated by one of the following:  *(WSS Policy 1003, Rev. 6)*  Award Letter from Veteran’s Administration  Bank Statements  Pay Stubs  Compensation Award Letter  Court Award Letter  Pension Statement  Employer Statement / Contact  Family or Business Financial Records  Housing Authority Verification  Quarterly Estimated Tax for Self-Employed Persons  Social Security Benefits  UI Claim Documents  Copy of Authorization to Receive Cash Public Assistance  Copy of Public Assistance Check  Public Assistance Records  Crossmatch with UI Wage Records  Crossmatch with Public Assistance Records  Crossmatch with Refugee Assistance Records    Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, unable to validate  **Reporting:**  **Low income status is recorded in State MIS:***(20 CFR 677.235)*  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Exception to Low Income Eligibility Requirement**  **Reporting/MIS Requirement**  **Evan Rosenberg, Division of Youth Services, DOL ETA, “WIOA Youth Eligibility Live Q&A Session” on WorkforceGPS October 24, 2017:**  MIS will only capture those youth in which this is the only eligibility criteria recorded in the system.  If the participant has other barriers, ensure the other eligibility barriers are recorded in MIS and case notes ensure the participant is not captured in the 5% limit | N/A, no evidence of this status and/or not the category selected for enrollment  **Verification of the participant’s eligibility for this category is in the file***: (LWDB policy)*  YES, no issues identified  NO, unable to validate | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **ISY School Status at Program**  **Entry**    **In-School Youth**  **20 CFR 681.230**:  Youth attending high school equivalency programs funded by the public K-12 school system who are classified by the school system as still enrolled in school are considered **ISY.**  **WSS Policy 1020, Rev. 2**  If schools or school districts are substantially directive, invested, and accountable (e.g., WIOA program only provides supportive services to participants), those youth should be **designated ISY**.  **TEGL 21-16 Chg.1**  If a youth is enrolled in the WIOA youth program during the summer and is in between school years, the youth is considered an **ISY** if they are enrolled to continue school in the fall.  If a youth is enrolled in the WIOA youth program between high school graduation and postsecondary education, the youth is considered an **ISY** if they are registered for postsecondary education, even if they have not yet begun postsecondary classes at the time of WIOA youth program enrollment.  If the youth participant is enrolled in any credit-bearing postsecondary education classes, including credit-bearing community college classes and credit-bearing continuing education classes, then they are considered attending postsecondary education, and, therefore, in **ISY**.  **WSS Policy 1020, Rev. 2**Homeschooled youth who meet the WA State requirements at [RCW 28A.200](http://app.leg.wa.gov/RCW/default.aspx?cite=28A.200) ***and*** [28A.225.010(4)](http://app.leg.wa.gov/RCW/default.aspx?cite=28A.225.010) are considered **ISY**.  **WSS Policy 1020, Rev. 2**If schools or school districts, despite having enrolled the youth into school, largely cede service provision to other entities (e.g., WIOA youth providers, CBOs, other non-profits), have minimal financial investment, and require little district-based accountability of participants, youth in these programs can be **designated OSY.**  Conversely, if schools or school districts are substantially directive, invested, and accountable (e.g., WIOA program only provides supportive services to participants), those youth should be **designated ISY**.  This test also applies to dropout re-engagement programs not connected to Open Doors. | **Youth met WIOA In-school criteria at program entry:**  *[WIOA Sec. 129(c)]*  YES, ISY validated by one of the following:  (*WSS Policy 1003, Rev. 6)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Applicable records from education institution  (GED certificate, diploma, attendance record,  transcripts, dropout letter, school documentation)  No, unable to validate ISY status at program entry  **Reporting:**  **School status at enrollment is accurately recorded in MIS*:*** *[WIOA Section 129(a)(B)]*  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **eligibility continued: iSY must meet a minimum of one of the following criteria:** | | | |
| **Basic Skills Deficient**  **BSD Scores**  **WSS Policy 1011, Rev. 6**  Basic Skills Deficiency is denoted by a CASAS score of **238 or below in reading** or **235 or below in math.**  **Definition**  **WIOA Sec. 3(5)**  **a.** A youth who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or  **b.** A youth or adult who is unable to compute 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.  **CASAS Required Tool Assessment**  **WSS Policy 1011, Rev. 6**   * + ESD has approved CASAS tests as the only standard tools to determine BSD used for program enrollment.   + The Appraisal test must be given first (prior to the pre-test) to determine the appropriate level and form of the pre-test to be used.   + **The CASAS appraisal test cannot be used in lieu of the CASAS pre-test to determine BSD.**   + If using the Locator (e-test), the appraisal and pre-test are combined.   + When using the e-test format (called Locator), administration of CASAS to determine BSD is completed in one-step.   + **Pre-tests determine BSD and EFL**   **Documentation Required**  **WSS Policy 1003, Rev. 6** *Self-attestation is not acceptable for validating BSD.*  **WSS Policy 1011, Rev. 6**  **BSD must be documented in the State MIS WIOA Eligibility Application:**  **1.** On the “Barriers” tab of the WIOA Eligibility Application, click the “yes” radio button for Basic Literacy Skills Deficiency.  **2.** On the dropdown list for BSD Verification, choose “Standardized Assessment Test”  **3.** Go to the “Notes” tab of the WIOA Eligibility Application and document the date of the test, score(s), name of the person or entity administering the test and any other supporting details.  Staff **must not** upload into the case management system or retain in hard files any CASAS document(s) that contain test questions or other sensitive testing information.  **WIN 0107, Change 10** Temporary suspension of WorkSource System Policy 1101 (CASAS for Basic Skills Assessment) to allow alternative documentation of basic skills deficiency in WIOA Title I-B programs. *Effective April 17, 2020*  *Expiration Date December 31, 2024* | N/A  No evidence of this status and/or category not selected for enrollment  No evidence indicating participant was tested for BSD  Participant is not BSD  **Youth met BSD status at program enrollment:**  YES: BSD status validated by one of the following:  *(WSS Policy 1011, Rev. 6; WSS Policy 1003, Rev. 6)*  CASAS Pre-test scores(s)  NO, unable to validate  ***OR***  **Enrolled during COVID Pandemic, under WIN 0107, Chg. 10 *Effective 4/17/2020 – 12/31/2024.***  YES, validated by the following:  CASAS assessment (paper or e-test)  Transcript with a failing grade in math or reading during the most recent academic year (or a detailed case note if verified verbally with appropriate entity)  School records showing test scores from a generally accepted standardized test within the last year showing grade level below 9th grade (grade 8.9 or lower) (or a detailed case note if verified verbally with appropriate entity)  NO, one or more issues identified  **Reporting:**  **BSD status is recorded in MIS as required in WSS Policy 1011, Rev. 6:***(20 CFR 677.235; WSS Policy 1011, Rev. 6)*  YES, the following were completed in the *State MIS WIOA Eligibility Application: (WSS Policy 1011, Rev. 6)*  Barriers Tab – Basic Literacy Skills Deficiency  “yes” radio button selected  “Standardized Assessment Test” dropdown selected for BSD Verification  Notes Tab- the following were documented:  Date of test  Score(s)  Name of person or entity administering test  NO, one or more issues identified  ***OR***  **Enrolled during COVID Pandemic, under WIN 0107, Chg. 10 *Effective 4/17/2020 – 12/31/2024.***  **BSD status is recorded in MIS:***(20 CFR 677.235)*  N/A, participant not tested or assessed  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **English Language Learner**  **Definitions**  WIOA Sec. 3(21) and WIOA Title II Sec. 203(7): An eligible individual who has limited ability in reading, writing, speaking, or comprehending the English language, and-  Whose native language is a language other than English; ***or***  Who lives in a family or community environment where a language other than English is the dominant language. | N/A, no evidence of this status and/or not the category  selected for enrollment  **Youth met ELL status at program enrollment:**  YES, validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Assessment Test Results  Applicable Records from Education Institution (Transcripts, or other school documentation)  Intake Application or Enrollment form  Case Notes  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, unable to validate  **Reporting:**  **ELL status is recorded in MIS:***(20 CFR 677.235)*  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Offender, Ex-Offender**  **Definitions**  **ETA 9172 (PIRL):** If the participant, at program entry who either:  **(a)** Has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or  **(b)** Requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction.  **WSS Policy 1020, Rev. 2****& WSS Policy 1019, Rev. 10**   * + An individual who has been charged with an offense, but subsequently directed to a community-based diversion program rather than the formal court system meets the definition of having been “subject to any stage of the criminal justice process” due to having been *charged* with an offense, even though that individual has not been remanded to the court system.   **Reporting/MIS Requirement**  **WSS Policy 1020, Rev. 2**  To address a broader concern, when individuals rely solely on ISY Category 3 or OSY Category 4 criteria as the additional determinants of eligibility for the Title I-B youth program and express concerns about documentation and disclosure of their offender status, DOL has stated that the offender status must be captured and reported so DOL and Congress can know whether or not states and local areas are adequately serving individuals with, in this case, employment barriers related to ex-offender status. Accordingly, offender status is a required reporting element in the PIRL.  **Note:** Data element validation requires collection of source documentation for this element, per WSS Policy 1003, Rev. 6 Attachment B | N/A, no evidence of this status and/or not the category selected for enrollment  **Youth met Offender status at program enrollment:**  YES, validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Documentation from Juvenile or Adult Criminal  Justice System  Written Statement or Referral Document from a  Court or Probation Officer  Referral Transmittal from a Reintegration Agency  Signed Intake Application or Enrollment Form  Case Notes  Needs Assessment  Signed Individual Service Strategy  Federal Bonding Program Application  NO, unable to validate  **Reporting:**  **Offender status is recorded in MIS:** *(20 CFR 677.235 &**WSS Policy 1020, Rev. 2)****)***  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Homeless/ Runaway Youth or Foster Care Youth**  **Definition**  [**Violence Against Women Act of 1994**](https://www.law.cornell.edu/uscode/text/42/14043e-2) : An individual who lacks a fixed, regular, and adequate nighttime residence; and includes an individual who-  Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;  Is living in a motel, hotel, trailer park, or campground due to the lack of alternative adequate accommodations;  Is living in an emergency or transitional shelter;  Is abandoned in a hospital; or  Is awaiting foster care placement.  An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; or  Migratory children (as defined in section 6399 of title 20) who qualify as homeless under this section because the children are living in circumstances described in this paragraph.  [**McKinney-Vento Homeless Assistance Act**](https://www.law.cornell.edu/uscode/text/42/11434a)The term homeless children and youth means individuals who lack a fixed, regular, and adequate nighttime residence and includes –  Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;  Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;  Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and  Migratory children who qualify as homeless for the purposes of this subtitle.  **TEGL 21-16 Chg.1** Homeless youth do not need to meet any additional low-income criteria  **Foster Care Youth**  **Definition**  **20 CFR 681.210(6) and .220(5):** An individual in foster care or who:  Has aged out of the foster care system, or  who has attained 16 years of age and left foster care for kinship guardianship or adoption,  A child eligible for assistance under sec. 477 of the Social Security Act (42 U.S.C. 677), or  in an out-of-home placement.  **Note:** Data element validation requires collection of source documentation for this element, per WSS Policy 1003, Rev. 6 Attachment B | N/A, no evidence of this status and/or not the category  selected for enrollment  **Youth met Homeless or Runaway criteria at program enrollment:**  N/A  Yes  No  **Youth met Foster Care status at program enrollment:**  N/A  Yes  No  YES, validated by one of the following:*(WSS Policy 1003, Rev. 6)*  A letter from caseworker or support provider  Case Notes  Foster Care Agency Referral Transmittal  Needs Assessment  Self-attestation which:  was a declaration of information for this element and  was signed and dated by participant and  was participant generated and traceable to the participant  Signed Individual Service Strategy  Signed Intake Application or Enrollment Form  Written Statement or Referral Transmittal from a Shelter or Social Service Agency  Written confirmation from Social Service Agency  NO, unable to validate  **Reporting:**  **Homeless/Runaway status is recorded in MIS:***(20 CFR 677.235)*  N/A  YES, no issues identified  NO, one or more issues identified  **Foster Care status is recorded in MIS:***(20 CFR 677.235)*  N/A  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Pregnant or Parenting Youth**  **Definitions**  **TEGL 21-16 Chg.1**   * + An individual who is parenting can be a mother or father, custodial or non-custodial.   + **A pregnant individual can only be the expectant mother.**   **Single Parent**  **ETA 9172 (PIRL)**   * + If the participant, at program entry, is single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).   **Note:** Data element validation requires collection of source documentation for this element, per WSS Policy 1003, Rev. 6 Attachment B | N/A, no evidence of this status and/or not the category selected for enrollment  **Youth met the Pregnant or Parenting Youth criteria at program enrollment:**  YES, validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Case notes  Needs Assessment  TANF Single Parent Eligibility Verification  Signed Intake Application or Enrollment Form  Signed Individual Service Strategy or Employment Plan  NO, unable to validate  **Reporting:**  **Pregnant or parenting status is recorded in MIS**: *(20 CFR 677.235)*  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Youth who Needs Additional Assistance**  **Note:** Youth must meet eligibility criteria defined  by LWDB policy.  **Note:** Data element validation requires collection of source documentation for this element, per WSS Policy 1003, Rev. 6 Attachment B  **TEGL 09-22**  There is one exception to the reporting of all youth eligibility barriers -- in-school youth who require additional assistance to complete an education program or secure or hold employment. For this particular barrier, it is important that local programs report it only when it is a participant’s sole eligibility barrier. WIOA includes a limitation where in each local area only five percent of in-school youth in a given program year can be determined eligible using the “youth who require additional assistance to complete an education program or secure or hold employment” barrier. Based on the most recent data, 24.3 percent of in-school youth nationally are reported as having the “youth who require additional assistance” barrier. In order to more accurately track this five percent limitation, WIOA Youth programs should only report youth as having this barrier if it is their only barrier, and therefore, the barrier used for eligibility determination. | N/A, no evidence of this status and/or not the category selected for enrollment  **Youth met the LWDBs definition of a Youth Who Needs Additional Assistance:**  YES, validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Signed Intake Application or Enrollment Form  Case notes  Needs Assessment  Signed Individual Service Strategy  NO, unable to validate  **Reporting:**  **Youth who needs Additional Assistance status is recorded in MIS: *(20 CFR 677.235)***  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Individual with a Disability**  **Definitions**  **WIOA Sec. 3(25):** An individual with a disability as defined in [section 3 of the Americans with Disabilities Act of 1990](https://www.law.cornell.edu/uscode/text/42/12102) (42. U.S.C. 12102) means, with respect to an individual –   * + A physical or mental impairment that substantially limits one or more major life activities of such individual;   + A record of such an impairment   **Note:** Data element validation requires collection of source documentation for this element, per WSS Policy 1003, Rev. 6 Attachment B | N/A, no evidence of this status and/or not the category selected for enrollment  **Youth met the Disability criteria at program enrollment:**  YES, validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  School 504 Records Provided by Student  Assessment Test Results  School Individualized Education Program (IEP) record  NO, unable to validate  **Reporting:**  **Disability status is recorded in MIS:** *(20 CFR 677.235)*  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

# **WIOA Out-of-School Youth**

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| **ELEMENT** | **EVIDENCE & INDICATORS** | **determination & cOMMENTS** | **action required/ recommendations** |
| **COVID-19 Enrollment Exception**  *WIN 0109, Change 10: Verbal Self-Attestation and Remote Eligibility Documentation*  *\* Effective Date: March 23, 2020*  *\* Expiration Date: June 30, 2024*  **Minimum Requirements for Documenting Eligibility for WIOA Title I-B Programs**  Verbal self-attestation is allowed to document eligibility for criteria for which self-attestation is not otherwise allowed per Department of Labor (DOL) guidance but should not be used as a first resort. LWDBs and their service providers should attempt to collect eligibility source documentation when possible. However, full verbal self-attestation is allowed *if* it is clearly documented in case files that the applicant is unable to access eligibility source documentation because of a COVID-19 reason (e.g., the applicant is quarantined or in isolation due to COVID-19 exposure and has no virtual or remote means of transmitting eligibility source documents to a case manager; the applicant does not have COVID-19, but the eligibility source documentation is in a location that is inaccessible due to COVID-19 restrictions).  **(a.)** The case manager and applicant conduct the eligibility determination and registration verbally by phone with the case manager case-noting the following in the ETO management information system:  **i.** That verbal self-attestation was necessary due to the inability to meet in person and/or  provide eligibility source documentation for COVID-19 reasons, including the specific  circumstances preventing in-person engagement and/or eligibility source documentation transaction.  **ii.** Each eligibility and priority of service criterion to which the applicant is self-attesting with a statement that reads, “I attest that [*applicant name*] verbally self-attested to the eligibility and priority of service criteria cited above.”  **iii.** That the case manager has provided to the applicant the *Equal Employment Opportunity and Complaint and Grievance Procedures* and *WIOA Title I-B Program Data Collection Certification* information verbally or in hard copy and that the applicant verbally acknowledged understanding the information by a statement that reads, “I attest that I provided the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification statements to [*applicant name*] on [*date*] and [*applicant name*] attested to understanding the information.”  **(b.)** If determined eligible per the process described in paragraph 1, the case manager verbally obtains from the applicant all information required for federal reporting and records the information in the appropriate sections and fields in the ETO management information system.  **(c.)** Effective with the issuance of Change 5 of this WIN, case managers must obtain appropriate  eligibility source documentation within 30 calendar days after the circumstances that prevented  applicants from providing source documents cease to exist. | N/A, verbal self-attestation was not used to determine eligibility and priority of service  **Verbal self-attestation was used to determine eligibility:**  YES, the following eligibility criteria were verbally self-attested:  Age / Date of Birth  Legally Entitled to Work  Selective Service Registration (if applicable)  **Verbal self-attestation was used to meet a minimum of one of the following criteria for eligibility:**  YES, the following eligibility and its criterion were verbally self-attested: (Case notes must include *how* they meet each criterion)  School Dropout  Basic Skills Deficient & Low Income  English Language Learner & Low Income  Offender, Ex-Offender  Homeless or Runaway  Foster Care Youth  Pregnant or Parenting Youth  Individual with a Disability  Youth who Needs Additional Assistance & Low Income  Exception to Low Income Eligibility Requirement  **Verbal self-attestation was clearly documented by case-noting the following in ETO:**  YES, all the following were in case notes:  (*December 3, 2021 and beyond*) That verbal self-attestation was necessary due to the inability to meet in person and/or provide eligibility source documentation for COVID-19 reasons, including the specific circumstances preventing in-person engagement and/or eligibility source documentation transaction.  **AND**  Each eligibility and priority of service criterion to which the applicant is self-attesting with a statement that reads, “I attest that [applicant name] verbally self-attested to the eligibility and priority of service criteria cited above.”  **AND**  That the case manager has provided to the applicant the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification information (see Attachment A) verbally or in hard copy and that the applicant verbally acknowledged understanding the information by a statement that reads, “I attest that I provided the Equal Employment Opportunity and Complaint and Grievance Procedures and WIOA Title I-B Program Data Collection Certification statements to [applicant name] on [date] and [applicant name] attested to understanding the information.”  NO, one or more issues identified  **REPORTING:**  **All demographics and required federal reporting information was collected and entered in ETO**  YES, no issues identified  NO, one or more issues identified  **Case managers obtained appropriate eligibility source documentation within 30 calendar days after the circumstances that prevented applicants from providing source documents cease to exist.** (Enrollments *December 3, 2021 and beyond*)  N/A, circumstances still exist  N/A, 30 days has not passed at time of monitoring  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **1.WIOA OSY ELIGIBILITY CRITERIA** | N/A, verbal self-attestation used during COVID-19 | |  |
| **Age/Date of Birth**  **Out-School-Youth ages (OSY) -** Between the ages 16-24  **TEGL 09-22**  Self-attestation is an acceptable source of documenting almost all program elements related to WIOA Youth eligibility. As stated in TEGL 23-19, Change 1, the following youth eligibility data elements allow self-attestation as an acceptable source of documentation: school status at program entry, date of birth, individual with a disability, pregnant or parenting, youth who needs additional assistance, foster youth, homeless youth, offender, low income, and English Language Learner. The only data element related to WIOA Youth eligibility that does not permit the use of self-attestation for documentation is “basic skills deficient.”  As stated in TEGL 23-19, Change 1, ETA encourages grant recipients to consider the impacts on equity and accessibility when developing their source documentation policies and procedures. For example, grantees considering restrictions on the use of self-attestation should consider that while other documentation sources are preferred when practical, self-attestation is an important option for populations with barriers to obtaining eligibility and reporting documents (such as disconnected youth, American Indian and Alaska Native populations, individuals experiencing homelessness, justice involved individuals, refugees, disaster impacted individuals, and others) and help ensure such populations are able to equitably access services. As a best practice, once enrolled, programs should assist the participant in obtaining the required documents through the use of supportive service funds as these documents are likely needed for employment and training related activities. | **Participant was between the ages of 16-24 on the date of program enrollment:** *[WIOA Section 129(a)]*  YES, Validated by one of the following:  Driver’s License or ID  Federal, State, Local ID Card  Birth certificate  Passport  Baptismal record  DD-214  Work permit  Hospital record of birth  Public assistance  Social service records  School records / ID’s  Family bible  Crossmatch  Justice system records  Medical records  Selective Service Registration  Signed letter from parents or guardian  Report of Transfer or Discharge Paper  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, Unable to Validate  **Reporting:**  **Date of Birth is accurately recorded in MIS:** *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Legally Entitled to Work in U.S.**   * Citizens; * Nationals; * Lawfully admitted permanent resident aliens; * Refugees; * Asylees; * Parolees; and * Other immigrants authorized by the Attorney General to work in the United States.   For a list of accepted I-9 Documentation, visit: <https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents> | **Participant was eligible to work in the U.S.**  *(WIOA Section 3(2); WSS Policy 1019, Rev. 10)*  YES, validated by one of the following:  Accepted I-9 Documents  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, unable to validate  **Reporting:**  **Eligibility to work in the U.S. is recorded in MIS:** *(20 CFR 677.235)*  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **OSY School Status at Program Entry**  **Out-School-Youth**  **20 CFR 681.230:** WIOA youth programs may consider a youth to be **OSY** for purposes of WIOA youth program eligibility if he or she attend adult education provided under title II of WIOA, YouthBuild, Job Corps, high school equivalency programs, or dropout re-engagement programs regardless of the funding sources of those programs.  **TEGL 21-16 Chg. 1**  If a youth graduates high school and registers for postsecondary education but does not ultimately follow through with attending postsecondary education, then such a youth would be considered an **OSY** *if the eligibility determination is made after the point that the youth decided not to attend postsecondary education.*  If the youth participant is only enrolled in non-credit-bearing postsecondary classes, they would not be considered attending postsecondary school and, therefore, an **OSY**.  **WSS Policy 1020, Rev. 2**  If schools or school districts, despite having enrolled the youth into school, largely cede service provision to other entities (e.g., WIOA youth providers, CBOs, other non-profits), have minimal financial investment, and require little district-based accountability of participants, youth in these programs can be **designated OSY.**  Conversely, if schools or school districts are substantially directive, invested, and accountable (e.g., WIOA program only provides supportive services to participants), those youth should **be** **designated ISY**.  This also applies to dropout re-engagement programs not connected to Open Doors. Based on the guidelines cited above, local areas must thoroughly document the case for OSY designation when youth participants in dropout re-engagement programs are enrolled in school.  ***Homeschooled youth who do not meet*** the WA State requirements at [RCW 28A.200](http://app.leg.wa.gov/RCW/default.aspx?cite=28A.200) and [28A.225.010(4)](http://app.leg.wa.gov/RCW/default.aspx?cite=28A.225.010) are *not considered* **ISY** and need to meet the **OSY** eligibility criteria. | **Youth met WIOA Out-of-school criteria at program entry:** *[WIOA Sec. 129(c)]*  YES, OSY validated by one of the following:  (*WSS Policy 1003, Rev. 6)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Applicable records from educational institution (GED certificate, diploma, attendance record, transcripts, dropout letter, school documentation)  Crossmatch with Postsecondary Education Database  Copy of Educational Institution Enrollment Record  Signed Intake Application or Enrollment Form  Electronic Records  No, unable to validate OSY status at program  entry  **Reporting:**  **School status at enrollment is accurately recorded in MIS*:*** *[WIOA Section 129(a)(B)]*  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **eligibility continued: OSY must meet a minimum of one of the following criteria:** | | | |
| **School Dropout**  **Definition**  **WIOA Sec. 3(54)** The term “school dropout” means an individual who is *no longer attending any school* and *who has not received a secondary diploma or its recognized equivalent*.  **TEGL 21-16 Chg.1**  An individual who has dropped out of postsecondary education is not a “school dropout” for purposes of youth program eligibility.  *A dropout only includes an individual who is currently a secondary school dropout and does not include a youth who previously dropped out of secondary school but subsequently returned.* | N/A: No evidence of this status and/or not the category  selected for enrollment  **Verification of participant’s drop out status was in the file:**  YES, Dropout status validated by one of the following:  *(WSS Policy 1003, Rev. 6)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Applicable records from education institution  (GED certificate, diploma, attendance record,  transcripts, dropout letter, school documentation)  Case Notes  Electronic Records  Intake Application or Enrollment form  No, unable to validate OSY status at program  Entry | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Basic Skills Deficient & is Low Income**  **BSD Scores**  **WSS Policy 1011, Rev. 6**  Basic Skills Deficiency is denoted by a CASAS score of **238 or below in reading** or **235 or below in math.**  **Applies To**   * OSY who have a diploma or equivalent * Low income is only required if BSD is the only element selected for eligibility * Individuals who are English Language Learners (ELL)   **Definition**  **WIOA Sec. 3(5)**  **a.** A youth who has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or  **b.** A youth or adult who is unable to compute 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.  **WIN 0107, Change 10** Temporary suspension of WorkSource System Policy 1101 (CASAS for Basic Skills Assessment) to allow alternative documentation of basic skills deficiency in WIOA Title I-B programs. *Effective April 17, 2020*  *Expiration Date December 31, 2024*  **Required Assessment Tool - CASAS**  **WSS Policy 1011, Rev. 6**  ESD has approved CASAS tests as the only standard tools to determine BSD used for program enrollment.  The Appraisal test must be given first (prior to the pre-test) to determine the appropriate level and form of the pre-test to be used.  The CASAS appraisal test **cannot** be used in lieu of the CASAS pre-test to determine BSD.  If using the Locator (e-test), the appraisal and pre-test are combined.  When using the e-test format (called Locator), administration of CASAS to determine BSD is completed in one-step.  **Pre-tests determine BSD and EFL**  **Documentation Requirements**  **WSS Policy 1003, Rev. 6 *Self-attestation is not acceptable for validating BSD.***  **WSS Policy 1011, Rev. 6**  BSD ***must*** be documented in the State MIS WIOA Eligibility Application:  **1.** On the “Barriers” tab of the WIOA Eligibility Application, click the “yes” radio button for Basic Literacy Skills Deficiency.  **2.** On the dropdown list for BSD Verification, choose “Standardized Assessment Test”  **3.** Go to the “Notes” tab of the WIOA Eligibility Application and document the date of the test, score(s), name of the person or entity administering the test and any other supporting details.  Staff **must not** upload into the case management system or retain in hard files any CASAS document(s) that contain test questions or other sensitive testing information.  **Types of Source Documentation**  **WSS Policy 1003, Rev. 6**  **Crossmatch:** A crossmatch requires validators to find detailed supporting evidence for the data element in a database. An indicator or presence of a Social Security Number (SSN) in an administrative non-WIOA database, i.e., a database not maintained by a WIOA core program such as data from the State’s Department of Motor Vehicles, is not sufficient evidence for a crossmatch. State validators must also confirm supporting information such as dates of participation and services rendered. States must have *data sharing agreements in place* as appropriate.  ***Note:*** *In order to use a crossmatch, a data sharing agreement would need to be in place with the agency that owns the database in which you would be accessing for validation.*  **Note:** Data element validation requires collection of source documentation for element 802 (Low Income Status at Program Entry) even it was not used to document eligibility criteria, per WSS Policy 1003, Rev. 6 Attachment B | N/A  No evidence of this status and/or category not selected for enrollment  No evidence indicating participant was tested for BSD  Participant is not BSD  **Youth met BSD status at program enrollment:**  YES: BSD status Validated by one of the following:  *(WSS Policy 1011, Rev. 6; WSS Policy 1003, Rev. 6)*  CASAS Pre-test scores(s)  NO, unable to validate  ***OR***  **Enrolled during COVID Pandemic, under WIN 0107, Chg. 10 *Effective 4/17/2020 – 12/31/2024.***  YES, validated by the following:  CASAS assessment (paper or e-test)  Transcript with a failing grade in math or reading during the most recent academic year (or a detailed case note if verified verbally with appropriate entity)  School records showing test scores from a generally accepted standardized test within the last year showing grade level below 9th grade (grade 8.9 or lower) (or a detailed case note if verified verbally with appropriate entity)  NO, one or more issues identified  **low Income:**  N/A, BSD not the category of enrollment  Youth met the low-income requirement: *[*WIOA Sec. 129(c)]  YES, Low Income validated by one of the following:  *(WSS Policy 1003, Rev. 6)*  Award Letter from Veteran’s Administration  Bank Statements  Pay Stubs  Compensation Award Letter  Court Award Letter  Pension Statement  Employer Statement / Contact  Family or Business Financial Records  Housing Authority Verification  Quarterly Estimated Tax for Self-Employed Persons  Social Security Benefits  UI Claim Documents  Copy of Authorization to Receive Cash Public Assistance  Copy of Public Assistance Check  Public Assistance Records  Crossmatch with UI Wage Records  Crossmatch with Public Assistance Records  Crossmatch with Refugee Assistance Record  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, unable to validate  **Reporting:**  **BSD status is recorded in MIS as required in WSS Policy 1011, Rev. 6:***(20 CFR 677.235)*  YES, the following were completed in the *State MIS WIOA Eligibility Application: (WSS Policy 1011, Rev. 6)*  Barriers Tab – Basic Literacy Skills Deficiency  “yes” radio button selected  “Standardized Assessment Test” dropdown selected for BSD Verification  Notes Tab- the following were documented:  Date of test  Score(s)  Name of person or entity administering test  NO, one or more issues identified  ***OR***  **Enrolled during COVID Pandemic, under WIN 0107, Chg. 10 *Effective 4/17/2020 – 12/31/2024.***  **BSD status is recorded in MIS:***(20 CFR 677.235)*  N/A, participant not tested or assessed  YES, no issues identified  NO, one or more issues identified  **Low-income status is recorded in MIS:***(20 CFR 677.235)*  N/A  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **English Language Learner & is Low Income**      **Applies To:**   * OSY who have a diploma or equivalent * Low income is only required if ELL is the only element selected for eligibility   **Definition**  **WIOA Sec. 3(21) and WIOA Title II Sec. 203(7):** An eligible individual who has limited ability in reading, writing, speaking, or comprehending the English language, ***and***  Whose native language is a language other than English, ***or***  Who lives in a family or community environment where a language other than English is the dominant language  **Types of Source Documentation**  **WSS Policy 1003, Rev. 6**  **Crossmatch:** A crossmatch requires validators to find detailed supporting evidence for the data element in a database. An indicator or presence of a Social Security Number (SSN) in an administrative non-WIOA database, i.e., a database not maintained by a WIOA core program such as data from the State’s Department of Motor Vehicles, is not sufficient evidence for a crossmatch. State validators must also confirm supporting information such as dates of participation and services rendered. States must have *data sharing agreements in place* as appropriate.  ***Note:*** *In order to use a crossmatch, a data sharing agreement would need to be in place with the agency that owns the database in which you would be accessing for validation.*  **Note:** Data element validation requires collection of source documentation for element 802 (Low Income Status at Program Entry) even it was not used to document eligibility criteria, per WSS Policy 1003, Rev. 6 Attachment B | N/A: No evidence of this status and/or not the category  selected for enrollment  **Youth met ELL status at program enrollment:**  YES, validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Assessment Test Results  Applicable Records from Education Institution (Transcripts, or other school documentation)  Intake Application or Enrollment form  Case Notes  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, unable to validate  **LOW INCOME:**  N/A, ELL not the category of enrollment  YES, Low income validated by one of the following:  *(WSS Policy 1003, Rev. 6)*  Award Letter from Veteran’s Administration  Bank Statements  Pay Stubs  Compensation Award Letter  Court Award Letter  Pension Statement  Employer Statement / Contact  Family or Business Financial Records  Housing Authority Verification  Quarterly Estimated Tax for Self-Employed Persons  Social Security Benefits  UI Claim Documents  Copy of Authorization to Receive Cash Public Assistance  Copy of Public Assistance Check  Public Assistance Records  Crossmatch with UI Wage Records  Crossmatch with Public Assistance Records  Crossmatch with Refugee Assistance Records  Self-attestation, which was one of the following:   * Signed and dated paper version from WSS Policy 1003, Rev. 6, or a substantially similar version:   was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  NO, unable to validate  **Reporting:**  **ELL status is recorded in MIS:***(20 CFR 677.235)*  YES  NO, could not locate  **Low-income status is recorded in MIS, if applicable:**  *(20 CFR 677.235)*  N/A  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Offender, Ex-Offender**  **Definition**  **ETA 9172 (PIRL):** If the participant, at program entry who either:**(a)** Has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or **(b)** Requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction.  **WSS Policy 1020, Rev. 2& WSS Policy 1019, Rev. 10**  An individual who has been charged with an offense, but subsequently directed to a community-based diversion program rather than the formal court system meets the definition of having been “subject to any stage of the criminal justice process” due to having been *charged* with an offense, even though that individual has not been remanded to the court system.  **Reporting/MIS Requirement**  **WSS Policy 1020, Rev. 2**To address a broader concern, when individuals rely solely on ISY Category 3 or OSY Category 4 criteria as the additional determinants of eligibility for the Title I-B youth program and express concerns about documentation and disclosure of their offender status, DOL has stated that the offender status must be captured and reported so DOL and Congress can know whether or not states and local areas are adequately serving individuals with, in this case, employment barriers related to ex-offender status. Accordingly, offender status is a required reporting element in the PIRL.  **Note:** Data element validation requires collection of source documentation for this element, per WSS Policy 1003, Rev. 6 Attachment B | N/A: No evidence of this status and/or not the category  selected for enrollment  **Youth met Offender status at program enrollment:**  YES, validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Documentation from Juvenile or Adult Criminal  Justice System  Written Statement or Referral Document from a  Court or Probation Officer  Referral Transmittal from a Reintegration Agency  Signed Intake Application or Enrollment Form  Case Notes  Needs Assessment  Signed Individual Service Strategy  Federal Bonding Program Application  NO, unable to validate  **Reporting:**  **Offender status is recorded in MIS:** *(20 CFR 677.235 &**WSS Policy 1020, Rev. 2)*  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Homeless/ Runaway Youth or Foster Care Youth**  **Homeless/ Runaway**  **Definition**  [**Violence Against Women Act of 1994**](https://www.law.cornell.edu/uscode/text/42/14043e-2)  Is sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;  Is living in a motel, hotel, trailer park, or campground due to the lack of alternative adequate accommodations;  Is living in an emergency or transitional shelter;  Is abandoned in a hospital; or  Is awaiting foster care placement.  An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; or  [**McKinney-Vento Homeless Assistance Act**](https://www.law.cornell.edu/uscode/text/42/11434a)  Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;  Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings  **TEGL 21-16 Chg. 1:** (OSY) Homeless youth do not need to meet any additional low-income criteria  **Note:** Data element validation requires collection of source documentation for this element, per WSS Policy 1003, Rev. 6 Attachment B  **Foster Care Youth**  **Definition**  **20 CFR 681.210(6) and .220(5):** An individual in foster care or who:  Has aged out of the foster care system, or  who has attained 16 years of age and left foster care for kinship guardianship or adoption,  A child eligible for assistance under sec. 477 of the Social Security Act (42 U.S.C. 677), or  in an out-of-home placement.  **ETA 9172:** At program entry, is a person *aged 24*  *or under* who is currently in foster care or has aged out of the foster care system.  **Note:** Data element validation requires collection of source documentation for this element, per WSS Policy 1003, Rev. 6 Attachment B | N/A: No evidence of this status and/or not the category  selected for enrollment  **Youth met Homeless or Runaway criteria at program enrollment:**  N/A  Yes  No  **Youth met Foster Care status at program enrollment:**  N/A  Yes  No  YES, validated by one of the following:*(WSS Policy 1003, Rev. 6)*  A letter from caseworker or support provider  Case Notes  Foster Care Agency Referral Transmittal  Needs Assessment  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Signed Individual Service Strategy  Signed Intake Application or Enrollment Form  Written Statement or Referral Transmittal from a Shelter or Social Service Agency  Written confirmation from Social Service Agency  NO, unable to validate  **Reporting:**  **Homeless/Runaway status is recorded in MIS:***(20 CFR 677.235)*  N/A  YES, no issues identified  NO, one or more issues identified  **Foster Care status is recorded in MIS:***(20 CFR 677.235)*  N/A  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Pregnant or Parenting Youth**  **DEFINITIONS**  **TEGL 21-16 Chg.1**  An individual who is parenting can be a mother or father, custodial or non-custodial.  **A pregnant individual can only be the expectant mother.**  **SINGLE PARENT**  **ETA 9172 (PIRL):** If the participant, at program entry, is single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under age 18 (including single pregnant women).  **Note:** Data element validation requires collection of source documentation for this element, per WSS Policy 1003, Rev. 6 Attachment B. | N/A: no evidence of this status and/or not the category  selected for enrollment  **Youth met the Pregnant or Parenting Youth criteria at program enrollment**:  YES, validated by one of the following:*(WSS Policy 1003, Rev. 6)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Case notes  Needs Assessment  TANF Single Parent Eligibility Verification  Signed Intake Application or Enrollment Form  Signed Individual Service Strategy or Employment Plan  NO, unable to validate  **Reporting:**  **Pregnant or parenting status is recorded in MIS**: *(20 CFR 677.235)*  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Individual with a Disability**  **Note:** OSY with disabilities are *not required* to  be low income  **Definition**  **WIOA Sec. 3(25):** An individual with a disability as defined in [section 3 of the Americans with Disabilities Act of 1990](https://www.law.cornell.edu/uscode/text/42/12102) (42. U.S.C. 12102) means, with respect to an individual –  A physical or mental impairment that substantially limits one or more major life activities of such individual;  A record of such an impairment  **Note:** Data element validation requires collection of source documentation for this element, per WSS Policy 1003, Rev. 6 Attachment B | N/A: no evidence of this status and/or not the category selected for enrollment  **Youth met the Disability criteria at program enrollment:**  YES, validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  School 504 Records Provided by Student  Assessment Test Results  School Individualized Education Program (IEP) record  NO, unable to validate  **Reporting:**  **Disability status is recorded in MIS:***(20 CFR 677.235)*  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Youth who Needs Additional Assistance & is Low Income**  **Note:**  Low income is required if this is the ***only***  element selected for eligibility; ***and***  Youth **must** meet eligibility criteria defined by LWDB policy.  **Types of Source Documentation**  **WSS Policy 1003, Rev. 6**  **Crossmatch:** A crossmatch requires validators to find detailed supporting evidence for the data element in a database. An indicator or presence of a Social Security Number (SSN) in an administrative non-WIOA database, i.e., a database not maintained by a WIOA core program such as data from the State’s Department of Motor Vehicles, is not sufficient evidence for a crossmatch. State validators must also confirm supporting information such as dates of participation and services rendered. States must have *data sharing agreements in place* as appropriate.  ***Note:*** *In order to use a crossmatch, a data sharing agreement would need to be in place with the agency that owns the database in which you would be accessing for validation.*  **Note:** Data element validation requires collection of source documentation for element 802 (Low Income Status at Program Entry) even it was not used to document eligibility criteria, per WSS Policy 1003, Rev. 6 Attachment B | N/A: no evidence of this status and/or not the category selected for enrollment  **Youth met the LWDBs definition of a Youth Who Needs Additional Assistance:**  YES, validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  Signed Intake Application or Enrollment Form  Case notes  Needs Assessment  Signed Individual Service Strategy  NO, unable to validate  **LOW INCOME:**  N/A, Needs Additional Assistance not the category of enrollment  YES, Low income validated by one of the following:  Award Letter from Veteran’s Administration  Bank Statements  Pay Stubs  Compensation Award Letter  Court Award Letter  Pension Statement  Employer Statement / Contact  Family or Business Financial Records  Housing Authority Verification  Quarterly Estimated Tax for Self-Employed Persons  Social Security Benefits  UI Claim Documents  Copy of Authorization to Receive Cash Public Assistance  Copy of Public Assistance Check  Public Assistance Records  Crossmatch with UI Wage Records  Crossmatch with Public Assistance Records  Crossmatch with Refugee Assistance Records  Self-attestation which:  was a declaration of information for this element ***and***  was signed and dated by participant ***and***  was participant generated and traceable to the participant  **Reporting:**  **Youth who needs Additional Assistance status is recorded in MIS:**  YES, no issues identified  NO, one or more issues identified  **Low-income status is recorded in MIS, if applicable:** (*20 CFR 677.235)*  N/A  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |
| **Exception to Low Income Eligibility Requirement**  **Applies To:**  Out-of-school youth who meet the following eligibility criteria:  A recipient of a secondary school diploma or its recognized equivalent who is either basic skills deficient or an English language learner; ***or***  Requires additional assistance to enter or complete an educational program or to secure or hold employment.  **Reporting/MIS Requirements**  **Evan Rosenberg, Division of Youth Services, DOL ETA, “WIOA Youth Eligibility Live Q&A Session” on Workforce GPS October 24, 2017:**  MIS will only capture those youth in which this is the only eligibility criteria recorded in the system.  If the participant has other barriers, ensure the other eligibility barriers are recorded in MIS and case notes to ensure the participant is not captured in the 5% limit. | N/A: no evidence of this status and/or not the category  selected for enrollment  **Verification of the participant’s eligibility for this category is in the file*:*** *(LWDB policy)*  YES, no issues identified  NO, unable to validate | No Issues Identified  Items to Address  Questioned Cost  Data Validation Issues  Observation | No Action Required  Action Required  Recommendation |

# **State EcSA**

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| **ELEMENT** | | **EVIDENCE & INDICATORS** | **determination & cOMMENTS** | **action required/ recommendations** |
| **Experiencing Poverty****State Programs Policy 7000, Rev. 1** To be eligible for State EcSA—People Experiencing Poverty, applicants must meet the following requirements:  • From households that are below 200% of the Federal Poverty Level.  • Meet basic eligibility requirements for any of the three WIOA Title I-B formula programs, excluding requirements to register for Selective Service. | N/A**Participant was below 200% of FPL at the time of eligibility determination:**  YES, Validated by one of the following: TANF  Other Public Assistance Food Stamps  Pay Stubs Signed & Dated Applicant Statement Other: NO, unable to validate | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Demonstrate Financial Need****State Programs Policy 7000, Rev. 1** To be eligible for State EcSA—People Who Demonstrate Financial Need, applicants must meet the following requirements:  • Be below their self-sufficiency goal and require employment or training related services to achieve self-sufficiency.  • Meet basic eligibility requirements for any of the three WIOA Title I-B formula programs, excluding requirements to register for Selective Service.  • Individuals may be below or above 200% of the Federal Poverty Level, at the discretion of LWDBs, as long as they are below their self-sufficiency goal. Enrollment prior to State Program Policy 7000, Rev. 1 effective 10/4/2024:**Above 200% FPL**WIN 0129, Rev 2.To be eligible for enrollment in EcSA, an individual must be determined eligible for the WIOA Adult, Youth, or Dislocated Worker programs, and If above the 200% FPL at the time of eligibility determination. Explanation of eligibility must be provided, per local policy. | N/A**Participant was below their self-sufficiency goal and required services to achieve self-sufficiency:** Yes, validated by UW Self-Sufficiency Calculator  Yes, validated by self-attestation  Yes, validated by other allowable documentation per locally-established policy  No, unable to validate Enrollment prior to State Program Policy 7000, Rev. 1 effective 10/4/2024: N/A Participant was above 200% of FPL at the time of eligiblty determination: Case notes provide a detailed explanation of factors that caused the participant to likely drop below 200% of the FPL provided. Yes, validated by case notes  No, not able to validate | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Date of Program Entry, Participation**  **Participant**  **20 CFR 680.110:**  **(a)** Individuals are considered participants *when* they have received a WIOA service other than self-service or information-only activities and have satisfied all applicable programmatic requirements for the provision of services, such as eligibility determination.  **(b)** Adults who receive services funded under Title I other than self-service or information-only activities must be registered and must be a participant*.*  **WorkSource System Policy 1020, Rev. 2 Handbook**:  For adults, the date of participation is the date when a participation-level service is delivered.  **University of Washington (UW) Self-Sufficiency Calculator**  EcSA Contract Statement of Work: LWDBs and their sub-grantees must enter client data into the designated University of Washington Self-Sufficiency Calculator. Tracking of income information in other systems is acceptable for local purposes, but does not replace this requirement. | **FILE REVIEW:**  **Participant met all programmatic eligibility requirements:** *[20 CFR 680.110 and TEGL 19-16)*  YES, No Issues Identified  NO, Unable to Validate  **There is documented evidence indicating a service other than self-service or information only activities were provided to the participant initiating program participation:***[20 CFR 680.110 and TEGL 19-16; WSS Policy 1003, Rev. 6]*  YES, documented on one of following: *(WSS Policy 1003, Rev. 6)*  Individual Plan for Employment  Electronic Records  Program intake documents such as eligibility  determination documentation or program  enrollment forms  NO, Unable to Validate  **UW Self Sufficiency Calculator was completed with participant at time of program entry and is recorded in MIS**  YES, Validated in State MIS using the University of Washington Self-Sufficiency Calculator.  ☐ NO, One or More Issues Identified  **Reporting:**  **A service other than self-service or information-only activities is recorded in MIS on date of program** **enrollment**:*[20 CFR 680.110) and TEGL 19-16; WSS Policy 1003, Rev. 6]*  YES, No Issues Identified  NO, One or More Issues Identified  **Program enrollment is documented in case notes:**  *(WIN 0089)*  YES, very detailed  YES, some detail  NO, could not locate case notes documenting:  Date of program enrollment as recorded in MIS  Participant’s eligibility  Services planned | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Concurrent Program Enrollment**  **Tracking of Funds**  **TEGL 19-16**   * + Local program operators mustidentify and track the funding streamswhich pay the costs of services provided to individuals who are concurrently enrolled, and   + Ensure no duplication of services. | N/A, Not co-enrolled at time of monitoring  **Reporting:**  **Program enrollments are correctly recorded in MIS:** (20 CFR 677.160)  YES, No Issues Identified  NO, One or More Issues Identified  **No duplication of services between co-enrolled programs were observed at the time of review:**  (TEGL 19-16)  YES, No Issues Identified  NO, One or More Issues Identified | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **EcSA-Contract Specific Services** | | | | |
| **Career Plans**  **State Programs Policy 7000, Rev. 1, Attachment B**    **Program Requirements**  Establish and implement customized career plans to reach 100% of participant Income Adequacy, as established by the UW self-sufficiency calculator.  **MIS Data Entry Requirements**  The career plan must be complete, and service entered within 30 calendar days of the enrollment. | **A Career Plan was developed:**  YES, No Issues Identified:  Includes identification of self-sufficiency target using the UW Self-Sufficiency Calculator.  NO, Unable to validate one or more of the above  components in the Career Plan  **Reporting:**  **A “Development of IEP” is recorded in State MIS:**  *(State Guidance and Instructions for the State Economic Security for All (EcSA) Program State Programs Policy 7000, Rev. 1, Attachment B)*  YES, No Issues Identified  NO, this service is not recorded in MIS  NO, an incorrect service is recorded in MIS | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Mentorships (optional)**  **State Programs Policy 7000, Rev. 1, Attachment C; State EcSA Services Catalog**   * + State EcSA One-to-One Mentoring   Provide one-to-one mentorship or coaching. Can be provided by an employer, coworker, community member, or case management staff. Mentorship is intended to provide guidance, support, and encouragement to ensure the participant experiences inclusion and feels strong support from their community. May include opportunities to support workplace preparedness and increase awareness of or exposure to additional resources or employment opportunities. Documentation must be maintained to demonstrate that the participant received the one-to-one mentorship.   * + State EcSA Mentorship Opportunity   A single point in time event or workshop intended to provide guidance, support, and encouragement to participants and build community and peer support. May include opportunities to support workplace preparedness and increase awareness of or exposure to additional resources or employment opportunities. Can be provided in groups or on an individual basis. Examples include informational and life skills workshops, networking events, job shadows, informational interviews, or employer led workshops.  **MIS Data Entry Requirements**  **EcSA Contract Statement of Work:** All participant services received must be documented in State MIS. All WIOA services and outcomes must be documented in State MIS. | **Participant was connected to mentorships, as applicable, based on individual assessed need:**  N/A, Mentorship not provided at the time of  Monitoring  ☐ N/A, No documented evidence service was provided  YES, No Issues Identified, *when applicable,*  mentoring included:  One-to-one mentorship  Documentation demonstrating participant has met the 10-hour requirement was located  YES, No Issues Identified  NO, Unable to locate documentation  Mentorship Opportunity  NO, unable to validate mentorship activity  **Reporting:**  **An “State EcSA One-to-One Mentoring” or “State EcSA Mentorship Opportunity” is recorded in State MIS:**  *(Economic Security for All Initiative – ETO Guidance)*  YES, No Issues Identified  NO, service is not recorded in MIS  NO, service is incorrectly recorded in MIS | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Individualized Career, Training and supportive services** | | | | |
| **Support Services**  **WIN 0077, Change 16; WorkSource Services Catalog:**   * + **Program Support Services-Other (3.0)**     - This service is used when the support services being provided does not fall into the transportation category. This may include assistance with clothing, counseling, family/health care, housing, tools, union dues, driver’s licenses, or car repairs, assistance with books, fees, and school supplies, and payments for employment and training-related applications, tests, and certifications.     - The purpose of support services is to offer a resource for participants who are actively engaged in job search, work activities or training. Support services should be provided based on the real and immediate needs of the participant.   + **Program Support Services-Transportation**   Support services to be provided to participants prior to job placement and exiting the program. Transportation support are goods in the form of transportation assistance. The purpose of support services is to offer a resource for participants who are actively engaged in job search, work activities or training. Support services should be provided based on the real and immediate needs of the participant.  **Eligibility to Receive Supportive Services**  **20 CFR 680.910:**  **(a)** Supportive services may only be provided to individuals who are:  **(1)** Participating in career or training services as defined in WIOA secs 134(c)(2) and (3); **and**  **(2)** Unable to obtain supportive services through other programs providing such services.  **(b)** Supportive services may only be provided when they are necessary to enable individuals to participate in career services or training services.  **Reporting / MIS Requirements**  **WorkSource System Policy 1019, Rev. 10:**   * + Supportive services can be provided to Adults and DW **subject to also receiving a career and training services** (supportive services cannot be the only service in a participant record).   + The supportive service **can be record on or after the date of the career or training service** and should also **include a case note** explaining how the supportive service connects to a career or training service. | N/A, no documented evidence service(s) provided  **Supportive services were necessary to enable the individual to participate in career and training services:** *(20 CFR 680.910; TEGL 19-16)*  YES, No Issues Identified  NO, Unable to Validate  **Supportive services were provided with WIOA funds only when the participant was unable to obtain supportive services through other resources and/or programs providing such services:** *[20 CFR 680.910(a)(2)]*  YES, No Issues Identified  ☐ NO, One or More Issues Identified  **Documentation of supportive services is on file and meets local policy requirements:** *(WSS Policy 5602, rev. 5)*  YES, No Issues Identified  ☐ NO, One or More Issues Identified  **Reporting:**  **For Supportive Services, a qualifying career or training service was provided to the participant and is recorded in MIS in conjunction to the supportive services recorded in MIS:**  *(WIN 0078, Rev. 1; WSS Policy 1019, Rev. 10)*  YES, No Issues Identified  NO, on one or more occasion, no supportive service is recorded in MIS  NO, on one or more occasion, no  qualifying service is recorded in MIS  **Fiscal review of Direct participant costs:**  **Expenditures were reasonable, allowable, and allocable:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were the correct amounts across the invoice/receipt, voucher and/or supporting documentation and general ledger:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures did not exceed approved amounts and were within local policy:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, on one or more issue | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Occupational Skills Training**  **WIN 0077, Change 16; WorkSource Services Catalog:**  **Training, Occupational Skills Training (2.0):**  An organized program of study for adults and dislocated workers that provides specific vocational skills that lead to proficiency in performing actual tasks and technical functions required by certain occupational fields at entry, intermediate, or advanced levels.  **Eligibility**  **20 CFR 680.210**: Training services may be made available to employed and unemployed adults who:  **(a)** A one-stop center or one-stop partner determines, *after an interview, evaluation or assessment, and career planning*, are:   1. Unlikely or unable to obtain or retain employment that leads to economic **self-sufficiency** or wages comparable to or higher than wages from previous employment through career services; 2. In need of training services to obtain or retain employment leading to economic **self-sufficiency** or wages comparable to or higher than wages from previous employment through career services; 3. Have the skills and qualifications to participate successfully in training services;   **(b)** Select a program of training services that is **directly linked to the employment opportunities** in the local area or the planning region, or in another area to which the individuals are willing to commute or relocate;  **(c)** Are **unable to obtain grant assistance from other sources** to pay the costs of such training, including such sources as State-funded training funds, TAA, and Federal Pell Grants, or require WIOA assistance in addition to other sources of grant assistance, including Pell Grants.  **Documentation Requirements**  **20 CFR 680.220:**  (b) The case file must contain a determination of need for training services as determined through the interview, evaluation, or assessment, and career planning informed by local labor market information and training provider performance information, or through any other career service received. There is no requirement that career services be provided as a condition to receive training services; however, if career services are not provided before training, the Local WDB must document the circumstances that justified its determination to provide training without first providing the services described in paragraph (a) of this section.  **Individual Training Accounts (ITA)**  **TEGL 19-16:**  Training services, when determined appropriate, *must be provided either through an Individual Training Account (ITA) or through a training contract discussed in Section 8 of this TEGL. Except in certain instances listed in WIOA sec. 122(h) and 20 CFR sec. 680.320*, training services *must* be provided by an Eligible Training Provider (ETP) in accordance with WIOA sec. 122(d).  **Use of ITA Funds**  **WIOA Title I** **Policy 5601, Rev 2:**  If an ITA has been established and the training is managed between the WIOA Title I case manager and the participant, those funds may be used to pay for allowable training-related expenses as well as tuition expenses.  If the training provider was selected by the WIOA Title I participant and the case manager, but the source of *payment* for training is Pell, other financial aid, or private scholarships, a WIOA-funded ITA **may be used** to pay allowable training costs not covered by those fund sources.  A WIOA-funded ITA is **not** appropriate **if** the WIOA Title I case manager and program played no role in training provider selection and the participant’s training is selected, funded, and directed by a program other than Title I, such as Vocational Rehabilitation (VR), Trade Adjustment Assistance (TAA), or community and technical colleges (Worker Retraining (WRT). However, if such funding ends after training has started, a WIOA Title I-funded ITA may be initiated if that program is on the Eligible Training Provider (ETP) list.  **In-demand Occupations**  **WIOA Title I** **Policy 5601, Rev 2:**  ITA funds must be directly linked to an in-demand industry sector or occupation in the local area, or in another area to which the individual is willing to relocate. Local boards may also approve training services for occupations determined by the local board to be in economic sectors that have high potential for sustained demand or growth in the local area.  DOL guidance is that registered apprenticeship programs are in-demand even if the labor market information may not list as “in-demand” the occupation for which the individual is apprenticed because registered apprenticeship programs, being tied to specific employers, only enroll individuals when there is employer demand, which makes it possible to carry out the on-the-job aspect of the instruction**.** | N/A, no evidence this service was provided  **FILE REVIEW:**  **Participant attended a post-secondary education program that leads to a credential or degree from an accredited post-secondary education institution at any point during program participation:**  N/A  YES, Validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Copy of enrollment record  File documentation with notes from program staff  Vendor training documentation  Electronic Records  Individual Training Account  Attendance Records  No, Unable to Validate  **Established Individual Training Account (ITA)**  N/A, training provided through contract under an exception listed in 20 CFR 680.320 and took required board action: (TEGL 19-16, 20 CFR 680.20)  Local plan describes the process to be used in selecting the providers under a contract for services.  Evidence of exception used to justify contract  Evidence consumer choice requirement was fulfilled  YES, validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Case notes  ITA approval, Allocation or Activation Records  NO, Unable to Validate  **Participant was unlikely or unable to obtain or retain employment that leads to economic *self-sufficiency or wages comparable to or higher than wages from previous employment* through career services:** *[20 CFR 680.210(a)(1)]*  YES, No Issues Identified  NO, Unable to Validate  **The participant needed *training to obtain or retain***  ***employment leading to economic self-sufficiency* or wages comparable to or higher than wages from previous employment:** *[20 CFR 680.210(a)(2)]*  YES, No Issues Identified  NO, Unable to Validate  **The participant had the *skills and qualifications* to participate successfully in training:** *[20 CFR 680.210(a)(3)]*  YES, No Issues Identified  NO, Unable to Validate  **Training is linked to *in-demand employment* opportunities in local area or area in which they are willing to commute or relocate:** *[20 CFR 680.210(b)]*  YES, No Issues Identified  NO, Unable to Validate  **Evidence of participant’s satisfactory progress in training is in the file:** *(WIOA Final Rule, narrative page 56177; WSS Policy 5601, Rev. 2)*  N/A-training not started/progress not yet provided  YES, No Issues Identified  NO, Could Not Locate  **Date participant enrolled in training is documented in the file:**  YES, Validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Copy of enrollment record  File documentation with notes from program staff  School Records  Transcript or report cards  No, Unable to Validate  **If the participant withdrew from training, the reason for withdrawing and the revision to the participant’s employment and training plan is documented:**  N/A, participant did not withdraw from training  YES, reason for withdrawal is documented and revision to participant’s employment and training program is documented.  NO, could not locate documentation for reason for  withdrawing from training and/or revision to plan  **Evidence of training outcome is in the file:**(*20 CFR 677.235)*  N/A-still active in service  YES, Documented on one of the following: *(WSS Policy 1003, Rev. 6)*  Copy of credential  Copy of school record  Follow-up survey from program participants  Case notes documenting information obtained from education or training provider  NO, Could Not Locate  **Reporting:**  **Date withdrew/completed training is recorded in MIS:**  N/A-still active in service  YES, validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Crossmatch between state MIS *and* attendance sheets or records  Vendor training records *with* follow-up crossmatch to state MIS database  Case notes  ITA  NO, date participant began training is not recorded in MIS | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Consumer Choice *(Occupational Skills Training Continued)***  **20 cfr 680.340:**  **(a)** Training services, whether under ITAs or under contract, **must be provided in a manner that maximizes informed consumer choice in selecting an eligible provider**.  **(b)** Each Local WDB, through the one-stop center, **must make available to customers the State list of eligible training providers** required in WIOA sec. 122(d).  **Arranging Out of State Training - Washington Workforce Training & Education Coordinating Board - Workforce Innovation and Opportunity Act Title I-B and Washington’s Eligible Training Provider List Evaluation:** It is the policy of the state to allow an eligible WIOA Title I-B Adult or Dislocated Worker to use an Individual Training Account (ITA) voucher to purchase training services offered by an out-of-state provider if it’s listed on that state’s ETP list and there is agreement between Washington and the respective state regarding ETP eligibility.  **WTEB website as of 07/28/2023**: The state with which we have existing agreements are Idaho, Illinois, Missouri, Montana, Oregon, and Utah  You can find the most up to date information on the Workforce Board Eligible Training Provider List webpage, listed at the bottom under Reciprocity Agreements. [https://www.wtb.wa.gov/research-resources/etpl/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wtb.wa.gov%2Fresearch-resources%2Fetpl%2F&data=04%7C01%7Cworkforcemonitoring%40esd.wa.gov%7C8620a9432e6b4ed7781f08d96da533a7%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637661378580123329%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=vcba47EgJFzBO2W1fB6LSphxKEZvwRTaEXxLQtFi8hM%3D&reserved=0) | N/A, not participating in applicable training service  **Eligible Training Provider List (ETPL) was made available to the participant*:*** *[20 CFR 680.340(b)]*  YES, No Issues Identified  NO, Unable to Validate  **Training was outside of WA State and met the requirements of local policy and WSS Policy 5611, Rev. 2:**  N/A  YES, No Issues Identified  NO, Unable to Validate | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Financial Aid; Other Program / Grant Assistance *(Occupational Skills Training Continued)***  **Coordination of WIOA Training Funds and other Federal Assistance**  **WIOA Title I** **Policy 5601, Rev 2:**   * + Local areas **must consider the availability of other sources of grants**, excluding loans, to pay for training costs so that WIOA funds are used to supplement but not supplant other sources.   + WIOA funds are intended to provide training services in instances when there is **no grant assistance (or insufficient assistance) from other sources** (i.e., TANF, BFET, Title IV Programs and State-funded grants) to pay for those costs.   + The use of WIOA funds to pay down a loan of an otherwise eligible participant is prohibited; however, **the mere existence of a federal loan must not impact eligibility determinations.**   **20 CFR 680.310**  (d) An individual may select training that costs more than the maximum amount available for ITAs under a State or local policy when other sources of funds are available to supplement the ITA. These other sources may include Pell Grants; scholarships; severance pay; and other sources. | N/A, not participating in applicable training service  **Availability of non-WIOA funds, excluding loans, was explored and outcome of efforts was documented:**  *(20 CFR 680.230)*   * FAFSA/other resources such as TAA, TANF, BFET, Worker Retraining, Title IV programs, and State-funded grants, etc. *were explored first*, and not available, utilizing WIOA funds as a last dollar resource:   YES, No Issues Identified  NO, Could Not Validate   * Outcome of FAFSA/other resources explored was documented:   YES, No Issues Identified  NO, Could Not Locate  **If applicable, Dept. of Veterans Affairs training funds were exempt from the “other sources of training grants” requirement:** (*WIOA Final Rules)*  N/A  YES, No Issues Identified  NO, Unable to Validate  **Fiscal review of Direct participant costs:**  **Expenditures were reasonable, allowable, and allocable:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were the correct amounts across the invoice/receipt, voucher and/or supporting documentation and general ledger:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures did not exceed approved amounts and were within local policy:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, on one or more issue | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Adult Education & Literacy Activities**  **WIN 0077, Change 16; WorkSource Services Catalog:**  **Training, Adult Education and Literacy with Training (2.0):**   * + - Adult education and literacy instruction is intended to upgrade basic skills in order to prepare the individual for further training, future employment, or retention in present employment. Includes remedial reading, writing, mathematics, literacy training, study skills, English for non-English speakers, bilingual training, and GED preparation (including computer assisted competency training, and school to post-secondary education transition).     - This group must be offered in combination with other allowable training services (not including transitional jobs or customized training).     - If not in combination with training, this group must be recorded as a career service.   **ETA 9172 (PIRL)**: If the participant received services under WIOA Title II defined as academic instruction and education services below the post-secondary level that increases an individual’s ability to-   * + Read, write, and speak in English and perform mathematics or other activities necessary for the attainment of a secondary school diploma or its recognized equivalent;   + Transition to post-secondary education and training; and   + Obtain employment   **Training Requirement**  **20 cfr 680.350:**   * + WIOA funds may provide adult education and literacy activities if they are provided concurrently or in combination with one or more of the following training services:   **(a)** Occupational skills training, including training for nontraditional employment;  **(b)** OJT;  **(c)** Incumbent worker training;  **(d)** Programs that combine workplace training and related instruction, which may include cooperative education programs;  **(e)** Training programs operated by the private sector;  **(f)** Skill upgrading and retraining; or  **(g)** Entrepreneurial training. | N/A, no documented evidence service was provided  **If WIOA funds were used for the Adult Education & Literacy Activities, they were provided in concurrence with any of the training activities in WIOA sec. 134(c)(3)(D)(i)–(vii) and 20 CFR 680.350.**  YES, provided concurrently with *one or more* of the following training services:  Occupational Skills Training, including training for nontraditional employment  On-the-job Training (OJT)  Incumbent Worker Training (IWT)  Programs that combine workplace training and related instruction, which may include cooperative education programs  Training programs operated by the private sector  Skill upgrading and retraining  Entrepreneurial training  NO, Unable to Validate  **Secondary Education Program at or above the 9thGrade Level:**  **Participant attended a program designed to lead to a HS equivalent credential (GED) at program enrollment or at any point while participating in the program:**  N/A  YES, Validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Copy of enrollment record  File documentation with notes from program staff  School Records  Transcript or report card  Data match to State K-12 data system  No, Unable to Validate | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **On-the-Job Training (OJT)**  **WIN 0077, Change 16; WorkSource Services Catalog:**  **Training, On-the-Job Training (2.0):**   * + - Training provided by an employer to a paid participant while engaged in productive work in a job that improves knowledge or skills essential to the full and adequate performance of the job;     - Provides reimbursement to the employer of up to 75% of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training;     - Limited in duration as is appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participants, as appropriate.   **OJT Definition & Design**  **WIOA Sec. 3(44):**The term “**on-the-job training” means** training by an employer that is provided to a paid participant while engaged in productive work in a job that-   1. Provides knowledge or skills essential to the full and adequate performance of the job; 2. Is made available through a program that provides reimbursement to the employer of up to 50% of the wage rate of the participant, except as provided in section 134(c)(3)(H), for the extraordinary costs of providing the training and additional supervision related to the training; and 3. Is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant.   **OJT Wages & Benefits**  **20 CFR 683.275:**  **(a)** Individual in OJT must be compensated at the same rates, including periodic increase, as trainees or employees who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills.  **(c)** Individuals in OJT must be provided benefits and working conditions at the same level and to the same extent as other trainees or employees working a similar length of time and doing the same type of work.  **OJT Contracts**  **20 CFR 680.710: *OJT*** contracts may be written for *eligible employed workers when:*  **(a)** The employee is not earning a self-sufficient wage or wages comparable to or higher than wages from previous employment;  **(b)** The requirements of sec. 680.700 are met; and  **(c)** The OJT relates to the introduction of new technologies, introduction to new production or service procedures, upgrading to new jobs that require additional skills, workplace literacy, or other appropriate purposes identified by the Local WDB.  **WIOA Final Rules, page 56149:**  OJT contracts *must be continually monitored* so that WIOA funds provided through OJT contracts are providing participants the training to retain employment successfully. | N/A, no documented evidence service was provided  **The participant’s work experience and existing knowledge and skills were considered when developing the OJT:***[WIOA Sec. 3(44)]*  YES, No Issues Identified  NO, Unable to Validate  **Contracts, time sheets, performance evaluations, and similar documentation supporting the OJT was on file for the participant:** *(DOL, State guidance)*  YES, No Issues Identified  NO, Could Not Locate  Contract(s)  Time sheets  Performance evaluations  **Knowledge and skills essential to the full and adequate performance of the job was documented:** *[WIOA Sec. 3(44)]*  YES, No Issues Identified  NO, Unable to Validate  **The length of the OJT was appropriate to the occupation for which the participant was trained.***[WIOA Sec. 3(44)]*  YES, No Issues Identified  NO, Unable to Validate  **The participant was compensated at the same rate and provided benefits and working conditions as other employees in similar occupations by the same employer:** *(20 CFR 683.275)*  YES, No Issues Identified  NO, Unable to Validate  **The OJT did not displace or partially displace other employees of the employer:** *[WIOA Sec. 181(b)]*  YES, No Issues Identified  NO, Unable to Validate  **Written concurrence of the labor organization and employer was obtained, if applicable:** *[WIOA Sec. 181(b)]*  N/A  YES, No Issues Identified  NO, Unable to Validate  **The OJT was developed with an employer who does not continuously fail to provide long-term employment with equal benefits and wages:** *[WIOA Sec. 194(4)]*  YES, No Issues Identified  NO, Unable to Validate  **The service provider confirmed the employer had not relocated less than 120 days prior to the OJT and did not lay off employees at the prior location:** *[WIOA Sec. 181(d)]*  YES, No Issues Identified  NO, Unable to Validate  **Factors were documented if employer was reimbursed above 50% and up to 75%:** *[20 CFR 680.730(b); TEGL 19-16]*  N/A  YES, No Issues Identified  NO, Unable to Validate  **OJT contract was regularly monitored:** *(WIOA Final Rules, page 56149)*  YES, No Issues Identified  NO, Unable to Validate  **Fiscal review of Direct participant costs:**  **Expenditures were reasonable, allowable, and allocable:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were the correct amounts across the invoice/receipt, voucher and/or supporting documentation and general ledger:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures did not exceed approved amounts and were within local policy:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, on one or more issue | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Internship or Work Experience (WEX)**  **WIN 0077, Change 16; WorkSource Services Catalog:**   * + **Individualized, Work/Internship Experience:** For adults and dislocated workers, work experience is a planned, structured learning experience that takes place in a workplace for a limited period of time and is linked to a career. Work experience may be paid or unpaid, as appropriate. A work experience workplace may be in the private for-profit sector, the non-profit sector, or the public sector. Labor standards apply in any work experience where an employee/employer relationship, as defined by the Fair Labor Standards Act, exists.   + **State EcSA Transitional Job:** A transitional job is a training service that is a subsidized, timelimited work experience with a public, private, or nonprofit employer for individuals with barriers to employment who are chronically unemployed or have an inconsistent work history to establish a work history that will lead to retention in unsubsidized employment. This service must be provided in combination with career services and/or support services. If it is not, it must be recorded as a work experience and/or internship. (*State Guidance and Instructions for the State Economic Security for All (EcSA) Program WIN 0129 Chg. 1 Attachment C)* | N/A, no documented evidence service was provided  **FILE REVIEW:**  **Contracts, time sheets, performance evaluations, and similar documentation supporting the WEX was on file for the participant:** *(DOL, State guidance)*  YES, No Issues Identified  NO, Unable to Locate  Contract(s)  Time sheets  Performance evaluations  **Fiscal review of Direct participant costs:**  **Expenditures were reasonable, allowable, and allocable:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were the correct amounts across the invoice/receipt, voucher and/or supporting documentation and general ledger:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures did not exceed approved amounts and were within local policy:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, on one or more issue | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **OUTCOMES** | | | | |
| **Date attained & Type of Recognized Credential**  *In-Program and Exit-Based Performance Indicator*  **Types of Acceptable Credentials**  **TEGL 10-16, Change 3**: The following are acceptable types of credentials that count toward the credential attainment indicator:   * + Secondary school diploma or recognized equivalent   + Associate degree   + Bachelor’s degree   + Graduate degree for purposes of the VR program   + Occupational licensure   + Occupational certificate, including Registered Apprenticeship and Career and Technical Education educational certificates   + Occupational certification   + Other recognized certificates of industry/occupational skills completion sufficient to qualify for entry-level or advancement in employment.   **Certificates / Credentials not Included**  **WorkSource System Policy 1020, Rev. 2 Data Integrity and Performance Policy and Handbook:** Credentials that do not count include, but are not limited to:   * + First aid cards   + Food handler’s card   + Non-commercial driver’s license   + Proof of employment held subsequent to training   + Certificates of completion for short-term prevocational services   + Completion of programs provided by institutions and training organizations not licensed by WTECB or an equivalent state regulatory agency or trade association in cases where the institution or training provider is not eligible to provide recognized postsecondary credentials as described above. | N/A not participating in applicable services, or no  credential documented at time of monitoring  **Documentation of *date and type* of Credential Earned is located in the file:**  YES, Documented on one of the following: *(WSS Policy 1003, Rev. 6)*  Copy of credential  Copy of school record  Follow-up survey from program participants  Case notes documenting information obtained  from education or training provider  NO, Unable to Locate:  Date credential earned  Type of credential  **Reporting:**  **Type of Credential Earned is recorded in MIS:**  *(20 CFR 677.160)*  YES, No Issues Identified  Yes, but on one or more occasion, the incorrect  credential is recorded  NO, on one or more occasion, no credential  recorded  Unable to Validate credential earned recorded in  MIS  **Type of credential earned is documented in case notes:**  YES, No Issues Identified  NO, on one or more occasions, type of credential  earned is not documented in case notes  NO, on one or more occasion, type of credential  documented in case notes does not match credential recorded in MIS  NO, one or more credential was not recorded in MIS | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **PROGRAM Completion** | | | | |
| **Date and Reason for Program Exit**    **Exit**  **WorkSource System Policy 1020, Rev. 2 Handbook:**   * + “Exit” refers to a participant who has not received a qualifying service funded by any qualifying program in the WorkSource system for 90 consecutive calendar days and is not scheduled to receive future qualifying services.   **20 CFR 677.150(c)(1):**   * + **Exit** is the last day of service.   **ETA 9172 (PIRL):**   * + The last date the participant received services that are not self-service, information-only, or follow-up services.   + And only if there are no future services that are not self-service, information-only or follow-up services, planned from the program.   **Other Reasons for Exit / Exclusions from Performance**  **WorkSource System Policy 1020, Rev. 2**:  Exclusions from performance measures should only be used in rare circumstances. Only participants who have one of the following reasons are excluded from all performance measures:   * + Institutionalized;   + Health/Medical;   + Deceased (the only exclusion that can be linked to non-participants)   + Reserve Forces Called to Active Duty;   + Foster Care (Youth only);   + Criminal Offender;   The “Deceased” category is the only category that can be counted through the fourth quarter after exit.  **Program Completion**  **WorkSource System Policy 1020, Rev. 2**:   * + The program completion date is the date of the final program-funded participation-level service. This date is entered into State MIS by staff.   + Note: Individuals who have completed program participation enter a follow-up period to support their continued success (see Section 2.3.5 for youth and Section 3.1 for adults and dislocated workers). However, if at any time they return in the 90-day period, they must be provided participation-level services as needed.   + Note: “Program completion” should not be confused with system exit since completion of one program does not necessarily mean the participant has reached a true exit. | N/A, there is evidence the participant has not  completed the program  **file review:**  **Date of program exit is documented in the file:**  YES, Validated by one of the following: *(WSS Policy 1003, Rev. 6)*  Copy of the letter sent to the individual indicating that the case was closed.  WIOA Status/Exit Forms  Electronic records  Attendance Records  Review of service records identifying the last  qualifying service (and lack of a planned gap)  NO, Unable to Locate  **If program exit was due to “Other Reasons for Exit”, evidence is documented in the file:**  N/A  YES**,** Validated by one of the following:*(WSS Policy 1003, Rev. 6)*  File documentation with notes from program  staff  Information from partner services  WIOA status/exit forms  Electronic Records  Withdrawal form with explanation  Information from institution or facility  NO, One or More Issues Identified  **Reporting:**  **All durational services recorded in MIS are closed:**  *(20 CFR 677.160)*  N/A  YES, No Issues Identified  NO, One or More Issues Identified  **Program Completion Date recorded in MIS matches the date of the last qualifying recorded in MIS:**  YES, No Issues Identified  NO, One or More Issues Identified  **Case notes document the date and reason for program completion:** *(WSS Policy 1020, Rev. 2)*  YES, very detailed  YES, some detail  NO, could not locate case notes for:  Date of program completion  Reason for program completion | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Data Integrity** | | | | |
| **MIS**  **Reporting / MIS Requirements**  **WorkSource System Policy 1020, Rev. 2:** The minimal State MIS data entry requirements are as follows:   * + *Services must be entered at the point in time they are delivered;*   + If services cannot be entered at the time they are delivered, Basic Services and ITSS services must be entered *within* ***14*** *calendar days* of service delivery and the *service date entered must always reflect the date the service was delivered.*   + For any Activity Start Date of Basic and ITSS services errors identified after the 14-day calendar restriction, *staff must correct the errors and request Department Head review and approve the correction*. Department Head approval must be documented with a case note. **The case note must identify** *the service name, the reason for the correction, and the Department Head’s review and approval of the correction.*   + When a service is provided, the appropriate qualifying service must be identified, even if case notes are entered.   + *Qualifying services are identified in the WorkSource Service Catalog.*   + *Services should only be entered when delivered to a participant* and only actual services should be entered   + Case notes should support, not contradict service entries.   + Case notes should not be entered to represent service delivery without also entering a qualifying service from the WorkSource Service Catalog.   + *Services should not be recorded if only a voice message was left, or an email delivered* as they only represent the intent to provide service as opposed to the actual provision of services.   **WorkSource System Policy 1023, Rev. 1:** All services must be linked to an Active Program Enrollment.  **TEGL 7-20 – Report Accurate Services Data:** States are required by WIOA sec. 116 to report accurately the characteristics of participants, the services received, and the outcomes achieved. | **summary of MIS observations:**  **Employment Status at Program Entry is recorded in MIS:** *(20 CFR 677.235)*  YES, No Issues Identified  NO, One or More Issues Identified  **All basic and/or individualized services provided to the participant *(as identified in case notes or other documentation in the file)* are recorded in MIS:** *(20 CFR 677.240; WSS Policy 1020, Rev. 2)*  YES, No Issues Identified  NO, One or More Issues Identified  **Services are assigned to the appropriate program**: (20 CFR 677.160)  YES, No Issues Identified  NO, One or More Issues Identified  **For services recorded in MIS, services are recorded correctly:** *(20 CFR 677.240; WSS Policy 1020, Rev. 2)*  YES, No Issues Identified  NO, One or More Issues Identified  **For services recorded in MIS, services are recorded within the allotted timeframes:** *(WSS Policy 1020, Rev. 2)*  YES, No Issues Identified  NO, One or More Issues Identified  **For services recorded in MIS, appropriate outcomes are recorded:** *(20 CFR 677.240; WSS Policy 1020, Rev. 2)*  N/A  YES, No Issues Identified  NO, One or More Issues Identified | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Case Notes**  **Definition**  **WorkSource System Policy 1003, Rev. 6**: Paper or electronic statements by the case manager that identifies, at a minimum, the following:   * + A participant’s status for a specific data element,   + The date on which the information was obtained and   + The case manager who obtained the information.   **Late Service Entry**  **WSS Policy 1020, Rev. 2 Handbook**: For any Activity Start Date of Basic and ITSS services errors identified after the 14-day calendar restriction, *staff must correct the errors and request Department Head review and approve the correction*. Department Head approval must be documented with a case note. **The case note must identify** *the service name, the reason for the correction, and the Department Head’s review and approval of the correction.* | **Documentation of case notes followed local policy, if applicable:**  N/A, No local policy or procedure  YES, No Issues Identified  NO, one or more issues identified  **For service errors identified after the 14-day calendar restriction a Department Head review and approval was documented in case notes:**  N/A, no service errors identified  YES, the case note included *all* the following:  Name of service  Reason for the correction / late entry  Department head review and approval  NO, could not locate | | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Miscellaneous Observations** | | | | |
| This element covers all other observations not accounted for on this tool. Examples of “miscellaneous observations” may include, but are not limited to:   * Loose, unattached documents located in a hard file * Medical references in the file * Names of other program participants located in the file * Other “miscellaneous observations” * =   **Confidential Information**  **WorkSource System Policy 1031**  Medical and disability-related documents must be secured and maintained in a separate and confidential customer file. Medical and disability files should be stored as a medical record, and must be separate from all other confidential information (e.g. court documents). Each customer’s medical file should be separate (i/e/ medical information for multiple customers should not be kept in the same file). Medical and disability-related information contained in case notes, assessment forms, or other documentation in the Management Information System (MIS) must be secured in a separate and confidential medical file. This is accomplished by copying the specific sheet of the case note file, assessment form or language in the MIS that contains medical or disability related information, placing it in a separate medical and disability file, then redacting the medical and disability-related information in the case notes, assessment form or language in the MIS and inserting ‘See separate confidential file’. | N/A  Items to Address  Observation | | | No Action Required  Action Required  Recommendation |

# **Community Reinvestment Funds**

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| **Career Accelerator Incentives**   N/A, no documented evidence career accelerator incentives were provided |

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| --- | --- | --- | --- |
| **ELEMENT** | **EVIDENCE & INDICATORS** | **determination & cOMMENTS** | **action required/ recommendations** |

|  |  |  |  |
| --- | --- | --- | --- |
| **State EcSA Program Enrollment****State Program 7005, Rev. 1** **Eligibility** In order to receive monthly incentive payments through the EcSA Career Accelerator, participants must be eligible for and enrolled in the State EcSA program prior to receipt of any payment:• Participants may receive incentives from the EcSA Career Accelerator when State EcSA-enrolled, whether they are above or below 200% of the Federal Poverty Line (FPL).• The EcSA Career Accelerator’s focus supports Black, Indigenous, and Latino communities and areas should implement outreach strategies to reach these populations. However, anyone who is eligible may be enrolled in State EcSA and receive incentives from the EcSA Career Accelerator. | **Participant had an active State EcSA program enrollment prior to the receipt of any payment:** YES, no issues identified  NO, unable to validate | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **CRF Incentive Payments** **State Program 7005, Rev. 1** Incentives must meet the following requirements:  • Incentive payments may only be provided to individuals who are enrolled in the State EcSA program.  • Payments **must be tracked in the State MIS** using the Community Reinvestment Financial Support Payment touchpoint.  • Incentives **must be included as part of the career plan** of the participant who would receive them.  • Participants must be **making satisfactory progress** in carrying out the career plan developed with their case manager at the time of enrollment, as determined and **recorded by the case manager in case notes**. LWDBs may develop and promulgate local standards or guidelines regarding this requirement.  • Incentive payments provided by the EcSA Career Accelerator must be in the amount **of $1,000 per month**.  • There is **no time limit** on how many months participants may receive incentives. LWDBs may set local time limits, pursuant to local policy, on duration of incentives if needed in order to provide equitable access to incentives with limited funding. Local time limit cannot be less than 6 months, unless a participant has exited, funds have run out, or participant begins incentive payments with less than six months remaining in the life of the contract. The time limit can be applied retroactively.  • Upon receiving an initial EcSA Career Accelerator Incentive, **participants must continue to receive them monthly while meeting eligibility** requirements for as long as they are enrolled in the program or until they reach a local area's time limit, making suitable progress toward their career plan as documented by their Case Manager each month, and so long as funding is available for the EcSA Career Accelerator Incentives. Any gaps in receipt of incentives must be tracked in the State MIS with an explanation for the break in service.  • Participants may decline incentive payments at any time and for any reason. Participants who previously received incentive payments and decided to stop payments may begin receiving incentives again after a break upon their request, provided they are still eligible.  • Incentives **must be paid by check, direct deposit, or via a prepaid card capable of being used in a manner similar to a debit card.** Gift cards are not an acceptable form of payment.  • Case managers must take steps while working with participants to assess other benefits received and determine what impact, if any, receipt of EcSA Career Accelerator incentives will have on those benefits. After identifying any potential issues, participants and case managers should engage in discussion to determine how to address any conflicts and assist participants in making informed decisions.  • Incentives received under the EcSA Career Accelerator program do not have any impact on eligibility for any other incentives, EcSA or otherwise. Participants may still receive incentive payments from State EcSA if they are eligible for them as part of their career plan. | N/A, no documented evidence incentives were provided  **CRF participant support payments were in the amount of $1000/month:**  YES, No Issues Identified  NO, Unable to Validate  **The participant’s career plan mentions incentives:**  YES, No Issues Identified  NO, Unable to Validate  **There is a record of the goals from the career plan tied to the receipt of CRF incentives:**  YES, No Issues Identified  NO, Unable to Validate  **There is a State Funded Community Reinvestment Financial Support service entered in the State MIS for each incentive payment received:**  YES, No Issues Identified  NO, Unable to Validate  **Case notes verify that satisfactory progress was made for each incentive payment received:**  YES, No Issues Identified  NO, Unable to Validate  **There are no unexplained gaps in the monthly receipt of payments:**  YES, No Issues Identified  NO, Unable to Validate  **The participant achieved self-sufficiency at the time of review:**  YES, No Issues Identified  NO, participant has not yet achieved self-suffiency  **Fiscal review of Direct participant costs:**  **Expenditures were allowable and allocable:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were the correct amounts across the incentive payment, voucher and/or supporting documentation and general ledger:**  YES, No Issues Identified  NO, on one or more issue  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, on one or more issue  **An acceptable payment method was used for each incentive payment received:** *(for services provided after StateProgram 7005, Rev. 1 effective date 6/14/2024)*  YES, No Issues Identified  NO, Unable to Validate | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **EcSA Business Support - Subsidized Training Activities**  N/A, no documented evidence subsidized training activities were provided | | | |
| **CRF Program Enrollment****State Program 7005, Rev. 1** **Eligibility** Individuals who receive training under one of the EcSA Business Support and Subsidized Training activities must be entered into the State MIS with all demographic information fully filled out. Once entered, they must be enrolled into the CommunityReinvestment Fund program of enrollment, and the training service they received must be selected and recorded in the State MIS.• The only services that may be provided to individuals in training paid for by the Community Reinvestment Fund are as follows:o Occupational Skills Trainingo On-the-Job Trainingo Work Experience/Internshipo Incumbent Worker Trainingo Customized Training• Individuals receiving one of the above services are not to be enrolled into Community Reinvestment Fund until they are ready to begin the service in question.• Individuals receiving the above training may be enrolled into other programs if needed and eligible. However, they are not required to receive enrollment in order to take part in EcSA Business Support and Subsidized Training programs.• Individuals who require case management must be enrolled into a program for which they meet eligibility requirements and receive case management provided by that program. Case management (including support services) cannot be provided to jobseekers as part of the EcSA Business Support and Subsidized Training program.• Only an individual working with an employer who is receiving services from the Community Reinvestment Fund’s Business Services and Subsidized Training program can receive subsidized training funded by the program. The ETO service touchpoint notes must include the name of the employer and that the employer is interested in hiring or retaining the individual. | N/A, no documented evidence subsidized training activities were provided **Participant had an active CRF program enrollment in the State MIS prior to the receipt of any CRF funded training services:** YES, no issues identified  NO, unable to validate **Participant’s demographic information in the State MIS was fully filled out at the time of CRF program enrollment:** YES, no issues identified  NO, unable to validate **Participant received one of the following services on the date of program enrollment:**o Occupational Skills Trainingo On-the-Job Trainingo Work Experience/Internshipo Incumbent Worker Trainingo Customized Training YES, no issues identified  NO, unable to validate **The participant is co-enrolled with another program for career services and case management:**  NA, no services provided other than CRF training activities  YES, no issues identified  NO, unable to validate **The ETO service touchpoint notes include the name of the employer receiving CRF services and that the employer is interested in hiring or retaining the individual:**  YES, no issues identified  NO, unable to validate | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **State-Funded Occupational Skills Training (OST)**  **WIN 0077, Change 16; WorkSource Services Catalog:**  An organized program of study for adults and dislocated workers that provides specific vocational skills that lead to proficiency in performing actual tasks and technical functions required by certain occupational fields at entry, intermediate, or advanced levels. | N/A, no documented evidence service was provided  **The CRF employer is identified for the training service*:***  YES, No Issues Identified  NO, one or more issues identified  **Contracts and similar documentation supporting the OST was on file for the participant:**  YES, no issues identified  NO, one or more issues identified  **Fiscal review of Direct participant costs:**  **Expenditures were allowable, and allocable:**  YES, no issues identified  NO, unable to validate  **Expenditures were the correct amounts across the file documentation and general ledger:**  YES, no issues identified  NO, unable to validate  **Expenditures did not exceed approved amounts:**  YES, no issues identified  NO, unable to validate  **Expenditures were charged to the correct programs:**  YES, no issues identified  NO, unable to validate | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **State-Funded On-the-Job Training (OJT)**  **WIN 0077, Change 16; WorkSource Services Catalog:**  Training provided by an employer to a paid participant while engaged in productive work in a job that improves knowledge or skills essential to the full and adequate performance of the job; provides reimbursement to the employer of up to 75% of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training; limited in duration as is appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participants, as appropriate. | N/A, no documented evidence service was provided  **The CRF employer is identified for the training service*:***  YES, No Issues Identified  NO, one or more issues identified  **Contracts, time sheets, and similar documentation supporting the OJT was on file for the participant:**  YES, No Issues Identified  NO, one or more issues identified  **Fiscal review of Direct participant costs:**  **Expenditures were allowable, and allocable:**  YES, No Issues Identified  NO, unable to validate  **Expenditures were the correct amounts across the invoice/receipt, voucher and/or supporting documentation and general ledger:**  YES, No Issues Identified  NO, unable to validate  **Expenditures did not exceed approved amounts:**  YES, No Issues Identified  NO, unable to validate  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, unable to validate | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **State-Funded Work/Internship Experience (WEX)**  **WIN 0077, Change 16; WorkSource Services Catalog:**  For adults and dislocated workers, work experience is a planned, structured learning experience that takes place in a workplace for a limited period of time and is linked to a career. Work experience may be paid or unpaid, as appropriate. A work experience workplace may be in the private for profit sector, the non-profit sector, or the public sector. Labor standards apply in any work experience where an employee/employer relationship, as defined by the Fair Labor Standards Act, exists. | N/A, no documented evidence service was provided  **The CRF employer is identified for the training service*:***  YES, No Issues Identified  NO, one or more issues identified  **Contracts, time sheets, and similar documentation supporting the WEX was on file for the participant:**  YES, No Issues Identified  NO, one or more issues identified  **Fiscal review of Direct participant costs:**  **Expenditures were allowable, and allocable:**  YES, No Issues Identified  NO, unable to validate  **Expenditures were the correct amounts across the invoice/receipt, voucher and/or supporting documentation and general ledger:**  YES, No Issues Identified  NO, unable to validate  **Expenditures did not exceed approved amounts:**  YES, No Issues Identified  NO, unable to validate  **Expenditures were charged to the correct programs:**  YES, No Issues Identified  NO, unable to validate | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **State-Funded Incumbent Worker Training**  **WIN 0077, Change 16; WorkSource Services Catalog:**  Incumbent worker training is intended to assist employed workers (employed a minimum of six months with the employer) to retain employment by averting layoffs or to obtain the increased skills necessary for promotion within the company and to create a backfill opportunity for the employer. | N/A, no documented evidence service was provided  **The CRF employer is identified for the training service*:***  YES, No Issues Identified  NO, one or more issues identified  **Case notes and/or similar documentation supporting the IWT was on file for the participant:**  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **State-Funded Customized Training**  **WIN 0077, Change 16; WorkSource Services Catalog:**  Training customized to meet employer needs with a commitment by an employer or group of employers to employ the individual upon successful completion of the training and for which the employer pays a significant portion of the cost of training as determined by local policy. | N/A, no documented evidence service was provided  **The CRF employer is identified for the training service*:***  YES, No Issues Identified  NO, one or more issues identified  **Case notes and/or similar documentation supporting the Customized Training was on file for the participant:**  YES, no issues identified  NO, one or more issues identified | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Data Integrity** | | | |
| **MIS** **State Program 7005, Rev. 1** **Reporting / MIS Requirements**  Individuals who receive training under one of the EcSA Business Support and Subsidized Training activities must be entered into the State MIS with all demographic information fully filled out. Once entered, they must be enrolled into the Community Reinvestment Fund program of enrollment, and the training service they received must be selected and recorded in the State MIS.  Individuals receiving one of the above services are not to be enrolled into Community  Reinvestment Fund until they are ready to begin the service in question. | **summary of MIS observations:**  **All CRF funded training activity services provided to the participant *(as identified in case notes or other documentation in the file)* are recorded in MIS:**  YES, No Issues Identified  NO, One or More Issues Identified  **Services are assigned to the appropriate program**:  YES, No Issues Identified  NO, One or More Issues Identified  **For services recorded in MIS, services are recorded correctly:**  YES, No Issues Identified  NO, One or More Issues Identified  **For services recorded in MIS, appropriate outcomes are recorded:** *(20 CFR 677.240; WSS Policy 1020, Rev. 2)*  YES, No Issues Identified  NO, One or More Issues Identified | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |

# **Matched Investment Savings Accounts**

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| --- | --- | --- | --- |
| N/A, no documented evidence MISA activities were provided | | | |
| **ELEMENT** | **EVIDENCE & INDICATORS** | **DETERMINATION & COMMENTS** | **ACTION REQUIRED/ RECOMMENDATION** |
| **Eligibility****State Program Policy 7010, Rev. 1** **Participant Eligibility**  For a participant to be eligible for the MISA Program, applicants must meet the following requirements:  • Be enrolled or co-enrolled in at least one of the following programs:  o Federal Economic Security for All (EcSA) per WIOA Policy 5625  o State EcSA per State Program Policy 7000, OR  o Any WIOA Title I-B formula program.  • Be 18 years of age or older, or an emancipated youth.  • At the point at which a self-sufficiency standard is/was established with the participant, the participant must have or have had income below the SelfSufficiency Standard for their individual household composition as defined by the UW Self-Sufficiency Calculator.  • Complete a Savings Plan Agreement to establish financial goals as outlined in Savings Plan Agreement section below.  • Sign a participant authorization form authorizing the Local Workforce Development Board (LWDB)/subrecipient to open a custodial account with the selected banking partner.  • Complete all forms and follow all processes mandated by the bank for account opening as part of their enrollment in the program.  **Eligibility Documentation**  • Save a copy of the Savings Plan Agreement in the participant’s case file.  • Save a copy of the signed participant authorization form in the participant’s case file.  • All MISA participants, regardless of which program(s) they are enrolled in, must complete Self-Sufficiency Calculator steps and save results in the Calculator database and participant’s case file. | **Participant had an active enrollment in at least one of the following programs:** Federal Economic Security for All (EcSA) per WIOA Policy 5625  State EcSA per State Program Policy 7000, OR  Any WIOA Title I-B formula program  YES, no issues identified  NO, unable to validate **18 years of age or older, or an emancipated youth:** YES, no issues identified  NO, unable to validate **Below the Self-Sufficiency Standard for their individual household composition as defined by the UW Self-Sufficiency Calculator:** YES, no issues identified  NO, unable to validate  **Documentation:** **A Copy of the Savings Plan Agreement is saved in the participant’s case file:** YES, no issues identified  NO, unable to validate **A copy of the signed participant authorization form is saved in the participant’s case file:** YES, no issues identified  NO, unable to validate **A copy of the Self-Sufficiency Calculator results are in the participant’s case file:** YES, no issues identified  NO, unable to validate | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **CRF Program Enrollment****State Program Policy 7010, Rev. 1**  All MISA recipients must be enrolled in the Community Reinvestment Fund program enrollment at the time in which they sign the participant authorization form to open a MISA. | **Participant had an active CRF program enrollment at the time in which they signed the participant authorization form to open a MISA:** YES, no issues identified  NO, unable to validate | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **MISA Savings Plan Agreement****State Program Policy 7010, Rev. 1**Each participant must collaboratively create a Savings Plan Agreement to guide their involvement in the MISA program with their LWDB/subrecipient case manager. LWDBs/subrecipients will develop their own individualized structure for the Savings Plan Agreement, but the agreement must include the following elements: **Contribution Details**  o Outline anticipated participant contribution and frequency of contribution. 2:1 match will be limited to $10,000 contributed by the participant.  o Outline the planned source of participant contributed funds. The contributions may be derived from earned income or other income. Other income may include incentives, child support payments, supplemental security income, and disability benefits. **Matching Funds**  o Ensure the participant understands that with the 2:1 matching funds are applied only up to the first $10,000 of their savings, which means the program will contribute a maximum of $20,000, capping the total combined savings at $30,000. Any participant contributions exceeding $10,000 will not receive additional matching funds.  **Participant Financial Goals**  o Specify the total savings goal combining participant contributions and matching funds.  o Define the timeframe over which the savings will accumulate.  o Identify the specific asset(s) and/or investment (s) for which the savings are intended.  o Outline key milestones associated with the savings plan.  **Withdrawal Conditions**  o Clarify that the participants cannot withdraw their own savings from the MISA until after June 2025 or until they have achieved the goals outlined in their Savings Plan Agreement.  o Ensure participant understands that withdrawal or transfer of these funds may have tax or public assistance eligibility impacts which they have responsibility to report.  o Withdrawals for purchasing assets or investments are contingent upon completing all required financial coaching modules. Once these conditions are met, participants may withdraw funds to purchase approved assets or investments as detailed in their Savings Plan Agreement.  **Regular Updates**  o Outline the process and criteria for reviewing and updating Savings Plan Agreements. Savings Plan Agreements can be revised and updated, as needed, based on mutual agreement between the participant and their case manager. Once updated, the revised agreement must be retained and attached to the participant's case file.  **Efforts to Outcomes (ETO) Guidance**  o Navigate to the Services Module: Go to the section in ETO where you manage services.  o Add New Service: Create a new state-funded service called "Matched Individual Savings Account Plan."  o Link with CRF Program: Ensure this service is linked to the Community Reinvestment Fund program of enrollment.  o The “Matched Individual Savings Account Plan” service must be entered at the time that the participant has completed a Savings Plan Agreement and prior to any contribution to their MISA.  o The completed Savings Plan Agreement must be uploaded to the “Matched Individual Savings Account” touchpoint. | **Participant collaboratively created a Savings Plan Agreement to guide their involvement in the MISA program with their LWDB/subrecipient case manager:** YES, no issues identified  NO, unable to validate **Matched Individual Savings Account Plan” service was entered in the state MIS and attached to the CRF program of enrollment at the time that the participant completed a Savings Plan Agreement and prior to any contribution to their MISA:** YES, no issues identified  NO, unable to validate **The completed Savings Plan Agreement is uploaded to the “Matched Individual Savings Account” touchpoint:** YES, no issues identified  NO, unable to validate | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **Financial Education and Training Service****State Program Policy 7010, Rev. 1** **Completion Requirement:** Personal Finance Education and Coaching that meets the standard outlined in State Program Policy 7010, Rev. 1 must be completed by the participant before the first withdrawal of matched funds, excluding approved emergency uses.  **Flexible Training Options:** LWDBs can partner with any organization that offers personal finance education and coaching that meets the standards outlined in State Program Policy 7010, Rev. 1.  **Efforts to Outcomes (ETO) Guidance**  o Navigate to the Services Module: Go to the section in ETO where you manage services.  o Add New Service: Create a new service called "State-Funded Financial Literacy."  o Link with CRF Program: Ensure this service is linked to the Community Reinvestment Fund (CRF) program of enrollment.  o The “State-Funded Financial Literacy” service must be entered at the time that the participant has completed the required 10 hours of Personal Finance Education and Coaching. | **The participant completed the Personal Finance Education and Coaching that meets the standard outlined in State Program Policy 7010, Rev. 1 before the first withdrawal of matched funds, excluding approved emergency uses:**  YES, no issues identified  NO, unable to validate  NA, participant has not made a withdrawal of matched funds **The “State-Funded Financial Literacy” service was entered in the state MIS and attached to the CRF program of enrollment at the time that the participant completed the required 10 hours of Personal Finance Education and Coaching:** YES, no issues identified  NO, unable to validate  NA, participant has not yet completed the required 10 hours of personal finance education and coaching | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |
| **MISA Payments** **State Program Policy 7010, Rev. 1** o Navigate to the Services Module: Go to the section in ETO where you manage services.  o Add New Service: Create a new state-funded service called "Matched Individual Savings Account Payment."  o Link with CRF Program: Ensure this service is linked to the Community Reinvestment Fund program of enrollment.  o A “Matched Individual Savings Account Payment” service must be entered at every point at which a participant’s contribution is matched, with the amounts of the participant contribution and program match entered in the touchpoint.  o A “Matched Individual Savings Account Payment” service must be entered at any point that a participant makes a withdrawal from their MISA. Enter the withdrawal amount as a negative amount (ex. -$5000) and enter $0 for the program match. Please specify the reason for withdrawal in the case note. | **A “Matched Individual Savings Account Payment” service was entered in the state MIS and attached to the CRF program of enrollment at every point at which a participant’s contribution was matched, with the amounts of the participant contribution and program match entered in the touchpoint:**  YES, No Issues Identified  NO, Unable to Validate  **A “Matched Individual Savings Account Payment” service was entered in the state MIS and attached to the CRF program of enrollment at every point a participant made a withdrawal from their MISA. (The reason for the withdrawal is specified in the case note and includes the withdrawal amount as a negative amount (ex. -$5000) and $0 for the program match):**  YES, No Issues Identified  NO, Unable to Validate | No Issues Identified  Items to Address  Questioned Cost  Observation | No Action Required  Action Required  Recommendation |